As an historian of early modern European medicine and gynaecology, I have always wondered why physicians and anatomists of the period so frequently wrote about women’s unwieldy, even ‘monstrous’ labia minora, clitorises and vulvas. Camille Nurka’s fascinating monograph, *Female Genital Cosmetic Surgery: Deviance, Desire and the Pursuit of Perfection*, answers many of my questions through close historical analysis across antiquity, the medieval, early modern and modern period. Nurka is concerned with examining the historical consolidation of the modern medical term ‘labial hypertrophy’, which denotes a so-called abnormal length of the inner labia minora (abnormal in its supposed overextension past the labia majora). Twenty-first-century gynaecologists—and especially feminist gynaecologists—have recently established that this term is problematic, based on the medical view that there is no real ‘normal’ length for labia. However, cosmetic surgeons in the US, UK and Australia continue to perform huge numbers of non-medically necessary cosmetic labiaplasties. (Medically necessary labiaplasties, which are recommended by gynaecologists on medical and scientific grounds, are not in contention in this book.) Nurka rightly identifies that cosmetic surgeons are economically invested in maintaining this ‘diagnosis’, and through continuing to uphold the idea of abnormal labia, they are able to capitalise on women’s genital anxieties. Moreover, these surgeons, unable to argue that such procedures are medically necessary, have recourse to
shame by comparing large labia minora to elephant ears, and, conversely, also to feminist languages of autonomy, arguing that it is empowering for women to get labiaplasty to control their bodies. Yet, as Nurka notes, the lucrative medical idea of women’s ‘genital normality’ (3) has a history, and its embeddedness in social discourses of female beauty, optimisation, bodily ideals, sexual pleasure and femininity, is the product of this history.

Nurka begins by analysing what the ancient Greeks had to say on women’s labia to determine whether these ideas sprung from this period. Nurka identifies that writers like Hippocrates, Galen and Soranus were not particularly concerned with excessive labia, and concludes that ‘labial hypertrophy did not exist as a clinical problem’ for these authors (48). However, as Nurka examines in Chapter 2, the Galenic term ‘nymphae’, which incorporated both the clitoris and labia, emerged more prominently in medieval and early modern medical discourse and was transformed. Ancient Greek writer Aetius’s ideas about ‘hypertrophied’ clitorises were co-opted in the Renaissance period by anatomists like the famous Vesalius (65–66). Vesalius extended concepts of hypertrophy to the labia, and he repeated Aetius’s fables about Egyptian women who had these labia cut off due to enlargement (66). This association of unnatural, excessive labia with African women was then repeated ceaselessly by medical writers, both ‘learned’ and popular, through the sixteenth to eighteenth centuries (71). This was, Nurka argues, the origin of ‘our current norm’ that the labia minora should not extend past the majora (72).

Nurka follows this discourse into the eighteenth and nineteenth centuries in the next chapter. Nurka analyses how the medieval and early modern racialised fables of African women’s hypertrophic genitals became legitimised in the new anthropological and anthropometrical sciences (84–85). During the nineteenth century, Nurka finds there was a European medical and social fascination with the ‘Hottentot Apron’, a racist term coined by Dutch colonists to describe Indigenous Khoisan women’s labia (86–87). The reproduction of descriptions and illustrations of this ‘apron’ within European medical, gynaecological and social literature, Nurka argues, functioned to create a ‘normalised invisible white female sexuality through the spectacular depiction of aberrant black bodies’ (84). Nowhere was this clearer than in the case of Sarah Baartman, a Khoi woman ‘brought to London in 1810 to be exhibited as a circus attraction, later becoming known as the “Hottentot Venus”’ (89). Nurka demonstrates how this colonising approach to African women’s bodies by European scientists continued into the twentieth century, with a chapter on ‘anthropometry’
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(the mathematical study of the human body). For example, Nurka discusses French gynaecologist Félix Jayle’s ‘highly detailed categories of vulval types from measurements taken from his female patients’ (127). Jayle argued that hypertrophic labia were only found in black women, and if found in white women, it ‘was a sign of racial degeneration’ (127). Nurka goes on to situate these ideas within broader eugenic discourses that were utilised in Europe during the twentieth century, in which labial variation was seen as ‘white racial degeneration’ (153). Nurka argues that this history shows we cannot separate ‘the very definition of labial hypertrophy’ from the ‘racist discourses through which it came to attain its meaning as excessive [or] bestial’ (112).

The next chapter canvasses twentieth-century sexological approaches to women’s labia, with a case study on the work of Robert Latou Dickinson, who argued that masturbation was a cause of labia hypertrophy. Nurka also details the work of sexologist giant Alfred Kinsey (164). The final chapter and conclusion represent Nurka’s theorisation about the history of labial ‘hypertrophy’, modern discourses about genital cosmetic surgery and female genital cutting (FGC). Nurka provides a compelling analysis of debates about FGC, white Western cosmetic surgery practices and ‘feminising’ surgeries on intersex infants to argue that these practices are bound within a continuum of racial and gendered manifestations of ‘normality’ (213–32). Nurka suggests, using psychoanalytic concepts of fantasy and belonging, that ‘cosmetic surgeries and cutting rituals produce magical transformations that provide a social identity’ (231). Nurka’s conclusion reiterates how historically men have ‘demarcate[ed] biological boundaries between normal and abnormal femininity’ (244). But instead of finishing her study on this sombre fact, Nurka discusses recent political-artistic efforts to debunk labial myths like the ‘Labia Library’, which provides us with a ‘feminist’ reimagining of vulvas not grounded in misogynistic or racist origins (248–54). Nurka’s own project contributes substantially to building this reimagining.

Historians of science, medicine, the body and gender will find Female Genital Cosmetic Surgery a rich and illuminating case study in the power of medicine to define, maintain and enact ‘normality’, through its classificatory processes, institutions and claiming of authority over the body. Finally, feminist historians and theorists will find in Nurka’s work an instructive example of feminist approaches to historical research, and a reminder of the dissembling and reconstitutive promise of queer and feminist methodologies.