Homeopathy, Orificial Surgery, and the Clitoris in the United States, 1880-1920 – an Eclectic Approach?

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Abstract

This article focuses on a hitherto unknown surgical practices performed around the vulva. At the turn from the 19th to the 20th century, a group of Chicago-based surgeons performing orificial surgery expounded on the curing and helpful aspects of surgical practices performed on mouth and nose and the bodily orifices below the waist. This association was founded by Edwin Pratt, a trained physician and homeopath. In 1887 he had published a monograph on Orificial Surgery, between 1892 and 1901 he edited the *Journal of Orificial Surgery*. Although the majority of the articles were contributions of him, other practitioners also gave examples of their treatment activities. Orificial surgery fits in well with the idea of reflex neuroses, which was an accepted explanation for disease 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. This paper attempts to contextualize the era of Orificial Surgery and their protagonists in the medical and social realm.

Introduction

1 Where and what is the link, the connection between clitoridectomy, today is seen as a cruel violation of human rights, and homeopathy, a holistic and gentle approach to health? This paper will focus on a crucial period in Chicago, United States, where a Society of Orificial Surgery was introduced at the end of the 1880ies. This label was used to summarize surgical interventions via mouth, nose and other bodily openings, and primarily through orifices under the waist line, including operations on the clitoris. Indications for these surgical procedures were various chronic diseases, which were believed to be caused by nerve-waste provoked by orificial irritation.

2 Female Genital Mutilation/Cutting and other medical or surgical procedures addressing either the clitoris, the hood of the clitoris, the labia or the vaginal opening were performed all over the world, for a variety of purposes, and were justified by various theoretical constructs. Norbert Finzsch has provided a brief outline of these procedures; a more detailed investigation was done for Great Britain by Moscucci, and by me for the German-speaking realm (Hulverscheidt, Weibliche Genitalverstümmelung). A remarkable story is that of Isaak Baker Brown, a gynecologist in London, who in 1866 published a booklet on the therapeutic benefits of clitoridectomy (Scull/Favreau; Showalter; Wallerstein,

Säkulare Beschneidung; Black, Hulverscheidt, Medizingeschichte). Dally and Rodriguez provided overviews and case examples as well, taken from US-American practice.

3 In this paper, I will address the procedures performed under the heading of 'Orificial Surgery' by homeopathically oriented physicians in Chicago, US, at the turn of the 19th to the 20th century. Homeopathy in the United States seems to have been different to homeopathy practiced in Europe, and particularly Germany, primarily regarding the relationship between the medical cultures of (allopathic and surgical) medicine and homeopathy. Whether any medical procedure or approach is considered mainstream or 'complementary' is not so much defined by strictly scientific aspects, but to a significant degree depends on local and temporal conditions and discourses. To be a homeopath in Munich may be totally different from being a homeopath in Chicago; the same applies to 1920 versus 2010, for example. The results of these various discourses and appropriations are sometimes astonishing and peculiar. This contribution will investigate one of these spatially and temporally limited peculiarities. History is never objective; a decision must always be made on the perspective or position taken. And the perspective changes the story.

4 The procedures discussed in this article seems to be no more than a minor footnote in the history of American surgery; it is, however, central where this practices originated – in addition to surgical treatments focusing on the effects of (war-inflicted) injuries and accidents (Schlich; Cooter), there was also a branch of homeopathic physicians performing surgical treatment of so-called chronic diseases caused by reflex neuroses. So it seems worthwhile to address this topic in the context of the event of surgery as well as in the context of conflicting medical cultures (allopathy and homeopathy and others) and in the local and personal realm as well.

Homeopathy in General

5 Homeopathy as an alternative medical practice was developed by Samuel Hahnemann in the 18th century in Germany, and today is practiced all over the world (Jütte, Homöopathie; Jütte, Hahnemann). Homeopathy is characterized by a holistic approach, focusing on the individual patient and not on symptoms or a disease. Homeopathic treatment usually begins with an extensive interview called anamnesis. Symptoms are described in great detail, and a homeopathic remedy is selected as a result. Remedies are chosen based on the principle of simile (like cures like). These simile remedies are potentized, diluted and used as instructed. The homeopathic setting seems to promote lasting patient-physician relationships, probably due to the detailed anamnesis and the very close monitoring of treatments, which seem to be

less hierarchical than patient-physician relationships in orthodox medicine (Jütte, Homöopathie).

6 Beyond current conflict lines, mainly defined by allopathy's and homeopathy's claims to overlapping fields of competence, and vaccination, it is sometimes overlooked that Hahnemann viewed homeopathy as a comprehensive system of healing. Today's practitioners may have lost sight of the fact that homeopathy's competences and indication areas have continuously changed, over decades, and even centuries, but within a delineated field. Homeopathy is mainly applied in cases of chronic diseases, as opposed to acute illnesses, such as infectious diseases. In this classification approach, venereal diseases take on an intermediate position, as they seem to respond to homeopathy (Hahnemann, chronischen Krankheiten, vol. 1, 4). Within homeopathy, surgical interventions were considered advisable if indicated. Hahnemann's Organon therefore also included a chapter on surgery:

> Those so-called local maladies which have been produced a short time previously, solely by an external lesion, still appear at first sight to deserve the name of local diseases. But then the lesion must be very trivial, and in that case it would be of no great moment. For in the case of injuries accruing to the body from without, if they be at all severe, the whole living organism sympathizes; there occur fever, etc. The treatment of such diseases is relegated to surgery; but this is right only in so far as the affected parts require mechanical aid, whereby the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means, e.g., by the reduction of dislocations, by needles and bandages to bring together the lips of wounds, by mechanical pressure to still the flow of blood from open arteries, by the extraction of foreign bodies that have penetrated into the living parts, by making an opening into a cavity of the body in order to remove an irritating substance or to procure the evacuation of effusions or collections of fluids, by bringing into apposition the broken extremities of a fractured bone and retaining them in exact contact by an appropriate bandage, etc. (Hahnemann, Organon §186)

Hahnemann never contested the raison d'être of surgery. During his lifetime, these interventions were mainly performed by army surgeons and barbers. At the same time, he commended the synergetic effects of surgery in conjunction with homeopathy; it should be noted, however, that in his language/way of thinking a physician acted in accordance with homeopathic cauteles:

> But when in such injuries the whole living organism requires, as it always does, active dynamic aid to put it in a position to accomplish the work of healing, e.g., when the violent fever resulting from extensive contusions, lacerated muscles, tendons and blood-vessels requires to be removed by medicine given internally, or when the external pain of scalded or burnt parts needs to be homeopathically subdued, then the services of the dynamic physician and his helpful homeopathy come into requisition. (ibid.)

These passages do not describe surgery as external to homeopathy. But even if Hahnemann considered surgical therapies to be appropriate and compatible in specific cases, he did not necessarily believe them to be an intrinsic part of homeopathic medicine. In his opinion, homeopaths were meant to dynamically support healing and to relieve pain. Surgical intervention is not automatically turned into homeopathic treatment, just because a homeopath performs it.

7 Hahnemann‘s therapeutic concept was successful; part of the reason for this success may have been a clear distinction from humoral pathology, at that time the most commonly practiced form of medicine, which relied on bloodletting and other draconian forms of treatment, which could only be understood within the context of antique scriptures.

Homeopathy in the US in the 19th century

8 Homeopathy was introduced to the United States around 1825, by German and Dutch physicians (Schmidt). Its dissemination was made easier by the fact that in the 1840s, laws regulating the accreditation of physicians, passed towards the end of the 18th century, had been revoked as part of the anti-monopolist stance of the Jacksonian democracy, allowing all kinds of healers and quacks to practice medicine.

9 Homeopathic associations and colleges were quickly established, as large segments of the well-to-do upper class welcomed this new medicine. Enthusiastic patients were generous, as a way of showing their appreciation (Kett; Fuller). As early as 1844, the American Institute of Homeopathy (AIH) was founded as a professional association.[1] At that time, medical training in the US was not yet regulated, and there were only a few requirements for starting a new college. There were no rules or guidelines in 19th-century America for content or length of a college education. The Hahnemann Medical College of Chicago, which opened up in 1861, actually graduated its first class in February 1861, after only four months of study (Cook and Naudé 128).

10 The number of homeopathic colleges rose quickly, as did the number of homeopaths. In 1898, there were already 20 homeopathic colleges in the United States, 140 homeopathic hospitals, 57 homeopathic pharmacies, 31 homeopathic journals and more than 100 homeopathic medical associations (Kron 15). But was this education comparable to homeopathic education in Europe? And did the American homeopath adhere to the principles of homeopathy, as defined by Hahnemann?

[1] http://homeopathyusa.org/about-aih-2/our-heritage-our-future.html. Accessed February 2nd, 2018.

11 Practicing homeopaths with greater professional integrity aimed at ensuring high medical standards, and unified, legitimate professional training. But the development had been too speedy, and numerous professional disputes ensued. Taking insiders' perspectives, Cook and Naudé provide detailed information on the factors they consider responsible for the ascendance and the decline of homeopathy in America: homeopathic teaching in the United States differed greatly from pure homeopathic doctrine in Germany, as most of the US-American homeopaths were not able to read German, and therefore could not directly study Hahnemann's bulletins. Many of them did not consider the simile principle to be valid and embraced the bacteriological theory, which considered specific pathogenic agents to be responsible for diseases (Cook and Naudé 129, 133). But in addition to acute illnesses like infectious diseases, there were also chronic diseases for which homeopathy was considered to be eminently efficacious, and about which Hahnemann had written extensively (Hahnemann, chronischen Krankheiten). But once again differing from Hahnemann, US-homeopaths focused on chronic disease rather than the entire patient; their approach may, in fact, be described as allopathic, rather than homeopathic (Cook and Naudé 130).

12 Among these homeopaths, therapeutic approaches and methods used varied greatly. Some of them used only potentized remedies included in the Materia Medica, while others relied on allopathic principles, and considered it grossly negligent to not prescribe quinine in case of malaria or morphine against pain. There were also pronounced differences regarding surgical therapy, as is obvious when looking at Orificial Surgery.

Homeopathy in Chicago

13 Chicago seemed to have been one of the hot spots of homeopathy in the US. The Hahnemann Medical College, founded in 1860, and the Chicago Homeopathic College, established in 1876, were merged in 1904. In 1892, Henry C. Allen set up the Hering College in Chicago, as a counterpart to the less stringent colleges; it was meant to teach 'pure' homeopathy. But even there, professional differences arose, and in 1895, several of its members left to open Dunham Medical College (Kron 39). Also, there was also a homeopathic evening school, so that an observer of the North-American homeopathic landscape arrived at the following conclusion:

> Instead of having only one homeopathic college in Chicago, with well-equipped laboratories and sufficient clinical hospital facilities, that could train physicians well-versed in all branches of medical art and technique, there were five different colleges, and as was to be expected under such conditions, all of them with only insufficient funding. (Kron 39-40)

And homeopathy was by far not the only alternative medical practice competing for patients' attention: by the end of the 19th century, osteopathy, chiropractic, and Christian Science had entered the market, followed by kinesiology. It would by far exceed the scope of this contribution to investigate whether it was this fragmentation within North-American homeopathy, the devastating results of the Flexner Report (published in 1910) or the establishment of the U.S. Public Health Service (PHS) in 1912 that caused the subsequent demise of homeopathy in the United States (Flexner). The field of medical cultures was highly dynamic, with competition not only between the various medical systems but also within homeopathy itself. A pervading eclecticist attitude infused medical culture, even if the direction was not clear.

14 The remarkably speedy increase of newly founded homeopathic colleges corresponds with the exponential growth of Chicago's population: between 1860 and 1890, the number of inhabitants went from little more than 100,000 to one million. This rapidly growing population had hardly a hold on a public health service, despite some union organized workers. So the majority of the population had to choose and had to pay their medical treatment. Homeopathy had a good reputation, it seemed to address the individual patient, it was gentle, and homeopathic remedies were cheaper than the allopathic (Schmidt 105), and, due to its tradition, trustworthy.

Edwin Pratt – Physician and Homeopath, Founder of Orificial Surgery

15 Edwin Hartley Pratt (1849-1930), was born on 6 November 1849, as the son of a homeopathic physician (Rutkow). His father Leonard Pratt (1819-1900) had completed medical training at the Medical College of Chicago, but after graduating had become attracted to homeopathy, a development that was quite common in mid-19th-century North America. In 1892, Leonard enrolled at the Homeopathic Medical College of Pennsylvania, and in 1867 successfully applied for membership in the American Institute of Homeopathy. In 1867, his son Edwin enrolled at the University of Chicago, completing his studies in 1871. For the next two years, he studied at the Hahnemann Medical College in Chicago, receiving his doctoral degree in 1873. He was concurrently also enrolled at the Jefferson Medical College.

16 This very short summary of these two professional biographies already shows that homeopathy in the United States greatly differed from homeopathic training and practice in Germany, even if homeopathic colleges in the US did trace their teaching back to Samuel

Hahnemann and his homeopathic principles. Both father and son had a double qualification in medicine and homeopathy.

17 In his first ten years of practice, Edwin Pratt dedicated himself to general practice. In his biographical sketch, Rutkow describes him as an "engaging entrepreneur" (Rutkow 559), as someone who had a message and a mission. In 1887, Edwin Hartley Pratt published a monograph titled *Orificial Surgery and its application to the treatment of chronical diseases*, after he had outlined his new concept of disease and cure earlier in a contribution to his weekly surgical conference in February 1886 (Rutkow 559). In his publication, Pratt defines himself as A. M., M. D., LL. D., and even more specifically as: "Professor of principles and practice of surgery in the Chicago Homoeopathic Medical college, formerly attending gynecologist to Cook County Hospital, Chicago" (Pratt Orificial Surgery Cover).

18 His publication was highly successful; it seemed as if he had come up with a new branch of surgery with his concept of reflex neurosis. A second edition occurred after three years only. In 1888 he established the American Association for Orificial Surgery, and the *Journal of Orificial Surgery* was edited by himself from 1892 until 1901. Although the majority of the articles were his own, other practitioners also contributed case descriptions. In 1891, Pratt opened up his own sanitarium in Chicago, the Lincoln Park Sanitarium (Rutkow 560). The American Association continued to meet regularly until 1910 but was closed down in 1925. Pratt died after prolonged illness, in 1930, and was buried in Chicago (Chicago Daily Tribune 1930). He was remembered as a local hero, but his idea did not outlive him.

Orificial Surgery

19 Edwin Pratt dedicated his monograph on Orificial Surgery to his father. The first page of his book showed a selection of the instruments he used for operations, several of which he had developed himself. This had first been done by Ambroise Paré, the 16th-century barber-surgeon who is held as the precursor of modern surgery. All instruments are explained in detail further along in the book. Most operations were done in the rectal area, such as the removal of hemorrhoids, papilla, and pockets. The book also includes several cases of uterus dilatation – all of them 'successfully,' as seems to have been customary in the 19th century.

20 Which conditions were treated by using orifical surgery?

> In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain-substance that induce insanity, and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably found more or less irritation of the rectum, or the orifices of the sexual system, or of both. In other

> words, I believe that all forms of chronic diseases have one common predisposing cause, and that cause is a nerve-waste occasioned by orificial irritation at the lower openings of the body. (Pratt Orificial Surgery 14)

This is Pratt's definition of chronic disease, and we should take this into account, as this seems to be his connection to Hahnemann and the concept of homeopathy, which was based on a definition of chronic diseases by Hahnemann (Hahnemann, chronischen Krankheiten).

21 Pratt mentioned the reflex irritation as a relation of orificial irritation to chronic suffering (Pratt, Orificial Surgery 14). He thereby introduced one more disease concept, in addition to homeopathy and allopathy: reflex theory. The Canadian Medical Historian Edward Shorter classifies this explanation model as a precursor of psychosomatic medicine (Shorter 1992). According to reflex theory, all organs of the body are interconnected by the nervous system, so that symptoms may show up at seemingly unrelated, distanced locations on the body. This explanation model made it possible to treat organs that were not normally or easily accessible to surgical access. And it was similarly possible to affect the brain and nervous disorders by treating the periphery. The sexual organs seemed to merit special attention. Changes in these organs, even if they were not accompanied by any local symptoms, were made responsible for all kinds of peripheral and reflective disorders, – and vice versa, peripheral disorders such as asthma, nervousness, diarrhea, discomfort could be addressed by local treatment.

22 Stopping nerve waste and active circulation of the blood are goals to achieve. And the sexual organs in both sexes do have an essential connection to the sympathetic nervous system (Pratt, Orificial Surgery 18). So the waste of sexual power causes a waste of sympathetic nervous power in both sexes.

23 Edwin Pratt appears to be using explanations and theories of disease from various sources: local treatment against local disorders from allopathy, but also local treatment on specific stimulations points for alleviating or curing chronic diseases, therefore reflex theory – and both supposedly under the umbrella of homeopathy. In fact, in this theoretical construction, homeopathy represented the idea of perceiving the entire individual, on a long-term basis, by a well-trained homeopath.

24 In detail, Pratt provides his theory on the pathology of the rectum, the male, and the female sexual organs, together with the instruments used for this surgery. In the chapter on follow-up care, he refers to the simile principle of Materia Medica, but also refers to other remedies which have the power to improve circulation. He states:

> I must urge you to be broad-minded and to pursue a policy of true eclecticism. The true physician, in my estimation, should familiarize himself, so far as possible, with all

> available means for the relief of human suffering, and select those which seem to be best adapted in the individual case (Pratt Orificial Surgery 67-8).

He proves his eclecticism by mentioning remedies such as fluid with tonic effects of heat and cold, electricity, massage and mental therapeutics.

25 The largest part of this volume contains 52 case reports. The diagnoses of chronic diseases provided are asthma, gastralgia, chronic diarrhea, headache, dysmenorrhea, vaginism, rheumatism, insanity, blindness (meaning the inability to concentrate on reading), paralysis, secondary syphilis, jaundice, chronic bronchitis, and hydrocephalus. In this volume, the operation performed and recommended for the female is dilatation of the cervix uteri and removal of the rest of the hymen, no clitoral surgery in mentioned.

26 As an example of the case reports Case 48, chronic diarrhea in a female patient, age not provided, can be drawn upon. The patient has been suffering from diarrhea for years, all prescriptions, and climate changes were not successful. “Finally at one interview she dropped the remark that sexual intercourse always aggravated her trouble,” the rectum was found without orifical irritation, but at the vaginal orifice was “the attachment of the hymen, shreds of which were hypertrophied and very red. Under an anesthetic the vaginal opening was smoothed, and the wound surfaces co-apted with fine silk sutures” (Pratt Orificial Surgery 136). This was followed by immediate and permanent relief from chronic diarrhea.

27 Pratt’s monograph was successful and a second edition was published in 1890. A year later, the *Journal of Orificial Surgery* was published the first time, with Pratt as editor-in-chief. In the first years, all was about the rectum and the uterus, but no articles or cases on surgical procedures on the vulva. This changed in 1895.

28 In Volume 4, in 1895-96, M.D. Grant Freeborn published on " Amputation of the Labia" (Freeborn 14). Concerning an abnormal development of the labia (minora) he stated: “I have found it in many cases to be the cause of severe nervousness, stomach sickness (sometimes with vomiting), loss of sexual power” (Freeborn 14) and illustrates this with three cases.

29 In the next volume, M. J. Hill published a paper entitled “The Clitoris”; he had read at the Illinois Homoeopathic Medical Association, Ottawa, in May 1896. He writes: “I shall compare it [the clitoris] to an electric button, and truly this little knot of nerve tissue, situated upon the anterior portion of the female genital fissure, is the electric center of the sexual system of the female.” (Hill 555).

30 In volume 6, M.D. H. E. Beebe published a talk on the clitoris, which he read before the Homoeopathic Medical Society of Ohio, at Akron, Ohio in May 1897. He referred to Baker-Brown and his practice of clitoridectomy as a cure for epilepsy, melancholia,

masturbation and kindred troubles, to French physicians who performed clitoridectomy, and to the amputation of the labia minora. For Beebe, this was “burning a house to roast a pig” (Beebe 9). He prefers instead the amputation of the hypertrophied hood of the clitoris. But, masturbation, seen as a dangerous crippling habit, was addressed by him the very same way as it was by Baker-Brown:

> Clitoridian masturbation [...] is the most prevalent form of the solitary vice in women and girls. [...] The external form of masturbation is more common than the internal, and with those addicted to it there is a real increase in the size of the clitoris, and it is frequently found situated higher up or farther away from the vaginal outlet than usual.[...] An elongated or hypertrophied hood [of the clitoris] should be amputated (Beebe 11-12).

31 In March 1898, Pratt himself gave an overview of “Circumcision of Girls” (Pratt Circumcision 385-91). In his further explanations, he follows in the metaphoric placing of the clitoris M. J. Hill when he states: “the importance of the clitoris as a telephone station in the nervous organization of women“ (ibid. 390).“ He ends by stating that “it is much easier to prevent than it is to cure” (ibid. 391) and recommends circumcision for girls – which means the surgical removal of the clitoral prepuce – as well as for boys. His recommendations were taken up by his followers, and a list of articles on the irritability of the clitoris followed in the journal (Muncie; Thompson).

32 Elizabeth H. Muncie grew up in a family of physicians and surgeons. She acquired her medical education at New York Medical College and Hospital for Women, where she graduated in 1891. She took her post-graduate courses in Orificial Surgery at the Chicago Homeopathic Medical College from 1892 to 1895. After a short stay in the surgery department at Johns Hopkins Hospital in Baltimore, she established her sanitarium for surgical treatment, first in Brooklyn and then in Babylon, Long Island.

33 During the Annual Convention of the American Association of Orificial surgeons in September 1898, she gave a talk on the clitoris and the many forms of irritation to which it is subject. In assuming her auditorium was familiar with the anatomy and the physiology of this organ she elaborated in great detail on the hygiene and the pathology of the clitoris. She especially focused on the adhesions of the prepuce, which could be caused by “profuse use of powder” in babies with diapers. In young girls, a severe problem was intensive itching after menstruation, because the girls were told: “that they must not wash during the period” (Muncie 161). The result of this poor hygiene was as follows: “These adhesions lead to neurotic conditions which produce a relaxation of uterine ligaments and vaginal walls” (Muncie 162). To cure these conditions, she proposed the surgical freeing of the clitoris from the hood and the application of collodion. In the ensuing discussion, other members of the

association recommend different operation styles and procedures. Cora Smith-Eaton (1867-1939) frankly declared: “I remove more than Dr. Pratt does” (Muncie 164). So she, studied at the Boston University School of Medicine and became the first woman to practice medicine in the state North Dakota, developed her surgical method for the adhesion of the clitoris hood, following Pratt and moving beyond by placing three stitches with silk to keep the remaining parts of the clitoris hood away from the glans. She served as Vice President at the 11th Meeting of the American Association of Orificial Surgeons in 1898.

34 The Chicago based M.D. J. J. Thompson gave a thorough overview of the diseases of the Vulva, and the recommended treatment in the journal (Thompson). His disease classification is rather orthodox, with 14 different diseases mentioned from infections, eczema to abscess, hernia, oedema and new growth of the vulva. His recommendations serve as a good example for the eclectic treatment: surgical procedures were followed by electricity applied and medical remedies, from the Materia Medica, also indicated (ibid. 467). Under the header ‘new growths of the vulva’ he mentioned simple hypertrophy of the nymphae [inner labia], which he specifies: “It is not in reality a diseased condition, although abnormally large nymphae may lead to considerable irritation and sometimes need surgical interference. (…) In such cases, removal of the nymphae is justifiable and should be recommended” (ibid. 507).

35 For the clitoris, which addresses the author separately from the vulva, Thompson notices two conditions, which get a special notice: “the abnormally large hood, with adhesions binding it to the glans and a collection of smegma beneath, and the second is a hypertrophied condition in the glans itself” (ibid. 511). He has seen “a number of cases of masturbation, chorea, epilepsy, and nymphomania which were traced to this condition and which were speedily relieved by proper attention to this organ” (ibid).

36 To draw up an interim balance: When explaining his new ‘miracle cure’, Pratt borrowed only the concept of chronic disease from Hahnemann’s homeopathic theory but then turned to reflex theory, which was highly popular at the time. He combined this reflex theory with his highly ambitious surgical methods, initially focusing his attention on the rectum and male genitals. In the following years, Orificial surgeons increasingly focused on female genital organs as highly interesting locations for surgical intervention.

37 Orificial surgery originated in a highly vulnerable phase for surgical procedures. The specialty of gynecological surgery was in its infancy, but quickly developed due to new surgical techniques and operations on the uterus – frequently with highly questionable indications, as has already been pointed out by feminist literature (Daly). Orificial surgeons were in no way backward; they were modern and progressive, Pratt himself recommended a

new method of hysterectomy in 1893 (Rutkow 562). By that time, hysterectomy was assessed by German surgical gynecologists as a still extremely dangerous procedure, which only be conducted if necessary (Kreienberg 120)

Decline of Orificial Surgery

38 By the turn of the century, Orificial Surgery was already on the way out. This is reflected by the closing down of the journal in 1901. While homeopathic colleges were closing their doors, allopathic medicine, especially gynecology was on the rise, with surgical treatments and, in cases of cancer, radium therapy.

A second wave can be seen in the editing of a textbook on Orificial Surgery by Benjamin Elisha Dawson (1852-1922), in 1912, entitled *Orificial surgery, its philosophy, application, and technique*. His co-editors were Elizabeth H. Muncie, A. B. Grant and H. E. Beebe, Muncie and Beebe had published cases or articles on surgical procedures on the clitoris and labia. Pratt contributed the introduction.

39 Chapter LXIII "Circumcision in Girls" by Pratt is a reprint of his article from 1898. Chapter LXIV is titled "Preputial adhesion in little girls" by Elizabeth H. Muncie which is more than a reprint of her article from 1898, as she provides a detailed anatomical description of the clitoris and its analogies to the male penis. And she mentions Isaak Baker-Brown, who "boldly removed the offending organ with excellent results in some cases, while in others great disaster followed and the work fell into disrepute, and attention to the clitoris, so far as the medical fraternity was concerned, into oblivion" (Dawson 494). From her point of view, "the world and the profession owe everlasting gratitude to the esteemed and noble pioneer of Orificial Surgery" (ibid.). Not surprisingly for that era, the next chapters of this edition concern the psychological factors and mental healing and suggestive therapeutics.

40 That the articles by Pratt and Muncie were included shows that these practices were conserved to be part of the canon of Orificial Surgery, by established orificial surgeons. This is also made clear in the chapter "Sexual Habits and Necessities," in which Orificial Surgery is lauded as the healing art that had first turned its attention to the sexual organs, while other medical branches have focused on the other organs of the human body.

41 In 1925, Dawson's book was re-published by his widow, three years after his death. It is still available as a reprint. Healing concepts did not only compete for public attention, recognition, and number of patients, but also for methods. The choice of methods is at least partially dictated by local, temporal and social conditions, even if we tend to believe that medicine is the same all over the world.

42 In the United States, homeopathy's initial supremacy as the dominant alternative medicine was soon contested by osteopathy and psychoanalysis, chiropractic, electric therapy and the talking cure. These therapeutic concepts took over the first choice of treatment for a variety of ailments, for which until then homeopathy had been considered helpful.

43 Despite the notion of right and wrong it can be put in the context of the American medical landscape at the turn of the century, where homeopathy and allopathy were much closer than today's sometimes rigid demarcation would lead one to believe (Dinges). Rutkow rated that most of the trained orificial surgeons ended up in allopathy, what means that they practice surgery (Rutkow 560). Also in the German history of medicine, a link between homeopathy and surgery was established: August Bier (1861-1949), Professor for Surgery at the Berlin University, was a strong advocate of homeopathy and he was good friend with the first lecturer for Homeopathy at Berlin University, Ernst Bastanier (1820-1953) (Lucae).

44 Pratt classified general health problems and affections as chronic diseases and thus claimed their treatment as belonging to the field of homeopathy. This classification then helped to acquire new patients who then were used to develop and research surgical techniques and methods. Hysterectomy, an operation that was considered fatal in the 19th century, became the realm of more courageous and ambitious orificial surgeons.

Conclusion and Discussion

45 Surgical alterations of the vulva, especially the clitoris, are currently addressed either as female genital mutilation or as a consented aesthetic surgery. But the bloody alterations of the vulva performed by orificial surgeons cannot so easily be categorized in this dichotomous thinking. This is what makes it so elusive for us today.

46 So how to frame, how to contextualize and how to interpret the phenomenon of Orificial Surgery? For Ira Rutkow, a surgeon and medical historian, it was an unorthodox surgical philosophy, which fit well in the late 19th century "the heydays of panacea (…) and outright quackery" (Rutkow 563). The medical historian Edward Wallerstein categorized it as a health fallacy (Wallerstein). The life and world of Orificial Surgery were 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, the

eclectic approach which included mental healing and suggestive therapies. This association acted modern in an open-minded attitude towards women in medicine.

47 The treatment is closely connected with the individual performing it and reporting on it. Among the protagonists of this particular method, Edwin Pratt and Benjamin Elisha Dawson stand out, as they have published under their names, in various books and journals. There were also several prominent female orificial surgeons, exemplified by Elizabeth Hamilton Muncie and Cora Smith-Eaton, who served in several official positions in the American Association for Orificial Surgery and co-editors. These women were pioneers, both as physicians and as surgeons. With Orificial Surgery, they believed to have found an appropriate way of helping their patients – at a time, when most countries still forbade women to study medicine at all. Over time, Orificial Surgery changed its orientation and its points of surgical access. While Pratt's monography from 1887 hardly mentions the clitoris, its hood, the labia or the vulva as a whole, surgical procedures for therapeutic and preventative reasons became more prominent in the journal and in the publication by Dawson.

48 Local conditions in Chicago towards the end of the 19th century were a fertile ground for the development of new medical approaches, as they were characterized by some positive factors: exponential growth of population – from 100,000 in 1860 to 1 million in 1890 – meant great numbers of patients; and a hitherto unregulated medical profession. Many of the existing medical colleges were underfinanced, understaffed and underequipped. Health insurance did not yet exist; the medical 'market' was therefore wide open; patients, who paid the bill anyway, chose their medical treatment from a variety of offers. Homeopathy was frequently accepted simply because it was more affordable than allopathy. Stronger regulation and reglementation of the market only happened after publication of the 1910 Flexner Report. Before that, the only valid rule was: he who heals is right.

49 Just like today, several medical explanation models and disease concepts existed at the end of the 19th century. The latest newcomer, bacteriology, offered a coherent explanation model for infectious diseases but was not able to provide effective treatments. While locationalism presumed the reason for diseases to be found in the afflicted organs themselves, reflex theory proposed that all organs and symptoms were connected via nervous system, and could also be treated by using the 'detours'. At around the same time, Wilhelm Fließ, a friend of Sigmund Freud's, introduced his nasal reflex theory as a surgical therapy on the nose to cure dysmenorrhea, the medical term for maladies around the monthly menstruation of the female, (Fließ; David/Ebert) to a German-speaking public; there are no known links to Orificial Surgery, although the theoretical concept seems alike.

50 Homeopathy, as developed by Hahnemann in the 18th century, offered an attractive treatment for chronic diseases. Preventive medicine had not yet become part of homeopathy. It did however become part of Orificial Surgery, as surgical interventions were used to avert foreseeable suffering. Models of explanation and treatment methods were mixed and matched by physicians, resulting in arbitrariness, or eclecticism, depending on the perspective. Eclecticists strictly opposed the binding character of pure doctrine, instead proposing to aim for the best possible treatment for individual patients. In a still unregulated medical world, numerous treatments were available: pharmaceuticals, dietetics, surgery, water and electricity, and talking.

51 During the last third of the 19th century, surgery was a booming industry, not least because anesthetics and antisepsis made it possible to survive surgical treatment. New instruments were developed, surgical accesses and methods were described for the first time, and daring pioneers earned credentials (Schlich). Even if from today's point of view, Orificial Surgery is no more than a short-lived medical curiosity with questionable theoretical constructs, it would be worth considering whether orificial surgeons with their surgical courage (and even surgical mania to operate on orifices below the waist line) had not provided important contributions to gynecological surgery. Even the permanent repetitions of misogynist attitudes of many 19th century physicians and surgeons should not blind medical history to the fact that female surgeons, too, had endeavored to establish themselves in this field, and had also conducted these 'modern' treatments (Brock).

52 In my dissertation (Hulverscheidt, Weibliche Genitalverstümmelung), I pointed out that operations on the clitoris must be contextualized within the various other surgical treatments of the female genital organs. The clitoris is an organ that is easily accessible to surgeons – in comparison to the hypothalamus, adrenal glands, lungs or small intestines, and even more accessible than the uterus. The connotation of chronic disease and reflex fields provided models for explaining just how surgical treatment of the external genitalia could improve respiration, digestion or general wellbeing. With regard to neurotic-hysteric conditions and using locationalist thinking, the uterus should have been the target-organ for these treatments. But towards the end of the 19th century, hysterectomies were still extremely dangerous and were only conducted only if conserved absolutely necessary. In comparison, the negative side effects of vulva-operations were much less threatening; and seen from another perspective, the positive outcome did not necessarily have to be great, as the damage was considered negligible. The mutilating operative practice of vulva-surgery needs to be

compared to castration (cutting out the ovaries) and hysterectomy as a cure for psychological disorders in women.

53 Pratt did not practice homeopathy. The only term he loaned from homeopathy was the notion of chronic disease, but even this is interpreted in his way. Orificial surgery, as invented by Pratt, is a blend of surgical medicine, reflex theory, and medicalization of mood disorders, together with pathologization of masturbation – which seems to have been very common at the time.

Orificial surgery was a locally limited phenomenon, It was never popular outside of the United States, and here remained limited to very few centers. Orificial surgeons were ambitious, particularly regarding their surgical techniques. A positive trait of the Association for Orificial Surgeons is that it was one of the first such associations to accept female physicians and medical professionals.

54 In summary, it seems to have been a local phenomenon, which could only arise in the specific context of the US-American academic system.

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