

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

Philippe Charlier\*,\*\*  
Saudamini Deo\*\*

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Dear Editor,

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

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

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

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

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

\*) Section of Medical Anthropology, UFR of Health Sciences (UVSQ), 2 avenue de la Source de la Bièvre, 78180 Montigny-Le-Brettonneux, France.

\*\*\*) Musée du quai Branly – Jacques Chirac, 222 rue de l'Université, 75007 Paris, France.

Correspondence to: Philippe Charlier MD PhD LittD  
Email. [philippe.charlier@quai Branly.fr](mailto:philippe.charlier@quai Branly.fr)  
Tel. +33 1 56 61 70 00

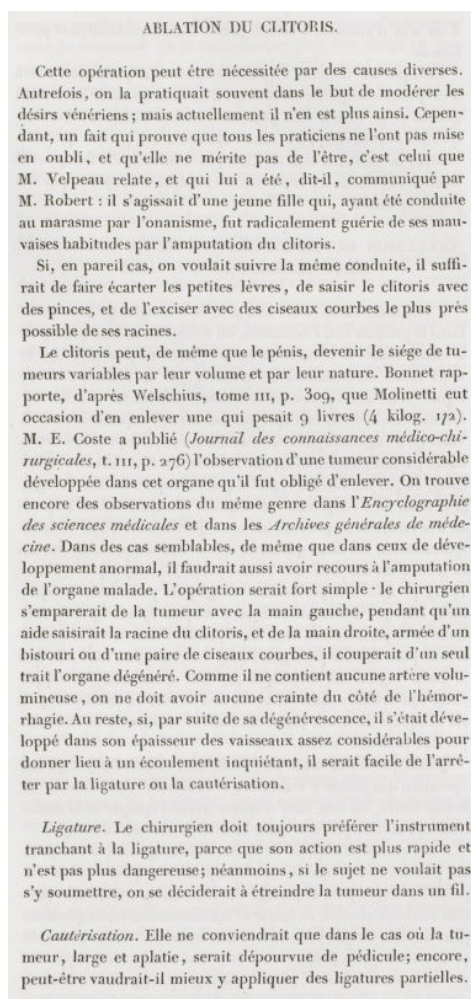
are not exactly superimposable, *a fortiori* on a young child of 5 years, and a modern interpretation would more likely correspond to repeated masturbation, which may or may not have been considered under Other Sexual Dysfunction (DSM-5), and most certainly would be not result in an act of female genital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

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

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

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

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



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

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

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### References

- Baker Brown, I. (1866). *On the curability of certain forms of insanity, epilepsy, catalepsy, and hysteria in females*. London.
- Broca, P. (1864). Sur un cas de nymphomanie invétérée traitée par l'infibulation. *Bulletin de la Société de Chirurgie*, 2(5), 10.
- Gould, S.J. (1981). *The mismeasure of Man*. New York: Norton.
- Mendez, J.E. (2013). *Report of the special rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*. New York: United Nations. Retrieved from [https://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53\\_English.pdf](https://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf)
- Mota Gomes, M.D., Engelhardt, E. (2014). A neurological bias in the history of hysteria: from the womb to the nervous system and Charcot. *Arq Neuropsiquiatr.*, 72(12), 972-5. doi: 10.1590/0004-282X20140149.
- Pérez-Sales, P., Zraly, M. (2018). From sexualized torture and gender-based torture to genderized torture: the urgent need for a conceptual evolution. *Torture Journal*, 28(3), 1-13. doi: 10.7146/torture.v28i3.111179.
- Rejali, D. (2007). *Torture and democracy*. Princeton: Princeton University Press.
- Ryan, C. & Jetha, C. (2010). *Sex at dawn*. New York: Harper.
- Sagan, C. (1979). *Broca's brain*. New York: Random House.