

Brazilian bikini wax and the designer vagina

colleagues from all over the world, who echoed our interest in improving and maintaining high standards of training in the domain. We are delighted that the RCGP is supporting its vibrant International Department to develop and maintain these contracts, and thank John Howard, Jenny Stock and the rest of the International Department, as well as the excellent lecturers and facilitators, for making it all happen.

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One of the most striking features revealed in one of Jan van Rymdyk's famous illustrations in William Hunter's 1774 anatomy of the human gravid uterus is an exuberant display of pubic hair. This is of contemporary interest because of the remarkable disappearance of female body hair over recent years. This began with the removal of axillary hair, continued with the depilation of the legs and has now extended to the cultivation of a range of pubic tonsures, extending from bikini waxing to full shaving. From the perspective of the examination couch, variations on these practices, once the preserve of religious and ethnic minorities, have become commonplace, especially among young women. (I leave aside here the more marginal trend for young men to shave their chests, legs, and even scrotums).

In June, a case was reported in which a 20-year old Australian woman developed a streptococcal and herpetic septicaemia following a bikini wax: of course, folliculitis and contact dermatitis are not uncommon complications of this procedure. In a perceptive commentary, *Guardian* women's editor Kira Cochrane draws a parallel between the trend for pubic hair removal and the growing demand for the surgical procedure known as the 'designer vagina'.¹

According to a recent *BMJ* review, the number of such operations carried out on the NHS has doubled in the past 5 years and, having encountered two requests for such referrals in my surgery, I can confirm that demand appears to be growing.²

Although popularly dubbed the 'designer vagina', the techniques of 'cosmetic genitoplasty' rarely involve the vagina (though some require the reconstitution of the hymen): they usually mean reducing the labia majora and labia minora. According to the authors of the *BMJ* review, 'our patients uniformly wanted their vulvas to be flat with no protrusion beyond the labia majora, similar to the prepubescent aesthetic featured in advertisements'. They report that women often bring along pornographic photographs 'to illustrate the desired appearance'. The emphasis on 'flattening' the external

genitalia is strikingly similar to the views of defenders of the practice of female circumcision — and indeed, some contributors to the *BMJ* discussion insist that the designer vagina should be regarded as a form of female genital mutilation.³

As Kira Cochrane observes, 'what's interesting is that while male genital surgery tends to revolve around the wish to be bigger and more "manly", female genital surgery is all about becoming smaller, tighter, hairless, virginal — more childlike, essentially.'

'We all like to moralise about enhancement technologies, except for the ones we use ourselves' writes Carl Elliott in his brilliant study of 'a cultural tradition in which the significance of life has become deeply bound up with self-fulfilment'.⁴ It is true that we are inclined to raise our eyebrows at those who resort to Botox, take Viagra or give their children Ritalin. Yet, in one way or another, we are all at it, whether we are going to the gym, following the Atkins diet, or taking vitamins, statins or SSRIs.

However, quite apart from the medical and surgical risks associated with the designer vagina, the resort to surgery by adult women seeking self-fulfilment by returning their bodies to a childlike state marks an extreme development of the quest for identity through the manipulation of the body rather than through interaction with the world. It is a disturbing manifestation of contemporary medicalisation, reflecting the diminished expectations and degraded subjectivity of modern society.

REFERENCES

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