

Projected Cultural Histories of the Cutting of Female Genitalia: A Poor Reflection as in a Mirror

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Current public debate on “female genital mutilation” often renders the impression that it is possible to draw an unambiguous line between acceptable and condemnable practices of female genital cutting. In this paper, the cultural histories of cutting of the female genitalia are presented and discussed. Available historical accounts of female circumcision practices in Africa reflect Western, mainly European, ideas and ideologies at certain points in time. In a sense, these descriptions have more to say about “us” than “them”. Further, the historical descriptions of female circumcision in Africa are intertwined with time-bound notions and cutting practices in Western countries in different epochs. Through retrospective reflections, it is possible to see how current commonsensical standpoints, among them the hegemony of a “zero tolerance” attitude regarding cutting of the female genitalia among Africans, are a product of a recently introduced perspective, and also how this generally accepted perspective may render it more difficult to present multi-faceted ethnographic accounts of lived experiences today.

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In April 2010, the American Academy of Pediatrics (AAP) published a policy statement on female genital cutting, where they strongly opposed all forms of female genital cutting that pose risks of physical or psychological harm. However, they included a few lines claiming that physicians performing a symbolic “nick” of the clitoris may do a good deed:

Most forms of FGC [female genital cutting] are decidedly harmful, and pediatricians should decline to perform them, even in the absence of any legal constraints. However, the ritual nick suggested by some pediatricians is not physically harmful and is much less extensive than routine newborn male genital cutting. There is reason to believe that offering such a compromise may build trust between hospitals and immigrant communities, save some girls from undergoing disfiguring and lifethreatening procedures in their native countries, and play a role in the eventual eradication of FGC. (American Academy of Pediatrics, Committee on Bioethics 2010: 1092)

Reactions from activists in the field were fierce (see, for instance, Equality Now 2010). Somali American Ayaan Hirsi Ali, feminist activist and former Dutch politician, went public with a text called “Why are American doctors mutilating girls?” (Hirsi Ali 2010). FIGO (the International Federation of Gynecology and Obstetrics) issued a press release where they condemned attempts at medicalizing these procedures. WHO, UNFPA, UNICEF, and UNIFEM united in a joined statement, where they emphasized that “the AAP statement opens a loophole that partially legitimizes the practice of FGM and creates an opening for more invasive procedures” (WHO et al. 2010). Within a month, the American Academy of Pediatrics withdrew their policy statement: “The AAP does not endorse the practice of offering a ‘clitoral nick’. This minimal pinprick is forbidden under federal law and the AAP does not recommend it to its members” (2010).

Female circumcision, which is also called *female genital cutting* and *female genital mutilation*, is, as a field of knowledge, highly politicized. It is one of the research topics where academics are expected to take a stand, and lack of explicit condemnation of female circumcision puts the scholar at risk of being criticized as a morally suspect person.¹ Personally, I am reluctant to be an advocate of a specific position in this field. While not contending that complete value neutrality is desirable or feasible, there is a point to avoiding the pitfalls of a clearly normative stand.² In short, a certain division of labour between researchers and activists makes it possible to prevent the risks inherent in confusing such roles (d'Andrade 1995; Johnsdotter & Essén 2008).

The reactions to the AAP policy statements render a picture of widespread agreement, almost of a commonsensical nature, on where to draw the line when it comes to cutting of the female genitalia. However, this line has moved around notably in history. Some years ago I set out to map, as thoroughly as possible, the history of female genital cutting in Africa. Soon I was amazed by the extent to which the accounts about African female circumcision were in reality about Europeans. There is no conclusive evidence or tangible sources from within Africa to indicate when, where and why different forms of female circumcision originated and spread. However, although we lack such definitive knowledge, what remains is another kind of documented history: the history of Western, or mainly European *descriptions* of these practices and hypotheses of origin in Africa. In this paper, I intend to show how many of these accounts are intrinsically interwoven with time-bound values and ideas in Europe in different eras. These historical accounts are, in turn, intertwined with the cultural history of cutting of genitalia in Western women, which will also be described here.

Historical Accounts of Female Circumcision in Africa

Early mentions of female circumcision in Africa are brief and it is difficult to estimate their reliability. Herodotus (ca 480–ca 420 BCE), often called “the father of history”, mentions that “the Colchians, Egyptians and Ethiopians are the only nations that have from the first practised circumcision.” Later he states that “Phoenicians who hold intercourse with Hellas cease to imitate the Egyptians in this matter, and do not circumcise their children” (Herodotus (1981[1920]; Book II:104). Herodotus, however, does not explicitly refer to the circumcision of girls in these statements. Likewise, when Agatharchides of Cnidus, a second-century geographer, mentions the mutilation of the sexual organs among the “Troglodytes” (cave dwellers), it is a moot point whether he refers to male or female circumcision.

The Greek geographer and historian Strabo (ca 63 BCE–ca 23 CE) gathered all the knowledge that the Greeks and Romans had about the world's countries and peoples. He made the first explicit mention of female circumcision when he discriminated between “circumcision and excision” (Strabo 1983 16.2.37).

One of the customs most zealously observed among the Aegyptians is this, that they rear every child that is born, and circumcise the males, and excise the females, as is also customary among the Jews, who are also Aegyptians in origin. (Strabo 1983 17.2.5)

We know that Strabo visited Upper Egypt in 25–24 BCE with Aelius Gallus, the Prefect of Egypt (Meinardus 1967: 390). But how reliable is his statement? Other sources state that male circumcision was not universal in early Roman Egypt, but limited to certain groups in the religious hierarchy. Thus, one might question the reliability of Strabo's statement about the general excision of girls. Further, it is confusing that he equates Jews and Egyptians in his account. Indeed, Berkey (1996) ponders:

Strabo may have been informed of Jews practicing the operation on young girls, or he may simply have extrapolated his conclusion from an acquaintance with the better-known Jewish practice of male circumcision. Certainly, the excision of girls was never a widely accepted Jewish institution or mandated by Jewish law. (Berkey 1996: 23)

Cohen agrees with this conclusion, and argues that Strabo was a victim of his own (erroneous) theory that Jews were originally and “really” Egyptian—which made him infer that Jews, like the Egyptians, practised female circumcision (Cohen 1997: 565).

There is no evidence of female circumcision in predynastic or later Egyptian mummies, and due to embalming techniques, it is impossible to glean sufficient evidence to confirm or refute the practice (Huelsman 1976: 123; Meinardus 1967: 389; Seligmann 1913: 641). A Greek papyrus from 163 BCE, however, clearly illustrates that female circumcision was practised to some extent in Egypt. It contains a petition to one of the rulers of Memphis, noting that the mother of a girl named Tathemis made a monetary claim in relation to the fact that her daughter was now of the age at which circumcision is usual, that is, at entering womanhood, and therefore she needed to be provided with a suitable dress and dowry (Kenyon 1893). Further mentions of female circumcision in Egypt were made by Philo Judaeus, a Jewish philosopher contemporary with Strabo, and the Bishop St Ambrosius of Milan in the fourth century (Knight 2001; Meinardus 1967).

The first extensive description of cutting and modification of the female genitalia in Africa was made by Pietro Bembo (1470–1547), an Italian historiographer famous for his accuracy. At the beginning of the sixteenth century, he wrote a volume in Latin, entitled *Istoria Venetiana*, which contains the first known description of infibulation. Translated into English it reads:

They now left the other countries, sailed into the Red Sea and visited several other countries, inhabited by blacks, excellent men, brave in war. Among these people the private parts of the girls are sewn together immediately after birth, but in a way not to hinder the urinary ways. When the girls have become adult, they are given away in marriage in this condition and the husbands’ first measure is to cut open with a knife the solidly consolidated private parts of the virgin. Among the barbarous peoples an indubitable virginity at the marriage is held in such high esteem. (Bembo, 1st edn 1551 or 1552, in Widstrand 1964: 118n2)

It remains unclear where Bembo obtained this information. He may have acquired such descriptions from Venetian sailors, or from Ethiopian delegates who in 1441 were present at the Council of Florence (Widstrand 1964: 118). Widstrand highlights the fact that Europeans in the Middle Ages were better informed about Africa, its geography and peoples, than later during the period of colonialism (1964: 118n3).

Several accounts also appear in travelogues of explorers in the sixteenth and seventeenth century. Among them was Joao Dos Santos, who reported in 1609 that inland from Mogadishu a group had:

a custome to sew up their Females, specially their slaves being young to make them unable for conception, which makes these Slaves sell dearer, both for their chastitie, and for better confidence which their Masters put in them. (Dos Santos in Freeman- Grenville 1962: 150)

Several explorers and historians comment upon female circumcision during later centuries. Descriptions are often brief and bald, like this example from 1833:

The women [among Somalis] are not only circumcised when very young but the external labia are scarified & allowed to adhere y^e smallest opening only being left for y^e passage of y^e urine. When they

are married or go to live with the man who takes them the parts are torn open by separating y^e adhesions. (Forbes 1833, in Bridges 1986: 690)

However, some accounts are more elaborate and include the authors' interpretation of the practice. For example, the German naturalist and explorer Carsten Niebuhr (1733–1855), who in 1792 published *Travels through Arabia and Other Countries in the East*, discusses the practice of female circumcision at length. After having the opportunity to see the circumcised genitals of a young Arab girl, he ponders upon the motive: “I was convinced, that it is also out of cleanliness, and to render ablution easier, that the practice of circumcising women has been first adopted” (Niebuhr 1792: 251).

Sir Richard Francis Burton (1821–1890) also offers eloquent commentaries on the matter. He has been described as an explorer, linguist, and anthropologist among many other epithets. In company with his partner Speke, he discovered the source of the Nile in 1858, one of the true challenges to the nineteenth-century scientists. Burton inquired about female circumcision and gave air to his own ideas:

The moral effect of female circumcision is peculiar. While it diminishes the heat of passion it increases licentiousness, and breeds a debauchery of mind far worse than bodily unchastity, because accompanied by a peculiar cold cruelty and taste for artificial stimulants to “luxury”. (Burton 1954: 108)

Burton also translated the entire collected works *Thousand and One Nights* from Arabic into English, and he supplied extensive annotations. Here, he claims that “frequent coitus [with an uncircumcised woman] would injure her health” (Burton 1885, in Burton *et al.* 1996: 37).

The nineteenth century was a period of enthusiasm for new achievements in the field of science. “There was a fever to know more about birds, plants, rocks, trees, furry beasts and *Homo sapiens*,” as Weidinger puts it (1986[1985]: 19). It was in this context, the German gynaecologist Heinrich Hermann Ploss (1819–1885) wrote his huge volume *Das Weib* (translated into English, *Woman*, in 1935), with the pretension to cover most of the scientific knowledge available about “women”.

First published in German in 1885, it soon became a seminal work with further revised editions and translations; indeed it is still quoted to this day. Written in the aftermath of Darwin's scientific achievements, when most scientists were prone to place the human species in the Great Chain of Being, with the white man at the top, “primitive” societies had information to give about the cultural past of Europeans, it was imagined (Weidinger 1986[1985]: 20). Here, the concept of race became crucial to the understanding of the world. Researchers in physical anthropology took an interest in categorizing human races after measuring skulls and other parts of the body:

When anthropologists did compare women across cultures, their interest centered on sexual traits—feminine beauty, redness of lips, length and style of hair, size and shape of breasts or clitoris, degree of sexual desire, fertility, and above all the size, shape and position of the pelvis (Schiebinger 1993: 156). [. . .] African women shared with European women and female apes the incommodious condition of being female in a male world, and thus the scientific gaze fell upon their private parts—breasts and genitalia. (1993: 161)

Much interest was awakened by the existence of what came to be known as “the Hottentot apron”, the extensive inner labia of the Hottentots, as depicted in Ploss's chapters “Die Hottentottenschürze” (the Hottentot apron), “Die angeborene Vergrößerung der Klitoris” (the congenital enlargement of the clitoris) and chapters concerning excision and infibulation.

Ploss collected all accounts that he could find on the female genitalia and practices associated with them. He recounted different kinds of cutting or manipulation of the female genitalia in parts of the world as varied as Kamtjatka, Peru and Indonesia — aside from the countless settings in Africa. From this body of evidence, Ploss drew the conclusion that the existence of female genital alterations in different parts of the world in no way could be a result of diffusion, “On the contrary, we can once more see that the similar, peculiar trains of thought are able to develop in the brains of widely separated and totally different human races” (Ploss & Bertels 1905[1885]: 246).³ Here Ploss touched upon the never solved riddle of the origin of female circumcision: Are these practices in different parts of the world a result of diffusion or independent invention? This quandary will be discussed in detail below.

In the late 1920s, Geza Roheim, an anthropologist and psychoanalyst, travelled in Djibouti, then French Somalia. He set out to prove that psychoanalytical tools were apt for an understanding and description of “primitive cultural types”. After spending only one month among Somalis, he wrote a chapter on “The National Character of the Somalis”. Here he stated that:

Women have to give up their original erotogenicity based on the clitoris and advance to the vaginal type. [. . .]We might therefore suppose that it [infibulation]⁴ fosters the right attitude of women in sexual life. (Roheim 1932: 202)

Roheim’s understanding and interpretation of infibulation typifies Freud’s theory that clitoris-oriented sexuality belonged to an early phase of the girl-child’s development. In Freud’s perspective, mature women desert their focus on the clitoris as the source of pleasure, in favour of a vagina-focused sexuality (Freud 1997[1925]: 180; see also Laqueur 2000: 59ff).⁵

During the colonial period, female circumcision became contested under various forms of imperial ruling and missionary activities in Africa. Sudan was among the places where local views of circumcision of girls clashed with colonial concerns and interests. British women living in Sudan in the first half of the twentieth century undertook the enterprise of “civilizing” Sudanese women, and various unavailing strategies to hinder circumcision of girls were developed within the more general attempts to reform the Sudanese population. The efforts to abolish female circumcision were intrinsically bound with wider colonial interests of population growth in order to meet industrial needs, but also with a nascent interest in infant and maternal mortality and morbidity (Boddy 2007). As noted by Lynn M. Thomas in her writings on imperial “politics of the womb” in Kenya: “Late-nineteenth- and early-twentiethcentury imperialism coincided with European states’ heightened interest in regulating sexual behaviour and promoting the growth and health of national populations” (2003: 11). Thus, in these contexts Western views of cutting of female genitalia must be understood within a wider framework of colonial projects, and also as a response to how female circumcision came to play a part in identity politics in anti-colonial movements (Boddy 2007; Thomas 2003).

Theories on Origin and Possible Diffusion in Africa

There is an abundance of local explanations of how female circumcision once originated. In Sudan, for example, it is told that once a pharaoh was born with a miniature penis. In order to enhance his possibilities of sexual pleasure, he proclaimed that all women must be infibulated to narrow the vaginal orifice (Huelsman 1976: 123). In Somalia, the old tale about Queen Araweelo is told to this day. It is said that this legendary ruler had a habit of castrating men, and that men later took their revenge on women through the introduction of infibulations (Jaldesa *et al.* 2005). Among the Dogon

of Mali, excision is justified with reference to the male Sky-God and female Earth. According to this myth, coitus was prevented by a protruding anthill (the clitoris) in the female Earth. Once this obstruction had been removed, procreation, hence the birth of their first ancestors could occur (Ahmadu 2000: 295).

It is often argued that the practice of female circumcision originated in the Nile Valley and spread to adjacent areas by diffusion along the trade routes (Hicks 1993), however we lack sufficient evidence to establish this with certainty:

The Nile valley tends to receive a disproportional share of attention in many discussions, largely because the historical evidence for its continual practice is much more convincing than for other regions. [. . .] the practice does seem to have been popular in other, widely disparate parts of the Muslim world, although it is more difficult to pin down outside the Nile valley. (Berkey 1996: 21)

If it had been possible to gather sufficient knowledge about the complete history and migration patterns of ethnic groups in Africa, the Middle and Far East, it would perhaps have been possible to map the diffusion of circumcision practices. It would also then be possible to state, with some degree of certainty, whether a specific practice was invented in isolation from similar practices in other places. However, such historical documentation is indeed fragmentary and full of uncertainty. Researchers tend to rely on scattered evidence of, for example, shared religious ideas or archaeological artefacts and techniques of working with metal when constructing plausible assumptions about migration patterns.

Searching for answers through mapping some kind of ethnohistory is also unavailing: a people's ethnohistory tends to depend on prevalent ideologies. An ethnic group who has had a strong ethnic identity for centuries of being, say, Muslim, has generally developed an ethnohistory with family genealogies linked to an Islamic past in Arabia (Adams 1969). Hence, the only conclusion we can draw is that the theories on origin and diffusion of female circumcision rely on weak empirical basis and allow little more than conjecture. Below, some of the hypotheses on why the practice once originated will be presented.

The Surmise of a Widespread Clitorihypertrophy

Historically, some Western scholars have assumed that clitorihypertrophy could explain the origin of female circumcision. For example, Western observers such as Scultetus and Heister in the seventeenth and eighteenth centuries note that an excessively elongated clitoris was a common disorder among certain groups in Africa, for example, among Aegyptians, Ethiopians, and Arabians.

The German explorer Carsten Niebuhr was one of the first informants on the intricate issue of female circumcision in Northeast Africa in relation to the Pope. At the beginning of the sixteenth century, the Vatican sent missionaries to Ethiopia in an attempt to convert the Coptic Christians to Catholicism. These missionaries, relying on the statement made by Strabo in the first-century CE—that female circumcision was a Jewish rite—opposed the ritual on theological grounds. However, it soon became apparent that their uncircumcised Catholic converts faced problems when marrying, as they were considered genitally repugnant. The Church in Rome sent surgeons to Ethiopia to investigate the matter, and their inquiry led to two conclusions. First, that female circumcision was not a Jewish rite, and second, that “the particularly large clitoris and labia of Ethiopian women were aberrant,

provoking a natural aversion in men, thus were appropriate objects of surgical revision” (Gollaher 2000: 196–197).

This notion of an exceptionally large clitoris is also described at length with the entry of the word *bazr* (clitoris) in the classic Arabic–English Lexicon by Lane (1863):

. . . the prepuce of the clitoris; which, it seems, in the Arabian and Egyptian races, and others through out Eastern Africa, and still more so in the Hottentot race, grows to an extraordinary size; this may be the reason why the [clitoris] is described by some travellers as a caruncle for which we have no name: or it may, perhaps, be a distinct excrescence from the prepuce of the clitoris: it has been described to me as a caruncle a little in front of the meatus urinarius: many of the Egyptians assert that it is the clitoris itself that is amputated. (Lane 1863, Book I: 222, italics in original)

Ploss in the nineteenth century remains sceptical about such claims. He admits that although it has been stated that the clitoris of women in Southern countries is larger than those in cold Northern countries, he maintains that the evidence is rather weak (Ploss & Bertels 1905[1885]: 235ff). He renders what reports there are of ethnic groups with clitorihypertrophy, but concludes by asserting that even among European women, there is a great variation in clitoral size (1905[1885]: 343).

How did this notion of a widespread clitorihypertrophy in these regions originate? One explanation may be that parts of the genitalia are manipulated in some ethnic groups, often called “stretching”, for aesthetical or sexual reasons (Bagnol & Mariano 2008; Huelsman 1976: 111–112). These traits, however, seem to have been categorized as inborn by some early Western observers. Perhaps it is the result of faulty conclusion: in Western countries, physicians recommended clitoridectomy in cases of enlarged clitorises. Consequently, when Westerners were informed about Egyptians and some Arab groups practising clitoridectomy, it was close at hand to infer that these groups of women in general suffered from clitorihypertrophy.

Patriarchal Control: The Feminist Explanation

Seeing female circumcision as a result of global patriarchal oppression towards women is one of the most discussed explanatory models. It has gained success in the mass media, and as such, has grasped the general public’s understanding of the roots of female circumcision.

This view was expressed most notably in the Western world in the 1980s and 1990s, primarily by Hosken (1979), the influential author of *The Hosken Report: Genital and Sexual Mutilation of Females*. It was Fran Hosken who coined the phrase “female genital mutilation” and propagated for it. She places the practice within a radical feminist framework:

Somalia is a classic example of the results of male violence: the practice of infibulation as a family custom teaches male children that the most extreme forms of torture and brutality against women and girls is their absolute right and what is expected of real men. (Hosken 1994: 1)

Female circumcision, in this perspective, is often categorized with other customs in different parts of the world; such as veiling, seclusion, footbinding, suttee, early marriage, and the honour–shame complex (for example Burton *et al.* 1996: 101; Delaney 1986: 498; Nielsen 1994: 284). Most authors adhering to this model claim a structural similarity between these practices, which they see as a result of men’s “proprietary” view of women’s sexuality and reproductive capacity. Indeed, Toubia asserts, female genital mutilation is an extreme example of efforts common to societies around the world to

suppress woman's sexuality, ensure their subjugation, and control their reproductive functions (Toubia 1995: 7).

This origin theory is complicated by the fact that women are generally the actors and the most fervent advocates of female circumcision. In an attempt to solve this paradox, a state of *false consciousness* is often ascribed to the female actors. Mary Daly, a radical feminist philosopher and theologian, describes women involved in the tradition as "mentally castrated" (1979: 164). In the same vein, the Senegalese sociologist Awa Thiam states that "in Black Africa it would seem that males have forced women to become their own torturers, to butcher each other" (Thiam 1986[1978]: 75).

A weakness of this explanatory model is that it fails to account for the non-universality of female circumcision under universal patriarchy (Mackie 1996: 1000). It also fails to explain the occurrence of extremely painful, mutilating rituals inflicted on boys' genitalia, but not on girls' in some societies (Hicks 1993: xiii). Nobody argues that these rituals originated as results of a matriarchal structure. Furthermore, descriptions of female circumcision based in this model have been criticized for disregarding crucial aspects of these practices that are of high worth to the women involved. In dismissing the female actors' point of view, it reflects an attitude that is patronizing and treacherous to basic feminist values, some feminist scholars argue (for example Abusharaf 2000, 2006; Ahmadu 2000, 2007; Nnaemeka 2005; Obiora 1997a, 1997b). In addition, it is said, the whole enterprise of Westerners saving Africans in global campaigns fighting "female genital mutilation" reflects neo-colonialist values (Boddy 2007; Morsy 1991; Njambi 2004; Shweder 2005).

Paternity Confidence and the Convention Hypothesis

While some societies affirm genealogical descent from both the maternal and paternal side, in other societies genealogy is based solely on either the maternal side or the paternal side. A mother can always be sure of biological relatedness, while a father generally has a lower degree of paternity assurance:

The "catch" to patrilineal descent, of course, is the uncertainty of paternity. This, in turn, would lead one to expect that in patrilineal societies men have a far greater interest in controlling and monopolizing the sexual behavior of women than in matrilineal societies. Measured by such indices as premarital chastity and virginity (sometimes enforced by such extreme measures as infibulation and chastity belts), and sanctions against adultery (sometimes punishable by death, or by damages paid to the husband), patrilineal societies are notoriously stricter than matrilineal ones. (van den Berghe & Barash 1977: 818)

The political scientist Gerry Mackie reasons along these lines, arguing that the origin of infibulation may relate to paternity confidence in a social situation where resource inequality reaches a certain extreme. This situation favours polygyny and hypergyny (when women marry men of higher status): a woman is "more likely to raise children successfully as the second wife of a high-ranking man than as the first wife of a lowranking man" (Mackie 2000: 262).

The competition to guarantee paternity confidence (chastity in girls) among the families offering daughters for marriage will also increase: a social convention is locked in place and becomes accepted as the normal state. Mackie emphasizes that one has to separate origin from maintenance: "The reasons for the *origin* of the practice in fidelity control are distinct from the reasons for the *maintenance* of the practice as a conventional sign of marriageability" (2000: 269). In short, Mackie proposes a single source diffusion theory, which locates the origin of infibulation in Sudan as a result

of paternity confidence mechanisms. He does not claim that all forms of female circumcision can be explained by this model; he argues, however, that it may be useful to help bring female circumcision practices to an end (2000).

Social convention theory has gained some influence in current campaigning against female circumcision, for example, at UNICEF (2005). However, this theoretical approach may have limitations in its somewhat boxlike approach to human decision-making. Rather than being a carefully planned decision, after weighing the pros and cons of two putatively equal alternatives (“yes” or “no” to having a daughter circumcised), the circumcision decisions may in reality be a result of *contingencies*, where a range of factors influence the outcome in the individual case (Hernlund & Shell-Duncan 2007: 43). Contrasting these frameworks in this way is however not to say that they are incompatible.

Other Attempts to Explain the Origin of Female Circumcision Practices in Africa

It has been suggested that historically, infibulation was invented as a means of protection from rape for young girls herding animals or fetching water unaccompanied (for example Brotmacher 1955; Huelsman 1976; Widstrand 1964). It has also been reported, by a traveller in Minor Asia in the nineteenth century, that slave traders infibulated female slaves to protect their virginity. When sold, the purchaser released the suture himself (Abu-Sahlieh 2001: 221, see also Boddy 2007: 157).

Infibulation is also thought to have originated as a means of maintaining the fine balance between population size and resource availability (Hayes 1975), an early method of birth control one might say. Indeed, Lightfoot-Klein (1989) asserts, in areas that are so water poor they cannot support even the minutest population increase, infibulation may have arisen from a driving need for population control (1989: 28). These authors use a functionalist approach in their attempts to understand the origin of infibulation; that is, they argue that infibulation was invented to meet certain needs of the collective and has positive functions which serve to enhance the survival of the social system as a whole. Such functionalist explanations have been criticized for disregarding social conflicts as well as the role of individual choices. Furthermore, in this specific case, no data exist supporting the assumption that female circumcision practices lead to mortality at a statistical level.⁶

Speculations regarding the origin of clitoridectomy sometimes refer to the symbolic aspects of the procedure. In many parts of Africa, ancient mythology has included bisexuality in gods. This divine bisexuality is often thought to be reflected in human beings (Berkey 1996: 30; Meinardus 1967: 388; de Rachewiltz 1968 [1964]: 174ff) and as such, is cited as a plausible origin of circumcision for both sexes. Indeed it is argued:

The “female part” of a man’s soul resided in the male foreskin and was removed at circumcision. In the same way, the “male part” of a woman’s soul was located in the labia or clitoris. Excision was practiced, therefore, not to detract from a woman’s sexual identity but to make her fully female. (Berkey 1996: 30)

In many societies, among them Sierra Leone in West Africa (Ahmadu 2000), Nigeria (Caldwell *et al.* 1997) and Somalia in East Africa (Talle 1993), male and female circumcision are regarded as symmetrical practices. It has been suggested that in these societies, female circumcision was often introduced in imitation of the male ritual (Cohen 1997: 562). Along these lines, Mary Knight, an authority on ancient Greek and Roman texts, offers an intricate hypothesis on the origin of female

circumcision. The oldest recorded motivation for Egyptians to practise male circumcision concerns an “unsealing” of the generative organ. As such, Knight proposes that:

Male circumcision originally was invented to mirror a natural process in women. . . . the breaking of the hymen “unseals” a young woman’s genital organs, since this breaking, with its characteristic blood sign, is a precursor of (potential) fertility. (Knight 2001: 337–338)

She argues that male circumcision originated as a symmetric sign highlighting the adult capabilities and responsibilities of young men, and that the practice intended to reflect the “unsealing” of young women. This connection between the hymen and fertility may have fallen into oblivion over the course of time, following which, new ceremonies of female circumcision were developed to further create symmetry between the sexes, this time to correspond to the circumcision ceremonies of boys. There is no way to corroborate or belie this hypothesis. However, we can note that in practically all societies where female circumcision is practised, boys are also circumcised; the idea of symmetry is well established in many groups (see, for example, Ahmadu 2000; Boddy 2007; Caldwell *et al.* 1997).

History of Genital Cutting in the West: Emergence in Western Medicine

It is often assumed that cutting of the female genitalia is purely an African phenomenon. What is frequently omitted from public discussion is the long history of genital cutting practices which thrived in the Western world. These cutting procedures were incorporated into the medical model of disease and cure, thus enjoyed a certain air of legitimacy and were performed on an unknown number of women.

The Greek Soranus of Ephesus, who died in 129 CE, is said to be one of the most prominent gynaecologists in ancient history. His writings were a source of inspiration to medical writers for more than 1500 years and are still available today. His original text entitled *On an excessively large clitoris* is unattainable, but we can trace its content through other writers who cited or translated his work:

On the excessively large clitoris, which the Greeks call the “masculinized” nymphe [clitoris]. The presenting feature of the deformity is a large masculinized clitoris. Indeed, some assert that its flesh becomes erect just as in men and is if in search of frequent sexual intercourse. You will remedy it in the following way: With the woman in a supine position, spreading the closed legs, it is necessary to hold [the clitoris] with a forceps turned to the outside so that the excess can be seen, and to cut off the tip with the scalpel, and finally, with appropriate diligence, to care for the resulting wound. (Soranus, cited in Knight 2001: 322)

Soranus was one of the first known physicians to pay any attention to the clitoris and its size. His classification of an enlarged clitoris as abnormal, thus an object for correction, was later reiterated by numerous writers. Caeselius Aurelius, a fifth-century physician stationed in what is today Tunisia, and Paul of Aegina, who worked as a physician in Alexandria in the seventh century were both inspired by Soranus, directly or through citations of his work. The condition of clitorihypertrophy and its suggested remedy was also discussed by the medieval Arabic physician Al- Zahrawi, also called Albucasis, in the eleventh century. In a paragraph titled “On cutting the clitoris and fleshy growths in the female genitalia”, he quotes Soranus’ words regarding the nature of women with clitorihypertrophy and the procedure of clitoridectomy (Albucasis 1973: 456–457). Considering the recurrence of this section of Soranus’ writings among several ancient medical authorities, it is quite

unexpected that the clitoris fell into oblivion during medieval times (to be “discovered” by sixteenth-century anatomists in Europe, see, for example, Park 1997 and Laqueur 2000).

These ancient sources, however, do not reveal the prevalence of such procedures, nor do they provide us with an indication of the grounds upon which they would be performed. Was it restricted to intersexed persons (those born with ambiguous external genitalia, viewed as either a hypertrophied clitoris or a micropenis), or was it a more general procedure used to deal with women (possibly with large clitorises) whose behaviour offended the common cultural values and beliefs of the time? Broton (1996) has argued that the clitoridectomy of Soranus’ time took place in a certain cultural context with clearly defined gender roles. In this context, men could take an active or a passive role in sexual life, while it was expected that women would be inherently passive in their sexual “nature”. There was also a conceptual connection between women who were sexually oriented towards their own sex and women with large clitorises. In some sources, lesbianism was described as “contrary to nature”, “monstrous” and even “worthy of death” (in stark contrast to the widespread acceptance of certain forms of male homoeroticism). Clitoridectomy then was the suggested remedy for women with an overly large clitoris or “masculine desires”. This concept of “masculine desires” in women may also have included the act of being “sexually aggressive” towards men. Healthy female sexual behaviour was passive. If not, the deviance, or disease, could be explained by the fact that the woman’s clitoris was too large (Broton 1996).

Soon enough, the medical procedure of clitoridectomy was connected with the act of traditional female circumcision, in the form of clitoridectomy, as practised by the Egyptians. The Byzantine court-physician Aetios of Amida (working in the sixth century—in today’s Turkey) made the following reflections in connection to his description of medical clitoridectomy:

[The clitoris] grows in size and is increased to excess in certain women, becoming a deformity and a source of shame. Furthermore, its continual rubbing against the clothes irritates it, and stimulates the appetite for sexual intercourse. On this account, it seemed proper to the Egyptians to remove it before it became greatly enlarged, especially at that time when the girls were about to be married. (Aetios in Knight 2001: 327, see also Laqueur 2000: 75f)

Later, when the clitoris had resurfaced among medical experts, physicians again discussed people from the Middle East and East Africa in relation to clitorihypertrophy. Among them was physician Johannes Scultetus in the seventeenth century, who noted that this is a “common disease among the Aegyptians and Arabians” (Ricci 1949: 127) when describing the therapy for Western women with an “unprofitable augmented” clitoris.⁷ German physician Lorenz Heister further asserted that clitoridectomy was seldom performed on European women, because “women who have this part larger than usual are desirous of concealing it either through lust, modesty or fear of the knife” (Heister in 1755, in Ricci 1949: 209).

Many other physicians throughout history have described clitoridectomy in line with Soranus, that is, as a remedy for abnormality.⁸ It would appear then that clitoridectomy was a well-known medical procedure, though it remains unclear how often it was practised. Laqueur (1990: 137f; 2000: 76f) refers to one particular case in the seventeenth century: Henrica Shuria was a woman who served as a soldier and was alleged to have a clitoris sizing half a finger, which “in its stiffness was not unlike a boy’s member” (Tulp 1641, in Laqueur 2000: 77). After having made advances to another woman, she was accused of “immoral lust” and sentenced to death, but instead was clitoridectomized. Jean Riolan, a seventeenth century professor of anatomy and botany at the University of Paris, suggested clitoridectomy on all women as a way of disciplining unrestrained female sexuality. The practice of

clitoral amputation among the Ethiopians was cruel, he admitted, but “perhaps not without its utility in this depraved period” (in Park 1997: 184).

Thus, we see a chain of descriptions of clitoridectomies in medical settings from Soranus of Ephesus in the second century CE, up to the eighteenth century. Once we enter the nineteenth century, more information regarding the practice and prevalence of medicalized cutting of female genitalia is available.

The sexual ideology of the Victorian era was time bound as during Soranus’ time. What was considered “uncontrolled sexuality” seemed to be “the major, almost defining symptom of insanity in women” (Showalter 1985: 74). Among the worst things a woman could devote herself to were any acts of “self-abuse”. The moral panic surrounding masturbation seems to have flourished following the publication of an anonymous text circa 1710–1720 titled: *Onania: or, The Heinous Sin of Self-Pollution, and all its Frightful Consequences, in Both Sexes Considered, etc.* A popular text, this book was repeatedly reprinted in numerous languages; about 38,000 copies exist in the English language alone (MacDonald 1967: 425). Men who masturbated ran the risk of growth retardation, gonorrhoea, fainting, epilepsy, and infertility, among many other possible consequences.

From the wretches that survive, children may be expected so sick and weakly that they are “a Misery to themselves, a Dishonour to Human Race, and a Scandal to their Parents”. Women (“to imagine that Women are naturally more modest than Men, is a Mistake”) have most of the troubles that afflict men, plus a few of their own. Female masturbators suffer from imbecility, fluor albus [leucorrhoea], hysteric fits, barrenness and a “total Ineptitude to the Act of Generation itself”. (MacDonald 1967: 425)

Both men and women were subjected to a variety of therapies in order to check masturbation and prevent serious illness resulting from it; among the therapies was surgery of the genitalia. The first case of excision on these grounds I have found described in the literature is from France: in 1812 a 14-year-old girl was clitoridectomized by Dr Authelme Richerand in an attempt to cure her alleged nymphomania and excessive masturbation (Tanner 1866: 361). The first known clitoridectomy in Germany was performed in Berlin in 1822 (Huelsman 1976: 127). In the 1860s Gustav Braun, a physician practicing in Vienna, is said to have regularly performed clitoridectomies (Kern 1975; Wallerstein 1980). In a debate on how to best prevent masturbation, held at the Society of Surgery in Paris in 1864, the physician Paul Broca asserted that he resorted to infibulation—leaving the clitoris intact but hidden—to prevent masturbation:

I unite two thirds of the superior or anterior labia majora with the help of a metallic suture, leaving on the inferior part an opening admitting “with pain” the small finger for the outflow of urine and later the menstrual blood. Today the closing is perfected, and the clitoris is placed out of all reach under a thick cushion of soft parts. (Broca 1864, in Abu-Sahlieh 2001: 180)

In a text (“Sexual perversion in the female”) dated 1894, the American physician A. J. Bloch describes how he actually masturbates his patient to orgasm: “. . . which ‘fully satisfied’ him that the clitoris was ‘responsible’ for the ‘perversion’ of orgasm and aroused him to apply his scalpel” (Barker-Benfield 1976: 15).

Excisions were performed in the early 1800s in Germany, France, and England. However, it is the British surgeon Isaac Baker-Brown who has become synonymous with this practice in the West. Dr Isaac Baker-Brown was a prominent London practitioner, specializing in women’s diseases, and in 1858 founded the “London Surgical Home for the Reception of Gentlewomen and Females of Respectability suffering from Curable Surgical Diseases” (King 1998: 14), where he undertook groundbreaking work advancing the development of new surgical techniques. When Baker-Brown

made the observation that many epileptic patients in his clinic masturbated, he concluded that this practice was the root of the disorder, which resulted in fits (Sheehan 1997: 327). Baker-Brown performed an unknown number of clitoridectomies on women with diagnoses as diverse as urinary incontinence, uterine haemorrhage, epilepsy, hysteria, idiocy and mania (King 1998; Sheehan 1997; *The Lancet* 1866).

Curing various physical and mental disorders with painful remedies to the female genitalia was not considered controversial at this time; Baker-Brown was not alone in his attempts (*The Lancet* 1866), albeit he was the most famous. Although Baker-Brown's operations were publicly questioned by his critics, it was argued instead that the well-established technique of applying caustics to the clitoris is "much more desirable" than "extirpation of the clitoris" (Moore & Harris 1866: 699). In 1854, he published a book, *On Surgical Diseases of Women*, followed by *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* in 1866. This last book, in which the procedure of clitoridectomy was advocated, ultimately precipitated his downfall, after a splendid career in medicine.

Few people at this time questioned the causal connection between onanism and serious disorders in women (Baker-Brown 1866: 616–617; Sheehan 1997: 327). Nevertheless, Dr. Isaac Baker-Brown was publicly questioned whether it could be scientifically proved that clitoridectomy was the best therapy for such ailments. Baker-Brown fervently defended himself and his surgical technique in a stormy meeting at the London Obstetrical Society in April 1867. This meeting culminated in his expulsion from that Society, at this point on ethical grounds: for years he had argued that he could treat insanity through clitoridectomy, now he had to attest before the Lunacy Commissioners that he had never actually treated an insane woman in his clinic, but referred such patients to an asylum according to the Lunacy Law. It has been argued that Baker-Brown fell into disrepute when he exceeded that period's acceptance of how openly one could deal with disorders related to taboo issues: "It is a dirty subject," as expressed in an editorial of the *British Medical Journal* in 1866 (in Fleming 1960: 1022). There was hesitance among gynaecologists against giving such "dirty subjects" publicity, since it could increase the risk of more women discovering masturbation (West 1866: 560).

Occasionally, political ideas typical of a certain period leave obvious marks in accounts of ailments of the clitoris and suggested remedies. In the 1890s, a New York physician advocated female circumcision in Western women on the grounds that 80% of all "Aryan American" women allegedly suffered from "adhesions" binding together the clitoris and its prepuce. His hypothesis was that the human clitoris undergoes a degeneration in an evolutionary perspective—in line with decaying teeth and early falling hair in "highly civilized varieties of *homo sapiens*" (1892: 288). In contrast to these women, Morris argued, "negresses" and women from "wild tribes" had "free" glans clitoridis (1892: 290–291). Cases of neuroses, nymphomania, epilepsy and masturbation could readily be cured through a separation of the adhesion (Morris 1892).

However, Morris' article is a rare example from that period. After the Baker-Brown debacle, surgery to the clitoris had fallen into disrepute in the West for several decades (Dawson 1915: 520). When it resurfaced at the dawn of the twentieth century, it was in a slightly new context: It was now proposed that many women can benefit from a removal of the clitoral hood and, like men, are in need of circumcision. Chorea, chlorosis, and various nervous disturbances, including hysteria and psychoses, were thought to have their origin in the faulty condition of the prepuce (Dawson 1915).

In their advocacy for female circumcision, some medical authors in the twentieth century also highlight the positive connotations of male circumcision: "If the male needs circumcision for

cleanliness and hygiene, why not the female?" (McDonald 1958: 98). In the late 1950s, a medical article recommends "female circumcision" as a cure for "psychosomatic illness and prevention of divorces", via enhancing women's ability to achieve orgasm (Rathmann 1959: 115). Even though it is often stated that clitoridectomies were performed in Western medicine well into the twentieth century, there is a clear difference between procedures performed, or suggested, in the nineteenth and twentieth centuries. In the nineteenth century, Dr Baker-Brown and his contemporary colleagues performed clitoridectomies at a time when surgeries to the clitoris were in tune with widespread medical ideas. The twentieth-century medical writers were at odds with the mainstream medical society in a way their precursors were not: their published texts appear to be isolated departures. For instance, the moral panic surrounding masturbation abated gradually during the first decades after the turn of the century (Hall 2003).

Consequently, an Ohio gynaecologist, Dr James Burt, was harshly judged for performing what he called a "surgery of love" in the 1960s and 1970s. Burt regularly performed non-consensual genital operations on female patients' genitalia, often after the patient was admitted and anaesthetized for some other surgical procedure. He cut the skin around the clitoris; "reshaped" and "realigned" the clitoris (Mencimer 2003). Burt asserts that "the clitoris is not removed; it is circumcised to increase clitoral response" (Burt & Shramm 1983: 268). From the 1960s and during the following decade, Dr Burt performed this "surgery of love" on at least 170 women (Showalter 1985: 141). Several women publicly complained, however they were not believed, that is until the wall of silence created by staff at the hospital was broken by a retired employee who agreed to bear witness to the existence of such procedures. Consequently, Burt was exposed and expelled by the local medical community (Mencimer 2003).

Accounts of Female Circumcision: Western Ideas Mirrored

When we reflect upon the historical aspects of female circumcision in Africa, it soon becomes obvious that we have to deal with documentation produced in Europe and the Western world, rather than from regions traditionally associated with these practices. What we are left with then is "our" history of genital cutting. This implies that these descriptions of female circumcision in Africa to a high extent carry a biased perspective: they will be influenced by and intrinsically intertwined with time-bound values and ideas prominent in the West in different epochs. Thus, the history of cutting practices involving female genitalia in Africa tends to mirror "us", and our preoccupations rife at certain points throughout history, rather than anything concrete it has to say about "them". During the Western history female circumcision practices in Africa have been understood and described within frames of reference mirroring ideological and scholarly trends in mainly Europe, such as race biology and evolutionism, psychoanalytic theory, functionalism, and radical feminism. At different points in time, there have been hegemonic understandings, while at other points various explanatory models have co-existed. In the light of some theoretical models female circumcision "makes sense", while in others, such as the radical feminist understanding, these practices are seen solely as examples of crimes against women. In the 1960s and 1970s, the feminist movement reached its peak in the West. In this context, female circumcision became a key example of how far the patriarchy would go to oppress women and female sexuality. The clitoris was not simply considered a sexual organ in Western societies, "but had also been elevated as *the* symbol of women's sexual independence" (Ahmadu 2000: 304, emphasis in original). The clitoris became a highly politicized part of the body within the feminist movement (see, for example, Koedt 1970) and consequently, all (African) practices involving cutting of the female genitalia were interpreted as patriarchal attacks on women.

The Western clitoridectomies of the nineteenth century are also often understood within a feminist framework (for example Showalter 1985). There is, however, reason not to overstate the misogynous aspects of clitoridectomy during this time. Historian Ornella Moscucci (1996) points out the fact that this period was as ruthless to male masturbators as to female. For instance, there were attempts to cure male masturbation with application of caustics to the urethra, as well as cases of vasectomy and castration. Both male circumcision and clitoridectomy have been categorized as mutilating operations at different times in the history of the West, and similar operations said to cure masturbation were introduced to both sexes at the same point in history. In contrast to male circumcision, clitoridectomy was soon abandoned, at least in Great Britain: “Much favoured by American practitioners, who appear to have performed it well into the twentieth century, clitoridectomy never became established in Britain as an acceptable treatment for female masturbation” (1996: 61). There are also important points to be made by juxtaposing current views of male and female circumcision: for example, Bell (2005) has shown how discourses and assumptions about medical and sexual consequences of male and female circumcision are related to today’s cultural (Western) constructions of male and female sexuality.

Today there is an ambivalence surrounding the issue of cutting of the female genitalia. On one hand, there are Western advocates of female genital cutting (for instance “hoodectomy”, not to be confused with traditional African practices it is emphasized)⁹ for the enhancement of female sexual pleasure. Clitoroplasty, vaginoplasty and labiaplasty—also for non-therapeutic reasons—are procedures readily performed on Western women by trained surgeons (Braun 2005, 2009; Green 2005). On the other hand, any procedure involving the female genitalia—cutting, pricking, etc—of African women are strongly condemned and a “zero tolerance” policy is promoted (WHO 2008; WHO *et al.* 2010). This ambiguity leads to a legally complex situation in some Western countries: a minor genital operation on an adult African woman is considered a criminal act, while rather extensive genital operations for non-therapeutic reasons among the majority populations are accepted (Dustin 2010; Johnsdotter & Essén 2010). A child protection perspective is often lost in the zeal to protect all African women. Furthermore, the increasing difficulties in maintaining a child protection discourse in societies where infant boys are circumcised without informed consent is illustrated by the policy statement “Violation of physical integrity”, issued by the Royal Dutch Medical Association in May 2010: their official standpoint against non-therapeutic circumcision of male minors is a result of “the increasing emphasis on the protection of children’s rights” (Royal Dutch Medical Association 2010).

Cutting procedures are observed and portrayed from radically different perspectives in different eras throughout history. These renderings give us completely different perceptions as to what these procedures are really about. The point is that there is no “really” or “actually”; we always deal with perspectives, and these perspectives are always products of specific, time-bound contexts. The almost unanimous condemnation of African “female genital mutilation” in public discourse during the recent decades has led to difficulties in presenting multi-faceted ethnographic descriptions of female circumcision experiences (Boddy 2007; Leonard 2000; Njambi 2004; Shweder 2009):

Many anthropologists, reacting against collectivist social theories and some of the less felicitous entailments of cultural relativism, have joined in the condemnation of female circumcision without first taking counsel from our discipline’s methodological requirement actually to pay attention to what the people we write about say and do. (Sulkin 2009: 19)

This caution resonates with Boddy’s reflections on British anti-circumcision campaigns in Sudan some 100 years ago: denouncing the practice as being barbaric and primitive was “an exercise of discursive authority”, which disregarded completely the Sudanese women’s point of view, and thus

contributed little to the chances that the reform attempts would actually succeed (Boddy 2007: 99). This basic logic seems to be as valid and relevant as it ever was.

Retrospective reflections on how female genital cutting practices have been described throughout the history may be helpful in retaining a balanced view of today's cutting practices, both those in Africa and those in Western countries.

Notes

[1] See for instance a review of Boddy's (2007) *Civilizing Women*: "Among such analysts [cultural relativists], the oppressive aspects of these traditions tend to be neglected. Their endorsement of FGM's cruelties may be the most cynical way yet of challenging the universal claims of Western values" (Vormann 2008: 80).

[2] "At stake in this debate is the relationship between anthropology and advocacy," as anthropologist Silverman (2004: 430) phrased it commenting on a debate between Obermeyer and Mackie in *Medical Anthropology Quarterly* in 2003.

[3] Originally in German: "Wir können vielmehr wieder einmal sehen, daß die gleichen absonderlichen Gedankengänge in den Gehirnen weit getrennter und ganz verschiedener Menschenrassen zur Entwicklung zu kommen vermögen".

[4] Infibulation (often called "pharaonic circumcision") is a form of female circumcision where the *labia minora* are cut and stitched together to seal the vaginal opening. There may or may not be cutting of the clitoris in addition.

[5] Princess Marie Bonaparte, who took a leading part in the introduction of psychoanalysis in France after having been analysed by Freud himself, disagreed with Freud. In her writings she argued that many women continue to rely on their "male" sexual organ, the clitoris, to be sexually satisfied (Bonaparte 1953, see also Thompson 2003; Frederiksen 2008). However, in the same vein as Roheim, she presumed that clitoridectomized women might be better "vaginalized" than many European women (Frederiksen 2008: 26). She added to her conclusions detailed accounts from a couple of orgasmic clitoridectomized African women (Bonaparte 1953: 191ff), and maintained that clitoridectomy did not prevent sexual climax.

[6] "This review could find no incontrovertible evidence on mortality, and the rate of medical complications suggests that they are the exception rather than the rule. This should be cause to ponder, because it suggests a discrepancy between the forceful rhetoric, which depicts female genital surgeries as causing death and disease, and the large numbers of women who, voluntarily or under pressure, undergo these procedures" (Obermeyer 1999: 92). I have not found any more recent reviews or studies contradicting the conclusion on mortality of this review. See also Morison *et al.* (2001) for a comprehensive study on medical complications including both circumcised and uncircumcised women, which confirms Obermeyer's picture.

[7] This was stated at a point in time when clitoris had been recently been "discovered" in 1559 by the Italian anatomist Realdo Columbo (Laqueur 2000: 64f). Most scholars until then seem to have been unaware of the existence of the clitoris. Sexuality in this time was primarily associated with reproduction, a view which rendered female external genitals quite irrelevant. Some disorders, especially "suffocation of the uterus", were treated with masturbation, a fact that points to some knowledge about the clitoral area as a sensitive spot. For instance, the medieval medical theorist Pietro d' Abano (in early fourteenth century) noted that rubbing the area between the vagina ("upper orifice") and the pubis could lead to orgasm: "For the pleasure that can be obtained from this part of the body is comparable to that of the tip of the penis" (cited in Jacquart & Thomasset 1988: 46). The eleventh-century Persian medical authority Avicenna had classified the clitoris as a pathological

growth in only a few women (Park 1997: 173), like sixteenth-century scholar Andreas Vesalius, claiming that the clitoris would only be found in hermaphrodites (1997: 177).

[8] Among them was the Persian physician Avicenna, who worked in the eleventh century in what is today Uzbekistan, the Spanish Jewish physician Roderico à Castro in the sixteenth and seventeenth centuries, the French physicians François Thevenin in the seventeenth century, and Pierre Dionis, in the eighteenth century (Ricci 1949).

[9] For example, see <http://www.clitoralunhooding.com/>, http://www.gynaecologists.co.uk/clitoral_hoodectomy.html.

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