

National Bodies, Unspeakable Acts: The Sexual Politics of Colonial Policy-making*

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Government may claim and sometimes exercise its monopoly over the legitimate use of violence, but much of the time political rule can seem an elaborate charade, in which leaders only ratify policies decided elsewhere and fictions of compliance mask more complex networks of domination, inaction, or protest. In no area was authority so erratic as in British-controlled Kenya, where a “dignified” rhetoric of “native paramountcy” masked an “efficient” interest in labor control and economic growth on the part of settlers and (usually) the government. Indirect rule could thus devolve in practice into either arbitrary rule or no rule at all, as a patchwork of mediating social groups enforced, altered, or ignored the laws proceeding from an impervious Government House.

The fictions of rule were exposed in 1926, when missionary pressure and some level of official concern about the prevalent practice of clitoridectomy led the governors of the East African dependencies to meet together to devise a strategy to combat the practice. Noting that one Kikuyu “native council” had passed a law requiring the licensing of all operators and restricting the extent of cutting to “simple clitoridectomy” (as opposed to the usual practice of removing the entire external genitalia), the governors endorsed this shift to the “less brutal” form. The new guidelines were adopted without protest by a range of councils and with a gratifying circulation of regulations and papers.¹ Imagine the surprise of the “native commissioners,” then, when the

* Although the concerns and interpretation of this essay differ markedly from those of her own work, I wish to acknowledge my debt to Jocelyn Murray, whose excellent (and still unpublished) dissertation remains the most thorough study of the events discussed here. For helpful comments on versions of this essay, I wish to thank Thomas Ertman, Mervat Hatem, Anne Higonnet, Margaret Higonnet, Jane Jenson, Robin Kilson, Tom Laqueur, Peter Mandler, Billie Melman, Alex Owen, and Ann Stoler. I am also grateful to Deborah Cohen for tracking down relevant material from medical textbooks and to David Paulson for retrieving some documents from Rhodes House, Oxford.

¹ The 1926 governors’ meeting is mentioned in Public Record Office (hereafter PRO), Colonial Office (hereafter CO) 533/392/1, Grigg to Passfield, Kenya no. 130, October 12, 1929; the same file includes both the Circular Letter no. 28 (August 23,

Journal of Modern History 63 (December 1991): 647–680
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decision by some missions in 1929 to give teeth to the rulings by refusing communion to all Christians unwilling to forswear the practice led to the largest outbreak of popular protest among the Kikuyu that the British government had yet faced. The 1926 law, it seems, had been a dead letter all along. Only the missions, controlling as they did access to worship and education, could provide real sanctions against clitoridectomy; only their intervention exposed the elaborate dance of theoretical government concern and equally theoretical compliance.

The consequences of the “female circumcision controversy,” as it has been called, for both the stability of British rule and the rise of Kenyan nationalism have received some attention from historians.² Yet none have seriously addressed the question of why clitoridectomy in particular became the focus of contention, or, more specifically, of why the ritual unmaking and reworking of women’s bodies became so central to the construction of national identity. This question will concern us here, but not primarily for Kenya, for if the controversy uncovered the usefulness of sexual politics to the formation of African nationalism, it also exposed the racial, sexual, and nationalist presumptions that dominated the British imagination and underlay colonial policy. Revelations of the conflict in Kenya coincided with the entry into Parliament both of Labour politicians determined to further the political aspirations of African peoples and of humanitarians and feminists equally determined to use British rule to “protect colored women.” It thus quickly gave rise to a complex and acrimonious debate, in which the rival ideals of cultural self-expression, women’s rights, and imperial hegemony came into open conflict. On its most overt level, the debate in Britain shows how the tensions between feminist, imperialist, and nationalist interests could immobilize individuals and fragment campaigns. If we are attentive to its silences as well as its explicit concerns, it can also help us to understand these early

1926) sent from G. V. Maxwell, the chief native commissioner, to all senior commissioners, encouraging them to work to “mitigate the brutality which attends the rite of female circumcision,” and the resolution passed by the Embu local native council, which made it an offense for an operator to remove more than the clitoris.

² The most thorough account of the controversy is Jocelyn Murray, “The Kikuyu Female Circumcision Controversy, with Special Reference to the Church Missionary Society’s ‘Sphere of Influence’ ” (Ph.D. diss., University of California, Los Angeles, 1974). Three books chart the influence of the controversy on nationalist aspirations: John Spencer, *The Kenya African Union* (London, 1985), pp. 71–97; Carl G. Rosberg and John Nottingham, *The Myth of ‘Mau Mau’’: Nationalism in Kenya* (London, 1966), pp. 105–35; Robert L. Tignor, *The Colonial Transformation of Kenya: The Kamba, Kikuyu and Maasai from 1900 to 1939* (Princeton, N.J., 1976), pp. 235–50. Ronald Hyam gives a brief account of the controversy in his recent *Empire and Sexuality: The British Experience* (Manchester, 1990), pp. 189–97.

twentieth-century Britons' conception of female sexuality and, more broadly, of the place of women in national life.

I. THE QUARREL IN KENYA

When Sir Edward Grigg, governor of Kenya during the disturbances of 1929–30, explained to Sidney Webb at the Colonial Office precisely why it was difficult for the colonial administration to dissuade young girls from undergoing the operation of clitoridectomy, he tended to blame an omnipotent “tradition” which made such customs virtually unquestionable. “The chief opponents to any reform are the victims themselves,” he wrote, “and their attitude is due to the fact that they are bound by custom.”³ Yet the main white agitators against clitoridectomy, the Church of Scotland Mission, offered a very different explanation for their failure. “Except for the championship of the rite as a national symbol by the Kikuyu Central Association,” they wrote, “it probably would by now have been widely abandoned. This faction, in spite of its professed aims as to progress, education, and enlightenment, has, through its ill-advised attitude, done more than anything else to delay the emancipation of Kikuyu womanhood.”⁴

Embedded though they are in the teleology of Western enlightenment, both of these statements contained partial truths. Clitoridectomy was, as Grigg noted, certainly a custom of central significance to Kikuyu life. Like the male circumcision undergone by Kikuyu boys, the public ritual of clitoridectomy marked for women not only the passage from childhood to marriageable adulthood but also the moment of entry into the full life of the community. Young women initiated together became members of the same age group, which was the basic unit of Kikuyu social organization. Age groups acted as associations for mutual aid; they also served to enforce the distinctions of status and behavior prescribed for their members at different stages of life. Women thus understandably often identified clitoridectomy as the most important—if also the most painful—experience of their lives. Wanjiku, a Kikuyu woman born around 1910 and initiated before the controversy discussed here, recalled in an interview with Jean Davison: “Anybody who has not felt the pain of *Irua* [the “circumcision” ceremony] cannot abuse me. . . . From *Irua* I learned what it meant to be grown-up, with more brains. . . . Also from *Irua*, I learned what it means to be pure Mūgīkūyū—to have earned the stage of maturity when, being a circumcised person, one no longer moves

³ PRO, CO 533/394/11, Grigg to Passfield, Kenya no. 44, March 15, 1930.

⁴ PRO, CO 533/418/2, Church of Scotland, “Memorandum prepared by the Kikuyu mission council on Female Circumcision” (December 1, 1931), p. 7.

about with those not yet circumcised.”⁵ “*Irua* was like being given a degree for going from childhood to adulthood,” one Kikuyu midwife recalled. Whereas uncircumcised girls were not considered marriageable, “the minute you got circumcised, no one would stand in your way.”⁶

If clitoridectomy remained central to Kikuyu identity and social structure, however, it was not because the Kikuyu were, as Grigg and his colonial civil servants liked to put it, “just emerging from a state of barbarism.”⁷ Rather, clitoridectomy persisted in spite of (or perhaps partly because of) the stress and dislocation borne by the Kikuyu during the rapid pace of colonization in Kenya. Historians have delineated in detail how the alienation and settlement of “White Highlands,” the establishment of adjoining “native reserves,” the construction of a system of “tribal” authority often at odds with earlier political structures, and the deliberate use of taxation and legislation to restrict Africans’ freedom to grow cash crops and to coerce them into wage labor left many Kikuyus with little of their “traditional” life, except perhaps the still-powerful rituals of clitoridectomy and male circumcision.⁸ Tabitha

⁵ Jean Davison, with the women of Mutira, *Voices from Mutira: Lives of Rural Kikuyu Women* (Boulder, Colo., 1989), p. 42. For the social organization of the Mount Kenya peoples, see Godfrey Muriuki, “Background to Politics and Nationalism in Central Kenya: The Traditional Social and Political Systems of Kenya Peoples,” in *Politics and Nationalism in Colonial Kenya*, ed. Bethwell A. Ogot (Nairobi, 1972), pp. 1–17. On female initiation rituals within Kikuyu society in particular, see Davison’s introduction, esp. pp. 16–20. The very different feelings about clitoridectomy (and its abolition) held by the Kikuyu women Davison interviewed give some indication of the issue’s complexity. Although some of the women repudiated clitoridectomy in no uncertain terms—in the words of one, “I feel good because the banning of circumcision means that none of [my daughters] will be destroyed that way” (p. 69)—others recalled the respect accorded them after their initiation and worried that the collapse of the age-grade system had left social norms in confusion, with young men and women unaware of which behaviors were appropriate to their age or group (see esp. pp. 121, 149).

⁶ Wanoi, quoted in *ibid.*, p. 149. Some missionaries and civil servants also recognized the importance of *Irua* for women’s social status (see University of Liverpool Library, Rathbone Papers, XVI.2.1 [9], Statement of Mrs. Hooper, Missionary wife among the Kikuyu, Fort Hall, [October 1929], p. 2; PRO, CO 533/394/11, “Memorandum by the Director of Medical and Sanitary Services,” appended to Kenya no. 44, March 15, 1930). Murray (pp. 18–29) discusses the meaning of the rite at some length.

⁷ PRO, CO 533/394/11, Grigg to Passfield, Kenya no. 44, March 15, 1930.

⁸ The effects of colonial land and labor policy on the Kikuyu are extensively treated by Muriuki; Rosberg and Nottingham; and Spencer. See also David F. Gordon, *Decolonization and the State in Kenya* (Boulder, Colo., 1986), esp. chap. 2; Andrew Roberts, “East Africa,” in *The Cambridge History of Africa*, ed. A. D. Roberts (Cambridge, 1986), 7:676–82; Anthony Clayton and Donald C. Savage, *Government and Labour in Kenya, 1895–1963* (London, 1974).

Kanogo, in her excellent book on Kikuyu “squatter” farmers in the White Highlands, shows how community norms were maintained through the transportation of the rites central to life on the reserves.⁹

But if the missionaries were quite wrong in their contention that, prior to 1929, clitoridectomy was an atavistic custom in terminal decline, several careful historical studies have substantiated their claim that the proto-nationalists of the Kikuyu Central Association (KCA) found the missionaries’ censure of the practice a useful catalyst for organization and resistance.¹⁰ The intervention of the KCA catapulted the controversy into the category of a full-scale political revolt and endowed the practice itself with new meaning. As a defense of clitoridectomy became entangled with long-standing Kikuyu grievances about mission influence and access to land, clitoridectomy, always the sign of the “true Kikuyu,” also came to be seen as a mark of loyalty to the incipient, as yet imaginary, nation.

A brief account of the course and content of the revolt will substantiate these points. Roman Catholic, Presbyterian, Anglican, and American missions were active in the Kikuyu areas from the turn of the century, and a group of African converts committed to education, “progress,” or simply personal advancement soon grew up around the mission schools. Although the extent of mission interference with “traditional” customs varied, all of the Protestant missions looked with disfavor on clitoridectomy—quite as much for the “pagan ritual” that accompanied it as for its “brutality”—and attempted to combat it through teaching and the establishment of dormitories for young girls. Probably the most vehement opponent was Dr. John Arthur, an outspoken leader in the Church of Scotland Mission and the nominated representative for African interests on the government’s Executive Council. From the mid-twenties, both the African Inland Mission and the Church of Scotland Mission campaigned actively against the practice; Arthur even provided legal support for girls who contended that they had been circumcised against their will.

African responses to the missions’ teachings on clitoridectomy were not monolithic but varied with age, locale, and economic position. David Sandgren, studying the American-run African Inland Mission, found that the older converts who had found new life-styles, opportunities, and status

⁹ Tabitha Kanogo, *Squatters and the Roots of Mau Mau, 1905–1963* (London, 1987), pp. 77–78.

¹⁰ The two most detailed accounts of the controversy substantiate these points. Spencer states explicitly that it was the most important political crisis before Mau Mau and asserts that it “changed fundamentally the relations between Africans and Europeans: between Africans and the missions and between Africans and the Government” (p. 71). Jocelyn Murray concurs, and she delineates the extent of damage to the appeal and legitimacy of the Church.

through the missions could support the campaign against clitoridectomy, while younger converts in more remote areas resented not only mission attacks on accepted ritual practices but also the older converts' dominance of church decision making.¹¹ Nevertheless, the missions' insistence that one could not both be a good Christian and respect traditional customs struck many African Christians as hypocritical and baffling, especially when the vernacular translations of the Bible prepared by the missions themselves often used the terminology of initiation rites to describe Christian rituals.¹² Quiet disregard rather than overt rejection of such teachings could prevail until March of 1929, however, when a conference representing the churches of all Protestant missions active among the Kikuyu endorsed the suspension of church members unwilling to abandon the practice of clitoridectomy. The Church of Scotland Mission could now claim that the decision to excommunicate those who condoned the practice was supported by missionaries and African members alike.¹³

Such claims notwithstanding, the decision to make clitoridectomy a punishable offense was unpopular among most African converts from the beginning, especially since Arthur had stated his goal to be the abolition of *Irua*—the entire practice of initiation—and hence also the age-grade system on which Kikuyu social life was based.¹⁴ African support dwindled further in the face of draconian mission enforcement and KCA countermobilization. The Kikuyu Central Association, formally organized in the Fort Hall area in 1924, had concentrated prior to 1929 on attempts to secure the return of lands appropriated for European settlement and the release from detention of the earlier political leader, Harry Thuku. The outbreak of controversy over female circumcision furnished them with their first chance for real popularity, and in August the KCA Council—except for the young Johnstone (later, Jomo) Kenyatta, who had been sent to London to represent the KCA's views—signed a “Lament for the Abolition of Female Circumcision,” which protested against the “law” introduced by Arthur and urged all Kikuyu chiefs

¹¹ David Sandgren, “Twentieth Century Religious and Political Divisions among the Kikuyu of Kenya,” *African Studies Review* 25, nos. 2/3 (1982): 195–207.

¹² Julian Huxley pointed out this contradiction in mission practice as early as 1931; e.g., missionaries used the Kikuyu word for an *initiated* girl for the Virgin Mary (see *Africa View* [New York, 1931], pp. 202–8; also, David Sandgren, *Christianity and the Kikuyu: Religious Divisions and Social Conflict* [New York, 1989], p. 74).

¹³ The course of the controversy is discussed by the Church of Scotland Mission (CSM) itself in their long memorandum, PRO, CO 533/418/2; a far more critical reading of CSM actions is provided by Murray (n. 2 above), esp. chaps. 5 and 6. For the African Inland Mission (AIM), see the two works by Sandgren cited above.

¹⁴ The anthropologist Louis Leakey pointed out the problems with Arthur's use of the word *Irua* in his evidence to the House of Commons Committee for the Protection of Coloured Women in the Crown Colonies (see Rathbone Papers [n. 6 above], XIV.2.1. [14], Evidence of Dr. Leakey, February 5, 1930).

to mobilize in defense of tribal customs.¹⁵ On September 11, Grigg informed Sidney Webb in a worried private letter that the state of Kikuyu province was causing him great anxiety, with the KCA “engaged in a widespread campaign for the revival of the most brutal form of female circumcision, which they declare to be necessary to true Kikuyu nationality.”¹⁶

The growing crisis soon escalated into something approaching open war, for the missionaries refused to back down. On September 15, a missionary’s refusal to grant communion to those who had not abjured the practice of clitoridectomy led to a huge demonstration. During the next month the “Muthirigo” protest song first appeared and was sung and danced throughout the Kikuyu areas. The verses of the song clearly show how a defense of sexual order became entangled with a revolt of younger Kikuyus against the British and their African collaborators and with a political protest against the loss of Kikuyu land. The Church was in league with the British government to corrupt Kikuyu customs, to seduce young women, and to take away the land, the song claimed, and African leaders were aiding them. By doing so, however, these “elders” had in fact lost their manhood: “When John Kenyatta comes you will be given women’s loin cloths and have to cook him his food.” Uncircumcised girls were being used to bribe district commissioners, the song claimed, but such sexual disorder would not survive the return of Kenyatta and the reinvigoration of the Kikuyu nation. “All uncircumcised girls shall be circumcised,” it warned, “and then, Drs. Arthur and Leakey, with what will you have connection?”¹⁷

Arthur, in retaliation, proscribed both acceptance of clitoridectomy and membership in the KCA for all teachers at Church of Scotland mission schools.¹⁸ By doing so, however, he overstepped the boundaries both of African Christians’ tolerance and of Grigg’s support. The Church of Scotland

¹⁵ Spencer, chap. 2, esp. pp. 75–76.

¹⁶ Bodleian Library, Sir Edward Grigg (Baron Altrincham) Papers, pt. 7, Grigg to Passfield, September 11, 1929.

¹⁷ Translated verses of the “Muthirigo Dance-Song” are found in PRO, CO 533/394/10, Telegram from Grigg, January 20, 1930; and in PRO, CO 533/418/2, appendix to the CSM “Memorandum” (n. 4 above). Reports concerning the progress of the Kikuyu protest and the singing of the song are found in PRO, CO 533/398/11, Grigg to Passfield, Kenya no. 45, March 21, 1930; PRO, CO 533/392/1, Reports by S. I. Luka and C. Kagwanarwa. Other versions of the “Muthirigo” are given in app. 3 of Sandgren, *Christianity and the Kikuyu*, pp. 174–83; Murray, p. 162. According to Richard Meinertzhagen, who served as an officer in the King’s African Rifles early in the century, British soldiers routinely took African concubines; by the mid-twenties, according to Ronald Hyam’s recent study, such practices had largely died out (Meinertzhagen, *Kenya Diary, 1902–1906* [London, 1957], pp. 10, 119–22, 192; Hyam [n. 2 above], pp. 160–70). According to Muriuki, African “chiefs” established by the British also deepened their unpopularity by harassment of local women (pp. 8–10).

¹⁸ PRO, CO 533/418/2, Arthur to the Director of Education, November 5, 1929, appended to Kenya no. 58, April 16, 1932.

Mission to the Kikuyu lost nine-tenths of its communicants in a single month and suffered a boycott of its schools.¹⁹ Sir Edward Grigg also refused to associate the government with Arthur's action and insisted that he resign from the Executive Council. The missions were free to follow their conscience in such matters, Grigg informed Arthur, but the Kikuyu leaders had formed the dangerous belief that Arthur's views represented those of the government. In such circumstances, it was necessary to differentiate clearly between the policy of the government and the actions of the Church.²⁰

But if clitoridectomy was, in the eyes of the KCA, an act of radical nationalism, how could the British government treat it only as a matter of individual conscience? In tendering his resignation, Arthur warned Grigg that the KCA's defense of clitoridectomy and its hostility to the missionaries' campaign could not be isolated from its nationalist ambitions. He wrote: "This body has been since its inception thoroughly disloyal to the British Government, and stands for everything subversive of good order, whether it be in State or Church; it is, in my opinion, anti-Government, anti-settler, anti-missionary and anti-Church."²¹ And Grigg, despite his official prudence, agreed. His first dispatch to Sidney Webb about the disturbances explicitly denounced the KCA as "definitely seditious," although he hoped that his own efforts to force it to make its accounts public would expose financial corruption and diminish its prestige.²² And while he thought Arthur's campaign excessive and ill-advised, he agreed that clitoridectomy was "undoubtedly the cause of much cruelty and much unhappiness" and was willing to contemplate some amount of government pressure to "moderate" the practice, if not to put it down entirely.²³ In both matters, however, he was forced into negotiation with British politicians committed to new ideals of African political representation and humanitarian rule. By the close of 1929, the "female circumcision controversy," subsiding in Kenya, had been transported into the halls of the Colonial Office and the House of Commons.

II. THE QUARREL IN BRITAIN

The Labour government to whom Grigg reported rather apprehensively in the autumn of 1929 has been roundly castigated by historians for its policy

¹⁹ *Ibid.*, CSM "Memorandum," (n. 4 above) p. 49; PRO, CO 533/384/9, E. A. Dutton, Government House, Kenya, to W. C. Bottomley, Colonial Office, November 25, 1929.

²⁰ A copy of the correspondence between Arthur and Grigg is in PRO, CO 533/384/9; see also Grigg Papers, pt. 7, Grigg to Passfield, December 7, 1929.

²¹ PRO, CO 533/384/9, Arthur to Grigg, November 9, 1929.

²² PRO, CO 533/392/1, Grigg to Passfield, Kenya no. 130, October 12, 1929.

²³ Grigg Papers, pt. 7, Grigg to Passfield, December 7, 1929.

failures and fratricidal end, but when it first took office in June of 1929 friend and foe alike anticipated a series of far-reaching changes.²⁴ Certainly in the sphere of colonial policy, where that inimitable bureaucrat Sidney Webb—now elevated to the Lords as Lord Passfield—replaced Leo Amery as secretary of state, the high hopes of the Labour faithful were matched perhaps only by the gloomy apprehensions of the civil service. In several pamphlets and reports published in the twenties and in its 1928 program, *Labour and the Nation*, the party had reaffirmed its commitment to the idea of British “trusteeship” in Africa, which they interpreted to mean the protection of Africans’ land rights, an end to forced labor, the development of health and educational services, and the gradual extension of self-government. Critics of British colonial policy thus hoped that, in the case of Kenya, the Labour government would reaffirm the 1923 Devonshire commitment to “native paramountcy” after years of Conservative deference to settler interests.²⁵

Behind the Labour government stood an articulate collection of activists for “native rights.” Loosely organized around the party’s Advisory Committee on Imperial Questions, this group included Leonard Woolf and the noted humanitarians and M.P.s Josiah Wedgwood and Charles Roden Buxton, as well as Dr. Norman Leys and William McGregor Ross, both of whom had lived in Kenya before the war and had become well-known critics of British solicitude toward the settler community. Although Webb himself paid little attention to these anticolonialist radicals, they kept in contact with his Parliamentary under-secretary, Thomas Drummond Shiels, an energetic Scottish doctor who had participated in their meetings before Labour took office and who from December of 1929 oversaw much of Kenya policy.²⁶

On December 11, 1929, these critics of empire initiated a debate on “colonial policy in relation to coloured races” in the House, in which Labour’s commitment to “native paramountcy” was questioned and reaffirmed. The resolution was moved that:

²⁴ See esp. Robert Skidelsky, *Politicians and the Slump: The Labour Government of 1929–1931* (London, 1967).

²⁵ The best treatment of the policy of the Labour government is Robert G. Gregory, *Sidney Webb and East Africa: Labour’s Experiment with the Doctrine of Native Paramountcy* (Berkeley, 1962).

²⁶ On these radicals and “humanitarians,” see *ibid.*, pp. 87–92; Duncan Wilson, *Leonard Woolf: A Political Biography* (New York, 1978), pp. 159–77; Paul B. Rich, *Race and Empire in British Politics* (Cambridge, 1986), esp. chap. 4; Diana Wylie, “Confrontation over Kenya: The Colonial Office and Its Critics, 1918–1940,” *Journal of African History* 18, no. 3 (1977): 427–47. Gregory’s claim that “Webb was his own master” and “exercised an independent judgment” in framing colonial policy is not borne out in the day-to-day Colonial Office records during the clitoridectomy controversy (to which Gregory presumably did not have access), which attest to the central role played by both Shiels and the civil service.

the Native population of our dependencies should not be exploited as a source of low-grade labour; no governmental pressure should be used to provide wage-labour for employers; due care should be taken of Native social well-being; the Native demand for land should be adequately and satisfactorily met and their rights therein properly safeguarded; where the Native population is not yet fitted for self-Government direct imperial control of Native policy should be fully maintained; Native self-governing should be fostered; and franchise and legal rights should be based upon the principle of equality for all without regard to race or colour.²⁷

This statement could have been written as a direct critique of past colonial policy in Kenya, and C. R. Buxton, in seconding the amendment, made no bones about the fact that he had Kenya particularly in mind. “Matters have come to a head in East Africa,” he said, “and something has to be done there.” Under no conditions, however, should powers be turned over to the settlers clamoring for greater constitutional rights; rather, any movement toward self-government must be on nonracial lines.²⁸ In his reply for the government, Drummond Shiels accepted the resolution and stressed Labour’s commitment to work along similar lines.²⁹

If the debate over colonial policy had stopped there, all would have been in agreement. But Buxton’s speech was followed by two other speeches relevant to Kenya, both of which raised new problems for anticolonialist critics and shocked and outraged some members of the House. While broadly agreeing with the doctrine of “native paramountcy,” these speeches proposed that the British government be held responsible not merely for equal rights *between* races but also for guaranteeing equal rights between Black women and Black men and for “protecting” women from “barbaric” practices. The speakers were the Duchess of Atholl and Eleanor Rathbone, and with their intervention clitoridectomy became, astonishingly, a subject for debate in the House of Commons.

When the Duchess of Atholl rose to bring the practice of clitoridectomy to the attention of the House, she was already well known as its most prominent woman Conservative. By no means a self-confessed feminist, Atholl had opposed women’s suffrage before the war but also had served on various local government committees. In 1923, she accepted an invitation to stand for the Scottish constituency of East Perthshire, which she represented until her rift with the Conservative Party over her support for the Republicans in Spain and her opposition to the policy of appeasement in 1938. Atholl was under secretary for education in Stanley Baldwin’s government from 1924–29 and thus the first woman to hold office in a Conservative government. Eleanor

²⁷ *Parliamentary Debates* (Commons), 5th ser., vol. 233 (December 11, 1929), cols. 581–82.

²⁸ *Ibid.*, cols. 593, 598–99.

²⁹ *Ibid.*, cols. 611–15.

Rathbone, her collaborator in this campaign, although newly elected to Parliament in 1929 as an Independent member for Combined English Universities, was equally prominent. Rathbone had made her name as a social thinker—particularly on the subject of family allowances—and, as the ten-year president of the National Union of Societies for Equal Citizenship, was perhaps the nation's most strenuous defender of women's rights. She had also, by her own admission, entered Parliament determined to improve the status of women in the empire. Both women were in their mid-fifties in 1929; Atholl was married, Rathbone not.³⁰

Although challenging a long-standing "official" preference for nonintervention in religious or customary practices, Atholl and Rathbone were not without broader support. Several members of Parliament had been alerted by missionary friends to the growing controversy in Kenya; soon after the election they formed an unofficial all-party committee to investigate the matter, known as the Committee for the Protection of Coloured Women in the Crown Colonies. The committee included both M.P.s active in Labour Party pressure groups for "native rights"—Josiah Wedgwood and Ethel Bentham—and members from other parties known for their humanitarian concerns, such as the liberal Victor Cazalet, the former conservative colonial under secretary Major William Ormsby-Gore, and the young R. A. Butler. It also drew on the talents of the new women M.P.s in the House, whose numbers had tripled from four to fourteen in the 1929 election. Of the eleven members who attended the committee's meetings with some regularity, four were women: Atholl, Rathbone, Bentham, and Edith Picton-Turbervill, whose concern for women in the British colonies grew out of her own years of educational work in India.

During the winter of 1929–30, the committee devoted itself almost entirely to the subject of clitoridectomy. It took evidence from nine witnesses: five missionaries; Dr. Gilks, the Kenyan government's director of medical services; Dr. Louis Leakey, the noted anthropologist; William McGregor Ross; and Johnstone Kenyatta, who was temporarily in England as the representative of the Kikuyu Central Association.³¹ On the third of December, a deputation of Atholl, Wedgwood, and Rathbone urged Sidney Webb to form

³⁰ For biographical information, see Katherine, Duchess of Atholl, *Working Partnership* (London, 1958); S. J. Hetherington, *Katherine Atholl, 1874–1960: Against the Tide* (Aberdeen, 1989); Mary D. Stocks, *Eleanor Rathbone: A Biography* (London, 1949); Beverly Parker Stobaugh, *Women and Parliament, 1918–1970* (Hicksville, N.Y., 1978).

³¹ Wedgwood acted as the chairman, Atholl as the vice-chairman, and Butler as the secretary. No records of the committee survive in the papers of these three, but typed minutes of meetings survive with other material relating to the condition of women in Africa in the Rathbone Papers (n. 6 above), XIV.2.1. Other committee members were Sir Robert Hamilton, Major R. Ross, and Major Graham Pole.

a select committee to discuss the problems raised by their evidence. Webb declined, but he urged the committee to continue its own investigations.³²

Supported though they were by sympathetic members, one must appreciate the courage of Atholl and Rathbone. Women had been members of Parliament for only ten years, and certainly subjects like genital mutilation were far from usual topics for their speeches.³³ Yet Atholl began her speech on December 11 with a description of the content of the “pre-marriage rite”—its pain, public character, and risk to health—and an implicit challenge to the usual label of “female circumcision.” “The term applied to it is totally inadequate to give an idea of what it means,” she said:

Our Committee has been assured by medical men, and by missionaries who have attended these women in hospital and in their homes, that the rite is nothing short of mutilation. It consists of the actual wholesale removal of parts connected with the organs of reproduction. . . . A medical man told us that the operation leaves great scarring, contraction, and obstruction; natural eliminating processes are gravely interfered with, and there is reason to believe that much blood poisoning results. The obstruction causes terrible suffering at childbirth, and the first child is rarely born alive.

The current government policy of working to encourage a “less severe” form of the operation was not adequate, for how could one enforce such restraint? Surely the government should work to persuade people to abandon the operation entirely.³⁴

Atholl had been speaking for some time, and without apparent opposition, when she was interrupted. The interrupter was James Maxton, the popular Independent Labour Party leader, who broke in to question “whether the Noble Lady is entitled to deal with what seems to be a special interest of her own” during a debate “of a very wide nature.” Although the relevance of Atholl’s speech was defended by other M.P.s, Maxton persisted with his objection. He had just begun to say that even if her speech was within the scope of the motion, there was “in these things a certain perspective” which would, presumably, have justified their suppression, when Rathbone—never one to mince words—shouted at him, “Women do not count!” Atholl took advantage of Maxton’s confusion to continue her speech. “I regard this custom of the mutilation of girls as practiced in Kenya among the Kikuyu as even more injurious to the race than suttee,” she stated; surely the House that

³² Rathbone Papers, XIV.2.1 (15), Memo to Passfield from the Committee, n.d.

³³ For the difficulties faced by women entering the hitherto all-male reaches of the House of Commons, see Brian Harrison, “Women in a Men’s House: The Women M.P.s, 1919–1945,” *Historical Journal* 29 (1986): 623–54.

³⁴ *Parliamentary Debates* (Commons), 5th ser., vol. 233 (December 11, 1929), cols. 600–603.

prohibited suttee more than a hundred years ago could also end clitoridectomy. Nor ought the British to be “more backward in our standards” than the African Christians who were themselves beginning to oppose the practice.³⁵ Eleanor Rathbone, who spoke after Atholl, reminded the House of its long opposition to slavery and urged it to extend its solicitude to African women whose relationship to their husbands, she argued, often precisely mirrored that condition.³⁶

In his response to this opening salvo, Shiels insisted on his own detestation of the practice of circumcision. While pointing out “the difficulty of interfering with such traditional customs,” he stressed Webb’s concern to monitor the practice of clitoridectomy and, insofar as possible, to moderate it.³⁷ Furthermore, if we look behind the official response to the private correspondence involving Shiels, Webb, Grigg, and the colonial civil servants, we find some evidence of a real intent on the part of several prominent M.P.s and the government to attack the practice head-on. Ormsby-Gore, for example, wrote privately to Shiels in late December that “whatever the attitude of particular missions on moral grounds the time has come when the Government of Kenya as Government should publicly commit itself to the extermination of a native custom that is barbarous, intolerable in a British colony, and harmful to health and the race. It should tell the Kikuyu in unmistakable terms that unless the Chiefs and Councils put down the practice the Government will use its full authority to intervene and end it.”³⁸ At this point, Shiels seems to have agreed that entire abolition was preferable to the virtually unverifiable policy of encouraging a restriction in the degree of cutting. The same view found its way

³⁵ *Ibid.*, cols. 603–6.

³⁶ *Ibid.*, cols. 606–8. Rathbone’s speech followed closely the arguments made by Nina Boyle of the Women’s Freedom League in the first of several articles on the condition of women in the colonies (see C. Nina Boyle, “Slavery,” *Woman’s Leader* 21, no. 32 [September 13, 1929]: 240; Rathbone Papers, XIV.2.1. [25], Nina Boyle to Eleanor Rathbone, December 20, 1929). It should be noted that the leaders of the Anti-Slavery Society disagreed quite vehemently with Boyle’s (and hence Rathbone’s) claim that the system of *lobola*—or bride-price—was akin to slavery, saying that Boyle was “obsessed by the one idea of the enslavement of women and altogether blind to anything that can be said on the other side” (Rhodes House, Oxford, Anti-Slavery Society Papers, MSS Brit. Emp. S19, D1/29, Travers Buxton to C. Spicer, September 17, 1929). The anthropologist Louis Leakey similarly warned against ignorant British interference with the custom of *lobola*, arguing that it was a form of insurance that acted to protect women from ill-treatment by their husbands (Rathbone Papers, XIV.2.1 [14], Evidence of Mr. Leakey, February 10, 1930).

³⁷ *Parliamentary Debates* (Commons), 5th ser., vol. 233 (December 11, 1929), cols. 612–13. See also Shiels’s answers to Atholl’s parliamentary questions on December 11, 1929 (cols. 442–43), December 13, 1929 (col. 844), and December 23, 1929 (col. 1948).

³⁸ PRO, CO 533/392/10, Ormsby-Gore to Shiels, December 23, 1929.

into Webb's official dispatch to Grigg two weeks later. "I cannot but feel that the object to be aimed at should be quite definitely the total abolition of the practice in any form whatever," he wrote; could the governor take action to that end?³⁹

The governor could not; and, as we shall see, by late 1930 Sidney Webb no longer wished him to do so. Within a year, the clitoridectomy controversy had been contained, without any real attempt on the part of the government to eliminate or modify the practice. What sapped the will of the Labour party and ran the M.P.s' campaign aground? If we look further at the progress of the controversy in Britain, we find that two factors—the crosscutting allegiances of nation and empire, and the unbreakable silence among all parties about the underlying issues of sexuality and sexual response—proved instrumental in its containment.

III. THE FIRST PROBLEM: NATIONALISM CUTS BOTH WAYS

The circumcision controversy left the Labour government on the horns of a dilemma. On the one hand, they wished to recognize the legitimacy of African political aspirations; on the other, they hoped to conduct foreign policy along humanitarian and moral lines. But what were they to do if the two aims came into conflict, if representative African organizations won popularity by championing rituals that "humanitarians" found indefensible, and if the British enforced "humanitarian" reform through draconian political repression? Labour politicians tried to solve this problem by persuading the Kikuyu Central Association to give up its support of clitoridectomy; in other words, they attempted to dissociate popular nationalism from the defense of prevailing cultural or sexual practices. Drummond Shiels made this strategy explicit when he proposed that he should perhaps meet Kenyatta himself, "since his organisation is evidently making this a question of Kikuyu patriotism." Kenyatta's defense of clitoridectomy could, he felt, "be sublimated into a willingness for abolition in the interests of the race, if it were properly put."⁴⁰

Shiels did in fact see Kenyatta at the House of Commons in late January of 1930 and attempted to win him over. As a medical doctor, he emphasized that the growth of scar tissue following clitoridectomy would make childbirth difficult and dangerous. He also explicitly stated that adherence to clitoridectomy was unlikely to further the KCA's nationalist ambitions. "You must take

³⁹ PRO, CO 533/392/11, Shiels's note on Atholl's parliamentary question of December 23, 1929, and 533/392/10, Secretary of State for the Colonies to the Governor of Kenya, no. 26, January 8, 1930.

⁴⁰ PRO, CO 533/392/11, Shiels's note on Atholl's parliamentary question of December 23, 1929.

care,” he told Kenyatta, “that the expressions of your attachment to your country do not bring discredit upon it and you.” Kenyatta—who had the previous day warned against “any attempt to coerce my people by ‘force majeure’ ”—responded mildly that, while people had resented the moralism of the missionaries’ campaign, they would probably be willing to hear about the medical hazards of the practice from government doctors.⁴¹ Shiels and Webb both considered the meeting a considerable success and wrote to Grigg of their hopes for both a gradual abolition of clitoridectomy and the taming of the KCA. Shiels insisted that with “careful handling” Kenyatta and the KCA could become responsible participants in the constitutional process, and he urged Grigg to pursue such a strategy.⁴²

Grigg, however, had no intention of nursing the ambitions of the KCA. Just about the time Shiels saw Kenyatta, Grigg telegraphed Webb, warning him that British sympathy with the KCA was being exaggerated in Kenya for seditious purposes and requesting unequivocal support for his own government and the constituted Native Councils.⁴³ Grigg’s request was echoed more bluntly by the community of Kenyan settlers, who in letters and visits to the Colonial Office made known their opinion that the root of the problem was, quite simply, the interference of a lot of “ignorant” and “mischievous” missionaries and politicians, who had no notion of the danger and futility of interfering with the deeply held customs of a “savage black race.” Put simply, many committed to white hegemony in Kenya had little desire either to

⁴¹ PRO, CO 533/395/6, “Record of an Interview Accorded by Dr. T. Drummond Shiels . . . to Mr. Johnstone Kenyatta . . . January 23rd, 1930,” and 533/384/9, “Dr. Shiels’ Interview with Mr. Kenyatta, 23 Jan. 1930.” See also PRO CO 533/394/10, Kenyatta to Webb, January 22, 1930.

⁴² PRO, CO 533/394/10, Passfield to Grigg, February 1, 1930, Shiels to Grigg, February 6, 1930, and Passfield to Grigg, February 6, 1930.

⁴³ *Ibid.*, Grigg to Passfield, January 20, 1930. One of the main factors that poisoned the relationship between Grigg and Sidney Webb was their sharp and continuous divergence over the proper way for the government to deal with the KCA. The Colonial Office under Webb insisted that the KCA was, essentially, a “safety valve” and could be judiciously guided. Grigg, by contrast, saw the group as a collection of brigands and extortionists breaking the law. By the spring of 1930, the correspondence between Webb and Grigg had become at once formal and hectoring, with Webb lecturing Grigg on the paramountcy of native interests and Grigg retorting that wild shifts in policy certainly made his work no easier. To Sir Samuel Wilson, the permanent secretary at the Colonial Office and a personal friend, Grigg complained that: “I feel as if I were a candidate for an Honours Degree in Political Science and the S[ecretary] of S[tate] my tutor. I am afraid that he does not think me very likely to get anything better than a third.” For this conflict, see PRO, CO 533/398/11, Parkinson, Note of April 10, 1930 on Grigg’s dispatch of March 21; Grigg Papers (n. 16 above), pt. 7, Passfield to Grigg, May 1, 1930, Grigg to Passfield, May 30, 1930, and Grigg to Wilson, May 31, 1930.

combat clitoridectomy or to purge nationalism of its sexual content. Rather, they read both the practice and the KCA's support as further evidence of Kikuyu "barbarism" and hence as another justification of white rule. They also worried that, should the government attempt to interfere with Kikuyu women, Kikuyu men would vent their rage on white women. Any attempt to put down the practice, they contended, would quite possibly lead to a "serious native rising," with violence directed against white women.⁴⁴ An elderly woman missionary known for her opposition to clitoridectomy had been found murdered on January 3, 1930, with vaginal wounds suggesting an attempt at "circumcision," and Grigg warned Webb that further violence could only be prevented if there were a "clear demonstration that in no quarter of Parliament is there any sympathy with [the] general challenge of Kikuyu Central Association to [the] authority of the chiefs and Government."⁴⁵

If Grigg and the settlers found the prospect of transforming the KCA into a legitimate "civilized" national body less than appealing, the KCA's leadership in Kenya did not seem particularly interested in the prospect either. The circumcision issue was "useful" to the KCA precisely because it *could* be read as a political conflict uniting all Kikuyu against the combined forces of British imperialism. The KCA thus ironically shared Grigg's propensity to minimize the religious and social aspects of the revolt and played an important role in constructing the "dominant" political interpretation of the conflict. Their description of the mission rules as "laws" reflected their refusal to accept British claims that the missions were distinct from the government; similarly, they dismissed any African sympathy for the missions' campaign as pro-British lackeyism. Their strategy was aimed less at altering Grigg's policy than at convincing the London government to break with the political status quo in Kenya entirely. Thus they interpreted Shiels's interview with Kenyatta not as the admonition and "guidance" Labour had intended, but as a sign that the British government recognized the Kikuyu Central Association as the legitimate representative of the Kikuyu people and

⁴⁴ See settler letters in PRO, CO 533/398/11, A. Loch to Colonial Office, received July 5, 1930, and Brig. Alex G. Arbuthnot to Colonial Office, April 5, 1930. See also PRO, CO 533/395/6, Secret memo by Parkinson about a visit from H. L. R. Watt [March 1930].

⁴⁵ PRO, CO 533/394/10, Telegram, Grigg to Colonial Office, January 20, 1930 and clippings from *The Times*, January 6, 1930, February 18, 1930. For the coroner's report on the woman missionary's death, see PRO, CO 533/394/11, "Inquest . . . in regard to the death of Miss Hulda Jane Stumpf . . . on the night of Jan. 2/3, 1930," Kijabe, January 20, 1930. Murray (n. 2 above) emphasizes that the results of the inquest were inconclusive, that they could show neither brutal circumcision nor terrible mutilation, and that the death was due to suffocation; nevertheless, Miss Stumpf's broken nose, lacerations, and the presence of much blood all suggest an intent to inflict some grievous hurt (pp. 149–50).

intended to repudiate the institutions of “indirect rule” managed by Grigg. Furthermore, although the KCA’s acting president defended initiation as a “deeply ingrained” custom of the Kikuyu, with “a definite place in their social, economic and moral life,”⁴⁶ the championing of the custom by those identified with “modernity” rather than “tradition” endowed this ostensibly timeless and immutable practice with new, and highly political, meanings. “Tradition” was redefined; and, in a final ironic twist, some of the non-Christian Kikuyu leaders recognized by the British as the defenders of Kikuyu customs supported the missions’ attack on “pagan rituals” in the hopes of defeating the KCA’s challenge to their authority.⁴⁷

Perhaps a second reason for the difficulty of disentangling nationalism from sexuality, and hence for the failure of Labour’s strategy, was that the KCA’s defenders in Britain, quite as much as their opponents in Kenya, found it far easier to support their politics by appealing to sexual customs or preying on sexual fears than to dissociate the politics of nation from questions of women’s rights. The usual left-leaning defenders of the political rights of African peoples—Leonard Woolf, William and Isabel McGregor Ross, and Norman Leys—mobilized early in 1930 to defend the Kikuyu from interference in their customs; in doing so, however, their scrupulous rejection of claims to cultural superiority soon shaded into a trivialization of the practice itself. Thus Woolf described clitoridectomy only as an “eminently religious custom,” while Norman Leys insisted that the medical case against it had been “ridiculously exaggerated.” They also questioned the good faith of feminists and humanitarians campaigning against the practice, charging them with a prurient desire for “atrocities to wallow in.”⁴⁸

The particular purchase threats of sexual violence had even for anti-imperialist men was vividly displayed in the letter written by William McGregor Ross to Shiels in early February, especially in comparison with his wife’s letter of that same month. While Isabel Ross questioned the depth of knowledge of British women campaigners and pointed out that African

⁴⁶ PRO, CO 533/394/11, Jesse Karioki, acting president, KCA, to the *East African Standard*, January 31, 1930. The most famous defense of clitoridectomy on traditional grounds was also written by Kenya’s most prominent nationalist. Jomo Kenyatta defended clitoridectomy as a central Kikuyu custom in *Facing Mount Kenya* (1938; reprint, London, 1953), although he claimed that only the “tip” of the clitoris was removed. Murray disputes the accuracy of Kenyatta’s description of the rite (pp. 18–19, 22).

⁴⁷ Sandgren, “Twentieth Century Religious and Political Divisions” (n. 11 above), p. 201.

⁴⁸ These points emerge in letters sent to the Colonial Office in January and February of 1930 (see PRO, CO [n. 1 above] 533/392/10, Leonard Woolf to Shiels, January 13, 1930, and 533/394/10, McGregor Ross to Shiels, February 2, 1930, and Norman Leys to Shiels, February 18, 1930).

women suffered “in the long run much more” from poor education and the forced labor system, she made no attempt to minimize the seriousness of the practice of clitoridectomy.⁴⁹ In McGregor Ross’s letter, by contrast, clitoridectomy was described as a “time-honoured practice,” while his defense of “native rights” quickly became a defense of African men’s rights to control Black women. A real government attack on the practice would entail “the wholesale examination of the sexual organs of Kikuyu young women,” and he warned that “the Kikuyu are not such worms as to tolerate wholesale interference in their women by Government.” Ross did not seem aware that this sentence identified “the Kikuyu” exclusively with Kikuyu *men*; he also seemed to feel that men’s defense of “their women” against government interference was a sign of their manliness and, hence, of their worthiness as citizens of the incipient Kikuyu nation.

Yet Ross’s definition of national self-determination as constituted through men’s control over women was not applied only to Kenya. Just as he defended African men’s control of “their women,” so too his critique of British policy expressed itself in fears that government indiscretion would undermine white men’s ability to protect and control white women. In terms indistinguishable from those used by the Kenyan settlers, Ross warned that, should the government proceed with its campaign, “there is at least a possibility that the local Government might be faced with a rising on a savage scale, with possibilities of rape, murder or circumcision of white women on scattered farms. No white woman or girl would feel safe.”⁵⁰ The safety of white women, he implied, was contingent on recognition of Black men’s rights over Black women. Since clitoridectomy was widely supported by African women as well as men, Ross’s characterization was more than a little inaccurate. It was enough, however, to frighten Sir Cosmo Parkinson, then the head of the East African Department in the Colonial Office, who noted on Ross’s letter that the government was not contemplating anything more than some propaganda by medical officers.⁵¹

The controversy over clitoridectomy divided the Kenyan settlers and politicians from the Labour government, but it also split Labour loyalists among themselves. Although the political aims of groups hostile to the government’s proposed campaign could not have been further apart, we have seen that they shared an understanding of the issues at stake in the attempt to dissociate nationalist ambitions from issues of sexual order. Clitoridectomy, and the British campaign against it, were contentious issues partially because some men divided by political allegiance and even race nevertheless accepted that the right to speak for women of one’s own race and culture was a central

⁴⁹ PRO, CO 533/394/10, Isabel Ross to Shiels, February 18, 1930.

⁵⁰ *Ibid.*, McGregor Ross to Shiels, February 2, 1930.

⁵¹ *Ibid.*, Comment by Parkinson, February 3, 1930, on Ross’s letter.

and ineradicable component of male political rights. And even those opposed to the political goal of self-rule were willing to concede this sexual prerogative—provided, of course, that recognition of rights over women of one's own race was understood to preclude any "poaching" among women in the brother's camp.

Attention to the similarities in the rhetoric employed by settlers and anticolonialist radicals can show how men's anxieties about sexual control were exploited to sustain both imperialist and anti-imperialist politics. In leaving aside the opinions and activities of both Kikuyu and British women, however, such a focus could imply—wrongly—that the campaign against clitoridectomy failed because of masculine opposition alone. For nationalism is not only a concern of men. As Cora Ann Presley has shown, many Kikuyu women in the interwar period identified their interests firmly with those of Harry Thuku and other proto-nationalist leaders; the identification of clitoridectomy with anticolonial resistance could only have made the practice more meaningful for women opposed to the government's labor and pass laws.⁵² Similarly, and even more problematically for our story, the call of national interest and imperial stability fragmented the loyalties of British women activists. Rathbone and Atholl had little sympathy for the KCA's political claims and none at all for its defense of Kikuyu "custom." At times, then, it was not altogether clear whether the demise of clitoridectomy or the defeat of the KCA was perceived as the greater good. Soon after her Commons address, Atholl wrote to Ormsby-Gore expressing worry that further parliamentary debate might play into the hands of the KCA and, on his advice, began corresponding directly with Shiels.⁵³ Throughout the following year, and in spite of her affiliation with the opposition Conservatives, Atholl was taken into confidence by the Colonial Office.

By the late spring, having received a number of reports from Grigg, the KCA, and anticolonialists in Britain, the government became aware that the costs of intervention would not be trivial—and their interest in containing, rather than pursuing, the matter grew proportionally. The office's civil servants thus became rather worried that Atholl would go public about their shifting position and lack of enthusiasm, but in the end their reliance on the judicious sharing of ministry documents was justified. As Atholl became aware of the difficulties involved in doing anything at all, her privileged access to information made it more rather than less easy for civil servants to muzzle and manipulate her (as their very explicit memos concerning her

⁵² Cora Ann Presley, "Labor Unrest among Kikuyu Women in Colonial Kenya," in *Women and Class in Africa*, ed. Claire Robertson and Iris Berger (New York, 1986), pp. 255–73.

⁵³ PRO, CO 533/392/10, Atholl to Ormsby Gore, undated, probably December 21, 1929, and Ormsby Gore to Shiels, December 23, 1929.

campaign make clear).⁵⁴ In July of 1930, for example, Atholl renounced her plan to place a further parliamentary question on the issue, and Shiels gratefully sent her more confidential material.⁵⁵ In the end it was the Duchess of Atholl, rather than the KCA, who proved susceptible to the Colonial Office's "careful handling."

IV. THE SECOND PROBLEM: PROTECTING THE SUPERFLUOUS

If the first problem faced by British campaigners was, in a sense, the difficulty of resisting a seductive identification with the "national body," the second was the entirely different dilemma of imagining a way to defend a "thing"—the clitoris—that was, in the august corridors of the Colonial Office, "unspeakable." Yet this problem took some time to become apparent and to immobilize their campaign, for Atholl, Rathbone, and their colleagues did have an available rhetoric of maternalism and "racial hygiene" in which to couch their disapproval of clitoridectomy. In time, however, and when they confronted an alleged distinction between the "brutal" radical operation and "simple clitoridectomy," the limits of maternalist rhetoric became apparent. How could one oppose "simple clitoridectomy" without discussing sex? The failure to resolve this dilemma reveals both the difficulties of feminist activism in the interwar period and a virtually unfathomable degree of ignorance and silence about women's sexual response.

When Atholl and Rathbone first raised the issue of sexual mutilation in the Commons, they did not attack clitoridectomy by name but rather focused on a "pre-marriage initiation rite," which amounted to "actual mutilation" only in its "brutal form." In doing so, they implicitly endorsed a reproductive framework for the clitoridectomy issue that dated back at least four years. In its ineffectual circular against the practice in 1926, the Kenyan government distinguished clearly between a "brutal form" of clitoridectomy, which also involved the removal of the labia minora and half of the labia majora, and clitoridectomy itself. While the former was claimed to cause such severe scarring as to interfere with childbirth, sexual intercourse, and even menstruation, the latter was dismissed as "a simple operation unlikely to be followed by any serious effects." Prohibiting both practices would lead to "sullen and resentful opposition," the circular predicted, but the population could perhaps be induced, "in the interests of humanity, native eugenics, and increase of population, to revert to the milder form of the operation, which is indeed more

⁵⁴ PRO, CO 533/394/11, Comments by civil servants on Kenya no. 154, November 6, 1930, esp. Eastwood's minute of December 8, and Parkinson's minute of December 15.

⁵⁵ *Ibid.*, Atholl to Shiels, July 3, 1930, and Shiels to Atholl, July 14 and 31, 1930.

in keeping with ancient tribal usage.’⁵⁶ No evidence was given of the existence of any “milder form”—much less of its “traditional” character—but this distinction between a “brutal” form harmful to reproduction and “the race” and a “simple” form damaging to neither, patterned all subsequent discussion of the government’s role.

This maternalist rhetoric was effective, at least in a limited sense. It was the graphic descriptions of the effects of the “brutal form” on childbirth—of children released only by cutting through the scar tissue around the vagina—that convinced extraparliamentary feminist organizations to raise the matter publicly and that galvanized the British government into contemplating state intervention in “native customs.”⁵⁷ The government of Kenya was about to replace the old Indian Penal Code—surely a propitious moment to move against the practice of “female circumcision.” In a detailed memorandum to Webb, Grigg reported that the Supreme Court had interpreted the code in such a way as to make it impossible to convict any operator of grievous hurt even in a radical operation, provided the girl consented. Yet should a person be permitted to consent to his or her own maiming? Grigg thought not, and recommended that the new code be amended so that the “brutal operation” would fall within the definition of a “maim.” Consent, then, would no longer be a defense against prosecution for such maiming.⁵⁸ In April of 1930, Passfield agreed to this course of action.⁵⁹

Yet while a concern for reproduction and for public health convinced Grigg of the need to limit the extent of cutting, it did nothing to combat clitoridectomy itself. After all, the simple removal of the clitoris did not affect a woman’s capacity to give birth, and the medical establishment in Britain seemed unable to imagine any other arguments against the practice. Even Dr. Gilks, the director of medical services in Kenya, told Atholl’s committee that although he himself would not countenance the performance of clitoridectomies by his staff, the operation itself was “relatively innocuous.”⁶⁰ In a statement prepared for the

⁵⁶ PRO, CO 533/392/1, Circular no. 28, August 23, 1926.

⁵⁷ British feminist organizations, including the British Commonwealth League and the National Union of Societies for Equal Citizenship (NUSEC), paid far more attention to colonized women’s legal status in 1930 than to the practice of clitoridectomy; nevertheless, concerns about the latter were voiced at a conference on domestic slavery in the British Empire, held at Caxton Hall on February 12, and in a memorandum on “The Condition of Women of the Coloured Races in British Colonies and Dependencies,” drawn up by NUSEC. See Isabel Ross’s account of the Caxton Hall meeting in PRO, CO 533/394/10, Isabel Ross to Shiels, February 18, 1930; also, “Women of the Coloured Races,” *The Woman’s Leader* 22, no. 24 (July 18, 1930): 183–84.

⁵⁸ PRO, CO 533/394/10, Grigg to Passfield, Kenya no. 98, February 20, 1930.

⁵⁹ PRO, CO 533/394/11, Passfield to Grigg, April 23, 1930.

⁶⁰ Rathbone Papers, XIV.2.1 (11), Testimony of Dr. Gilks, November 1929.

government, he wrote that simple clitoridectomy “can hardly be followed by undesirable results other than might occasionally result from sepsis.”⁶¹

The Committee was confronted, then, by a curious compromise. The Government would act against the radical operation, but in such a way as to accept the insignificance of clitoridectomy itself. Sir Cosmo Parkinson explained the bargain as follows: “If a reply is sent in this sense [limiting the Government campaign to the “brutal form”], we shall be accepting the view that the simple form of clitoridectomy will be unlikely to have harmful effect, except occasionally if it give rise to blood-poisoning; and I do not see that we can, or should, contest that view. . . . On political grounds, the Department at any rate is convinced that no attempt should be made to prohibit the simple form: but whether the Duchess of Atholl will be content is another matter.”⁶² In fact, the Duchess was not content. But it was in trying to push the Colonial Office beyond this compromise that her campaign fragmented and dissolved. Three problems proved insurmountable: the divisions among feminists and humanitarians themselves; the absence of a forthright (and anatomically explicit) public rhetoric defending female sexual pleasure; and, finally, a visceral hostility among male doctors and civil servants.

The feminists and humanitarians organized in the Committee for the Protection of Coloured Women had certainly never endorsed even the “mild” form of the operation. In fact, when the committee reported to the government early in 1930, they had already recommended that any propaganda campaign against clitoridectomy “also try to wean people away from what is described as its lesser form,” since that form also “must mean great suffering and danger to health.”⁶³ But when the committee was confronted with the government’s plan to legislate only against the “brutal form,” their unanimity began to dissolve. The medical missionaries, anthropologists, and government officials consulted by the committee had expressed concern about the effects of extensive cutting on women’s childbearing capacity, but there had been little discussion of any special risks associated with clitoridectomy alone. Even the women on the committee held mixed views on this subject and were uncertain about how to proceed. Ethel Bentham shared the view that simple clitoridectomy was a “trivial” operation; Eleanor Rathbone was more concerned with practices like bride-price, which she felt restricted women’s independence.⁶⁴ This confusion of opinions and a lack of open discussion

⁶¹ PRO, CO (n. 1 above) 533/394/11, Director of Medical and Sanitary Services, “Memorandum” [1930], appended to Kenya no. 44, March 15, 1930.

⁶² *Ibid.*, Note by Parkinson on Kenya no. 44, March 15, 1930.

⁶³ Rathbone Papers, XIV.2.1 (15), Memo to Passfield from the Committee, n.d. (between February 10 and March 8, 1930).

⁶⁴ PRO, CO 533/394/11, Bentham’s opinions were recounted by Atholl in a letter to Shiels, December 23, 1930; I am extrapolating Rathbone’s from her speeches in the Commons and statements in evidence.

isolated Atholl, leaving her with the formidable task of constructing a case against the “minor” operation.

Atholl, to her credit, did try to do this. In November of 1930 she told Shiels that she found it “difficult to regard even the lesser form of the operation as ‘comparatively trivial,’ ” although the lack of unanimity on her committee forced her to admit that she was “only voicing [her] personal feelings.”⁶⁵ She began, however, to speak to other medical women about the question, and one month later she confronted Shiels with “expert” confirmation that clitoridectomy was “by no means so small a matter as Dr. Gilks’s memorandum would lead one to believe.” If the government was planning to suppress the operation, she did “not feel at all happy at a wording which does not include clitoridectomy.”⁶⁶

But when Atholl tried to explain her “unhappiness,” she found herself tongue-tied. The clitoris has no functions save that of sexual pleasure; as Gayatri Spivak writes, it “escapes reproductive framing.”⁶⁷ Its excision is not hazardous for childbirth; indeed, if the subject of sexual pleasure is inadmissible, clitoridectomy seems no different or worse than scarification. Bluntly, there is no way to oppose clitoridectomy without discussing sexual response. Yet this was precisely what Atholl was unable to do, except in the most euphemistic terms. Even the women doctors she interviewed, both at this point and later, were willing to state only that the clitoris was “an extremely sensitive part” and “very richly supplied with sensory nerves,” so that “its excision must be accompanied by intense pain” and would result in “a severe mental shock and sexual trauma.”⁶⁸

⁶⁵ Ibid., Atholl to Shiels, November 18, 1930.

⁶⁶ Ibid., December 23, 1930.

⁶⁷ Gayatri Chakravorty Spivak, “French Feminism in an International Frame,” in *In Other Worlds: Essays in Cultural Politics* (New York, 1988), p. 151. The difficult and sensitive question of initiated women’s sexual response is best approached through the writings of African women health professionals; two excellent studies are those by Olayinko Koso-Thomas, *The Circumcision of Women: A Strategy for Eradication* (London, 1987); and Raqiya Haji Dualeh Abdalla, *Sisters in Affliction* (London, 1982). Koso-Thomas questioned 140 circumcised women in Sierra Leone and found that although some experienced sexual desire and pleasure, none experienced orgasm. She also found a high incidence of medical difficulties traceable to clitoridectomy. Abdalla’s conclusions were similar; on an encouraging note, however, she found that while “everybody is reluctant to break through the established institution and tradition connected with this custom and no one dares to be the first to abolish it,” a majority nevertheless thought it should be abolished (p. 94). By contrast, Hanny Lightfoot-Klein’s recent study of the Sudan, Kenya, and Egypt underscores the extreme medical and sexual problems endured by initiated women but contends (on the basis of the author’s extensive interviews) that “circumcised” women could and did experience orgasm (*Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa* [London, 1989]).

⁶⁸ PRO, CO 533/394/11, Atholl to Shiels, December 23, 1930; PRO, CO 533/407/14, Violet Kelynack, Medical Secretary, Medical Women’s Federation to Atholl, February 23, 1931 (sent to Shiels, March 11, 1931).

Nothing so debilitated the campaign against clitoridectomy as this silence about women's sexual response. Neither the women M.P.s, nor the Labour intellectuals, nor the British medical establishment thought it possible or relevant to mention the effects of the operation on women's sexual pleasure. Indeed, in the entire debate over clitoridectomy, I have found only one such statement, and even in this case this transgressive opinion was surrounded by a formidable protective casing denying much of its power. It was Dr. Arthur and his fellow male mission doctors, in their blunt "Brief Statement in Non-technical language regarding the Medical aspects of Female and Male Circumcision and Clitoridectomy," who wrote: "Although this organ is not, as is erroneously supposed, the main seat of sexual gratification, it certainly contributes to this, which makes its unnecessary excision all the more indefensible."⁶⁹ Weak as this statement was, it was the only defense of women's sexual pleasure made during the entire controversy.

Hesitation and euphemism on the part of the committee left the Colonial Office free to counterattack with ridicule and "expertise." When Atholl requested that the opinions of the Women's Medical Federation (WMF) be heard on the issue, Dr. Stanton, the medical advisor to the Colonial Office, retorted that "the technical aspect of the matter is I think quite clear and there is no need to seek advice from the B.M.A. [British Medical Association] or the W.M.F. who know nothing whatever about it."⁷⁰ And in discrediting the seriousness of the practice, colonial administrators exploited a rhetorical invention even older than the distinction between the "minor" and "brutal" forms. This was the term "female circumcision" itself.

Few analogies are more spurious than that of clitoridectomy to male circumcision, yet civil servants and even doctors out to justify inaction deliberately invoked this false analogy. Norman Leys, concerned to defend the validity of Kikuyu customs, thus expressed doubts about whether the practice was any more likely to produce "bad result[s]" than male circumcision had been in the days before antiseptic.⁷¹ Similarly, when the Duchess of Atholl sent on to the Colonial Office her reservations about the government's tolerance of "simple clitoridectomy," Dr. Stanton claimed that "it is as though she were advised that the rite of male circumcision among Jews in this country should be made a penal offense."⁷² The very use of the term "female circumcision" condemned its opponents—then as now—to the

⁶⁹ PRO, CO 533/418/2, appendix to the CSM, "Memorandum," (n. 4 above).

⁷⁰ PRO, CO 533/394/11, Comment by Dr. Stanton, January 5, 1931, on Atholl's letter of December 23, 1930.

⁷¹ PRO, CO 533/394/10, Norman Leys to Shiels, February 18, 1930.

⁷² PRO, CO 533/394/11, Comment by Dr. Stanton, January 5, 1931, on Atholl's letter of December 23, 1930.

absurd task of refuting a presumed medical and physiological commensurability with male circumcision.⁷³

The divided and (on some questions) inarticulate committee members were no match for self-confident experts wielding a useful lie. As a result, the “official” campaign continued to tie a genuine revulsion against the “brutality” of the “major operation” to a blithe dismissal of clitoral excision as an “innocuous” practice. The central “silence” holding this curious blend of opinions in harmony was the exclusion of all knowledge or consideration of women’s sexual response. Only with the erasure of the very idea of women’s sexual pleasure could clitoridectomy be described as analogous to the circumcision—rather than the amputation—of the penis. Since a positive statement of female sexual pleasures and rights was beyond the powers, and possibly the knowledge, of most of those campaigning against clitoridectomy, at no point did this linkage fracture and the sexual function of the clitoris become “speakable.”

This inability to articulate a public defense of women’s sexuality helps us to understand the limitations of the M.P.s’ campaign, but it also serves as a lens through which to focus some of the sexual presumptions of British society. How can one explain the ease with which most of the white participants in the controversy labeled clitoridectomy a “trivial” practice? On the most transparent level, one could argue that participants’ opinions merely reflected their own sexual knowledge—a claim easy to sustain in the case of Atholl, whose perturbation about “simple clitoridectomy” seems clear evidence of her personal sexual experience. But if we can read activism as a sign of sexual awareness, the reverse does not hold: sexual and anatomical ignorance surely cannot be attributed to the entire array of medical doctors, colonial civil servants, and politicians who met Atholl’s revelations with indifference, hostility, or ridicule. Shiels, Bentham, Gilks, and Stanton—medical doctors all—certainly should have known better.

But the matter is not so simple. Private “knowledges,” after all, are profoundly tempered and constrained by public rhetorics. There is a differ-

⁷³ The Church of Scotland Mission, e.g., felt compelled to refute explicitly the analogy with male circumcision; in their own writing, they substituted the more precise term, “sexual mutilation” (PRO, CO 533/418/2 CSM, “Memorandum” [n. 4 above], esp. p. 1). Unfortunately, virtually all historians have continued to use the term “female circumcision,” while Robert B. Edgerton, in his recent book on Mau Mau, once again implies an equivalence with male circumcision by noting that “for reasons that remain obscure, the church did not object to the Kikuyu practice of circumcising teen-aged boys, but it regarded the circumcision of adolescent girls as barbaric” (*Mau Mau: An African Crucible* [New York, 1989], p. 40). Even Murray (n. 2 above), in her otherwise excellent dissertation, not only stresses the virtual identical social meaning of male and female circumcision in Kikuyu culture but also points to the physical “equivalence” of the two operations and, hence, elides the problem of their incommensurate medical and sexual consequences (p. 10).

ence, and a real one, between “knowing” something theoretically and finding it meaningful for one’s own life; a further gulf divides one’s own private experiences from the capacity for their public expression. The question was not simply what our post-Victorians “knew” (personally or professionally) but, rather, whether they could express that knowledge in ways compatible with contemporary assumptions about sexual life. It is only when we examine the discourse of female sexuality in the twenties that it becomes clear why most of the actors in our drama found the issue of clitoridectomy more than they could bear.

For while both medical science and the newer movements for sex reform recognized the existence of female sexual desire and response, both described sexuality in ways unhelpful to our campaigners. As Thomas Laqueur has shown, medical knowledge of the clitoris’s sexual function was continuous across the nineteenth century, and standard medical textbooks through the 1930s describe the clitoris frankly as an erectile organ, the “homologue” of the penis.⁷⁴ Yet medical awareness of female sexual response went hand-in-hand with medical anxiety about the debilitating moral and physical effects of masturbation. True, few recommended such extreme “treatments” as clitoridectomy (for which Isaac Baker Brown was expelled from the Obstetrical Society in 1867); most agreed with Henry Macnaughton-Jones, thrice president of the British Gynecological Society, that masturbation should be combated only through “judicious moral means.”⁷⁵ Nevertheless, two British surgeons admitted in their textbook of 1917 that they had themselves successfully operated on one young woman suffering from “distress and remorse at her own evil ways, which she found impossible to check.”⁷⁶

⁷⁴ Thomas Laqueur, “‘Amor Veneris, vel Dulcedo Appeletur,’” in *Fragments for a History of the Body*, ed. Michel Feher (New York, 1989), 3:90–131. See also the following anatomy and gynecology textbooks: Henry Savage, *The Surgery, Surgical Pathology and Surgical Anatomy of the Female Pelvic Organs*, 3d ed. (New York, 1880), pp. 18–19; Henry Gray, *Anatomy of the Human Body*, 21st ed., rev. Warren H. Lewis (Philadelphia, 1924), p. 1276; Daniel John Cunningham, *Cunningham’s Text-Book of Anatomy*, ed. Arthur Robinson, 6th ed. (London, 1931), pp. 1302–3; James Young, *A Text-Book of Gynecology* (London, 1921), p. 3.

⁷⁵ Henry Macnaughton-Jones, *Practical Manual of Diseases of Women* (New York, 1905), p. 4. Elaine Showalter points out that Baker Brown’s colleagues objected less to clitoridectomy itself than to his intimidation and trickery of his patients (*The Female Malady: Women, Madness and English Culture, 1830–1980* [London, 1987], pp. 75–78). On sexual surgery in America, see G. J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes towards Women and Sexuality in Nineteenth-Century America* (New York, 1976), pp. 120–32. On the Victorian medical discourse on female sexuality, see Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago, 1988), pp. 24–50.

⁷⁶ Thomas Watts Eden, and Cuthbert Lockyer, *The New System of Gynecology* (London, 1917), 1:300–301. Eden and Lockyer were both obstetric physicians at the

Doctors, it seems, remained almost as discomfited by manifestations of female sexuality as they had been in the mid-Victorian period.

By the twenties, however, both the medical establishment and “Victorian” attitudes in all forms were under attack from sexologists and psychologists seeking to develop scientific and value-free explanations for human sexual behavior. Ironically, though, in addressing women, these ostensibly emancipatory medico-sexual disciplines chased away the cobwebs of prurience only to construct new and often equally prescriptive models of “normal” sexuality.⁷⁷ Thus Marie Stopes, the most successful and representative purveyor of sexual “expertise” in the twenties, propagated a gospel of “married love” which made coition the key to sexual fulfillment for both partners.⁷⁸ Her claims spoke to a deep desire for sexual and marital compatibility, and her readers dutifully attempted to adapt their uncooperative bodies to her theories, but the physical and psychic costs of the rigidity of her model are made clear in the letters sent to Stopes by guilt-ridden wives unable to replicate her ecstasy in sexual intercourse or husbands who discovered that their wives responded sexually only to clitoral stimulation but who “religiously refrained” because of their fears of the dire medical or moral consequences of such “vice.”⁷⁹

Stopes uncompromisingly rejected the image of the asexual and reproductive woman, popularizing an ideal of mutual heterosexual and coital pleasure. A frank avowal of the centrality of the clitoris was incompatible with this ideal; indeed, it would disorder and possibly dissolve the linkage between intercourse and female pleasure central to Stopes’s—and other sexologists’—work. Since sexological discourse was the only “positive” alternative to the more repressive medical and maternalist rhetorics, small wonder women could find little “expert” support for their opinion that clitoridectomy was “not so small a matter.” This view was without authority; it remained—in Atholl’s words—only a “personal feeling.” Simply put, they could not defend the integrity of women’s bodies across cultural lines because the norms of their own culture demanded a like renunciation of “felt” sexual knowledge for a “mature” and vaginal sexuality.

Charing Cross Hospital and vice-presidents of the Obstetrics and Gynecology Section of the Royal Society of Medicine.

⁷⁷ For a tendentious but insightful critique of the misogyny embedded in the new sexual “sciences,” see Sheila Jeffreys, *The Spinster and Her Enemies: Feminism and Sexuality, 1880–1930* (London, 1985).

⁷⁸ In her enormously popular *Married Love* (1918; reprint, New York, 1931), Marie Stopes does discuss the role of the clitoris in women’s sexual pleasure, but this discussion is contained within a long rhapsodic description of the “act of union,” which, presumably, will lead to such pleasure (p. 74).

⁷⁹ See the letters in Ruth Hall, ed., *Dear Dr. Stopes: Sex in the 1920s* (1978; reprint, Harmondsworth, 1981), esp. pp. 90–91, 122–24, 126–27, 147–51, 169, 181–82.

In the end, however, the inability of women to find a name for their knowledge proved irrelevant. In September of 1930, the Colonial Office received a telegram announcing unexpected problems with the government's plans to legislate against even the "major" operation.⁸⁰ Within six months, this strategy had been abandoned and the proposed campaign against the practice entirely contained. The final stage of the controversy exposed the essential absurdity of the British strategy, but at the same time it ended the government's interest in doing anything at all.

V. RESOLUTION: THE CAMPAIGN CONTAINED

Not that Grigg had been dragging his feet: he had already begun to prepare the legislation against the "brutal" operation. In the early months of 1930, he met separately with leading missionaries, his own senior commissioners, and fellow governors of the East African dependencies and carefully explained the government's position. He told the missionaries: "It was the duty of Government to put down brutality and cruelty, and in so far as the operation known as female circumcision was brutal it should be made an offence against the law and put down accordingly. It was also the duty of the Government to protect unwilling victims against an operation of any kind. Any operation of this nature, therefore, would be illegal, even of the milder form, if it were proved that it had been carried out without consent. Beyond that, however, Government could not go."⁸¹ The missionaries agreed that they would consider it "entirely satisfactory" if the simple removal of the clitoris were allowed but all additional cutting made a penal offence. Grigg's commissioners and fellow Governors concurred, feeling that such a compromise would ensure that "the ordinary customs of the people will not be interfered with," while at the same time putting down "brutality."⁸²

Unfortunately, this felicitous resolution—and indeed the entire campaign—hinged not only on the problematic claim that "simple clitoridectomy" was not brutal but also, and more fundamentally, on the presumption that more extensive cutting was relatively rare. In the fall of 1930 Grigg discovered to his surprise what the missionaries had known all along: that "simple" clitoridectomy was virtually unknown among the Kikuyu, and that what had been dubbed the "brutal form" was in fact "the ordinary custom of the

⁸⁰ PRO, CO (n. 1 above) 533/394/11, Confidential Telegram no. 295, Grigg to Passfield, September 9, 1930.

⁸¹ *Ibid.*, "Notes of a Meeting at Government House," February 22, 1930.

⁸² PRO, CO 533/395/6, Senior Commissioners' Meeting, March 4, 1930; PRO, CO 533/394/10, Conference of Governors of the East African Dependencies, Minutes, 1930. See also Grigg's recollection of the controversy (Lord Altrincham, *Kenya's Opportunity: Memories, Hopes and Ideas* [London, 1955], p. 98).

people.” It was this discovery that sparked his warning telegram, which was quickly followed by an official dispatch with the facts. Of 374 Kenyan women examined by the Medical Department, fully 370 were “circumcised”; a mere three of these were “simple clitoridectomies.”⁸³

The proposed strategy of criminalizing the “brutal form” would thus involve the government not in putting down an unusual and excessive variant of an accepted “native custom” but, rather, in stamping out the custom itself. “Such a situation was never contemplated,” Grigg’s deputy H. M. Moore wrote to Webb, “and I feel sure Your Lordship will agree with me that in the circumstances it would be unwise further to proceed with the proposal at present.” The revelation of the seriousness of genital mutilation in Kenya thus ironically lessened government interest in doing anything about it. The Kikuyu Reserve was finally quiet, but authorities feared legislative action would set off further unrest. In an argument reviving the linkage between peaceful coexistence and a recognition of male rights, Moore argued that nothing at all should be done to feed suspicions among “the tribe” that the government intended to interfere with “their women.”⁸⁴

The civil servants who received Moore’s dispatch agreed wholeheartedly. These officials, however, were left with the difficult task of justifying inaction to a group of feminists and humanitarians who had been promised a forthright legislative attack on the “brutal operation.” What was to be done, they wondered, about the duchess, who had been taken into confidence and would certainly object to the decision not to proceed? It was Sir Cosmo Parkinson who realized that they could only continue with their previous strategy of inclusion and information sharing; essentially, they hoped that Atholl’s identification with the national body would be strong enough to survive the evisceration of her feminist aims.⁸⁵ Shiels thus wrote to Atholl on the first of January frankly revealing the extent of the major operation and explaining why legislative intervention on such a scale was impossible. The government would be forced to rely instead on a campaign of education and propaganda to combat the practice.⁸⁶

Shiels’s letter must have come as a disappointment to the Committee for the Protection of Coloured Women, which met on February 2 to discuss their response. Yet the news of the extent of the “brutal form” did have one beneficial consequence: it exposed the fictitious distinction between the “major” and “simple” operations on which government policy had been

⁸³ PRO, CO 533/394/11, Official Dispatch no. 154, H. M. Moore to Passfield, November 6, 1930, p. 2.

⁸⁴ *Ibid.*, pp. 3, 4.

⁸⁵ *Ibid.*, Comments by Eastwood, Parkinson, and Stanton on Moore’s dispatch, December 8 and 15, 1930.

⁸⁶ *Ibid.*, Shiels to Atholl, January 1, 1931.

based. Atholl had never been happy with a legislative reform that would in effect have endorsed clitoral excision as the harmless relative of a malignant cousin; at the meeting, she introduced the expert opinion of a woman gynecologist that the operation “dealt with a very sensitive part and . . . should not be described as a simple one.” After hearing such evidence, the committee was willing to abandon a strategy of selective prohibitions in preference for “an energetic campaign of education and propaganda” against the operation *in all its forms*.⁸⁷ Atholl thus informed Shiels that the committee agreed that such a campaign was preferable to any implicit sanctioning of the lesser operation, which was also “very painful” and should be seriously combated.⁸⁸

Although Shiels answered Atholl’s letter by promising that the government would oppose all forms of genital mutilation, in fact the decision to proceed by education rather than legislation rendered this opposition purely theoretical. Although Atholl came to view legal measures as impractical, she seems not to have realized that the promise of an “educational campaign” was purely strategic, a means of winning consent for the abandonment of the reform of the penal code. The civil servants who commented on Atholl’s response did not hide either their relief at the committee’s acceptance of the government’s about-face or their utter lack of interest in implementing their proposed “campaign.” One wrote: “I can see no objection to giving the assurance that ‘wherever possible’ the propaganda will include the lesser form of the operation as well as the greater. (The words ‘wherever possible’ make the assurance meaningless.)”⁸⁹

And the only thing more meaningless than the Colonial Office’s assurance was the Kenyan government’s subsequent “campaign,” which took the form of a single circular sent out to local administrative officers in May of 1931. While this circular asked administrative officers to conduct propaganda “as far as practicable” against the “milder form,” it also suggested that local councils be led to substitute “simple clitoridectomy” for more extensive cutting.⁹⁰ Since these were virtually identical instructions to those given five years earlier, and since that previous campaign had not even yielded an accurate awareness among the commissioners themselves of the extent of the “brutal form,” one can imagine the effectiveness of this new effort. By March of 1932, when the government of Kenya reported to the Colonial

⁸⁷ Rathbone Papers (n. 6 above), XIV.2.1 (29), Butler to Committee members, January 31, 1931, and XIV.2.1 (36), Crown Colonies’ Women’s Committee, Minutes, February 2, 1931.

⁸⁸ PRO, CO 533/407/14, Atholl to Shiels, February 5, 1930.

⁸⁹ *Ibid.*, Comment by Mr. Allen, February 11, 1931, on Atholl’s letter of February 5, 1931.

⁹⁰ *Ibid.*, Native Affairs Department, Circular no. 16, May 4, 1931.

Office, the campaign appeared to be entirely in the missionaries' hands and was met only by "resentment, suspicion and hostility."⁹¹ Henceforth missions would compete for influence with independent breakaway churches and schools, whose adherents believed that Christianity need not entail the repudiation of indigenous customs. Thus ended this early controversy over clitoridectomy in Kenya.

VI. CONCLUSION

The story of the clitoridectomy controversy, as I have told it here, is a difficult but illuminating one. Whatever their political and religious differences, the most knowledgeable and sophisticated participants in the controversy—especially Kenyatta, Leakey, and Isabel Ross—all agreed that British intervention was riddled with problems. Most participants expressed some concern about the reproductive—if not the sexual—consequences of clitoridectomy, and even Norman Leys agreed that the British should ensure that girls were not operated on against their will. Yet the proposal to introduce a general legislative prohibition aroused apprehension: even some missionaries recognized the danger of using "the lever of political repression to achieve a moral end." It would, Kenyatta warned, "have the very opposite of the desired effect," as people would attach "accentuated importance to the maintenance of this custom."⁹²

He was precisely right. Issues of sexual practice and sexual order proved useful vehicles for both nationalist and imperialist agendas; in the end, the linkage proved indissectable. Kikuyu patriots resistant to British rule found the defense of "traditional" rituals to be a basis for popular mobilization; white male radicals in Britain eager to support their political claims had little difficulty excusing clitoridectomy as a "time honoured practice." Since the Colonial Office's concern for African women's health was strictly secondary to their interest in the stability of imperial rule, the British government quickly backed down. This process of contestation, far from eradicating the practice, gave it new meaning, as initiation came to symbolize an attachment to an

⁹¹ PRO, CO 533/418/2, "Report on the Prevalence of Female Circumcision in Kenya in March 1932," 16 pp., typescript (April 1932), appended to Moore to Cunliffe Lister, Kenya no. 58, April 16, 1932.

⁹² The first quotation is from a letter from the Reverend H. D. Hooper, secretary of the Church Missionary Society, to the Bishop of Mombassa, quoted in Rhodes House, Anti-Slavery Society Papers, MSS Brit. Emp. S19 D1/29, Travers Buxton to Lord Craigmyle, February 15, 1930; the second is from PRO, CO 533/392/11, Kenyatta to Passfield, January 22, 1930. See also PRO, CO 533/394/10, Leys to Shiels and Isabel Ross to Shiels, February 18, 1930; Rathbone Papers, XIV.2.1 (14), Evidence of Dr. Leakey, February 5, 1930.

evolving “nation.”⁹³ And this definition outlasted the controversy itself: Wanjiku, a Kikuyu woman interviewed by Jean Davison, recalled that while mission-educated young women refused to undergo initiation, the practice was revived during Mau Mau as a way of demonstrating loyalty to Kikuyu traditions.⁹⁴ Only direct repudiation of the practice by the postindependence leaders has gone some distance to breaking the link between sexual mutilation and nationalism.⁹⁵

British men involved in the clitoridectomy controversy also assumed that political order could be maintained only if the sexual order remained stable, although their vision of “stability” was quite different. Whether defending the rights of African men to control “their women” (as in the case of McGregor Ross) or subjecting men to church discipline for failing to protect their daughters from “pagan ritual” (as in the case of John Arthur), white men construed women’s bodies as largely under the control of men. In doing so, they betrayed their own assumptions about the familial and sexual prerogatives of men but showed themselves incapable of imagining that African young women could resist or support clitoridectomy through their own volition. Their rhetoric shaped the course of government action, but it obscured the central role of the women whose bodies were, after all, the bone of contention.

For clitoridectomy had always been largely a woman’s issue. The identification of clitoridectomy as a loyalty test by both the missions and the KCA subjected young women to new pressures, but it did not make them into mere dupes. When Jocelyn Murray conducted her research in the early seventies, she found that in one area the story of the young daughter of a church elder

⁹³ Harriet Lyons, in defending anthropological studies of genital mutilations from feminists’ criticisms, also notes that the racism embedded in attacks on Kikuyu circumcision “serve[d] only to instil the custom with validating meaning within a nationalist context” (“Anthropologists, Moralities, and Relativities: The Problem of Genital Mutilations,” *Canadian Review of Sociology and Anthropology* 18, no. 4 [1981]: 512).

⁹⁴ Davison, ed. (n. 5 above), p. 44. Tabitha Kanogo also suggests that the deeply “untraditional” sexual rituals practiced during Mau Mau were invented to bind rebels—men and women—more firmly to the movement (“Kikuyu Women and the Politics of Protest: Mau Mau,” in *Images of Women in Peace and War: Cross-Cultural and Historical Perspectives*, ed. Sharon Macdonald, Pat Holden, and Shirley Ardener [Madison, Wis., 1987], pp. 85–87).

⁹⁵ Kenya has been more successful than other countries in lessening the incidence of clitoridectomy, probably both because the government of Daniel arap Moi (unlike that of Kenyatta) has taken a strong stand against the practice and because the gradual disintegration of the age-grade system (to which it was so crucial) has meant that clitoridectomy, in the words of one woman interviewed by Davison, “has no meaning nowadays—it is useless” (Wangeeci, quoted in Davison, ed., p. 121).

who defied her father and ran away from the mission dormitories to be initiated in 1932 had become a local legend—but so too had the story of her brother, who in 1940 became the first local man to marry an uninitiated woman.⁹⁶ Thus while most young women willingly held fast to rituals they found central to their identity as women, as “true Kikuyu,” and as patriots, other girls defied the taunts of their schoolmates and the pressures of their relatives to resist practices they found incompatible with their faith. These few were sorely tested by a political movement that identified them as traitors, by a judicial system reluctant to impose significant penalties for abduction and forcible circumcision, and by a British officialdom that justified its own inaction with the racist and cavalier statement that “the average native girl has not a will of her own—she is a puppet of tradition.”⁹⁷ Nor could they find real help from British women who, distant and isolated, found their own attempt to “protect” African women limited by the ridicule or apathy of civil servants and fellow politicians, by a culturally patterned reticence in speaking about sex, and by their own reluctance to jeopardize the national interest.

The difficulty of constructing feminist reforms across cultural lines and within an imperialist context are starkly revealed by this case, but such problems were endemic to interwar Western “humanitarian” campaigns. In 1927, for example, when the American feminist Katherine Mayo published *Mother India*, it was unclear whether the book was intended as an exposé of the problem of child marriage or as a paean to British rule. Similarly, while British feminists had sought political emancipation with the claim that women’s interests could not be adequately “represented” by men, they had few scruples about “speaking for” African or Indian women whom they had never consulted. Yet not all interventions were so damaging. As Barbara Ramusack has shown, some British women did learn to take seriously the advice of Indian feminists and were able to collaborate on several social reforms. Even Rathbone, after several false starts, provided some aid to the

⁹⁶ Murray (n. 2 above), pp. 204–6. Murray is unique among the historians of the controversy in Kenya in integrating women fully into her account; the question of African women’s interests and action during the controversy is best approached through her work.

⁹⁷ PRO, CO (n. 1 above) 533/407/14, Byrne to J. H. Thomas, Kenya no. 148, October 14, 1931. Missionaries found it virtually impossible to force judges to take a strong stand against circumcision, not only because the latter sometimes failed to treat the crime seriously (in one notorious case, a judge compared forcible circumcision to a barber bobbing hair without consent) but also because cases tend to turn on the ability of the young woman to prove she had “resisted” (see Rathbone Papers [n. 6 above], XIV.2.1 [19], John Arthur, “A Kiambu Circumcision Ceremony” *East African Standard*, August 17, 1929; PRO, CO 533/394/10, Judgment by M. R. R. Vidal and Appeal).

Indian reformers seeking to raise the legal age of marriage.⁹⁸ Yet she viewed her activism as a one-sided affair—as a duty incumbent on the privileged and advanced, an opportunity to spread the achievements of feminism to less fortunate women. We know too little about how such cross-cultural campaigns reshaped Western feminism and affected British women’s attitudes toward their own culture.⁹⁹ The clitoridectomy campaign exposed the degree to which fear and denial of female sexual response suffused British as well as Kenyan society, but British women remained blind to such parallels. They were unable to see government treatment of their campaign as a comment on their own tenuous place in political life.

⁹⁸ Barbara Ramusack, “Catalysts or Helpers? British Feminists, Indian Women’s Rights, and Indian Independence,” in *The Extended Family: Women and Political Participation in India and Pakistan*, ed. Gail Minault (Columbia, Mo., 1981), pp. 109–50, “Cultural Missionaries, Maternal Imperialists, Feminist Allies: British Women Activists in India, 1865–1945,” *Women’s Studies International Forum* 13, no. 4 (1990): 309–21, and “Women’s Organizations and Social Change: The Age-of-Marriage Issue in India,” in *Women and World Change: Equity Issues in Development*, ed. Naomi Black and Ann Baker Cottrell (London, 1981), pp. 198–216.

⁹⁹ For an intelligent beginning, see Antoinette M. Burton, “The White Woman’s Burden: British Feminists and the Indian Woman, 1865–1915,” *Women’s Studies International Forum* 13, no. 4 (1990): 295–308. Billie Melman gives some indication of how exposure to other cultures could result not in a reaffirmation of Western “superiority” but, rather, in a heightened critique of the sexual pretensions and double standards of the West (“Desexualizing the Orient: The Harem in English Travel Writing by Women, 1763–1914,” *Mediterranean Historical Review* 4, no. 2 [December 1989]: 301–39). Janaki Nair notes, however, that gender in colonial India was “always ‘overdetermined’ by the ideology of race” and that British feminists’ ideal of women’s solidarity across racial lines was an “extraordinary delusion” (“Uncovering the Zenana: Visions of Indian Womanhood in Englishwomen’s Writings, 1813–1940,” *Journal of Women’s History* 2, no. 1 [Spring 1990]: 14, 22).