



Introduction to Genital Anatomy

Of the Male and Female



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Introduction to Genital Anatomy

Of the Male and Female

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Inter-Circ: The International Circumcision Forum



is a volunteer-run pro-circumcision group. The purpose of the group is to make known the benefits of circumcision, to debate topical issues related to the subject and to offer advice both pre- and post-circumcision.

The Inter-Circ forum is located at:

<https://groups.io/g/inter-circ>

Disclaimer

Whilst every effort has been made to ensure the accuracy of the information contained within this publication, it is intended as an introductory guide only and not as a source of complete or totally indisputable information. The contents are not 'medical advice', for which you must consult a registered medical practitioner.

Warning

This document contains explicit drawings and information about the anatomy of the genitals that all teenagers and young adults should know.

Parents may wish to ensure that they consider it suitable before giving copies to their young/pre-teen children.

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Introduction

'Sex Education', 'Health and Personal Development' or 'Human Biology' lessons have been part of the standard curriculum of most High Schools (and many Junior/Grade schools) for many years now. In some places these subjects are compulsory whilst in others optional but normally included.

Despite this, there are hundreds of teenagers and young adults daily displaying ignorance of basic genital anatomy and related matters when writing on various Internet forums and chat rooms such as 'Yahoo! Answers'. The same questions crop up time and time again; but the answers are often only from equally ignorant peers as few relevant professionals frequent such forums. Any accurate and useful replies also tend to get lost in the general noise.

This booklet aims to give definitive, medically correct, answers to some of these important questions in an easily read and more permanent form.

Please note that, although often dominated by enquirers from North America, these forums, chat rooms, etc. are available and used worldwide. All spellings and grammatical constructions used in this booklet are therefore in accordance with the standards of International English. In general, North American spellings only vary in minor respects and can easily be adduced from the International English.

At the end of the booklet there are diagrams of male and female genital anatomy which may help in answering some questions; particularly as to the correct names, and relative positions, of the various sexual parts.

Some Questions

The following are just a few of the commonly asked questions particularly related to genital anatomy. A much wider range of questions and answers covering general health and development as well as the genitals can be found in the companion booklet "Is my penis ok?" obtainable from the Inter-Circ and Helpdesk web sites listed on the rear cover.

What is the average penis length?

The average erect length of an adult's penis is between 5 inches (12.7 cm) and 5.5 inches (14 cm). It should be noted that anything longer than 6.5 inches (16.5 cm) is pure fantasy.

What is the foreskin?

The foreskin is that part of the skin of the uncircumcised penis which covers the glans, together with any skin which is beyond the tip of the glans.

It is a double layer of skin, rather like the cuff of a shirt. The outer layer is continuous with, and indistinguishable from, the skin over the shaft. At the tip there is a small ring of muscle that holds the tip lightly closed (to prevent dirt, etc from entering) but normally not tightly enough to prevent free retraction over the rim of the glans. The skin turns inwards here and changes texture to become much thinner and more prone to damage (this type of skin is called mucous membrane). The mucous membrane continues to just behind the glans where it turns forwards again and becomes the skin of the glans itself.

Why do we have a foreskin?

All mammals have a form of foreskin, although for most it is more a sheath for the full penis rather than simply a covering for the glans.

The human foreskin has a minor part to play in the early development of the penis in the womb. However, the major reason for it was that when mankind lived naked in scrubland it was necessary to protect the glans from being torn by bushes, etc. as men went about normal daily life.

Furthermore, it makes the glans extremely sensitive to ordinary touch and thus encourages very swift climax and ejaculation during intercourse. This used to be necessary to avoid long sex sessions during which the man and woman could become prey to wild animals.

In modern life we wear clothing and live mainly in towns and cities. We also like sex to be prolonged. Under these conditions there is no longer any need for the foreskin.

What is phimosis?

Phimosis is very simply medically defined as having a foreskin which is too tight.

In an infant or young child the foreskin is linked to the glans by thin strands called synechia, but more commonly called adhesions. These prevent the foreskin from being retracted at all. This is *not* phimosis. The synechia normally dissolve by about 5 years old, and certainly should be gone by the age of 8.

During this period of infancy the foreskin is considered to be too tight if urine cannot escape as fast as it is being fed into the foreskin. Phimosis thus causes the foreskin to balloon out during urination. It can be very painful for the boy and has the serious effect of putting a back pressure on the bladder and kidneys which can easily be damaged for life. Infant phimosis like this *must* be dealt with quickly to avoid kidney damage. There is only one reliable and complete cure – which is to remove the faulty foreskin by circumcision.

After about 8 years old the boy's foreskin should have fully released and should be able to be freely retracted. Parents should check this before allowing him to bath unsupervised. Any remaining synechia can easily be broken down by a doctor using a blunt probe.

A normal foreskin will be able to be retracted to expose the whole glans and the coronal sulcus (groove) behind it. From this age onwards phimosis refers to a foreskin which is too tight to freely pass over the rim of the glans whether one is flaccid or erect.

If detected early enough it may sometimes be possible to gently stretch the foreskin wider to cure the phimosis. However if severe, or left until puberty is almost over, stretching is likely to simply tear the thin inner layer and make matters worse as it heals to inelastic scar tissue. At this point the only sure and permanent cure is circumcision.

A few boys are surprised to find that although they could freely retract their foreskin before puberty, it becomes unretractable during and beyond puberty. This 'puberty induced phimosis' most often afflicts those with a long foreskin since the end of it has nothing to encourage it to widen as the glans enlarges through puberty.

Phimosis is, overall, a developmental abnormality which needs surgery to guarantee permanent correction for hygiene and a good sex life.

What is paraphimosis?

Paraphimosis is the condition in which the foreskin, having been retracted over the rim of the engorged glans, tightens behind it and cannot be replaced to cover the glans when the erection subsides. In this condition it restricts the free flow of blood to and from the glans which remains engorged. The reduction in oxygen supply to the glans can cause gangrene, leading to the death of the glans.

Paraphimosis is a medical emergency and must be resolved rapidly to avoid loss of, or serious damage to, the glans. This often requires a visit to the hospital emergency room.

What is the frenulum?

The frenulum is a 'cord' which links the under side of the glans to the inner layer of the foreskin. Its sole purpose is to *assist* the foreskin to return to covering the glans as an erection subsides. Note that it includes a significant vein that will bleed profusely if torn.

Why do we have a frenulum?

As we have just seen when discussing the role of the foreskin, it used to be necessary for sex to be quick and for the foreskin to be rapidly returned to covering the glans so as to protect it against damage from the surrounding flora. This was the job of the frenulum.

Now that we generally expect sex to be more leisurely, and the glans doesn't have to be rapidly covered again, the frenulum no longer has any essential function – it is easy to manually return the foreskin at leisure.

What is frenulum breve?

In some cases the frenulum fails to develop enough and remains too short and tight to allow full and painless retraction of the foreskin. This condition is called frenulum breve (short frenulum).

What is circumcision?

Circumcision is removal of the foreskin from the male penis.

It is a simple, safe, and common external procedure that can easily be done under local anaesthetic in a doctor's office at any age. However it is preferably performed soon after birth, when it greatly reduces the risk of dangerous infant urinary tract infections (UTIs).

Circumcision not only totally prevents (or cures) phimosis, frenulum breve, paraphimosis and balanoposthitis but has been proven to provide up to 60% reduction in the risk of ever catching each of several STIs (including chlamydia and heterosexually acquired HIV/AIDS).

One testicle is larger and hangs lower than the other, is this normal?

It is normal for one testicle (usually the left one) to be slightly larger and hang a little lower than the other one.

The testes hang inside the sack of your scrotum which lengthens and contracts with temperature changes to attempt to keep at least one testicle at the optimum temperature for the production of live sperm. By having the two testes at different heights it increases the range of temperatures at which they are kept and thus increases the production of good sperm.

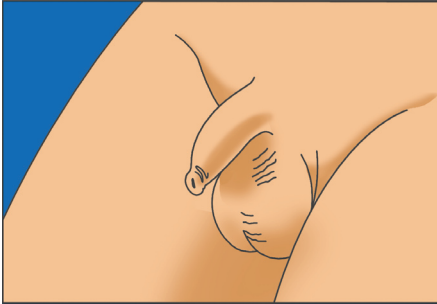
Introduction to Genital Anatomy

Furthermore, if both were at the same height they would tend to get in the way of one another and make life more uncomfortable for you as you go about your normal daily business.

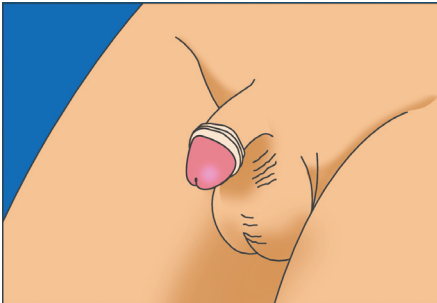
Both testes (when within the optimum temperature range) produce roughly equal amounts of sperm.

Note that only one testicle is actually required to produce enough sperm to father a child.

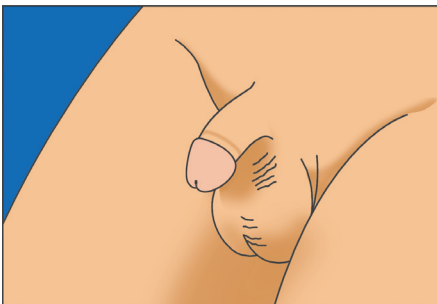
The Penis in Infants and Young Boys



Uncircumcised penis
(with foreskin in the normal position
covering the glans)

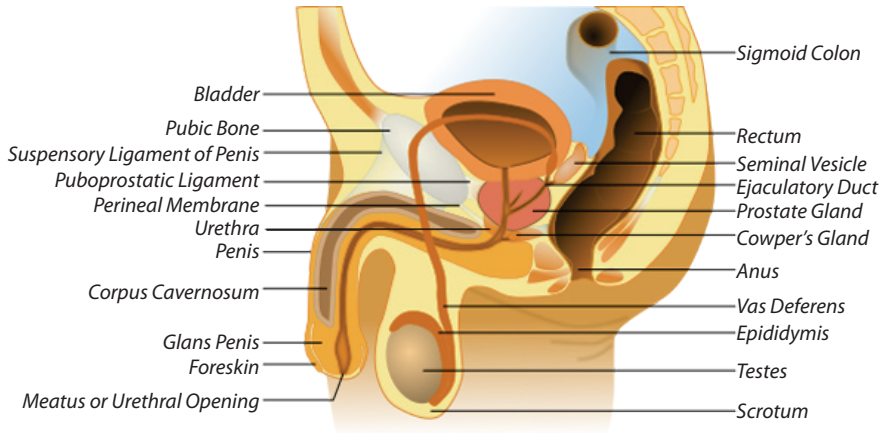


Uncircumcised penis
(with foreskin retracted to expose the
glans – note the bunching behind the
glans)

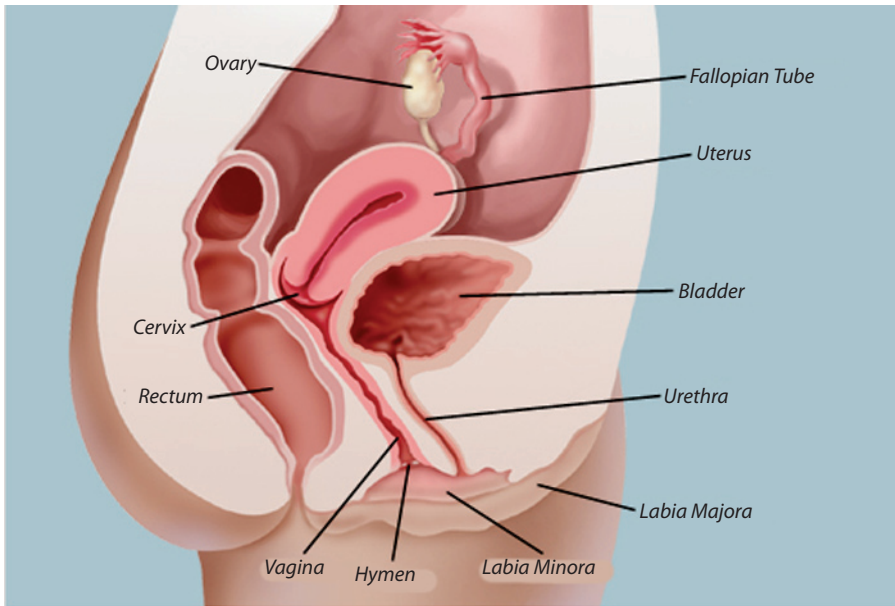


Circumcised penis
(with foreskin removed, permanently
exposing the glans)

Male Genital Organs



Female Genital Organs

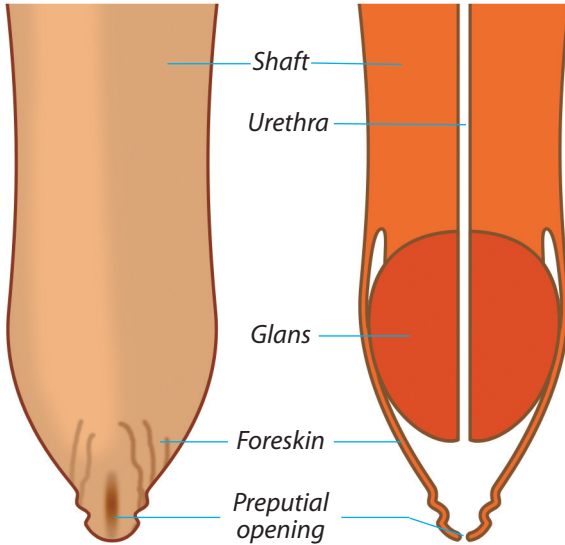


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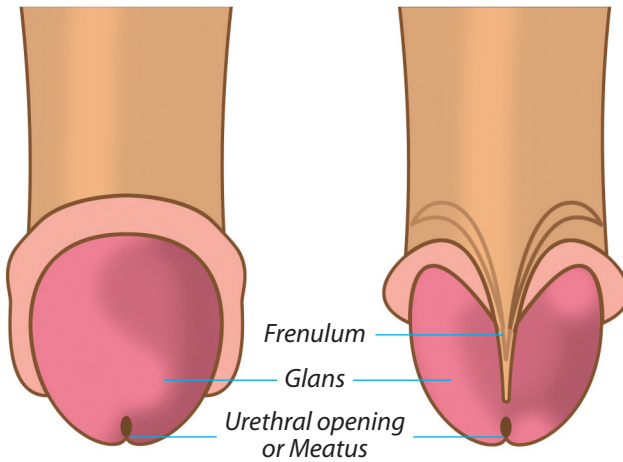
Circumcised and Uncircumcised Teen/Adult Penises

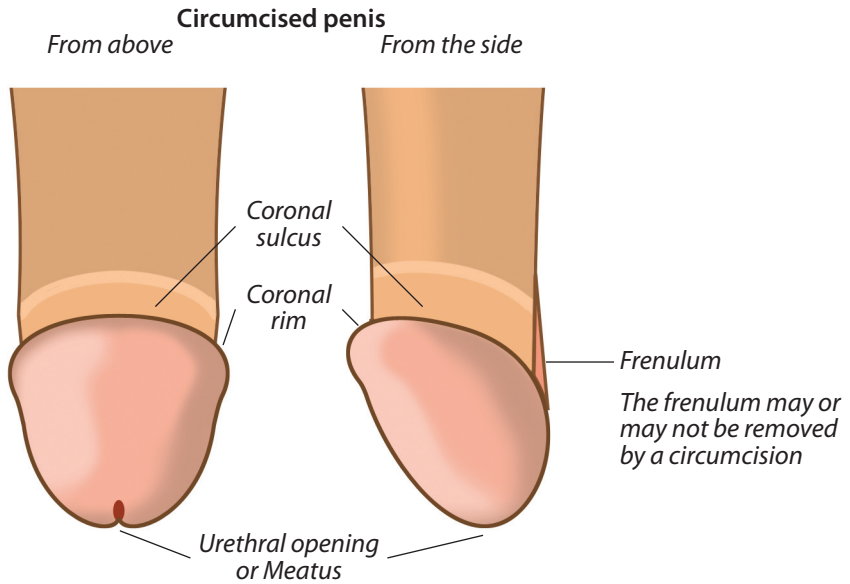
Uncircumcised penis
with foreskin intact

Section through an
uncircumcised penis

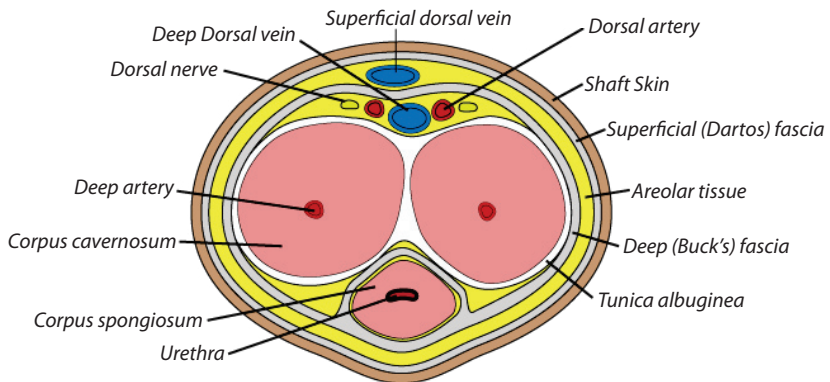


Uncircumcised penis with foreskin retracted
From above *From below*





Cross-section of penis shaft



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Useful Web Sites

Inter-Circ is not the only publisher of reliable information regarding circumcision. The following sites are recommended as they are based on medically correct information. Inter-Circ has no control over the content of external sites and does not vouch for their accuracy or continued availability.

Inter-Circ: The International Circumcision Forum
<https://groups.io/g/inter-circ>

The Circumcision Helpdesk™ Web Sites
<http://www.circumcisionhelpdesk.org>
<http://www.circinfo.com>

Professor Dr Morris's Web Site
<http://www.circinfo.net>

The Circumcision Facts Web Site
<http://www.circfacts.org>

The Circlist Web Site
<http://www.circlist.com>



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