

CHAPTER 18

Sexual Anatomy

Exploration of one's own anatomy and that of one's partner is perhaps the best and most pleasant way to learn about these structures. However, while there's no substitute for having been there yourself, a guidebook can help. These notes may deepen your understanding and appreciation.

Except for extremely rare individuals whose development in the womb is stuffed up, all male mammals have a penis. There is, however, an enormous variation in size, shape and structure. They come in two basic types - those, like ours, where erection is due to engorgement with blood and the more fibroelastic type, like the bull's, where erection occurs by relaxation of a special muscle. The latter type lengthens considerably when erect but stays rather thin.

Inside the human penis are three spongy cylinders, two of which (the corpora cavernosa) lie side by side along the top and another (the corpus spongiosum) that lies along the underside. During erection, the arteries supplying the penis keep pumping blood but the veins returning it are cut off so that the corpora come to contain above eight times the normal amount of blood.

The human male (except for a dozen recorded cases) is almost unique among primates in not having a bone in his penis. Some species of many different types of mammals also have a bone in their penises.

Man is also almost unique - tree shrews and some bats are built the same way - in having a dangly dick covered by a foreskin that is an extension of the skin of the penile shaft. Strangely enough, many want to destroy this distinguishing feature. Since the knob of the penis has the same sort of sensitive skin as the lips, tongue and fingertips, it would seem logical to have a foreskin protecting it, but denuding it seems to have as little effect as does the constant exposure the fingertips and lips suffer.

There is little scientific evidence in favour of having, or not having, a foreskin (though some recent evidence suggests circumcised men have a lesser chance of contracting AIDS than do uncircumcised men), and preference seems to be a matter of culture and what one is used to. Medical conditions such as phimosis (where an excessively tight foreskin causes problems) and erosive balanitis (where certain bacteria cause galloping knob rot) may require its removal but such cases are rather infrequent. Cancer of the penis also occurs almost exclusively in the uncircumcised but simple hygiene provides as good protection as circumcision.

The knob itself shows fascinating diversity, from the fairly common mushroom or helmet-shaped variety like ours through to lance-like ones and even corkscrew-shaped ones like the boar's. Many mammals (e.g., rats, mice, guinea-pigs, cats) have bumps or spines on theirs; talk about ticklers!

Size also varies enormously, from minute up to eight feet long in blue and fin whales. Man is comparatively well off, having the largest weapon (on average) of all the primates. Don't get too smug about this though, guys; your mongrel dog has a comparatively bigger one in its fully erect state inside the bitch's vagina.

As you've probably noticed, there's a wide range in size between pricks even in the same species. Droopy dicks differ a lot more than erect ones, with the average length in man being about four inches (10 cm). Not only do penises that are smaller in the flaccid state tend to expand more on erection than larger ones but the length of a flaccid penis can vary with a lot of factors; every guy has trouble finding his on a cold winter's morning.

Because of this, scientists and medicos prefer to use the stretched flaccid length (grab it by the knob and stretch it out as far as it will go) as a measure of normal - 5.2 inches (13 cm) by this measure. Medically, you're not considered to have a problem if you make above three and a half inches (9 cm). This measurement is consistently close to ninety percent of the erect length. For white Americans, the mean length for the erect penis is 5.9 inches (15 cm). Negroes statistically have dicks 0.3 inches (0.8 cm) longer, while Thais average 0.3 inches (0.8 cm) less.

The distribution curve is reasonably normal, though slightly skewed to the smaller side. This means that the vast majority of men have erect dongers in the range of 5-7 inches (13-18 cm), while men with dicks longer than 8.3 inches (21 cm) are even rarer than those with 'micropenises' of less than 3.9 inches (10 cm).

An extensive *Forum* survey in the US in 1970 revealed a largest erect penis of nine inches (23 cm), while Dr Wardell Pomeroy, in his book *Illustrated Book of Sexual Records*, records ten inches (25 cm) as the longest documented erect penis.

Should 'normal' males envy such giants? Logically, no. The sensitive female areas are comparatively shallow and the vagina can in any case expand or contract to suit virtually any size penis. From a physiological standpoint, penis size has no relevance to the sexual pleasure of either partner. The idea that men with large penises are better lovers is a very old one and may have been linked originally to male self-image, with women being taken in by the myth, partly through ignorance of their own sexuality. This is changing as more is learned about female sexual response. Every survey I have been able to locate found that women prefer an average, or only slightly larger than average, penis.

Says sex therapist Theresa Crenshaw: 'I hear more comments from women complaining about a larger than average penis. I rarely hear a woman complain about a man's penis being too small. I occasionally have women who emphatically comment that they prefer smaller penises and will avoid men who are "well endowed".'

So why do most guys yearn for a really big weapon? Part of the answer is misinformation in 'man talk' and in literature, where the idea is conveyed that a guy with a big dick can get (and please) a chick effortlessly.

Unfortunately, an illogicality of female behaviour may reinforce this. The same woman who reports that she prefers an average sized willy may well be turned on by evidence of a large penis - especially a large erect penis.

The erect penis has long been a symbol of power, and the bigger the more powerful. We no longer erect 360 foot high gold-covered phallic statues, as did the ancient Greeks. We don't go as far as the squirrel monkey who thrusts his erect bright red penis in the face of a subordinate. But we still flaunt the penis and its innumerable symbols - from candles to the modern rock guitar masturbated on stage by pop groups.

But the most potent reason may well reside in our adolescent memories. Remember when you were eleven, guys? There you were still singing soprano, being wrestled into submission by girls your own age, and with a dick you could stretch out to about two inches at a pinch - only a half inch or so longer than your two year old brother - and surrounded by older guys with enormous whangers and almost unlimited power.

Then, suddenly, amazingly, every time you looked at it (and that was pretty often), it seemed to have grown, and by the time you were eighteen, six inches or more stood proudly erect, usually with very little urging. At last, you were indisputably a man!

Sadly, if you are truly deficient in the dick department, there's not a lot you can do about it. Forget all the pills, lotions, pumps, etc; they won't do any good and may do some harm. Medicine can't help either. The hormones which cause that impressive increase in the size of the penis during adolescence stop acting after puberty. Maybe, just maybe, medical scientists will one day learn how to turn back on, or replace, the receptors that allow these hormones to act, but I wouldn't hold my breath waiting.

Surgically, there is some hope in a still controversial operation in which fat is taken from the patient's abdomen and injected under the skin of the penis, providing a significant increase in girth. An even more controversial operation can provide an apparent increase in length by freeing a part of the normally hidden portion at the base from its attachment to the perineum.

Really, the most important thing is not length or width but strength. The harder the harder the better it is for both partners. Guys should keep themselves fit, the blood flowing and their muscles toned.

There are some points of technique which can be helpful for those with abnormal sized dicks. Those with smaller weapons need to enter sooner, provide plenty of accompanying stimulation during intercourse, move faster and go for positions allowing deeper penetration and change of focus. The best positions are probably with the female on top or missionary type positions with the female's buttocks raised with a pillow (or the guy's hands). She should thrust with him and tilt her pelvis and it helps if she does her Kegel exercises.

Guys with big dicks need to indulge in plenty of foreplay before entry, to use extra lubrication if necessary, to be slower and more gentle in their movements, and should choose positions in which deep penetration is less feasible - such as woman on top or side by side.

Whatever its size, there is no reason the joystick cannot forever be a joy both to the man and to his woman. At the very least, it's a damned handy thing to take on a picnic. Girls can envy boys for that if for nothing else. Then again, perhaps both boys and girls can envy many marsupials, where the male has a terminally forked penis that can simultaneously negotiate with the dual vaginal canals of the female.

The urethra, the duct for both urine and sperm, passes from the bladder through the middle of the penis. During erection, a valve system closes off the neck of the bladder so that urine cannot be discharged from the penis and semen cannot flow into the bladder (though one can in fact train oneself to perform this latter feat and many members of Buddhist, Hindu and Jain religions practised it to avoid the debilitation that was supposed to come from losing semen). About one in 300 boys are born with hypospadias, defects of development where the urethra does not quite fuse and urine dribbles out somewhere along the shaft of the penis. Surgery can usually correct the defect if performed within the first year of life but is less successful if delayed until adulthood. Surgery can also correct chordee, where a severe, sometimes painful curvature of the penis is produced by the urethra being slightly shorter than the penis.

The testicles manufacture both sperm and testosterone. In almost all mammals (the main exceptions being whales, dolphins, porpoises, elephants, armadillos and sloths), they are enclosed in a sac called the scrotum, which is carried outside the body. The reason for this arrangement is that sperm cannot be formed at the core temperature of most mammals. The cremaster muscles raise and lower the scrotum in response to changes in temperature. They also bring the scrotum (which enlarges by anything from fifty percent to double during sexual arousal) up very close to the body just before ejaculation - a fact which can sometimes be utilised in delaying ejaculation. Occasionally, boys are born with the testicles still up inside the abdomen. This is easily surgically fixed and it is important to do so both because such males are likely to be infertile and because such testicles are forty to fifty times more likely to become cancerous.

Sperm go from the testicles to a structure on the back of each testicle, called the epididymis, where they mature as they pass along a twenty foot long, tightly coiled tube. From here they pass through a twenty inch long tube called the vas deferens, which takes them into the urethra for ejaculation.

The prostate gland produces a special alkaline secretion, making up about thirty percent of the semen, that neutralises the acid in the vagina so the sperm can survive until they reach the uterus. Some two or three seconds before ejaculation, it and several other related glands (especially the seminal vesicles, a pair of saclike organs which produce about seventy percent of the seminal fluid) contract rhythmically and expel their secretions into the base of the urethra. This process not only provides the sperm with fluids useful to their mission but also produces the feeling that you're about to ejaculate and can't stop.

The vagina varies less in size than the penis in that it is about 4.7-6.3 inches (12-16 cm) deep. It goes from the outside to the uterus, portion of which projects into the vagina as the cervix. In the centre of the cervix is an opening called the os that is normally about the size of a drinking straw but dilates to about ten centimetres (about five fingers width) just before childbirth. Uterine (fallopian) tubes go from the uterus to the ovaries and carry the ova (eggs) from the ovaries to the uterus. Whether or not the vagina contains a structure called the G-spot is

still hotly debated. Perhaps Zwi Hoch, director of the Centre for Sexual Therapy, Education and Research at Rambam Medical Centre in Israel, has provided the best summary to date: 'Evidence in support of the "G-spot" - defined as a discrete anatomical structure located on the anterior vaginal wall, which swells on being tactitely stimulated - is inconclusive. However, it seems reasonable to accept that women possess a zone of tactile erotic sensitivity on the anterior vaginal wall, which may in many of them extend to the entire anterior wall and the posterior vaginal wall'. What does seem more certain is that reports of female ejaculation were mistaken.

The outside of the vagina is covered by two sets of lips - the smaller, inner labia minores, ranging in shade from pink to brown, and the larger, outer labia majores. Above the vagina is a fleshy ridge called the mons pubis. Just below this is the clitoris - an organ whose only known biological function is to give pleasure.

The glans of the clitoris is a small pink point where the inner lips join together at the top. It can sometimes be difficult to find because it is covered by the prepuce (hood), which sometimes has many folds. The skin of the glans is smooth and sensitive, like that of the penile glans. The glans constitutes only a fairly small fraction of the clitoris, which continues as a short internal shaft before branching into long crura. All these structures contain cavernous tissue that fills with blood and swells as in the penis. This tissue does, however, differ from that in the male in not being surrounded by a firm fibrous sheath. There is significant variation in size of the clitoris. Measurement of the clitoris for clinical purposes is done as cross-sectional area (largest vertical measurement X largest horizontal measurement). Using this measure, the average value for women between 17 and 35 is 19 sq.mm., with 95 percent being less than 35 sq.mm. This value tends to rise with age, so that the average value in women 67-91 is 30 sq.mm., though some go up to 80 sq.mm. Where the clitoris differs markedly from the penis is that high serum androgen levels, whether due to overproduction within the body or to administration, cause extensive enlargement not only in juvenile girls but also in young and elderly women (as women taking male hormones as part of body-building can verify). The strangest (to us) sexual anatomy in the animal world occurs in the female spotted hyena, where the lower vagina (into which the male inserts his erect penis) is actually in a gigantic clitoris. The urethra also opens into the end of the clitoris.

However, with this and a few other rare exceptions, the urethra in most mammals (including humans) opens into the vaginal vestibule well below the base of the clitoris.

Breasts probably receive more attention than any other part of a woman's anatomy. For many males, they are a potent trigger of sexual arousal. For their female possessors, they can also be a vehicle of sexual arousal and pleasure. They are richly endowed with nerve endings and are so sensitive to all kinds of stimulation that about one percent of women are actually able to masturbate to orgasm simply by touching and stroking their nipples and breasts. On the other hand, only about half of women actually enjoy having their breasts fondled during sex play, though this may well be at least partly due to clumsy technique. In many (but not all) women, nipple erection is the first sign of arousal. Then the areola (the darkish area around the nipple) swells. In women who have not suckled, the breast itself then swells by up to 25 percent.

Perhaps even more important than their role in sex play is the fact that breasts are usually the most obvious sign of womanliness. Their development signals the start of puberty in girls and many women are as disturbed by their small breasts as men are about their small penises (both of which conceptions are often unwarranted) - so much so that there are nearly as many recipes and devices for breast enlargement as there are for penile enlargement. The result in both cases is the same - nil.

However, implant surgery, where an envelope of silicone or polyurethane filled with silicone gel or saline is inserted through a small incision made at the crease along the underside of the breast, can certainly give a woman the high, full, firm breasts that is our cultural ideal. Millions of women have had this operation, about a fifth of them to restore breasts damaged by cancer surgery and the rest for cosmetic reasons. In recent years, there have been claims of a wide range

of symptoms resulting from leaking silicone gel implants. The sole study that shows any link (and the one on which litigants invariably rely) has all the hallmarks of medical fraud. It is also strange that these devices, even if leaking or ruptured, should cause such symptoms when the earlier procedure of directly injecting silicone apparently did not. For all that, the leakage or rupture of an implant can be traumatic and costly for the woman and she is entitled to the usual consumer protection against faulty products.

Despite the prominence given to breasts, and especially big breasts, in our culture, it seems that women's yen for large breasts is as misguided as men's longing for big penises. Only about half of men actually find breasts sexually attractive and about half of those are turned on by smaller ones. This may be at least partly due to the fact that, except for temporary gains due to pregnancy, nursing or birth control pills, most increase in breast size after puberty is likely to be due to weight gain and is often accompanied by sagging of the breast. Saggings are definitely a turnoff for most men. Good posture and exercises to strengthen the pectorals, the muscles beneath the breasts, will help lift the breasts, both making them appear larger and more attractive.

Many women worry that their breasts are not the same size. They're in good company; over half of all women have breasts that vary enough in size for the difference to be noticeable to the naked eye and nearly a quarter have one breast at least twenty percent larger than the other.

Intermammary intercourse as an occasional alternative or prelude to intercourse can be satisfying for both partners.