Neither G nor Spot

Eponyms on the Female Anatomy as a Topic of Gender History and Feminist Art

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Abstract Eponyms have a long tradition in medicine. Eponyms for diseases such as 'Alzheimer's' and 'Asperger's syndrome' are already part of everyday language, and eponyms for anatomy, such as 'Achilles' tendon' or 'G-spot', are found beyond the language of medical science. The heyday of eponyms was in the last third of the 19th century. This coincided with the period of medical professionalization. Eponyms are artifacts of a male-dominated science that also traces a patriarchal as well as a colonial-racist scientific history. While contemporary discussions on eponyms for female anatomy exist within the anatomical community, they have received limited attention in the realms of scientific history, gender history, and cultural anthropology. The aim of the paper is to provide insights that stimulate further research on the subject and highlight pertinent questions. This essay addresses the issue from two perspectives: a historical and an artistic one. Anna von Villiez places the topic in the context of medical history and feminist debates. Christine Achtermann-Jones introduces her art project "Who the fuck is James Douglas", delving into the motivations and the art-historical context in which the work was created and can be interpreted.

Keywords eponyms – anatomical nomenclature – female anatomy – history of medicine – art – feminism

Many women still haven't found a word that feels right and just shamefully call it 'down there'.[1] Academic anatomy on the other hand is not short for words when it comes to female anatomy. A recent study found a total of 486 terms used in anatomical science and its publications describing the various parts of the vulva and the pelvis (Hill *et al.* 2021). While many women to this day have not found a name for the body parts that make them unique, in anatomical science their bodies have for centuries represented well-mapped territories, researched, and named almost exclusively by men, even named after men. This is the case with eponyms, terms that honor a researcher for the discovery of an anatomical structure. The best-known example of a female anatomy eponym is the 'G-spot'. When googling the term, you get a staggering 3,120,000,000 hits, almost twice as many as for the search term 'penis'.[2] However, despite the enormous publicity and obvious public interest in the matter, hardly anyone can name what the 'G' in the term stands for. It is named after the German doctor Ernst Gräfenberg who described the erogenous zone, which was later named the 'Gräfenberg zone' in his honor, in an essay in 1950. However, it is now known that knowledge of the 'Gräfenberg zone' existed in ancient Indian sexology as early as the 4th century AD, for example in the Kamasutra (Syed 1999). The Dutch anatomist Regnier de Graaf also described it as early as 1672, around 280 years before Gräfenberg (David *et al.* 2005: A 2854). Ernst Gräfenberg was therefore by no means the 'discoverer' of this area of the female body. Although the zone is well documented today, there is still hardly any reliable knowledge that women can adhere to. It is disputed whether it is a 'spot' or rather a zone (Mollaioli *et al.* 2021) or not existent at all. Terence Hines describes the zone as a "gynecological UFO", "much searched for, much discussed, but unverified by objective means" (2001: 362).

Many questions remain unanswered about a part of the body that, vital to female sexuality and well-being, is therefore often searched online. How would our understanding of the female orgasm change if there were a different name for the 'G-spot'? How can women achieve self-empowerment over their bodies through art? Under what conditions does this knowledge of

the female body arise? While Ernst Gräfenberg earned merit for his early research into female sexuality, any ethics committee from today's perspective would not approve his research methods, such as the vaginal stimulation of his patients using fingers. Would women have done research differently?

These questions got us started as a research team combining history of medicine and the perspective of art. We found no simple answers. The history of the nomenclature of female anatomy is complex and cannot be presented in simple polarities such as victim/perpetrator or man/woman. For example, the aforementioned Ernst Gräfenberg was himself a victim of the persecution of Jewish doctors during the Nazi era and was imprisoned for almost two years in Berlin. He could only be saved by a ransom payment from the pioneer of the worldwide birth control movement, Margaret Sanger (David *et al.* 2005). Gräfenberg was able to flee to the USA, where he researched and worked until his death. He was a strong advocate of contraceptives and developed, among other things, the 'Gräfenberg ring', one of the first intrauterine devices as a method of birth control, and treated patients at various gynecological centers. His study from 1950 was an early and remarkable study on the female orgasm, which he had to assert against the prevailing research opinion that the vaginal orgasm did not exist or had something to do with mental disorders. However, his research was barely noticed during his lifetime. It was not until 1981 that the US sex researchers John D. Perry and Beverly Whipple suggested that this area be given the name 'G-Spot' in memory of Ernst Gräfenberg (David *et al.* 2005: A 2854).

The history of the 'G-spot' reveals that anatomy by no means only produces objective data, but that knowledge and also the designation of the human body are determined by social factors such as gender, body, sexual politics, and scientific traditions. This impact of social factors on the supposed natural science of anatomy can be traced particularly well in eponyms, which is why they are our focus in this article and in the art project presented. The science of anatomy does not simply exist, it is man-made.

We are focusing on the female reproductive organs because they are the part in human anatomy that is exclusively female territory. Looking into eponyms of this part of a female body magnified our subject of research: the gender impact in naming body parts. While we want to focus on female anatomy here, the question could also be extended to diseases and symptoms that only affect women.[3] In addition to eponyms in female anatomy, male eponyms were also the inspiration for a number of pathological names for diseases and syndromes that only affect females. Examples include 'Meigs syndrome', named after Joe Vincent Meigs (1892–1963) or 'Demons-Meigs syndrome', which refers to tumors on the ovaries. What would it change for those affected if the name of a troublesome disease, which potentially shapes their own fertility, their 'womanhood', were not also an echo of a medical world in which men had all the power to shape things? As Lorraine Code (1981) asked in her milestone paper: "Is the sex of the knower epistemologically significant?" With respect to our topic the question would be: Is the sex of the eponym epistemologically significant?

In this article, we ask what legacy eponyms represent for female anatomy from the perspective of the history of science and from the perspective of the feminist artist. To this end, we look at current internal anatomical debates about terminologies on female anatomy and ask how eponyms are discussed here. In doing so, we ask about the gender-historical dimension of the topic. While there is a contemporary debate in anatomy about eponyms for the female anatomy, this has so far received little attention in the history of science, gender history or cultural anthropology. We would like to provide impetus for further research into the topic and identify questions. We begin by introducing the topic by outlining the history of eponyms, terminology, and names used within anatomy and female anatomy in the narrower sense. In a further step, we introduce Christine Achtermann-Jones' art project "Who the fuck is James Douglas" about eponyms for female body parts given in honor of men. The art project was a starting point and impetus for the collaborative research on female eponyms. Achtermann-Jones' motivation and the art-historical context in which the work was created is laid out by giving an overview on handicraft techniques as a stylistic device in feminist art.

Fig. 1 Christine Achtermann-Jones: *G-Zone* (named after Ernst Gräfenberg, 1881–1957), 2023. Glassbeads and linen.

Fig. 2 Christine Achtermann-Jones: *Pouch of Douglas* (named after James Douglas, 1675–1742), 2022. Glassbeads and linen.

Aspects of a gender history of eponyms in female anatomy

A short history of eponyms in female anatomy

Who decides what things are named in scientific anatomy? How is the norm set? Eponyms are part of the anatomical nomenclature, which has its roots in antiquity like all academic science in the global North (Sakai 2007). As a scientific classification system, it is part of medical epistemology (Fangerau & Schulz 2014).

While there is a vast diversity of anatomical terms, translations and synonyms, there are binding listings for anatomists. Today, there are around 8,000 internationally defined names for anatomical structures recorded in the *Terminologia Anatomica (TA),* a compilation published in 1998 via a group effort of anatomists from the *Federative Committee on Anatomical Terminology*, sponsored by the *International Federation of Associations of Anatomists* (Whitmore 1999). This is an update of the first international human terminology list, *Basel Nomina Anatomica (BNA)*, written in 1895, which had gone through various iterations until arriving at the most recent version.

Initially, eponyms were used as placeholders for phenomena whose exact nature was not yet understood, similar to the initial naming in nomenclature in the animal and plant kingdoms. However, they developed into a tradition of honoring deserving colleagues, like prizes, busts, portraits, and the awarding of honorary doctorates. Eponyms were often proposed by medical societies, sometimes by the scientists themselves, and they were soon recognized as advertising media for their own brand. At least 15,000 diseases, syndromes and methods in medicine are now named after people.[4]

The valid *TA* set out to significantly reduce the number of roughly 50,000 synonymous anatomical terms and provide a coherent, internationally accepted system for naming anatomical structures. It lists English standard terms and the corresponding Latin terminology as well as a unique identifier, which is a combination of a letter and a number. The authoring committee specifically aimed to weed out eponyms as standard terminology (McNulty *et al.* 2021). Nevertheless, many eponyms are still used in textbooks, the dissection room and research publications. A recent study analyzed the use of eponyms in academic gynecological publications (Shrosbree *et al.* 2023). Their findings reveal that eponyms are commonly favored over

standardized anatomy terminology in publications on gynecological surgery.

In the stricter sense, an eponym is a word derived from the name of a person, whether real or fictional. A medical eponym is thus any word related to medicine, whose name is derived from a person. Some eponyms refer to fictional or religious figures. Examples from anatomy are 'Adam's apple' (after the biblical Adam), 'Achilles tendon' (after the hero Achilles from Hellenistic religion) or 'hymen' (named after Hymenaios, a god of marriage ceremonies). More often, however, eponyms in medicine and the natural sciences are names of a discovery or invention that are formed from the surname of one (or more) person(s) particularly involved in the discovery, invention or first description, and are intended to commemorate them. These eponyms as linguistic monuments are the focus of this article. Diseases and syndromes, i.e., pathological processes, but also anatomical structures can be named. Well-known examples of the former are 'Parkinson's disease' or 'Tourette's syndrome'. An eponym of anatomical nomenclature known beyond the medical world is the term 'Fallopian tubes', named after the Italian anatomist Gabriele Falloppio, who described them as early as the mid-16th century. Later, medical devices or methods such as the 'petri dish' or the 'Heimlich maneuver' were also named in honor of their developers or inventors. The rise in popularity of eponyms in the anatomical sciences starting in the 17th century was fueled by discoveries of various anatomical structures and languages (Sakai 2007). By the 19th century, it had become a race. People worked inventively to coin an eponym after themselves because they flattered their vanity and were good for their careers. In their heyday, coining an eponym was a desirable goal for any self-respecting scientist to such an extent that the overuse of this method made it increasingly difficult. The fact that the naming of a drill or a pair of pliers really became a matter of honor is shown by the fact that there were sometimes new developments that differed only minimally from other devices (Taylor 2017). The peak of name attribution was in the late 19th and early 20th century, during the height of the process described as "medical professionalization" (Wolff 2018).

In obstetrics and gynecology, eponyms exist in many domains, including anatomic structures, surgical instruments, surgical procedures, incisions, disease states, scoring systems, physical examination findings, and diagnostic tests. In this paper, we discuss those referring to anatomical nomenclature, hence anatomical structures. We found the following eponyms: 'Bartholin's gland', 'Skene's gland', 'pouch of Douglas', 'hymen', 'Fallopian tube', 'space of Retzius', 'Müllerian duct', 'G-Spot', 'Wolffian duct', 'Cooper ligaments', 'venous plexus of kobelt', 'Kegel muscles', and 'Halban Faszie' (German). Looking at the microscopic anatomy, we found the 'Grafian follicle', 'Gardnerella vaginalis', 'Lactobacillus grassei', 'Lactobacillus johnsonii', and 'Döderlein Bakterien' (German). Only one eponym on female anatomy is named in honor of a female scientist: The 'Nitabuch membrane' refers to the Russian pathologist Raissa Nitabuch. A total number of eponyms in female anatomy could not be established in the realm of this research. A standard work on eponyms in gynecology and obstetrics by Thomas F. Baskett (1996) includes 391 names, but of which the great majority refer to methods, diseases, instruments, or influential people in the field without an eponym.

The use of eponyms in female anatomy under debate

In the following, we give an overview of the discourses in which the use of eponyms for female anatomy has been and continues to be discussed, and show the context and motives of these debates. As we showed above, eponyms are no longer considered an acceptable part of the official medical terminology, neither for diseases nor in anatomical nomenclature. At the same time, they continue to be used in medical publications and teaching, and they still hold their place in everyday language.

To this end, we found a small but very specific discussion within the medical community. It includes the recent study by Shrosbree *et al.* (2023) and a handout by Hill *et al.* (2021). In the cross-sectional study by Shrosbree *et al.*, the authors analyzed eight commonly used anatomical eponyms related to gynecology and their accepted synonyms in the English 2019 Google corpus,

a digitized collection of over 5 million books containing over 360 billion words, using the Google Ngrams Viewer platform (2023). The ratio of eponym usage to *TA* term usage was calculated for each year from 2000 to 2019, a study period chosen to evaluate recent trends (ibid.). The objective was to examine the frequency and trends in usage of gynecologic eponyms such as 'Skene's gland', 'Fallopian tube', or 'pouch of Douglas' and their accepted anatomical synonyms in published printed sources. Their findings revealed that eponyms are commonly favored over standardized anatomy terminology across surgical specialties. This is a very specific study. What are its rationales and is there a link to feminist debates or gender topics? The study refers to the recommended standardized anatomical terminology of the posterior female pelvis and vulva, compiled in 2021 by the *Society of Gynecologic Surgeons Pelvic Anatomy Group (SGS-PAG)*.

Fig. 3 Christine Achtermann-Jones: *Skene's glands* (named after Alexander Skene, 1837–1900), 2022. Glass-beads and linen.

The papers of Shrosbree *et al.* (2023) and Hill *et al.* (2021) are primarily motivated by a desire for accuracy in anatomical writing since it affects both surgical procedures and the treatment of patients: "Inaccurate use of anatomical terms, particularly in surgical procedures, can lead to confusion about key steps and ambiguity about surgical procedures, ultimately affecting patient care and safety" (Hill *et al.* 2021: 169.e1). The *Society of Gynecologic Surgeons Pelvic Anatomy Group* was specifically formed in 2016 to create a standardized list of terms for female pelvic anatomy and to address the felt limitations in the *TA*. Hill *et al.* state that the *Terminologia Anatomica* was created by just a small number of experts, the process lacked transparency and that it was not detailed enough for their field. The desire for precise nomenclature in anatomy, which is formulated here, is not new and was already the motivation for the 1998 *TA*. Eponyms play a central role in this internal medical debate. The compendium now clearly excludes eponyms, as they were determined to "give absolutely no anatomical information about the named structure, and vary considerably between countries and cultures" (Whitmore 1999: 51).

Since the 1990s, anatomists have criticized eponyms for being non-scientific and nondescript and therefore inaccurate and misleading. In addition to the sheer volume of them in the anatomical sciences, there are also many variations in spelling and pronunciations of eponyms based on the language utilized, and single eponyms referring to multiple structures, resulting in even more confusion. This debate peaked in a series of publications in 2014 that negotiated their use in anatomical literature (Gest 2014; Fargen & Hoh 2014; Olry 2014). A group of researchers has recently been actively working to 'de-eponymize' the anatomical field by creating a searchable database to find the corresponding descriptive term for an eponymous term (Buttner *et al.* 2020). Kyle Fargen and Brian Hoh gave an overview of this inner medical debate (2014). They predicted "a large uphill battle going forward" (ibid.: 1140) to those wishing to see the extinction of eponyms from medical curricula because "eponyms are deeply engrained in the art and practice of medicine" (ibid.). The uphill battle they foresee refers to the leading arguments for a continuation of eponym use. Eponyms are a built-in historiography of the profession and are thus a way of providing role models for those who follow it. It is argued that eponyms show the historicity of anatomical science and give a face and a history to the dry terminology with its technical, often Latin or Greek terms. For generations of medical students, learning cryptic eponyms had been one of the hurdles that had to be overcome, and so eponyms are also asso-

ciated with nostalgia and an interpersonal dimension in medical studies (Fargen & Hoh 2014). The medical historian Andreas Winkelmann (2012) analyzed the relevance of anatomical eponyms for medical education by researching 453 anatomical eponyms and their corresponding English or Latin terms in the Medline database. He argues that many eponyms are so popular and without a Latin corresponding term, they should be kept for mere practicality.

Eponyms have also been used as a hook for biographical historiographies for specific fields or topics (Koehler *et al.* 2023; Draaisma 2008; Baskett 1996). Like a QR code, they enable us to open up a whole story about a fixed term. One argument to tackle the notion of the 'history lesson'-theory is the deterioration of meaning over time in eponyms. Medical eponyms are found unnoticed in everyday language. To what extent are these linguistic remnants still measurable conveyors of meaning? Who would have thought, for example, that the verb 'mesmerizing' goes back to the Austrian doctor Friedrich Mesmer, who developed a preliminary form of hypnosis? 'Parkinson's' no longer needs the addition of 'disease' to be understood, but is there a social awareness of the namesake? In the case of the aforementioned 'G-spot', the eponym is reduced to one enigmatic letter. How much of Ernst Gräfenberg's legacy is transported by that? This would be a topic for a linguistic study.

Weighing medical accuracy of the terminology against the historic value of the term has dominated the debate going on in the medical community. Thomas Gest (2014) opts to drop eponyms from medical terminology with an argument that eponyms in fact defeat the purpose of the honored scholar:

> The history of the science of anatomy is filled with great people who should be honored and remembered. However, is it an honor to be associated with obfuscation of the nomenclature of your field of study, the area of science in which you worked to clarify and enlighten? While it might be acceptable to name a street after a famous person, it should be considered a disservice or even disrespectful to name an artery, nerve, or other anatomical structure after a person whose goal was to make anatomy more understandable (1141).

Honors and tributes have a long history in academic medicine and eponyms are part of this tradition. Busts, prizes, and halls of fame are all part of this and, as the gold standard for a long time, also the eponym (Wolff 2018).

While some argue for a total erasure of eponyms, Regis Olry argues they should be kept "like treasures in a museum" (2014: 1147) but not as part of the nomenclature. The argument for eponyms as a 'history lesson' is flawed by the fact that eponyms seldom actually state the person who described a phenomenon first. In a radical take on this discussion, Margaret A. McNulty (2021) has formulated "The Law of Non-Original Malappropriate Eponymous Nomenclature (NOMEN)" which states that no phenomenon is named after its discoverer. This debate about false laurels in eponyms has argued against the use of eponyms, as they are monuments for undeserving people. Some research has gone into the architecture of those halls of fame that eponyms can be (Koehler *et al.* 2023; Baber 2020). The medical historian Eberhard Wolff describes the designations as a "trade of honor" (2018: 1202) with reference to French cultural sociologist Pierre Bourdieu, who spoke of honors as 'symbolic capital'. Eponyms applied to procedures are especially inaccurate as they are often built on previous practices and are not 'discoveries' in the stricter sense. The eponym is supposed to honor the discovery. However, eponyms more often honor the one who popularized the item rather than the one who first performed or discovered it (Merton 1973: 298). It could be the person who had the best connections or the person with a louder voice or the more favorable passport – or the socially higher-ranking gender. It was not Hans Asperger who first described the autistic spectrum when he published about it in 1938. Years earlier, in 1925, a Russian Jewish child psychiatrist named Grunya Yefimovna Sukhareva, who came from Kiev, had described six boys and five girls who were gifted above average but did not interact with other children (Sher & Gibson 2023). Her publications also appeared translated in German-language medical journals, so it can be assumed that Hans Asperger was familiar with them. Why he did not cite Sukhareva – a woman, communist and Jew during the Nazi era – is not known but can be assumed. As such, eponyms are the results of epistemological cultures

that favored some and overlooked others and they can be analyzed as such under aspects of gender history. The study of eponyms in medicine should therefore be related to a gender history of medicine as a profession and secondly to a gender history of the epistemological culture in anatomy as we will elaborate.

Eponyms as a form of (in)visibility

Women were first accepted at German universities from around 1900 onwards: only then were they able to carry out their own research and name it. For centuries, medicine was characterized by a "male gaze" (Berger 1972) on the female body – like in art, as we will talk about later in this paper. Academic medicine offered women little opportunities apart from being a patient. If they did accomplish something in research, they often remained invisible or were made invisible. The term 'Matilda effect' was coined by the science historian Margaret W. Rossiter (1993). It is named after the American women's rights activist Matilda Joslyn Gage, who in the 19th century was the first to describe the systematic suppression and denial of the contribution of women in science, whose work is often attributed to their male colleagues, which makes the term an eponym as well. The extremely unequal distribution of male and female eponyms was pointed out by a statistical study on the gender distribution among eponyms in medicine by the physicians Jenny Stuart-Smith, Kathryn Scott & Michelle Johnston, who published a website on the matter in 2022.[5] They found that 130 female scholars had eponyms named after them, i.e., only 4 % of all eponyms. The three authors created the website to increase the visibility of the female eponyms.

This effort for more visibility for women and their achievements taps into related debates around gender equality in medicine. Until today, the gender impact on the profession is still immense. While women are the majority among physicians in some countries and in some specialties, discrepancies concerning leading positions in clinical or academic worlds and publishing positions or recognition awards are demonstrable: A study conducted in 2017 revealed a consistent underrepresentation of women among plenary speakers, keynote speakers, and invited lecturers across various medical specialty conferences between the years 2015 to 2017 (Larson *et al.* 2020). Women as editors-in-chief in ten leading medical journals are at a rate of 1:5 employed at the senior level (Pinho-Gomes *et al.* 2021). A study on women in professorships in 16 fields of academic medicine in Germany showed that currently only 13 % of positions are held by women (Deutscher Ärztinnenbund 2018). Sexism and gender biases have not been fully overcome in any field of medicine with problems such as gaslighting in diagnosis or biased research that sets male bodies as the norm being discussed. Within anatomy, it has been addressed that male perspectives on female bodies and their sexuality still prevail (VanSickle *et al.* 2022), leading to outdated perceptions of female anatomy and its pathologies (Hayes & Temple-Smith 2021; Brown 1995).

Language matters

While it has often been pointed out that eponyms honor too many or the wrong men, the more existential question of why so few women had a say in the naming of women's bodies has not been raised often. We did not find a radical criticism of the historic gender imbalance in the production of science, research, and terminology from within the anatomical community but we did find a trend to think about the impact of naming and framing things. In addition, in other medical fields there are debates on gender issues and language for example around the term 'abortion' and what implications and believes the term itself carries (Malory 2022; Jesudason & Weitz 2015). A new sensibility to the impact of language in anatomical writing and teaching is reflected in a special issue of the *Anatomical record*, the journal of the *American Association of Anatomy*. The issue, *Evolution of a Discipline – The Changing Face of Anatomy*, addresses the profession's history with racism, antisemitism, sexism, and ethical issues concerning human remains. It sets out to formulate ethical standards for the future including a de-colonization of the anatomical curriculum (Finn *et al.* 2022) and a more inclusive terminology for trans, non-binary (Easterling & Byram 2022), and queer people (Smith 2022) in the nomenclature.

Part of the terminology conveys outdated and gender-biased concepts of chastity, virginity and

shame such as with the terms 'pudendum' (Draper 2021) and 'Schambein'[6] in the German context (Winkelmann & Matteis 2022). This has been picked up in feminist debates. The term hymen for example, referring to a Greek god of marriage, has come under debate by the journalists Leah Kaminsky (2018) and Rachel E. Gross (2021b). These debates were taken into the public sphere by those journalists, among others (see also Gross 2021a; 2021b; 2023a; 2023b; 2023c), and are linked to the efforts of activists to popularize the term 'vulva' as a word free of shame in the context of feminist debates around body and sex positivity for women.

At the same time, a very specialized debate within academic anatomy discusses gynecological anatomy and its correct terminology. Is this influenced by a more progressive understanding of female sexuality? Mostly fought in scholarly publications in medical journals, the debate looks non-political and strictly about science from the outside. While the term 'vulva' has been popularized lately in the public, in anatomy there is a very technical debate around both the terms used and the exact anatomy of the female sexual organs (Zdilla 2022a, 2021). Is the clitoris part of it (Zdilla 2022b)? How is the 'G-spot' anatomically defined (Mollaioli *et al.* 2021; Chalker 2002)? How do female anatomy and the female orgasm interlink and how does that put anatomist on the spot in times of an increasing demand for cosmetic surgery in that area (Yeung & Pauls 2016)? Is the term 'pudendum' really attached to shame and does the term 'vulva' have a vulgar history as a word (Kachlik 2021)? The discussion is led with a surprising amount of passion but does not reflect much on the gender history of the field and the wider scope of gender politics. We would hope for a more thorough analysis of this inner-anatomical debate through the lens of gender studies than we could deliver in the realm of this paper.

Eponyms as signs of intersectional inequality

An analysis of the current debate on nomenclature within the anatomical science of the female genital tract has not yet been undertaken within the feminist history of science. This paper is giving a first outline of such an undertaking within which various forms of inequality, some of which are intersectionally linked, are interconnected.

The larger context in which debates on anatomical terminology are led must consider that studies on gender biases in anatomical textbooks have shown that white males are still the norm in anatomical teaching: illustrations, vocabulary and syntax as well as anatomical educational texts primarily depict male anatomy as the norm against which female structures are compared. This was first established in a study by Susan C. Lawrence & Kae Bendixen (1992), but a recent paper by Rhiannon Parker, Theresa Larkin & Jon Cockburn (2017) still backs those findings. Studies by anatomist Susan Morgan *et al.* revealed in 2016 that while both professional anatomists and medical students recognize the importance of gender issues and do not wish to associate with sexism, most are unaware of the negative effect of sexism within anatomical nomenclature (Moxham & Morgan 2017; Morgan *et al.* 2016; Morgan *et al.* 2014; Morgan 2019). Eponyms are located at the culture/nature threshold. In feminist debates, nature vs. culture debates play a role when it comes to women's bodies (Duden 2008; Villa 2006). Here, a consideration of the anatomical nomenclature and thus the eponyms as a section of this could be an interesting conversation. Men created the supposed nature of women when it comes to anatomy.

We invite further research to broaden the scope beyond the global North and Western medicine. Following concepts by cultural anthropologists like Jane Duran (2001) on feminist epistemologies, interactions between the introduction of Western anatomical nomenclature and non-Western medical traditions could be explored. Were there less androcentric terminologies? How is the naming of diseases and human anatomy negotiated in other medical cultures?

One other route to take in a global history on eponyms is the colonial legacy of anatomy. During the 19th century, the medical profession in Europe and US-America professionalized into an academically trained class that gained huge self-confidence, also due to new breakthroughs in science since around 1850. Their role in an increasingly medically controllable society grew. This was accompanied by exclusion from groups that were perceived as competitive such as alternative prac-

titioners, or female-dominated professions such as midwives (Huerkamp 1980). This rise of so-called 'gods in white' came with a strong sense of status and coincided with a time when, in short, the white man made the world his subject in the heyday of colonialism. A new enthusiasm in natural science was taken abroad by sorting, mapping, naming all parts of the world from mountaintops to microscopic structures (Daston & Galison 2007). The 'Congo Conference' in Berlin took place from 1884 to 1888, i.e., in the decade when more eponyms were claimed than ever before or after in medicine.[7] The tradition in anatomy that led to an excess in the creation of eponyms in the late 19th century should be contextualized with the colonial history of science.

Cancel eponyms?

There is one debate within anatomy where the question of erasure for ethical reasons rather than technical reasons has come up: the debate on eponyms named after Nazi doctors. An overview of the discussion can be found in the *Lancet Reports* on Medicine Nazism and the Holocaust (Czech *et al.* 2023: 1897, 1910–1911), however, a well-known example is the eponym 'Morbus Reiter' also known as 'reactive arthritis', named after Hans Reiter. Reiter, a central figure in the Nazi's perversion of medicine, forced sterilizations and carried out medical experiments with a typhus vaccination in the Buchenwald concentration camp that resulted in 200 deaths. There are many more examples (Hildebrandt 2016: 282–285).

So far, there is no unanimous opinion among anatomists, medical historians and medical ethicists on how to deal with eponyms that have a connection to the Nazi era: while there is agreement that eponyms referring to those who were persecuted by the Nazi regime should be remembered and even strengthened, many believe that use of terms named after perpetrators should be dropped. Others have argued that abandoning the eponymous use of the names of Nazi perpetrators would amount to an erasing or denial of Nazi medical crimes and could diminish remembrance of the origins of such knowledge. Changing the names of these conditions could also result in the loss of an opportunity for teaching about the history of medicine (Czech *et al.* 2023).

Ethical concerns with male eponyms for female parts of the body have not much been raised. Should there be a conversation about how the name-givers treated their female patients, how they conducted their research and what views they held on to gender politics like reproductive rights, sexuality, and women's right to vote for example? In the case of one of the pioneers of gynecology, J. Marion Sims, an ethical debate arose around the use of the eponym 'Sims' vaginal speculum' as he operated and experimented on enslaved Black women in order to find a method to treat vaginal fistulas (Ojanuga 1993). The conversation on the memorialization politics around eponyms is not finished.

The art project "Who the fuck is James Douglas"

The art project "Who the fuck is James Douglas" was conceived in the wake of the fall of Roe v. Wade in the United States. The title refers to the English anatomist, surgeon, and obstetrician James Douglas (1675–1742), known for his research on the peritoneum (Koutsouflianiotis *et al.* 2019). One of his eponyms is the 'pouch of Douglas', the deepest recess of the peritoneum in the female body while the corresponding structure in the male body has always had a Latin term: *excavatio rectovesicalis*. The question arose: Who is James Douglas? And why is he only represented in the female anatomy?

In July 2022, the United States Supreme Court's decision in Dobbs v. Jackson Women's Health Organization overturned the federal protected right to abortion based on its 1973 decision Roe v. Wade (Berg & Woods 2023). As a result, the court granted each individual state decision power over abortion regulations, transferring the regulation of abortions to the state level. The majority decision of the Supreme Court came from four men and one woman. The consequences are affecting women of all ages concerning reproductive autonomy and access to medical care in the United States. The decision has far-reaching consequences for women in social determinants of health as well as medical practitioners. Obstetrics and gynecology training programs in affected states had to adopt and develop new protocols for the care of patients, balancing the required aspects of the training while staying

within the legal limits of the individual state (Klingensmith *et al.* 2023: 407–410).

For women, the consequences include inadequate pregnancy loss treatment, unwanted pregnancies, time, and monetary commitment for travel to obtain an abortion, and possibly legal persecution. Without the right to take part in shaping policies, which affect those with reproductive organs, the question "Who the fuck is James Douglas" arose because of the historic lack of participation. By naming anatomical structures after men a narrative is constructed that overlooks woman's contribution and experience. The art project considers issues of representation, participation, and visibility in body politics in the historic setting, and the effect it has today. Decisions of naming and decisions of access are issues where affected women had no part in shaping the outcome. The art project was motivated by anger over paternalistic traditions in public health structures and the lack of women's agency over bodily autonomy. It illustrates further, how historical decisions continue to affect women's lives today.

Fig. 4 Christine Achtermann-Jones: *Bartholonin's glands* (named after Casper Bartholin the Younger 1655–1738), 2023. Glassbeads and linen.

Eponyms were created to set a monument for the one sex that participated in the eponym-naming game. The influence and authority of biomedical science in the practice of naming eponyms gave the medical community a certain power to shape and define the social reality of the female body. From the artist's point of view, the erection of such commemoration leaves a bitter aftertaste due to its connotation to female objectification and its association with ownership. James Douglas, in essence, put his flag on female anatomic structures and gives the history of the female anatomy political relevance today. The art project explores the theme of eponyms related to female anatomy, presenting visual representations of anatomical structures named after male alleged 'discoverers'. The use of bead embroidery toys with a technique associated with femininity and challenges inclusion in the realm of fine arts.

The technique of bead embroidery in the context of the art project

The medium of bead embroidery for the art project was deliberately chosen because of the proximity to traditional techniques associated with women in the domestic sphere. By sewing individual beads to create an image of an anatomical structure in the female body named by a man, a connection is made to the invisibility of women's labor and the conceptualization of eponyms. The visual representation using embroidery hoops and antique linen with doilies plays with the ornamental aspect of the female experience as the homemaker, the limited possibilities for creative output in craft, and the association with low art. Moreover, understanding needlework in a new context – the repetitive stabbing – serves as a catalyst for anger and aggression.

During the peak of eponym-naming, female handwork symbolized domesticity as an idealized image of European bourgeoisie. Women's role in society was limited to modesty and finding fulfillment in housework and family. This association of women's hands being occupied with creating something beautiful, pleasing, and useful, while being passive and confined to the home, persisted (Ehrmann-Köpke 2010: 14). As the designated "natural homemaker" (Edwards 2006: 13), women were generally producing domestic craft. It was ingrained in girls' lives by female relatives as well as reinforced in formal education. Young women were expected to produce domestic craft as the main occupation during their wait before marriage (Ehrmann-Köpke 2010: 11). The psychologist

Rozsika Parker (1984: 2) points out that embroidery evokes a picture of chastity and virginity. She further wrote in her book "The Subversive Stitch: Embroidery and the Making of the Feminine":

> The role of embroidery in creating an appearance of femininity and nobility could not be more clearly exhibited. Embroidery combined the humility of needlework with rich stitchery. It connoted opulence and obedience. It ensured that women spent long hours at home, retired in private (73).

The traditional art techniques employed by women, such as textile materials, quilting, needlepoint, and embroidery, were not awarded the status of fine art. In comparison to the traditionally male-dominated art forms such as painting and sculpture, traditionally female associated techniques such as embroidery were assigned "lesser intellectual involvement" (Michna 2020: 181), conceding women only "the capacity for simple thought" (Edwards 2006: 12). The hierarchical distinction that elevated fine art/high art (male) before craft/low art (female) has been shaped by gender (Lippard 1984: 98). The art/craft division assigned superiority to art created with brush and paint and insignificance to needle and thread. By taking a closer look, it becomes apparent that the underlying cause for this distinction does not lie in the skill or technique but rather in the question of who created the piece and where. The distinction between the low art created by women in the home and the high art executed publicly and often by men, lies in the gender of their creators (Parker 1984: 5). The result of this dichotomy sets the tone to what will constitute as valuable art in the years to come. Rather than recognizing for example an embroidered picture as a distinct yet equal art form to a painting, embroidery was degraded to decorative craft.

The art and craft divide based on gender became increasingly difficult to uphold when more women entered the artworld: is a woman who paints a 'fine artist', but a woman who embroiders a 'craftsperson'?

Fig. 5 Christine Achtermann-Jones: *Graafian follicle* (named after Reinier de Graaf, 1641–1673), 2022. Glass-beads and linen.

The feminist art movement and the use of traditional female associated techniques

In the second wave feminist art movement of the 1960s and 1970s, female artists sought out to be part of the professional art world and to deconstruct the male dominance in this field. Rooted in the historical understanding of gender norms and new feminist ideas about patriarchy and labor division, the female artist transported the feminist struggle for – mostly white – women's rights into their arts. They challenged established definitions of innate differences between the sexes and fostered a new approach to representing femininity (Parker 1984: 3). Central to their demands were the right for participation, the elevation of female techniques and access to galleries and museums (Fowler 2015: 13).

Another aspect of the lack of participation is the role women had played in the arts, which is the role of the object. Similar to medical history, in art history the women were looked at. The concept of the "male gaze" was first described by John Berger in 1972 as he analyzed art history. He wrote:

> Men act and women appear. Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women but also the relation of women to themselves. The surveyor of woman in herself is male: the surveyed is female. Thus, she turns herself into an object of vision: a sight (Berger 1972: 47).

Some women of the feminist art movement used their bodies intentionally, challenging the male gaze and passivity. The explicit use emphasized the body and liberated it from patriarchal expectation, thus earning agency, often in performance art.[8] "Manipulating the body itself as *mise en scene,* such [feminist] artists make *their own bodies* explicit as the stage, canvas, or screen across which social agendas of privilege and disprivilege have been manipulated" (Schneider 1997: 20). Some women of the feminist art movement used traditionally female-associated techniques and materials as an expression for the female experience. Previously, techniques like embroidery, sewing, use of textile and even pastel colors and delicate lines were avoided because the female artist "could not afford to be called 'feminine artists', the implication of inferiority having been all too precisely learned from experience" (Lippard 1976: 57). The feminist art movement changed that, and women began "proudly untying the apron strings – and, in some cases, keeping the apron on, flaunting it, turning it into art" (ibid.). Using the domestic methods such as quilting embroidery intently as well as employing female attributed objects gave the feminist art a political character (see: "Semiotics of the kitchen" by Martha Rosler and "Womanhouse" by Judy Chicago & Miriam Schapiro). The feminist art movement was loud and laid the unequal treatment bare "because its purpose was to change existing artistic practices which excluded women and to call attention to issues related to women's experiences" (Michna 2020: 168).

The use of the 'low art' materials evolved as the traditional female-associated techniques left the anonymity of the private realm and came into the public eye. "Gradually, knitting, weaving, embroidery, and quilting entered the public sphere and made significant social and political statements" (ibid: 181). By challenging the binaries and blurring categories, female artists deconstructed existing interpretations of what constituted fine art and argued for inclusivity of materials, which paved the way for traditionally female associated techniques in the arts (Shiner 2012: 241). For some artists, the overlapping of categories among disciplines became the trademark of their art.

Embroidery and textiles are still used in contemporary feminist art. The artist Sarah Naqvi uses stitching and beads to destigmatize menstruation,[9] Katrina Majkut depicts in her series "in control" medical and wellness products geared to female reproductive organs[10] and Sally Hewett deals with the female body after surgery.[11] Christine Achtermann-Jones' art project "Who the fuck is James Douglas" focuses on the impact of the historic naming practice in medicine and approaches eponyms with a contemporary female gaze.

Fig. 6 Christine Achtermann-Jones: *Gartner duct* (named after Treschow Gartner, 1785–1827) and Müllerian duct (named after *Johannes Peter Müller*, 1801–1858), 2023. Glassbeads and linen.

Conclusion

This interdisciplinary paper explores both aspects of gender in the history of eponyms in female anatomy as well as artistic ways of dealing with those eponyms from the perspective of the

feminist artist. We show how the evolution of the anatomical nomenclature for women's anatomy was heavily influenced by an epistemological culture that only let women sit in the patient's chair or as models for artists for centuries. Our study calls for further research into the gender history of anatomical nomenclature and eponyms: We propose broadening the research beyond the global North, exploring interactions between Western and non-Western medical traditions, and examining the colonial legacy of anatomy. When it comes to ways of dealing with the ambivalent legacy, eponyms for the most intimate parts of female bodies raise questions on agency and participation in the production of science. Female anatomy is about sexuality, reproduction, feelings, and identity. What we call these very private parts of a woman matters. Consequently, the art project "Who the fuck is James Douglas" will continue and come to a closure with a renaming exhibition. From the medical world, we found a pioneer in renaming a contested eponym: Kameelah Phillips, an obstetrician-gynecologist at Calla Women's Health in New York City, decided not to use the aforementioned eponym 'Sim's speculum' anymore in her operating room and calls it 'Lucy' instead after one of the slaves James Marion Sims had conducted his research on.[12] Phillips has been calling the device the new name for over a decade, but occasionally she needs to tell a new staff member what 'Lucy' refers to, and a history lesson usually follows. "It's an opportunity for education and enlightenment," she says. Our paper aims to expand that history lesson in order to enhance understanding of the female body as a territory mapped in the past within a medical culture, which gave them very little opportunity to shape that map.

Notes

1 We would like to thank Helene Gaudet for the help with the French translation of the abstract and Frederick Wright Jones for the thorough proof reading of the paper.
2 Last accessed on 26.01.2024.
3 The authors wish to acknowledge the difference between sex and gender. We understand that there are many humans with female sexual organs, who do not identify as women. In this article, we are taking a closer look at the history of female anatomy as well as social norms surrounding gender. Biological differences need to be talked about in the context of societal created gender norms. We will use the term female, male, woman, and man because we are talking about the existing binary in history, medicine, and the affect it has today.
4 The website https//www.whonamedit.com provides an up-to-date overview.
5 Web publication "Where are all the Women"; https://litfl.com/where-are-all-the-women [29.01.2024].
6 'Scham' is the German term for 'shame'.
7 See fig. 2. Here: Where are all the Women? • LITFL • Medical Eponym Library.
8 See: Interior Scroll by Carolee Schneemann/Tapp-und-Tast-Kino/Tap and Touch Cinema by Valie Export.
9 Web publication https//www.timesofindia.indiatimes.com/home/sunday-times/why-artistes-are-brushing-away-period-stigma/amp_articleshow/74260453.cms [22.01.2024].
10 Web publication "in control" https//www.katrinamajkut.com/cross-stich-works [22.01.2024].
11 Web publication "medical/surgical embroideries" https//www.sallyhewett.co.uk/gallery_660403.html [22.01.2024].
12 Thttps://www.today.com/health/racism-gynecology-dr-james-marion-sims-t185269 [31.01.2024].

Table of figures

Fig. 1 G-Zone (named after Ernst Gräfenberg, 1881–1957), 2023, Image Christine Achtermann-Jones.
Fig. 2 Pouch of Douglas (named after James Douglas, 1675–1742), 2022, Image Christine Achtermann-Jones.
Fig. 3 Skene's glands (named after Alexander Skene, 1837–1900), 2022, Image Christine Achtermann-Jones.
Fig. 4 Bartholin's glands (named after Casper Bartholin the Younger, 1655–1738), 2022, Image Christine Achtermann-Jones.
Fig. 5 Graafian follicle (named after Reinier de Graaf, 1641–1673), 2022, Image Christine Achtermann-Jones.
Fig. 6 Gartner duct (named after Treschow Gartner, 1785–1827) and Müllerian duct (named after Johannes Peter Müller, 1801–1858), 2023, Image Christine Achtermann-Jones.

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