

# Moral and Gender Issues in Aesthetic Medicine and Surgery

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Whatever the definition of beauty, cosmetology, the art of beautifying the body, has been practiced historically mainly by women, hairdressers or barbers, rarely by physicians.

Improving the appearance of a person by a physician is not listed nor condemned in the Hippocratic oath. However, if a few doctors have practiced aesthetic medicine and surgery since Antiquity, many have considered that the prime duty of medicine is to cure diseases or relieve suffering and that doctors should not use their knowledge and spend their time for cosmetic care which increases the vanity of some patients who can afford it and the fortune of the medical practitioners. As plastic surgeons, we have all received one day or another an open or hidden criticism by colleagues who would praise our reconstructive work, but make fun or consider trivial the cosmetic part of our specialty. In 2002, following an editorial in the *Plastic and Reconstructive Surgery Journal* by Robert Goldwyn, former plastic surgeon J Scott Isenberg wrote a provocative letter: “the aesthetic surgeon, as a physician, has an ethical mandate, to cure disease and relieve suffering and the alteration of otherwise normal physical features (minor deformations or senescence) does not meet these criteria. Equally problematic, by his own activities (including aggressive marketing disguised as patient education) the aesthetic surgeon contributes to the community-wide dissatisfaction and anxiety centered on physical appearance, he claims to relieve”. As could be expected, Goldwyn reacted by presenting his own experience, implemented by a number of studies showing that the psychological and social well being of most patients has improved following aesthetic procedures, and although these treatments do not cure a disease, they help individuals who feel ill at ease in their environment.<sup>1</sup>

## CLEOPATRA, CRITON, AND GALEN

The dispute over cosmetology practiced by physicians dates back from the beginning of our era. The ancient Egyptians were famous for their lavish use of cosmetics and perfume and Cleopatra, the Queen of Egypt and trend-setter of the Mediterranean was doubly so. She was rarely seen in public without a face made up of blush, lipstick, multicolored eye shadow, darkened eyebrows and flattened eyelashes (Fig. 1a). Her recipes to improve beauty were assembled in a book entitled *Kosmeticon*. Criton, a Greek physician, and surgeon practicing in Rome during Nero’s reign (first century AD), wrote a treaty of embellishment in 4 volumes, describing methods



FIGURE 1. a. Egyptian beauty. 1b. The women doctors of Salerno.

and precepts inspired by Cleopatra and another doctor, Heraclides of Taranto. Although this treaty has been lost, we know that it contained multiple precepts for hair growth and hair removal, erasing wrinkles, changing the complexion, drawing the eyebrows, removing bad smells, whitening of scars, removing face marks, and pigmented spots during pregnancy, embellishing the breasts as well as multiple other treatments for skin and other external diseases like hernia, ulcers, anal prolapse, paraphimosis.

Some years later, the famous Galen (129AD–200AD), whose writings became the mainstay of physician’s university curriculum up to the 19th century, did not hesitate to analyze Criton’s books. According to him, embellishment should be divided in 2 categories: either to improve the brilliance of a natural beauty or to hide a real ugliness under the deceiving mask of a sophisticated beauty. The first part really belongs to surgery, it is the cosmetic art (*ars oratrix*) derived from the Greek words *κοσμητικὴ τέχνη*, in good order, clearness, adornment, ornament; but for the second part, Criton should be blamed, according to Galen, because it is a moral prejudice and may harm the health. It is called the *commotic* (*ars*

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fucatrix) from κομμωτικ (τέχνη), fake ornament, make-up. This belongs to women employed in the baths (patriatrices, commotrices, comptrices), and is not done to improve health, but to increase personal seduction. On the opposite, for Galen, the purpose of medical cosmetic is not to mask ugliness, but to give back to the wellborn persons what is consistent with their nature, a natural and authentic beauty, that had been altered by the vicissitudes of a hard life. The objects of cosmetic medicine and surgery include everything, which tarnishes or erases natural beauty: straighten bent limbs, correct scratched eyelids, remove a supernumerary digit, treat obesity, as it may impair the essential functions of health. Making this subtle distinction between commotic and cosmetic allowed Galen to accept treating for embellishment high ranked people without infringing the moral code of the physicians.

**RELIGIONS**

Prohibition of medical or surgical cosmetology is not clearly specified in the Bible, although a few verses mention that women should not put too much importance on physical appearance [“likewise also that women should adorn themselves in respectable apparel, with modesty and self-control, not with braided hair and gold or pearls or costly attire.” 1 Timothy 2:9.] During the second century AC, Tertullian, a presbyter in Carthage, deals with the appropriate apparel for women. They should abandon ornaments and cosmetics. He reasons that the sex that brought sin into the world should wear humble garb and renounce the skills of adornment that were taught by the angels of darkness. He also reminds women that such attire tempts men and betrays impure impulses within their own souls.

Islam precepts are probably less permissive than Judeo-Christian ones. Atiyeh and collaborators have made a review of the literature on this subject. They conclude that according to Islamic principles, individuals should be satisfied with the way Allah has created them.<sup>2</sup> But even if “changing the creation of Allah” is considered unlawful, Islamic law remains ambiguous regarding cosmetic surgery. It rather objects to exaggeration and extremism, according to these authors. However, for the Institute of Islamic Jurisprudence (Darul Iftaa), cosmetic surgery for the purpose of beautifying oneself is impermissible. The body given to us by our creator is a trust (amanah), thus it is unlawful to interfere with it in any way. If one does so, one will be committing the sin of “changing the nature created by Allah” (taghyir khalq Allah).

**LATE MIDDLE AGE**

In spite of these recommendations, a few doctors of Christian or Muslim faith did not hesitate to provide care for embellishing the body of women, sometimes referring themselves to Galen. Since the 10th century the city of Salerno, (south of Naples, Italy) acquired a wide medical and surgical reputation, in particular, thanks to a series of women doctors (Fig. 1b), the most famous being Trotula or Magister Trota (Fig. 2a), who wrote in the middle of the 11th century 3 books: *On the Conditions of Women*, *On Treatments for Women*, and *On Women’s Cosmetics*. This last treatise is a compendium of recipes and surgical methods for the embellishment of women, particularly in the post partum period. Examples of chapters’ titles include: “For removing wrinkles, On freckles of the face, On removing redness of the face, For veins in the face, On fissures of the lips, On warts, On Prolapse and Constrictive of the vagina, On lesions of the breasts, and several buccal problems, like for Stench of the mouth, black or loosening of the teeth, Fall of the uvula(!)” The Trotula texts became soon the most influential compendium on these matters and have been copied and reproduced many times during several centuries, in Latin and in various vernacular languages.<sup>3</sup>



FIGURE 2. a. Trotula’s compendium 14th century. b. Society women (medieval illumination).

During the late Middle age, Arabs of Islamic faith and Christians, often doctors and clerics, wrote the most important medical and surgical treatises. Almost each of this treatise include 1 or 2 chapters on cosmetic treatments.

Avicenne or Ibn Sina (980–1037). The Canon of Medicine is a medical encyclopedia, which became a standard medical text at many medieval universities. The seventh and last art mentioned in the fourth book of the Canon is assigned to the topic of “zina” (ornament and ornamentation), that is the physical appearance. It consists of 4 articles dealing with appearance, beauty, hair, and body care, as well as skin diseases and their treatment. Subjects such as obesity and emaciation that affect the appearance and preventive methods and measures for all of these are also discussed.

Henry de Mondeville (1260–1320). *Cyrurgia* is a 14-year involvement on a medico-surgical treatise, which he was not able to finish before his death. Several chapters are concerned with the embellishment of men and women by various methods such as dermabrasion and epilation. Mondeville is however somewhat ambiguous about this practice:

“This embellishment is against God and Justice, and most often is not the treatment of a disease, but is made to falsify and fraud, besides that this subject does not please me. However, a surgeon who lives in provinces or cities where there would be many women of the court and would be renown as a good operator in this art, could receive a considerable advantage and the favor of the ladies, which is not a small thing nowadays.”

Guy de Chauliac (1300–1368) was teacher and cleric at the University of Montpellier and in Lyon. He served as a physician for 3 Popes in Avignon and ended in 1363 his *Chirurgia Magna*, the most complete encyclopedia of medicine and surgery of his era, quoting extensively Galen and Avicenne. One chapter is devoted solely to the embellishment of the face in general (*De universali faciei decoratione*). In the introduction, he refers himself to the moral principles of Galen, making a subtle difference between the requests of women who want to embellish themselves for pleasure of the senses (*les femmes fardeuses*) (Fig. 2b), that he refuses to treat, and the more honest women who want to erase the marks of old age or ugliness, to avoid the criticisms of their husbands. This one can be advised or treated by a physician.



FIGURE 3. a. Gli ornamenti delle donne. 3b. Abdecker or the art of preserving beauty.

## RENAISSANCE

Although Galen and Guy de Chauliac were abundantly read and quoted by most medical and surgical textbooks of the Renaissance, it seems that university doctors were no longer in favor of cosmetic medicine after the 16th or the 17th century. Beauty of the bodies was discussed mainly from a theoretical point of view, with the gold numbers of Fibonacci or disclosed in the superb anatomical drawings of Vesalius. The field of cosmetology was the domain of midwives, barbers, charlatans, medicasters, or quacks. However, as if physicians were either ashamed or embarrassed to publish a book on embellishment, some of them produced very detailed cosmetic treatises under the cover of fake copies or translations. For example, *Gli ornamenti delle Donna, Trattati dalle Scritture di una Reina Greca* (The ornaments of the women, treatise written by a Greek Queen), printed in 4 volumes in 1562 by a gynecologist, Giovanni Marinello, is one of the most copious works entirely dedicated to the subject of cosmetology. Marinello from Padova (Italy) attributed the texts to an imaginary Greek Queen. Two centuries later, the French doctor Antoine Le Camus published a similar treaty in English with the title *Abdecker or the Art of preserving Beauty*, translated from an Arabic Manuscript (Fig. 2b). It is written under the form of a novel relating the love and the recommendations given by the young physician Abdecker to the beautiful wife of the Sultan of Constantinople, with whom he was in love. The so-called Arabic Manuscript never existed. Needless to say, that these 2 treatises obtained a large popular success (Fig. 3).

## MODERN ERA

If most local flaps and skin grafts used in plastic surgery were described during the 19th century, serious surgeons were often reluctant to operate for purely cosmetic reasons. Praise was made for extensive operations and quickness of procedures. It is at the turn of the 20th century that aesthetic surgery became again fashionable with pioneers like Charles C Miller in Chicago, Jacques Joseph in Berlin, Susanne Noël in Paris and many others who did not hesitate to write articles and books exclusively concerned with cosmetic surgery that is embellishment of the face and breasts. The fact that Madame Noël had been involved in the treatment of severely mutilated soldiers during the Great War, with her teacher Hippolyte Morestin, has certainly contributed to the acceptance of aesthetic surgery by the medical community up to the present time.

Raymond Passot, another pupil of Morestin, published in 1931 a book entirely dedicated to aesthetic surgery: *Chirurgie esthétique pure*, to inform the general practitioners about this new specialty. He recalls that when he had made his first presentation on rhytidectomy in 1919, several eminent colleagues had tried to dissuade him to engage in this very uncertain and frivolous field for a serious surgeon.

## FEMALE GENITAL COSMETIC SURGERY

Female genital cosmetic surgery, designed to improve the appearance subjectively, and potentially providing psychological and functional improvement in sexual seduction and satisfaction, is not new but has been recently developed to a great extent. In the last 2 decades, hundreds of articles have tackled medical, ethical, psychological and commercial aspects of these operations. In 2008, Leonore Tiefer, a psychiatrist involved in feminine scholarly activism, asks: “Freakish or inevitable?” concerning the medical marketing and the bioethics accompanying these procedures, which are considered by some feminist theories as horrific, preposterous, self-evidently dangerous, and extreme example of harmful medicalization.<sup>4</sup> “I believe we have an ethical obligation to question technological bodily interventions that have inadequate evidence bases behind them and from which surgeons earn considerable income”, writes in 2010 sociologist Virginia Braun, after reviewing 153 publications on female genital cosmetic surgery.<sup>5</sup> These critics were mainly addressed to the intense advertisements produced by some doctors and clinics, encouraging women to request and undergo these types of “beauty” treatments. In 2011, Julie Dobleir, Koenraad Van Landuyt, and Stan Monstrey made a comprehensive overview of the indications and the methods of female genital cosmetic surgery. They indicated that there was an urgent need for guidelines in indications and standardization of procedures and that long-term follow up studies will be necessary to evaluate the outcome of genital aesthetic surgery. To prevent the criticisms mentioned above, they made a plea for an ethical auto regulation of the plastic surgeons: Patients should be over 18 years old, psychologically stable, and fully informed on the risks and expected results, operations should never result in genital or sexual dysfunction, surgeons should have enough expertise to perform the best possible surgery, and correction should not be performed at the expense of social security.<sup>6</sup>

## MORAL—IMMORAL?

Aesthetic surgery and medicine belong to what is now called “enhancement medicine”, which means that a physician is not anymore treating a diseased patient, but helps to his comfort, his appearance, his well-being, his performances (sportive or sexual), his integration into society. Nevertheless, it is illusory to consider that most of the cosmetic treatments are performed for the noble purpose of a medical act, as it is traditionally defined. As with the industry of cosmetics, aesthetic medicine and surgery are most often linked to a commercial contract between a professional (technician, artisan, artist?) and a client who is willing to pay for the modifications that he undergoes, whether or not this is necessary. They are neither more, nor less immoral than the care of hairdressers, cosmeticians or tattoo makers, unless we accept Galen problematic distinction between “commotic” and “cosmetic” cases and his questionable reference to the morality of the patients.

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