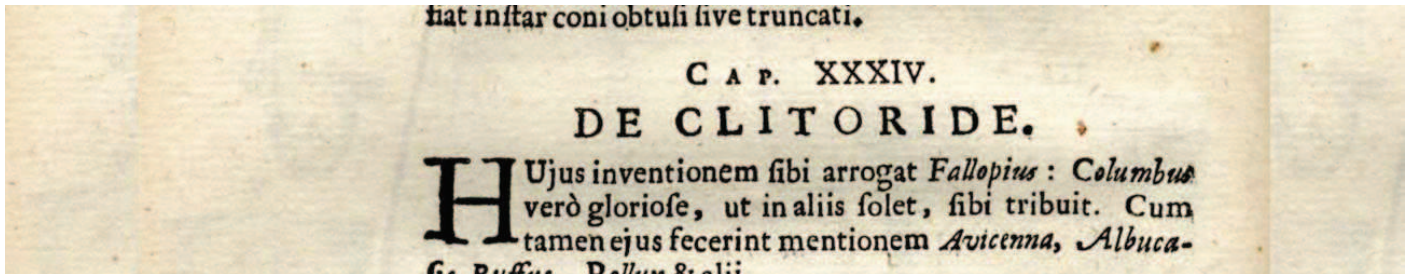


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GENDER FORUM

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Special Issue: On Cliteridectomy

Guest edited by Dr. Norbert Finzsch, Dr. Marion Hulverscheidt,
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Gender forum is an online, peer reviewed academic journal dedicated to the discussion of gender issues. As an electronic journal, *gender forum* offers a free-of-charge platform for the discussion of gender-related topics in the fields of literary and cultural production, media and the arts as well as politics, the natural sciences, medicine, the law, religion and philosophy. Inaugurated by Prof. Dr. Beate Neumeier in 2002, the quarterly issues of the journal have focused on a multitude of questions from different theoretical perspectives of feminist criticism, queer theory, and masculinity studies. *gender forum* also includes reviews and occasionally interviews, fictional pieces and poetry with a gender studies angle.

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Cliteridectomy

Norbert Finzsch and Marion Hulverscheidt

“For the clitoris is conceived as a little penis pleasant to masturbate so long as castration anxiety does not exist (for the boy child), and the vagina is valued for the ‘lodging’ it offers the male organ when the forbidden hand has to find a replacement for pleasure-giving.”
(Irigaray 23)

What is Cliteridectomy?

1 Cliteridectomy denotes the partial or complete amputation of the clitoris. It is one of three variants of Female Genital Mutilation. Female genital mutilation (FGM), also known as female genital cutting and female circumcision, is the ritual removal of some or all of the external female genitalia. The practice is found today in Africa, Asia, and the Middle East, and elsewhere within immigrant communities from countries in which FGM is prevalent. UNICEF estimated in 2016 that 200 million women living today in 30 states had undergone the procedures (UNICEF). The applied procedures differ according to the country or ethnic group. They include removal of the clitoral hood and clitoral glans; removal of the inner labia; and removal of the inner and outer labia and closure of the vulva, called infibulation. Here and in this special issue, we will primarily address cliteridectomy, i.e., the removal of the clitoral hood and clitoral glans. We shall not deal with the removal of the inner and outer labia or with infibulation since both procedures were rare in the West. By “West”, we refer to an imagined culture that is “absolutely different” from the “Orient,” that Edward Said described in *Orientalism* (Said). The “West” therefore necessarily is a form of essentialism since it reduces complex entities (Carrier 3). The “West” is a simplification that we conscientiously use as a “strategic essentialism” or “mimesis” (Abraham, Gaard, Irigaray 76) since in the literature on FGM the discussions revolve primarily around the alleged ‘non-Western’ practice of female genital cutting. The ‘pre-history’ of cliteridectomy in the West, however, shows that a clear distinction between the Occident and the Orient is impossible since systems of knowledge about the body were free-floating between these abstractions. ‘Western’ doctors had learned from Arabic sources what they supposedly knew about female bodies. Arabic sources, in turn, went back to Greek antiquity.

Why Do We Research Cliteridectomy?

2 The topic may seem an unlikely one for historians or scholars of cultural studies, however not so much for historians of medicine. It is our conviction that history and society

are connected with corporeal practices and discourses on the body. Norbert Finzsch stumbled across the topic in 2009 when he wrote an essay on the history of homosexuality in the French Third Republic (Finzsch). For this publication, he used many medical and, to a lesser extent, legal texts because homosexuality in France had been legalized in 1792 and was never put back on the list of crimes and misdemeanors, not even in Vichy France. Its open practice, however, was maligned and persecuted not as a crime, but as a violation of the commandments of decency and decorum. Germany's victory in the Franco-Prussian War of 1870 brought about a new discursive urgency since it was assumed that France had lost the war as a result of a lack of manliness and consequently declining birth rates. Homosexuality came under renewed scrutiny, and many of the medical journals and handbooks accentuated the alleged fact that homosexuals had different sexual organs than heterosexual men and women. Over and over it was said that the penis of homosexual man differed in shape and size from that of the heterosexual and that the clitoris of the tribade or lesbian was larger and more erectile than that of the 'decent' heterosexual woman. This observation led French medical doctors to propose the surgical removal of the clitoris. At the time Finzsch dismissed his 'discovery' as a canard, but upon closer inspection, it turned out that the removal of the clitoris had also been practiced in Germany (Hulverscheidt). The more Finzsch read about the problem at hand the more it turned out to be a standard European procedure, connected deeply to the discussion of female bodies, female sexualities and their control by male doctors. A lot of the debates on FGM revolve around topics like the alleged tendency of Islam to support this gruesome and damaging practice and on the question of cultural relativism versus cultural universalism. The question has been asked if one should tolerate this monstrous custom because it is part of a different culture and it is not the place of white, western activists to demand the abolition of FGM. There is to this day no definitive answer to this question. As Janne Mende shows in her contribution, both positions can and should be reconciled to some extent. Context is paramount for an understanding and eventual abolition of FGM. In the European context, cliteridectomy was applied mainly for two reasons, both of which have to do with the control of female sexuality: The women most affected by FGM in early modern history were so-called tribades (women desiring women or women having sex with women). At the turn of the 19th century, the focus shifted to women who practiced masturbation or were labeled as nymphomaniacs. Sometimes aesthetical reasons were given for genital cuttings, but these ideas always showed up in conjunction with the attack on tribades or masturbators. The justifications offered in the European context thus differ significantly from the rationalizations for FGM in the Trikont. In a sense, we try to provincialize Western

Europe (Chakrabarty), perceive the history of FGM as part of a post-colonial project which de-centers Europe and looks at it with the keen eyes of cultural anthropologists. Provincializing the West in this context means the “double movement of questioning traditional, national paradigms by reconstructing [their] historical development in an entangled modernity on the one hand and of rewriting [Western] history from the margins on the other” (Lehmkuhl, Bischoff, and Finzsch 11). We do so not only as an expression of historical equity but also because we hope that our contributions will help to acknowledge that cliteridectomy was as much a European practice in the past as it continues to be centered in non-Western countries in the present.

The Pre-History of FGM in the West

3 The history of female genital mutilations (FGM) is long and convoluted. One of the first European texts to mention the excision of the clitoris is Strabo (63-23 BC) in his *Geographika* (Strabo VIII 152).¹ He refers to an alleged practice among the “Egyptians.” What used to be a custom in far-away parts of the globe turned quickly into a necessary operation against “*immodica landica*,” the “hypertrophied clitoris.”² Soranos of Ephesus, a doctor of the second century, wrote a *Gynaikeia*, a text that is lost in its Greek version. However, the existing Greek index of the *Gynaikeia* lists a chapter entitled “Concerning an Immensely Great Clitoris and Cliterodectomy” (Brooten 163; Hanson 333).

Caelius Aurelianus, a doctor from Sicca Veneria in North Africa, paraphrasing Soranos, wrote in the fifth century:

Certain clitorides are of such a frightening size and fill women with confusion because of the ugliness of their intimate parts; a lot of authors claim that these women have erections and feel a desire similar to that of men and manage to engage in a sexual act only under duress. If it comes to that, the woman is to be placed lying on her back and with the thighs closed, lest the viscera of the feminine cavity become distended. Then one has to grasp the superfluous organ with a little forceps and to cut it with a scalpel that which appears to be larger [...]. (Brooten 164, transl. by Finzsch)

This operation supposedly was not only necessary for alleged aesthetical reasons, but because of the sexual desire connected to a large clitoris (Brooten, 163-164). The few quotes from ancient texts may suffice to underscore that we deal with an ancient practice.

¹ “Καὶ τοῦτο δὲ τῶν μάλιστα ζηλουμένων παρ’ αὐτοῖς τὸ πάντα τρέφειν τὰ γεννώμενα παιδιά καὶ τὸ περιτέμνειν καὶ τὰ θήλεα ἐκτέμνειν, [...]” (Strabo, *The Geography of Strabo* VIII 152)

² “De immodica landica - Quibusdam landicis horrida comitatur magnitudo et feminas partium feditate confundit et, ut plerique memorant, adfecte tentigine virorum similem appetentiam sumunt et in venerem coacte veniunt. Supina denique mulier locanda est conductis femoribus, ne febre [fibrae] feminini sinus distantiam sumant. Tunc [in] midio est tenenda superflua atque pro modo alienitatis sue scalpello precidenda si enim plurimum extenditur porrecta longitudine sequetur [...]” (transl. by Finzsch).

5 As social historians, historians of medicine, anthropologists, and political scientists, however, contributing to this special issue, we are not that much concerned with the genealogy or the pre-history of FGM but with FGM in the 'modern' West. Whereas there was something like 'medieval misogyny,' it is debatable whether this was a form of anti-feminine thinking or the expression of clear-cut patriarchy (Rieder). However, even if one concedes that it was indeed misogynist thinking pure and simple, medieval medical thinking put women in an elevated position in comparison with later texts, since women played an active role in conception and pregnancy.

The belief that the mucus poured out in women during sexual excitement is feminine semen and therefore essential to conception had many remarkable consequences and was widespread until the seventeenth century. [...] It was the belief in feminine semen which led some theologians to lay down that a woman might masturbate if she had not experienced orgasm in coitus. (cited in Havelock Ellis, vol. 2, 146)

Contrary to popular conception, FGM has been used against women in Western countries since the 16th century, perhaps even before. The emergence of this practice during the Renaissance in countries like Italy, France, England, Germany and the Netherlands and later on in the United States of America was to some extent dependent on the 'rediscovery' of classical Greek and Latin texts, some of them medical, others philosophical or theological (Finzsch in this volume). Another aspect of the occurrence of this custom was the professionalization of medicine, especially gynecology, which took the care of women out of the hand of female practitioners like midwives and brought gynecology under the control of university-educated male doctors. Monica Green has described the long-lasting development of male-controlled medical practice in a groundbreaking study (*Green Making Women's*), which justifies some fleeting remarks. Although there was an abundance of Greek and Roman texts on women's medicine in the Middle Ages, the application of medicine for women lay in the hands of midwives (Green *Trotula* 14-15). The existence of texts on cliteridectomy alone is no proof of their actual application. Most of the medical books were located in monasteries, male places that is, and whether laypersons or women owned or read these texts, is unknown. Their usage also would have rested on the ability to read Latin or Greek. What may have had an impact though on the actual treatment of women by male doctors was the increasing importance of Arabic writings, like the text by Rhazes aka Mohammed Ibn Zakaria al-Razi (865-932), translated in 1175 by Gerhardus Cremonensis. All in all, it is fair to assume that cliteridectomy was not practiced during the Middle Ages and that its rediscovery and

application was the result of a re-reading of the ancient Greek and Latin texts, which is why this special issue starts with the period of the Renaissance and extends into the 21st century.

6 The following topics will be discussed in this issue in depth: Norbert Finzsch develops a *longue-durée* of the clitoricidal history in the ‘West,’ i. e. countries like Italy, Germany, England, France, and the United States between 1600 and 1970. Finzsch shows how the discourse and the practice of cliteridectomy changed over time, from a rarely practiced gynophobia operation to control female sexuality directed against women-desiring women to a medical procedure that was supposed to combat masturbation, nymphomania, and hysteria. Finally, the author proposes three hypotheses to explain the diminishing occurrence of cliteridectomy in said countries.

7 Marion Hulverscheidt’s contribution focuses on a hitherto unknown footnote in the discourse on surgical practices performed around the vulva. At the turn from the 19th to the 20th century, a group of Chicago-based surgeons performed *Orificial Surgery*, an extension of surgical practices performed hitherto on the mouth and the nose, to the bodily orifices below the waist. Edwin Pratt, a trained physician and homeopath, founded the *American Association of Orificial Surgeons*, which held its first meeting in 1888 (Edson). In 1887 Pratt had published a monograph on orificial surgery. Between 1892 and 1901 Pratt edited the *Journal of Orificial Surgery*. Although the majority of the articles were his contributions, other practitioners also gave examples of their treatment activities. Orificial Surgery fits in well with the idea of reflex neuroses, developed among others by Wilhelm Fließ, which was an accepted explanation not only for neuroses but for disease in general at that time. Pratt recommended surgical interventions on the rectum, circumcision as well as the removal of the hood of the clitoris and even hysterectomy to cure masturbation and insanity, and other so-called chronic diseases.

8 The era of Orificial Surgery was rather short and was strongly connected to its representatives, who were mainly one generation of homeopathic surgeons. Orificial Surgery was framed by the local conditions, a strong claim of usefulness and helpfulness of these treatments, and the high reputation of homeopathy at that time. From today’s perspective, they seem to have been outsiders in the medical realm. Contextualizing their treatments at their time, they seem rather modern concerning the operations they performed. Not least, because of the broad variety of treatments offered, which included mental healing and suggestive therapies. This association acted in an open-minded attitude towards women in medicine.

9 Janne Mende researches the controversy over FGM between adherents of a universalist vs. a cultural relativist interpretation of feminism. The case of female genital mutilation/cutting (FGM/C) is a touchstone for controversies between universalism and cultural relativism, both within and beyond feminist thinking. She provides us with a revisit of the discussion about FGM/C and thus stipulates essential insights for contemporary feminist thought. Her contribution touches upon issues that are of high relevance for today's discussions, as the question of human rights, individual and collective identity, othering, the role of civil society and the role of law, inequalities between the global North and the global South, the culturalization of gender and the intersection between gender, class and ethnicity. Discussing FGM/C as a case of juxtaposition between feminist cultural relativism and feminist universalism, the paper reframes cultural relativism and universalism as mutually constituting and conditioning each other. This mediated model contributes to a normative and simultaneously contextually embedded approach as a basis for contemporary feminist thinking.

10 Madita Oeming reflects on a contemporary phenomenon that could be called voluntary FGM in the West. Since the turn of the 21st century, more and more women choose to undergo Female Genital Cosmetic Surgery (FGCS) to fit a vulvovaginal aesthetic ideal. With a focus on reduction labiaplasty as the currently most widespread of these procedures, the article examines FGCS through a critical cultural studies lens to position it within larger feminist debates about body image, consumer culture, and female agency. A central question is where our Western ideal of female genital appearance comes from that increasingly causes the desire in women to undergo surgical body modification? Against the backdrop of post-colonial criticism, the article challenges the differentiation between FGM in non-Western cultures and FGCS in the West as well as the legitimacy of demonizing the former while normalizing the latter. Through bringing together otherwise separate voices from various disciplines, the aim is to present FGCS as an intricate interface between biology, psychology, culture, and media discourse, from which there is a lot to learn about recent Western history.

11 Bodil Folke Frederiksen's essay describes how a controversy over cliteridectomy came to influence the conjuncture of imperial politics and nationalist resistance between Kenya Colony and Great Britain the 1930s. Cliteridectomy was a vital component of the initiation rites of leading population groups in Kenya. Missionaries and medical doctors opposed it on moral and health grounds, African men and some women defended it a precondition of mature and responsible adulthood. An unlikely meeting and collaboration between a group of people — Marie Bonaparte, Jomo Kenyatta, Bronislaw Malinowski and

Prince Peter — who had a keen interest in the issue, generated new insights into the roots of tradition, how it fitted into not only structures of the human psyche but also the social construction of so-called traditional societies. The essay discusses what led to the collaboration, traces its consequences, and situates the cliteridectomy controversy in the context of anti-colonial and female emancipation.

12 Not all relevant issues could be included in this issue. Available sources in archives and the question whether the knowledge of cliteridectomy was not part of a formal network of scientists and doctors in the West demand further research on the topic of FGM. We hope to have laid the cornerstone for a future collaborative effort to address these critical problems.

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