## Paul Broca's clitoridectomy as a cure for "nymphomania": A pseudo-medical mutilation

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Dear Editor,

Paul Broca (1824-1880) is considered one of the founding fathers of modern neurology, mainly because of his major contribution to the anatomo-clinical method (Figure 1) (Sagan, 1979). He has also distinguished himself by his fascination with cranial measurements at the origin of modern physical anthropology and, unfortunately, racial theories based on cranial indices (facial angle and brain volume, mainly) (Gould, 1981).

But what is less known is that Broca has been illustrated by particularly archaic and mutilating therapeutic practices, such as what is now considered to be female genital mutilation. Clueless in the face

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of the therapeutic void, the 19th century neurological physicians sometimes practiced treatments supposedly inherited from ancient Hippocratic and / or Galenic theories (Mota Gomes & Engelhardt, 2014). This was the case for a small patient of Paul Broca (a 5-year-old girl), whom he deemed/diagnosed to be suffered from a severe form of (what was then suffering) nymphomania. In his communication, Broca (1864) reports that he had no choice but infibulation (almost complete suture of the vulva), given the importance of this "vicious habit" resistant to the surveillance of her mother, and despite the prolonged wearing of a chastity belt. The neurologist rejects the possibility of a surgical section of the clitoral nerves, at the risk of a recurrence of symptoms. He also (initially) recuses a clitoridectomy because "amputation of the clitoris meant irreparable destruction of the organ of voluptuousness and an excessive measure in a girl who can recover." Broca (1864) reports that while he performed infibulation, "the child addressed words of tenderness and compassion to her genital organs" which he interprets as evidence of her mental illness and sexual monomania.

It is likely that it was because of his knowledge of anthropology (social and physical) that the neurologist Broca was aware of the practice of infibulation. He also states in his text that the use is common in the East to strengthen female chastity (*sic*!), but "may have never been used against nymphomania" (Broca, 1864). A therapeutic innovation in neurology, in short.

Unfortunately for the patient, given the inefficiency of the surgical treatment, Broca reports that he was forced, several years later, to undo the infibulation, and to perform a radical clitoridectomy. This was also without any success, since the "nymphomania" of the young patient persisted (with the detail that the old and current terms of "nymphomania"

are not exactly superimposable, a fortiori on a young child of 5 years, and a modern interpretation would more likely correspond to repeated masturbation, which may or may not have been considered under Other Sexual Dysfunction (DSM-5), and most certainly would be not result in an act of female genital mutilation).

In the context of the west of the late 19th century, one may wonder whether the two surgical acts performed on this girl, consisting anatomically in genital mutilation, cannot be equated with torture injuries. Such gestures were not commonly practiced in this chrono-cultural context. While, in their local use, the classification of these practices of genital mutilation as a torture is still debated by some researchers, it seems more likely that their use out of context, in a Western Victorian society (characterized by the expression of a social authority of the doctor vis-à-vis his patient and his relatives), may be compatible with torture.

Some years later, the practice of clitoridectomy by another contemporary practitioner (Isaac Baker Brown, president of the Medical Society of London, died in 1873 at the age of 61), in contexts of hysteria, catalepsy, mania or epilepsy, sometimes without the consent of the patient, had also triggered an offended reaction by his colleagues who drove him out of the Obstetrical Society (Baker Brown, 1866; Ryan & Jetha, 2010).

Under these circumstances, the question is raised as to whether and how to defend both Broca and/or Baker Brown. Societal practices of the second half of the 19<sup>th</sup> century were much more mechanical (chastity belt, etc.) than surgical. With a distant glance, clitoridectomy for a neuropsychiatric reason appears to have been illegitimate mutilation, consistent with torture (Pérez-Sales & Zraly, 2018). In

Figure 1: Bourgery, J. M. (1866-1871). Traité complet de l'anatomie de l'homme, par les Drs Bourgery et Claude Bernard et le professeur-dessinateur-anatomiste N.H. Jacob, avec le concours de Ludovic Hirschfeld. Paris: L. Guérin, tome 7.

## ABLATION DU CLITORIS.

Cette opération peut être nécessitée par des causes diverses. Autrefois, on la pratiquait souvent dans le but de modérer les désirs vénériens; mais actuellement il n'en est plus ainsi. Cependant, un fait qui prouve que tous les praticiens ne l'ont pas mise en oubli, et qu'elle ne mérite pas de l'être, c'est celui que M. Velpeau relate, et qui lui a été, dit-il, communiqué par M. Robert : il s'agissait d'une jeune fille qui, ayant été conduite au marasme par l'onanisme, fut radicalement guérie de ses mauvaises habitudes par l'amputation du clitoris.

Si, en pareil cas, on voulait suivre la même conduite, il suffirait de faire écarter les petites lèvres, de saisir le clitoris avec des pinces, et de l'exciser avec des ciseaux courbes le plus près possible de ses racines.

Le clitoris peut, de même que le pénis, devenir le siége de tumeurs variables par leur volume et par leur nature. Bonnet rapporte, d'après Welschius, tome III, p. 309, que Molinetti eut occasion d'en enlever une qui pesait 9 livres (4 kilog. 172). M. E. Coste a publié (Journal des connaissances médico-chirurgicales, t. 111, p. 276) l'observation d'une tumeur considérable développée dans cet organe qu'il fut obligé d'enlever. On trouve encore des observations du même genre dans l'Encyclographie des sciences médicales et dans les Archives générales de médecine. Dans des cas semblables, de même que dans ceux de développement anormal, il faudrait aussi avoir recours à l'amputation de l'organe malade. L'opération serait fort simple · le chirurgien s'emparerait de la tumeur avec la main gauche, pendant qu'un aide saisirait la racine du clitoris, et de la main droite, armée d'un bistouri ou d'une paire de ciseaux courbes, il couperait d'un seul trait l'organe dégénéré. Comme il ne contient aucune artère volumineuse, on ne doit avoir aucune crainte du côté de l'hémorrhagie. Au reste, si, par suite de sa dégénérescence, il s'était développé dans son épaisseur des vaisseaux assez considérables pour donner lieu à un écoulement inquiétant, il serait facile de l'arrêter par la ligature ou la cautérisation.

Ligature. Le chirurgien doit toujours préférer l'instrument tranchant à la ligature, parce que son action est plus rapide et n'est pas plus dangereuse; néanmoins, si le sujet ne voulait pas s'y soumettre, on se déciderait à étreindre la tumeur dans un fil.

Cautérisation. Elle ne conviendrait que dans le cas où la tumeur, large et aplatie, serait dépourvue de pédicule; encore, peut-être vaudrait-il mieux y appliquer des ligatures partielles.

the context of Broca, one may wonder if his Puritanism did not play a role in his decision making him intentionally mutilate this child sexually. Beyond a

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cruel or inhuman act, it seems that we should see in this example the expression of a moral and social authority over a vulnerable individual, under cover of a very dubious (or even hypocritical) will of treatment. The "health argument" may well be only a false justification for covering up these facts of genuine torture, as is still practiced now (Mendez, 2013). Research should be developed around clitoridectomy in medicine (particularly in a context of neurology, psychiatry, forensics and hygiene) in the 19th century and the first third of the 20th century, to better understand the extent of this phenomenon and its traumatic consequences.

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