

“We know the lesbian habits of kleitoriaxein [...] which justify the resection of the clitoris”: Cliteridectomy in the West, 1600 to 1988¹

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Abstract

This contribution 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.

Purpose and Scope of the Study

1 This paper is the pre-study of a larger project on which I have been working for the last two years now. My study addresses cliteridectomy in “Western” countries, by which I mean predominantly European countries (Said 12). I am not going to address FGM in non-Western countries, and I am not going to research immigrant communities in Western Europe or North America. There is abundant literature on both issues, to which I do not intend to add. The fact that ‘white,’ i.e., European women have been subjected to genital cutting over the period of nearly 400 years, however, is less well known. I shall, therefore, try to develop a Foucauldian genealogy of the practice in Western countries in the past 400 years. My project is not located in the sub-discipline of social history since I can say very little from the perspective of the women who were subjected to cliteridectomy. Patient files and hospital records are an invention of the 19th century, and very little is known about the biographies of women mutilated by doctors ([Anonymous], 1867; Anderson). Instead, I shall focus on the history of medical knowledge and medical practices. Although I will concentrate on the various practices and their medical and ethical justifications as they show up and disappear into the course of history, I shall also attempt to tell the history of the sexual organ clitoris, since its historic evaluation is intimately connected to the history of cliteridectomy. My initial quote stems from a famous French medical dictionary which was printed in 1815 (Adelon 56). The quote is unusual in many ways. It treats the practice of mutual masturbation as a known

¹ Quote from Adelon et al. *Dictionnaire des Sciences Medicales*, vol. 14. C. L. Panckoucke, 1815, 56.

fact. Moreover, it uses this knowledge as justification for the resection of the clitoris, which can mean either a total amputation or a resection of the hood.

The Antecedents

2 In the first century, Marcus Valerius Martialis wrote an epigram about a woman who had sex with other women by rubbing her clitoris against her. The poem is funny and masterfully composed and indeed was read a lot, given Martial's status and importance. Knowledge about the clitoris and its resection was common in Greece and Rome, but that medical knowledge disappeared once the Roman Empire fell and Latin and Greek were only spoken by a small minority of clerics. The clitoris was not a well-known organ until the fifteenth century, mostly because medieval women were reluctant to be examined by academically trained male doctors when they had access to midwives and their expertise. The more midwives were excluded from medical practice, the more male doctors took over. The consequence was a "rediscovery of the clitoris" by medical doctors (Park 171-93). This rediscovery was achieved by access to Greek and Latin sources and the integration of classic systems of knowledge into the process commonly called European Renaissance. Whereas the Italian doctor Aulus Cornelius Celsus did not even mention the existence of the clitoris in his book *De Re Medica Libri Octo* (Celsus), his colleague, the anatomist Realdo Colombo wrote in glowing terms about the importance of the clitoris and the techniques for stimulating it (Colombo; Laqueur, 64-65).

3 Realdo Colombo, who taught at Padua from 1544 to 1559 published a book entitled "De Re Anatomica" in 1559. Many of the contributions made in his book coincided with the publication of Gabriele Falloppio, also a professor of anatomy at Padua. Both Colombo and Falloppio wrongly claimed to have discovered the clitoris. The clitoris had been described with precision in the ancient texts. Colombo, however, was an anatomist who correctly identified the clitoris as a sexual organ. In his anatomical handbook, Colombo writes: "this is the principal seat of the women's pleasure if they engage in love not only when the penis rubs against them but also when touched with the small finger" (Colombo 243).

4 Columbus was so adamant about the clitoris, not because he was a pornographer or a libertarian but he, like many contemporaries, believed that a female orgasm was essential for conception (Colombo 448; [Pseudo-Aristotle] [1788], 2010, 64; Gardella 13-15). This position gave the clitoris an enhanced discursive presence. Medically and ideologically legitimizing female erotic pleasure, this presence also underlined the autonomy of women, since the pleasure mentioned in Columbus' text did not require the active participation or

even presence of men. The tradition of emphasizing female orgasms as healthy and necessary in a married couple's life continued well into the 19th century, although Victorianism apparently had a negative impact on the liberty with which these issues were discussed (Gardella 39, 72-74). Following Columbus' rediscovery of the clitoris, anatomical surveys that mentioned the clitoris usually warned against its abuse. Thomas Bartholin, a 17th-century Danish anatomist, repeated his findings and warned against the tribades (Bartholin 42). Most of the warnings were accompanied by the stories about the monstrous figure of the tribade, sometimes called *fricatix* in Latin or *rubster* in English (Traub 16; Andreadis 49). The discursive connection between the rediscovery of the clitoris and the reemergence of the tribade indicated a crisis in the representation of female bodies and bonds. The fact that some of the anatomical texts refrained from discussing enlarged clitoris and tribadism should therefore not be taken as proof of the writer's ignorance in these matters but as a cautionary evasion of subjects thought to be too risky. Thomas Vicary, an anatomist of the 16th century, clearly knew about the existence of the clitoris and its erotic function, since he called the organ *tentigo*, Latin for horniness. He also emphasized the necessity of mixing the male and the female "semen" to conceive which is another hint at the sexual function of the clitoris (Vicary 77-78). Interestingly enough, discussion of the clitoris and cliteridectomy sometimes occurred in a context that was not purely medical. The question, for instance, whether there existed monsters, was widely discussed and among these monsters, so-called hermaphrodites figured prominently. Hermaphrodite was a synonym for tribade in a lot of the older texts, a figure of speech that can be followed back to a scholion on Horatius, in which tribades are called hermaphrodites (Krenkel, Bernard and Reitz 455; Allen 1666, 624). When the French king's surgeon Ambroise Paré published his treatise "Des Monstres et Prodiges" in 1575, he left no doubt that in the case of a large clitoris the organ should be cut "[b]ecause [women] can abuse it [the clitoris] (Paré 26, my transl.).

Tribades, Fricatrices, Rubsters

5 If my assumption is correct and the cliteridectómial frenzy of the 18th, 19th and 20th centuries was deeply rooted in homophobic and gynophobic tendencies that identified the clitoris as an organ of bodily transgression, it follows that these practices were present in many European countries. In the early 17th century, Jean Riolan referred to all the Greek authorities who thought that the clitoris should be cut out if it did not comply with the authors' conception of size and character. Riolan also discusses *in extenso* the vices of the so-called tribades, women that have sex with other women by rubbing the clitoris, and the capital

punishment that these women had to endure when convicted (Riolan 1614, 81-84). The association of the clitoris with female sexual deviance has a much longer history and has exerted a tremendous influence in the modern construction of lesbianism, as Thomas Laqueur and Valerie Traub have shown. Rather than male homosexual desire, what mattered in French and to some degree also in other European countries in the 16th and 17th centuries, was the question of female same-sex desire. I am reluctant to call this lesbianism because that was a term that came only in use in the 19th century. It is important to note that tribadism theoretically carried the death penalty in most West European countries and the German Empire, mainly if a dildo was used for penetration (Borris 72-75; Colwill 156; Soyer 46-47, Martin 83). Since an enlarged or bigger than average clitoris was a clear indicator for the sin of tribadism and vice versa, the amputation of the clitoris not only reduced the number of tribades but helped to pave the way for a “normal”, “healthy” heterosexual relationship (Saliceto 62rb-va; Lochrie 82). It also made the death penalty against women superfluous. It was this logic, more than anything else, that drove the thrust for the increasing persecution of tribades and prepared the emergence of the “fatal women” and the “lesbian outlaw” or the “lesbian vampire” in the course of the 19th and 20th centuries (Hart; Robson; Zimmermann and Haggerty 263).

6 The rediscovery of ancient texts as part of the Renaissance also made it possible for 16th-century physicians and medical doctors to make themselves available with medical traditions and knowledge of their ancient colleagues. This “backwards-looking admiration for antiquity” (Crombie 456) converged with the reform of Italian universities, which adopted Platonism and installed chairs for medicine in places like Bologna, Rome, Pisa, and Messina (115-118). The Italian model was influential all over Europe. In London, the (Royal) College of Physicians was founded in 1518 on the Italian model. Thomas Linacre, its first President, was an English humanist and MD who had received his training in the Classics in Italy, took a degree of doctor of medicine from Padua and rose through the ranks in England after his return to London. Padua was considered the best school of medicine in Europe; also, it allowed English students to enroll, despite the fact that technically English students belonged to the apostate Church of England (Bylebyl 335; Johnson 102-119). In England and elsewhere, academically trained humanist physicians saw themselves in bitter competition with unlicensed practitioners in the countryside and the cities (Pelling and Webster 165). In their attempt to gain the upper hand in a professionalized field they reverted both to the Greek and Latin authorities, and to anatomical sections as the basis of their practice, something the unlicensed practitioners without connections to universities had no access to (Mitchell et al.).

The important evidence of the early modern texts in France, Italy, Germany, and England, is that although the tribade figures prominently in them, actual reports of cliteridectomy are rare (Fleming 74, 77). This changes abruptly in the middle of the 19th century.

7 The fear which was connected to the clitoris and which one can easily denote as cliterophobia stemmed in principal from the fear of the lesbian and only to a lesser degree from the fear of masturbation. The allegory of the tribade or lesbian did lead to a wholesale condemnation of masturbation. The rhetoric function of masturbation in the discourse on sexuality was to counter the visible effects of modernization, the displacement of the old order, regulated by the estates, by a democratic mandate, which emphasized equality but subsumed women under the tutelage of men. If we insert into this matrix of power relations the emerging scientific racism, it becomes evident why Europeans and Americans alike were so fascinated by masturbation. It is, therefore, a false dichotomy to understand cliteridectomy as either the consequence of the fascination with female masturbation, as portrayed in Sarah Rodriguez' magnificent study of cliteridectomy in the US or to construe it solely as lesbian "Clitoral Corruption" (Rodriguez; see also Gibson).

Masturbation

8 In the 18th century, a new concern about masturbation arose. This concern was productive in the sense that a lot of texts and practices came off it. 1737 saw the publication of an anonymous text entitled *Onania, or, The heinous sin of self-pollution*, which mostly dealt with men, but there were also some observations about women. "Furor Uterinus" or nymphomania was a well-known affliction in early modern Europe (Musitanus; [Marten] 1756, 325; Nagrodzki). *Onania* tells the frightening story of a woman with this disease, who suffered from fits during which she would "extravagantly Scream out, talk obscenely, pull up her Coats, and throw off her Bed-cloaths, calling to and laying hold of any Man she saw". After the woman's death, her body was dissected by physicians, and "the Extremity or Glans of Clitoris, which was much above its Natural Size, and which, [...] is the chief Seat of Pleasure in Women, was observ'd to be Invested with a sharp [...] Humour, which [...] must [...] Itch to a Prodigious Degree, and occasion the titillation and desire" ([Marten] 1756, 162). Here we can observe the shift from the tribade who has sex with other women to the woman with uncontrollable urges that result in masturbation. The reason for her irrepressible urges without any doubt was to be found in the size of her clitoris. Moreover, there is another new element: the itch, in Latin, *pruritus clitoridis*. Pruritus today is a serious condition often

treated by dermatologists (Misery and Ständer). In early modern times, however, pruritus meant something else. It was the word for a strong sexual desire (Stehling 57).

9 The history of gynecology in the West is the history of the subjection of female bodies under the control of white male MDs. In contrast to the 17th century, when gynecology was to some extent still practiced by non-academically trained persons and midwives, the field tended to be dominated by university trained doctors around the beginning of the 19th century. Doctors like the “Father of Modern Gynecology,” the South Carolinian Dr. Marion Sims, subjected female slaves to medically doubtful and extremely painful experiments on the operation table, allegedly to find a method for curing vaginal fistulas (Harris; Mair; McGregor; Ojanuga; Wall; Schroeder). Biological reproduction was thus medicalized, both institutionally and discursively, and female sexuality was increasingly exposed to the medical gaze which sanctioned all forms of deviant sexuality in connection with the bio-power of the nation-state. Female masturbation was turned from a sin into a disease that had to be cured by all means necessary. Cliteridectomy, while having been practiced before, became more frequent in the context of demographic change, immigration, public health and the discussion about the domestic sphere reserved for women. One of the important German handbooks of gynecology discussed this in the following terms in 1836:

Hypertrophy of the clitoris is rather rare. Should it be observed, it usually happens with individuals in which the clitoris had been rather developed during childhood. Later this development is excessively furthered through stimulation of this organ in an unnatural way. In these cases, the only effective and secure method is the extirpation of the clitoris. (Mende and Balling 148, my transl.)

By 1830 female masturbation had gained a prominent place in the medical and popular literature in Europe and the United States. Masturbation was held responsible for a lot of problems and afflictions, i.e., tuberculosis, in some cases even leading to suicide (Wakely 1846, 21, 39-40, 62, 68).

10 It seems, however, as if there was a new silence about the clitoris in Victorian America. As elaborate as the texts address the evils of self-pollution, they do not give the same amount of specific information as the Renaissance books did. Among the many calamities that were said to be the consequence of masturbation were insanity and hysteria (Worell vol. 1, 296). Historian Marilyn French labeled the campaign against female masturbation as part of a “war on women” (French vol. 3, 313). This war was fought on all national fronts, in England, Germany, France, and the United States basically at the same time. The chronology and the intensity of the battles might have varied according to the discursive urgency in the various national societies, but it was a common war nevertheless. In

1828, a French medical journal, quoting the German author Graefe, reported, that “in June of 1825 a 14-year old girl succumbed to absolute idiotism as a consequence of masturbation and was cured by a Berlin doctor through the amputation of the clitoris” (Mongellaz 150-151, my transl.; Graefe; Hulverscheidt 107-108). Another French journal wrote in 1832:

The clitoris sometimes has an immoderate length or thickness which may affect the genital functions. Women with this disfigurement often succumb to the temptation of these passions that undermine their health and damage their morals. The amputation of the clitoris is the only means to rectify such a case. (Hatin 25, my transl.)

A similar journal quoted the case of a ten-year-old girl

which practiced onanism since earliest childhood. [...] When the parents learned the reason for the girl’s state of exhaustion they undertook everything conceivable to stop the obsession, in vain. [...] Therefore the parents decided to have her clitoris removed. The operation was executed with great success by Doctor Jobert. ([Anonymous] 1835, 448, my transl.)

A few years later the author of an article advocating cliteridectomy referred to the ancient Greek practice and wrote:

[...] the clitoris is susceptible to all kinds of degenerations. The Ancient ones amputated it very often with the only aim to moderate the too great humidity of women. Seen from this angle the amputation of the clitoris has been too easily rejected for about the last century. After Doctor Robert had amputated her clitoris, the young woman who had fallen into apathy by masturbation was radically cured of her vicious habit. (Velpéau 343-344, my transl.)

The United States

11 In the United States, the discussion may have peaked a little later than in the European countries, but it developed in a very intensive way. The American readers had the opportunity to have access to the English books and journals without linguistic barriers, which explains why second editions of English books about the subject were printed in the US. In 1844, Calvin Cutter’s book on masturbation appeared, which did not propose cliteridectomy directly, but warned of the great dangers connected with the habit of masturbation. Cutter was not only a surgeon but also fiercely pious which explains the moral undertone of his text.

Masturbation does more than any other cause, perhaps than all other causes combined, to people our lunatic asylums [...] Consumptions, spinal distortions, weak and painful eyes, weak stomachs, nervous headaches, and a host of other diseases, mark its influences upon the one [...], insanity, idiotism, show its devastating effects upon the other. It is equally opposed to moral purity and mental vigor. It keeps up the influence of unhallowed desires; it gives the passions an ascendancy in the character, fills the mind with lewd and corrupt images, and transforms its victim to a filthy and disgusting reptile. (Cutter 31-32)

Cutter's book is probably among the texts that are most explicit when it comes to the description of the disastrous effects of female masturbation. However, the author does not recommend a surgical treatment of the affliction. Proper clothing, a healthy diet, physical exercise and moral education should do the job where other doctors recommended surgery (Cutter 40-47).

12 Writing only one year after Cutter, Doctor de Fontaine combined his broadside against masturbation with the dangers of lesbianism.

The tastes of an unnatural love form another aberration. They abandon themselves to a carnal love of their own sex, and voluptuous embraces and enchanting songs and address; breathing their raptures, in the languor, delirium, ecstasy, and convulsion of passions, not to a lover, but to one of her female companions. (De Fontaine 59)

De Fontaine then recounts the story of a female patient who apparently seemed to suffer from nymphomania, and the good doctor describes the seizures and uncontrolled urges of his patient at length, covering six pages, when at the end of the chapter "On the clitoris" he concludes:

After a few weeks' unsuccessful treatment, even by the use of the most powerful medicines and applications, suggested upon consultations with many eminent physicians, who were, to a man, [...] in favor of an amputation of the clitoris. (De Fontaine 289)

This quote stems from one of the earliest medical texts that contain a reference to an excision of the clitoris in North America.

13 There is, however, one phenomenon that is peculiar to the US, and that is the use of homeopathic medicine in connection with cliteridectomy. Usually, homeopathy does not utilize surgery for the cure of disease. Hahnemann's "Organon of the Healing Art" was opposed to traditional surgery such as blood-letting or other operations on the human body. Homeopathy became very successful in the United States when the Bostonian Hans Burch Gram introduced homeopathic medicine in 1825 by translating Hahnemann's *Organon*. Medical historian Paul Starr wrote, "[b]ecause homeopathy was simultaneously philosophical and experimental, it seemed to many people to be more rather than less scientific than orthodox medicine" (Starr 97). Prominent political figures, including Abraham Lincoln's Secretary of State, William Seward, and Senator Daniel Webster chose to be treated by homeopathic practitioners.

14 Part of that sizeable homeopathic movement in the US was Dr. Edwin Hartley Pratt, a Chicago MD, who practiced what he labeled "orificial surgery". This part of the medical history of homeopathy is under-researched. Marion Hulverscheidt's contribution in this

volume is the first original study of orificial surgery. It seems as if in the 1880s American colleges for homeopathy like the Hahnemann Medical Schools did not deviate from classical medical approaches as much as their European counterparts. Edwin Pratt was a quintessential medical charlatan. “[He] preached that diseases could be treated through a variety of operations on bodily openings, and when [he] went to work, no mouth, penis, rectum, or vagina was safe from manipulation or scraping” (Rutkow 98). Accordingly, he and his followers resorted to complete or partial ablation of the clitoris, especially when they suspected the female patients to indulge in the vice of masturbation (Beebe 11-12). Amputation was also used to relieve girls of permanent orgasms (Pratt 529), even though in some cases, it seems, Dr. Pratt failed to achieve the desired results:

15 Obviously, the patient had arrived with a severe case of bronchitis or tuberculosis, and Pratt concluded: “very weak, case desperate” which did not stop him from performing an invasive surgery. A little more than two weeks after the operation the patient had died (Pratt 532). Pratt was by far not the only surgeon who practiced the pseudoscientific method of orificial surgery. Pratt’s colleague Benjamin Elisha Dawson, assisted by Elizabeth H. Muncie, H. E. Beebe, and A. B. Grant, was active in the field until his death in 1922 (Dawson, Orificial Surgery 32). The cutting of the prepuce of the clitoris allegedly not only helped with cases of abscesses but also with menstrual pains (ibid. 58-59).

16 Dawson determined that knowledge of the clitoris and its importance for the mental and physical well-being had sunk into oblivion and wanted to raise awareness of that fact among his colleagues.

Reflexes travel along the line of least resistance. Irritation in the sexual organs, therefore, may reach the mental or moral faculties, resulting in imbecility, sexual perversion or moral degeneracy. Many neuroses and even psychoses have their origin in pathological conditions of the hood of the clitoris. (Dawson, Circumcision 521)

Dawson did not refrain from operating on small girls several times if deemed necessary (ibid.). The interesting and for Victorians more than plausible assumption of orificial surgery was the interrelatedness of the bodily orifices which turned the clitoris from a disturbing source of masturbation into the key organ for the treatment of all possible diseases.

England and Germany

17 Meanwhile, in England and Germany, cliteridectomy became fashionable and was discussed by prominent physicians (Hulverscheidt). Dr. Isaac Baker Brown treated hysteria with a complete ablation of the clitoris. Hysteria according to him was the direct result of masturbation and had to be dealt with radically.

M. N., aet. 17; admitted into the London Surgical Home September 4, 1861. History.—[...] Mr. Brown ascertained both from her mother and herself, that she had long indulged in self-excitation of the clitoris, having first been taught by a school-fellow. The commencement of her illness corresponded exactly with the origin of its cause; [...] The next day after admission she was operated upon, and from that date she never had a fit. (Brown, 1866, 51-52)

Baker-Brown documented 48 cases in which he performed the “usual operation,” ranging from treatments for hysteria to epilepsy. His patients came from all social classes and ages, ranging from ages 16 to 55.

18 Baker-Brown hastened to publish the list of his medical successes since he had become the target of severe criticism by his fellow physicians and tried to counter these attacks by publishing the case histories of his female patients (Brown and Greenhalgh). During 1866, Baker-Brown began to receive negative feedback from colleagues who opposed the use of clitoridectomies and questioned the validity of Baker Brown’s claims of success. An article appeared in *The Times* in December, which suggested that Baker Brown had treated women of unsound mind (Fennell 66-69). He was also charged with performing clitoridectomies without the consent or knowledge of his patients or their families. In 1867, he was expelled from the Obstetrical Society of London for carrying out the operations without consent (Sheehan 330-331; Fleming 1029). It is, therefore, correct to assume that the procedure of clitoridectomy was discontinued in England after 1867 (Moscucci). Dr. Patrick Watson wrote about a single case in 1868:

On the last of these occasions, her mother, who accompanied her, explained that her daughter was given to habits of masturbation [...] Various procedures, moral and remedial, were tried [...] without effect, with the sanction of her mother, I removed her clitoris, in the manner recommended by Mr. Baker Brown. (Watson 382)

There was another case in 1871 (Arkwright). In contrast to Germany, France, and the United States, where clitoridectomy was continued well into the 20th century, English gynecologists showed almost no inclination to apply the surgery to women. In 1897 James Russell published a paper in the *British Medical Journal* which sounded the knell to all kinds of operations on the clitoris and the genitalia. “Common sense, as well as statistics, prove that sexual disorders in women cannot be such a prolific cause of mental disease as the psycho-surgical gynecologist would make us believe” (Russell 771). As the author proceeded to show, most doctors in institutions for the mentally ill denied any connection between so-called sexual disorders and mental disease.

19 While the British doctors desisted from the application of clitoridectomy, German practitioners continued the operation. Johann Baptist Ullersperger introduced Baker Brown’s

procedure and the resulting controversy to the German readership in 1867 (Ullersperger). The renowned journal *Archiv für Pathologische Anatomie und Physiologie und für Klinische Medizin* [sic], edited by Rudolph Virchow, reported on the successful healing of a case of hysteria through cliteridectomy. The doctor who wrote the report in 1882, Nikolaus Friedreich from Heidelberg, claimed that hysteria was caused by the clitoris, which is an interesting case of linguistic confusion because hysteria originally referred to the uterus, Greek *ηψστερα* (Friedreich 224-225.)

20 Quoting the Austrian physician Gustav Braun, Friedreich narrated the story of two young unmarried women of 24 and 25, who had been vexed by extremely violent sexual arousal and who had indulged in masturbation “of the highest order.” [...] after unsuccessful treatment for years healing was achieved through amputation of the clitoris and the small *nympha* by using a galvanocautery sling”(Friedreich 225-226, my transl). Braun is then quoted as using this method habitually when patients masturbate resulting not only in corporeal but also psychic disturbances (ibid.). Friedreich continues by complaining about the obvious termination of the practice, which he attributes to the London scandal around Baker Brown. Charles West, Baker Brown’s most prominent opponent, had called the operation a “mutilation” of the patient and Friedreich expresses his complete lack of understanding for such wording (West 585). “How one can condemn the elimination of such a small and hidden shape with this name, is not understandable, since it is obvious that the feeling of lust is not limited to the clitoris”(Friedreich 226, my transl.) Friedreich then proceeded to narrate eight cases of hysteria in which he used the corrosion of the clitoris with silver nitrate to achieve a betterment, the last one in 1882 (ibid. 230).

Demise 1890-1920

21 It is a fact that in most Western countries cliteridectomy that became rare after 1890, the reasons, however, for this change are not entirely clear. In the US, various authors underlined the operation’s adverse effect on the sexuality of women (see for example Beebe). Clitorectomy, as it was sometimes called in the 20th century, continued, however, to be applied in cases of assumed virilization of the genitals which could occur in a hypertrophied clitoris, especially with children. (Fonkalsrud, Kaplan, and Lippe; Randolph and Hung).

22 A French guidebook attributed the diminishing reliance on the practice on its lack of accomplishment. “[The brain is the seat of the erotic impulse ...] For the same reason the excision of the clitoris and its roots, practiced in grave instances of erotic delirium, often remained unfruitful” (Alibert 19-20, my transl.).

23 Another discursive break occurred with the impact of second feminism in the 1970s. Freudian interpretations about the psychological maturity of the “vaginal orgasm” in comparison to the lesbian immaturity of the “clitoral orgasm” were increasingly rejected and replaced with the emphasis on “female clitoral sexual pleasure” (Holbrook 237-238; Rodriguez 123). This movement coincides, albeit was not identical, with the “need” or the “obligation” to reach an orgasm under all circumstances or even to be multiorgasmic. Now that women allegedly were becoming liberated, they were supposed to be super-sexy and multiorgasmic (Rowland and Rowland 551). The compulsion to be “super-sexy” led to new requirements. If this kind of sexual achievement was missing, the reason for this maladjustment was sought again in physical qualities of the female body. Female Circumcision to promote clitoral orgasm became a discussed issue between 1890 and 1945. After 1966 and until 1981 women underwent the removal of the clitoral hood to enhance clitoral orgasms (Rodriguez 75-90, 123-148). This discussion culminated in the “surgery of love” by doctor James Burt of Dayton, Ohio, who operated on women in such a way that he “moved the entrance of the vagina closer to the clitoris in an effort to enable women to have both easier and better orgasms by enabling the penis to more easily provide the clitoris with stimulation during penetrative sex” (Rodriguez 150; Burt and Burt; Adams 59). Hundreds of women underwent this operation – some of them unknowingly and unwillingly – with devastating results until James Burt finally lost his license – in 1988. The mutilations of female genitalia had come full circle: whereas in early modern times men insisted on controlling female sexuality when it did not function in a ‘normal’ way (women having sex with women; masturbating women), in modernity control of female sexuality encompassed first the psychological normalization of hysterical women and finally the corporeal normalization of women who ‘voluntarily’ underwent a correction of their bodies. Today operations of the vulva for aesthetic reasons are part of an ideology of bodily modifications. They do not need to oblige women to adapt; some women have accepted the idea of an aesthetic normalization and even pay for surgery that modifies their vulvae as shown in the documentary entitled *Vulva 2.0*. This aspect of FGM will be addressed in the contribution by Madita Oeming in this special issue.

24 I come to a provisional conclusion: Trying to understand the demise of cliteridectomy in the West allows for three hypotheses that seem plausible and do not contradict the available historical evidence:

1) The first suggestion I call the psychoanalytical hypothesis: cliteridectomy became superfluous due to the growing influence of psychoanalysis. According to Sigmund Freud,

during the transformation of a girl to a woman the seat of sexual pleasure is transferred from the clitoris to the vagina. This transition, however, could produce problems. Psychoanalysis as a theory and practice promised the cure of problems related to sexuality like masturbation, lesbianism, and deviant sexual practices not by surgery, but by the ‘talking cure’ of psychoanalysis.

2) The second assumption I call the colonial hypothesis. Growing awareness of the practice of cliteridectomy in the French, British, American and German colonies after 1890 underlined the difference between the ‘savage’ practice of mutilation in the colonies and the ‘civilized’ countries of the West. Women of the West were allegedly treated with more respect and enjoyed rights that were denied to colonial subjects. British missionaries emphasized the necessity to abolish Female Genital Mutilation among the Kikuyu in British East Africa (Mufaka; Slack 478-479, Frederiksen). If Western culture was supposed to be perceived as superior, the colonizer and the colonized must not use the same techniques to subdue the sexual self-determination of their female population. Hence, cliteridectomy in the West had to go. This does not mean that Christian missionaries spoke out against FGM *per se*, but that they associated the practice with a lack of culture and thus had an impact on the discourses that questioned the application of FGM in the West. Christians in Africa, Roman Catholics, and Protestants alike, continue to mutilate women. FGM is not a religious practice, but a cultural one (Emmett).

3) The third hypothesis I call the hybrid hypothesis: Allow me to quote from a text by the renowned psychoanalyst Marie Bonaparte:

One day, Freund gave me a book that had been printed in Berlin: Neger[-]Eros by Felix Bryk, a traveler who had lived in East Africa. He had studied the customs of the Nandis [...] He described the way the Nandis girls undergo the operation to lose their clitoris. [...] The Nandis men, [Bryk] assumed, try to feminize their companions completely by suppressing the last remnant of the penis which is the clitoris and this, he adds, must have the effect to facilitate the transfer of sensibility in the erogenous infantile zones, which is the clitoris, to the erogenous zone of the adult women, [...] the vagina. (Bonaparte 213-214; Bryk, my transl.)

What I am hinting at is the possibility that a combination of the psychoanalytical and the colonial hypotheses was at work in the suppression of the cliteridectomy in the West. This change did not happen overnight. Marie Bonaparte reported that in 1929 cliteridectomy was still practiced in Leipzig to heal a 29-year old woman from “compulsive masturbation” (Bonaparte 214).

25 Unfortunately, the history of cliteridectomy in the West contains one unfinished chapter: Sexual or vulvar aesthetic surgery often includes a form of cliteridectomy, albeit for

cosmetic reasons and in accordance with the wishes of women who undergo the procedure. “We are forgetting that these operations are mutilations, which are freely agreed, perfectly accepted and very expensive, whereas they cause the loss of corpuscles and nerves, which are essential for a happy sex life” (Di Marino and Lepidi 136).

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