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THE HISTORY OF THE PENIS AND THE CLITORIS

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This lecture comes with a warning: it is not for those delicate of hearing or squeamish of stomach because today we shall be talking about two sex organs (the clitoris and the penis) and, along the way, hands that masturbate them, medical discourses that judge them, and knives that cut them. We will also be talking about pleasure.

People have always enjoyed talking dirty. There are thousands of colloquial expressions for our sex organs and in particular, for the penis. Indeed, in one survey of “pet names” for the genitals, 57 per cent referred to the penis, just over one-third to the vulva or vagina, 4 per cent for breasts, and only 1 to 2 per cent each for the clitoris, testicles, buttocks, and anus. It will come as no surprise that men have significantly more slang terms for male and female genitalia than do women. The penis is referred to as “The Beast in Man” (it is the King of the Jungle, The Dragon, cobra, one-eyed trouser snake, hairy hound of hedonism). It is a tool (pole pipe, garden hose, crank, drill, jackhammer, hedge trimmer) or a weapon (squirt gun, love pistol, sword, spear, chisel, jackhammer pistol, pink torpedo, heat-seeking moisture missile, light sabre, stealth bomber, helmet, and love warrior). The penis is food (popsicle, wiener, noodle, tube steak) or infantilized by nonsense idioms (dork, wanger, doodads, ding-a-ling). One of the most common ways of talking about the penis is to personify it (Willie, His Excellency, Hammer of the Gods, The Hulk, Mac the Knife, Dick, Peter, Johnson), which has led some researchers to suggest that this might be due to the idea that the penis has a life of its own, separate from its owner. Of course, words for the penis go in and out of fashion. In the eighteenth century, the penis was the “yard” or “quill” – terms which are rare today. Now, the most common words are (in descending order) dick, willy, cock, knob, prick.

It is highly significant that slang words for the clitoris are rare. Indeed, *Roger's Profanisaurus* (1998), which is a swearing dictionary of 2,230 rude words and phrases, has only three for the clitoris: bell, button, and fanny flange. Perhaps because they are more endearing than words used for the penis, the swearing dictionary does not include the name sweet pea, for example, or myrtle berry (the term used by Rufus of Ephesus in the 1st and 2nd AD). It also does not include “sweetness of Venus”, which was what Renaldus Columbus (the Italian anatomist who claimed to have discovered the clitoris in 1559) called it. He maintained that “since no one has discerned these projections and their workings” before, it must be “permissible to give names to things discovered by me”. The clitoris, therefore, should be called “the love or sweetness of Venus”. This sixteenth century anatomist fully understood the importance of the organ. He described the clitoris as “the seat of women’s delight” when women are eager for sex and very excited as if in a frenzy and aroused to lust... you will find it a little harder and oblong to such a degree that it shows itself a sort of male member.

Describing the clitoris in terms of the penis has been a persistent error. Since both organs develop from the same embryonic tissue, it is just as accurate to describe the penis as a version of the clitoris. But anatomists like Columbus, as well as philosophers, scientists, and physicians have found it much easier to draw analogues with



the penis than to study the clitoris in its own right. In ancient times, these discussions have circled around “penis-vagina” (or Galenic) model versus the “penis-clitoris” (or Hippocratic) one. In the Galenic account, the vagina was an inverted or “inside-out” penis. In contrast, the Hippocratic account posited the clitoris as a female phallus. In both cases, women’s genitals were versions of male ones. This is what historian Thomas Laqueur has controversially dubbed the “one-sex” model of sex. Even as late as 1860, we can hear physicians such as Edinburgh contraception proponent George R. Drysdale maintaining that “the clitoris in the female is in reality the male penis”. He believed that “each individual is really hermaphrodite, and possesses both sets of organs”, however, he added, “man has the male organs fully developed and the female ones in a rudimentary state, and *vice versa*”.

The Hippocratic model allowed for female pleasure similar to that experienced by men. Unlike in the Galen model, where the vagina was a passive receptacle for the penis, in the Hippocratic model, clitoral orgasm was necessary for conception in a similar way that male ejaculation was necessary for a woman to conceive. The link between female orgasm and conception was being questioned by the thirteenth century, even though it kept being revived well into the nineteenth century.

These views had major impact on women’s sexual lives. The Galenic version posited women as lesser beings; their sexuality primarily served reproductive ends. If the Hippocratic version with its emphasis on clitoral orgasm seems like a better deal for women, it too had a downside. What happened if a woman who was raped became pregnant? Her pregnancy was regarded as proof that she had an orgasm and, therefore, had enjoyed the act. This was the message propagated by Onesiphorus W. Bartley in his 1815 *A Treatise on Forensic Medicine or Medical Jurisprudence*. In his deliberately enigmatic prose, he contended that conception must depend on the exciting passion that predominates; to this effect, the *æstrum/veneris* must be excited to such a degree as to produce that mutual *orgasm* which is essentially necessary to impregnation; if any desponding or depressing passion presides, this will not be accomplished.

In case readers didn’t grasp his point, Bartley drew a rather bizarre parallel with a man confined in a room enveloped in flames. Eventually, the man escaped through a window “of awful height from the ground”. What was the “predominant passion” that enabled him to escape? It was not the “impulse of fear”, declared Bartley, because fear paralyses. Rather, his energies were animated through the passion of hope. Equally, according to Bartley’s logic, if a woman became pregnant as the result of a sexual assault, the conception was proof that she must have been under the “cheering influence” of an “exciting passion”.

The notion that a woman “under the control of depressing passions”, such as terror of being raped, could not get pregnant was increasingly ridiculed although forensic textbooks still found it necessary to mention the belief until the end of the nineteenth century, if only to discredit it. In some circles today, it can still be heard. Only a few years ago, Republican Congressman Todd Akin used the argument as part of his “no exceptions” policy on abortion.

The pleasurable sensations of clitoral stimulation were well known (at least to women) well before its supposed “discovery” in the sixteenth century by the male anatomist Columbus. Indeed, as we will hear later when turning to male impotence, medieval and early modern commentators tended to view women as sexually voracious in their sexual desires. In much later times, particularly in the period between the late nineteenth century and the 1950s, physicians were much more worried about female “frigidity” than their orgasmic capacities. Doctors were known to massage to clitoris in order to make women more sexually receptive to their husband’s overtures. In the 1880s, English doctor Joseph Mortimer Granville even invented the vibrator in order to stimulate the clitorises of women diagnosed with hysteria. As early as the 1830s, readers of marriage manuals were informed that the clitoris was the “seat of venereal pleasure”. Writing in the *Journal of Orificial Surgery* in the late 1890s,



one doctor reported with awe that “in proportion to its size, and also being composed of erectile tissue, the clitoris is furnished with five times as many nerve endings as the penis”. In 1900, physician Byron Robinson even compared the clitoris to “an electric bell” and the “chief seat of sexual excitement”. The problem, they all agreed, was that this “bell” could ring when a woman masturbated or had intercourse with someone other than her husband.

This is not to deny that there were counter-discourses. The most notorious was the British doctor William Acton, who simultaneously believed that women were asexual beings while also warning against how dangerous it was for them to masturbate. Other physicians performed clitoridectomies (that is, female circumcision or the removal of the clitoris) in the belief that an “engorged” or “irritated” clitoris was unhealthy because it led to masturbation, lesbianism, and nymphomania. Rogue surgeons such as James Burt would perform such operations routinely, without asking for informed consent. Tens of thousands of American women underwent the operation.

However, in her book *Female Circumcision and Clitoridectomy in the United States: A History of a Medical Treatment* (2014), Sarah B. Rodriguez persuasively argues that many *early* twentieth century American surgeons removed the clitoral hood in an attempt to *enhance* (rather than reduce) female pleasure during heterosexual, penetrative sex. Between the 1940s and the 1960s, doctors also performed the operation in the belief that it would enable women to experience the so-called vaginal orgasm that was being promoted by some Freudian psychologists. Rodriguez shows that the surgical modification of clitorises included four very distinctive types of surgeries: complete removal, excision of the clitoral hood, separation of adhesions between the clitoris and the clitoral hood, and removal of accumulated smegma beneath the hood. As late as 1976, the authors of *The Consumer's Guide to Successful Surgery* argued that up to ten per cent of women “find relief in female circumcision”. Even some feminists in the 1960s and 1970s endorsed surgery to “liberate the liberating organ”, as Rodriguez put it. It was the ultimate way to steer female sexuality towards the socially approved, heteronormative, missionary position with their husbands.

Today, female circumcision is looked upon as a human or women's rights issue (by those who call it genital mutilation or FGM) or one of cultural practices (by those who call it circumcision). According to the World Health Organization, 200 million girls and women today in 30 countries in Africa, the Middle East, and Asia have been cut. British girls continue to be circumcised while on holiday in these countries and an unknown number of circumcisions are still carried out in British and American hospitals today on intersex infants.

Furthermore, there continues to be a surprising lack of knowledge about the clitoris. As late as the 1970s, medical texts ignored it altogether and some textbooks continue to depict the clitoris as a diminutive penis or a small, external “nub” next to the “really important organs” which are the reproductive ones. Feminist philosopher Nancy Tuana has a good phrase for this: the “epistemology of ignorance”. In her words,

Ignorance is not a simple lack. It is often constructed, maintained, and disseminated and is linked to issues of cognitive authority, doubt, trust, silencing, and uncertainty.

The “epistemology of ignorance” surrounding the clitoris, she argues, is supported by two political dogmas. First, reproduction is what matters; pleasure is secondary. Second, well into the nineteenth century women were believed to be particularly lustful creatures; it was best not to “pay attention to the clitoris lest we stir up a hornet's nest of stinging desire”.

These views were only challenged when feminists in the 1970s decided that women were getting a raw deal in the bedroom as well as boardroom. They held speculum parties, in which they saw their cervix for the first time.



They gloated over the fact that the glans of the clitoris contains 8,000 nerve fibres – which was twice that of the penis. Influential texts such as *Our Bodies, Ourselves* not only emphasized the glories of the clitoris but also of the urethral sponge (which is between the front wall of the vagina and the urethra and is popularly known as the “G-spot” after its discoverer Ernst Gräfenberg) and the perineal sponge, which is between the vagina and the rectum. Perhaps resistance to patriarchal power could be achieved through clitoral pleasure.

This feminist revolution could not usurp the power of the prick. Sadly, even today, young people know a great deal more about the penis than the clitoris. In the words of David M. Friedman in *A Mind of Its Own: A Cultural History of the Penis* (2001), that organ has been “deified, demonized, secularized, racialized, psychoanalyzed, politicized and, finally, medicalized”. Although society seems to be obsessed with the penis, most people actually know relatively little about *normal* penises. Is it any wonder since differences in size, tilt, and hardness are often difficult to judge by sideways glances in urinals (men) and discrete scans on beaches (women)? The penis continues to be measured in inches, long after much of the world has turned metric. Both high art and low pornography are deceptive. They nearly always show penises with a shaft when, in reality, many penises actually show little or even *no* shaft when not erect. Such penises are known as “growers” (as opposed to “showers”). Penis expert Peter Lehman observes that the flaccid penis without a shaft is culturally invisible. He notes that people can look through entire books on the history of the representation of the male nude in photography and never actually see one, walk through countless art museums without seeing one, look at countless medical texts and sexology books without seeing one, watch frontal male nudity in countless movie scenes without seeing one.

Lehman asks a good question: “Why have penises that show little or no shaft before erection been so rigorously excluded from representation?” It all comes down to ideology: the male penis, whether flaccid or erect is always a prominent organ. If it were, otherwise, it might as well be a clitoris.

Unlike the total silence about what an aesthetically beautiful clitoris looks like, the penis is all about aesthetics. What constitutes a beautiful penis has changed over time. Take the prepuce (or foreskin), for example. It has impressive qualities. Indeed, in youth, the prepuce is often more than three-quarters the entire length of the penis. In ancient Greek times, the ideal penis possessed a long prepuce. Men with deficient prepuce, either through birth or as a result of surgery, were pathologized: it was even believed to be caused by a disease called “lipodermos”. The ideal is clearly seen in Greek vase painting. For example, in the Attic vase painting of Achilles binding the arm of Patroclus, an incredibly long prepuce can be seen draped across Patroclus’ foot.

The eradication of the prepuce was confined to Jewish and Muslim cultures in the eighteenth century and only became a common medical procedure amongst other groups in Europe and America from the late nineteenth century. Suddenly, a long prepuce came to be seen as aesthetically unattractive, dangerous, and serving no positive function. Non-ritualistic circumcision became popular between the 1860s and the 1930s, largely as a response to anxieties about the propensity of boys and men to touch and stroke their penises. By removing the foreskin, the penis was made less sensitive and cleaner: purer in body and soul, in other words. There were also suggestions that circumcision reduced men’s risk of syphilis. As Jonathan Hutchinson (surgeon at the Metropolitan Free Hospital in the 1850s) argued, the lower rate of syphilis among Jewish men was not due to their superior chastity, but rather to circumcision. This was only disputed in the 1930s.

While the clitoris was understood to be the locus of lesbianism and nymphomania, these so-called pathologies were never thought to be as widespread as pathologies associated with the penis. In nineteenth century Britain and America, masculine anxieties were provoked by the spread of a new and invidious disease called spermatorrhea, or the excessive, involuntary discharge of sperm. This was a disease of civilization, disproportionately plaguing office workers and urban professionals, while sparing the blushes of rural labourers



and other working men. Crucially, although women might serve as temptresses, spermatorrhea was fundamentally the fault of men themselves who engaged in “self-pollution” or “onanism” (that is, masturbation). The loss of semen was serious: it was a vital fluid, even a refined form of blood, so any seeping away (either voluntarily through masturbation or involuntarily through spermatorrhea) was extremely debilitating. According to nerve force theory, irritation in one part of the body affected other organs, even those at a distance from the original irritation. As a consequence, masturbation or friction caused by the foreskin rubbing against the *glas penis* could cause nerve impulses that affected the brain. As the Swiss physician Samuel August Tissot explained in his influential *Onanism: Or a Treatise on the Diseases Produced by Masturbation* (1758), sexual restraint (even within marriage) was important because male orgasm damaged nerves and brains. Semen was also necessary for the retention of masculine traits. Losing semen led to exhaustion, constipation, depression, “nerves”, epilepsy, flabbiness, and impotence. As an anonymous Victorian gentleman calling himself “Walter” recalled in his memoir *My Secret Life*, he was warned that “You look ill... you’ve been frigging yourself... I can see it in your face, you’ll die in a mad-house, or of consumption”. The voluntary or involuntary loss of semen made men weepy and weak – like women, in fact.

What could anxious sufferers do? Although some physicians informed masturbators that they should engage in outdoor exercise, gymnastics, and cold baths, others recommended chastity belts, circumcision, cutting the main nerve in the penis, and infibulation (that is, a ring would be inserted through the foreskin to keep it from sliding back). Cures for spermatorrhea could also be similarly distressing. Men were bled, given laxatives, had their anuses dilated, and leeches were attached to intimate parts of their bodies. Their penises were circumcised, blistered, and cauterized. Penises were caged in urethral rings containing sharp “teeth”.

There was a second, albeit rarer, disease of men’s sexual organs: satyriasis, or the male equivalent of nymphomania in women. Named after the Greek satyr (half-man, half-beast), satyriasis had been identified as early as the first century AD but peaked in Victorian times with fears about modern men’s lack of will-power. Rather than the seeping away of semen through masturbation or spermatorrhea, satyriasis was caused by seminal *blockages* which led to “genital irritation” or erotic delirium. Sufferers were constantly aroused and could think of nothing except their insatiable sexual urges. Their “erotic furore”, French forensic physician Auguste Amboise Tardieu contended, puts every woman at risk. Jack the Ripper was assumed to be a sufferer, as were numerous other perverted degenerates as diagnosed by forensic physicians such as Richard von Krafft-Ebing. William Acton explained that, in satyriasis, “erection may be not only morbidly frequent and persistent. But connected with a maniacal sensuality that is one of the most awful visitations to which humanity can be subject”. He described one young man who “exhibited the hideous symptoms”. The patient was young and in good circumstances, but was habitually untidy about his head and hair, which is light-coloured brown. His face was red, the cheeks and nose especially. His eyes were hollow and had a haggard expression. The lips were thick and sensuous. The mouth wide. He was sort and thickset, and of a full habit of body. I never saw a case in which the *animal* was so markedly prominent.... I learnt that early in life he had masturbated himself but had left off the practice only to commit excesses with women of a nature and extent that were shocking to hear of.

The young man’s “excessive indulgence”, Acton continued, was caused by a “lesion of the nervous system” (especially “irritation of the cerebellum”) as well as some “mysterious” brain lesion. Acton diagnosed a “low animal organization, with a strong hereditary disposition to lust”, concluding that the patient was “almost out of the category of rational or moral agents”. In short, he was “in a condition in which there seems, indeed, little hope of any restoration”.

Although satyriasis was a kind of hyperesthesia or exaggerated masculine desire, some doctors believed it contained a germ of femininity. Krafft-Ebing, for example, claimed that satyriasis was often found in men “who lead lives similar to those of women, adorned with the same habits and impacted by the same troubles that are



so often observed in them”. It was also a raced disease, afflicting “primitive” people and what racist French psychiatrist Louis Gustave Bouchereau called “inferior races and beings”, including those who obey only their sensations and are “preoccupied solely with satisfying [their] hunger”. The question was: why would this primitive pathology appear in modern societies? Atavism or degeneration to a more primitive life-form was the answer. A corrupt and debased heredity was assumed.

If the first two panics involved excessive discharges of sperm and seminal blockages, the third panic involved insufficient flows. The medical literature on impotence can be traced back to ancient times. Where, in Greece for example, male impotence threatened the very basis of life: the penis was an object of cult worship and frequent sexual performance was as fundamental as eating. Impotent men were advised to avoid both witches and insatiable women who sought to “drain” them of their powers. They were also encouraged to eat penis-shaped vegetables. The seriousness of impotence declined with the introduction of Christianity (Augustine called it the “demon rod”), with its valorisation of abstinence. By the seventeenth century, conjugal rights and duties in the marital bed were regarded as so important that marriages could be dissolved on the grounds that the husband could not have “congress” with his wife. “Trials of congress” took place during which an accused husband was publicly stimulated into having an erection to determine if intercourse could actually have been achieved. Within a century, religious and moral discourses had been replaced by physiological and psychological explanations for impotence. Victorian doctors took this a step further, linking the problem of impotence to newly evolving ideas about the nervous system. Twentieth century commentators converted male impotence into a *psychological* woe. Medical texts which had subsumed problems of impotence under those of infertility transferred them to psychological sections of the book or to those dealing with sexual performance. The problem of impotence was therefore transformed into a problem of pleasure, both for the man as well as his (assumed female) partner. Feminist replaced witches as the chief threats to the glories of the engorged, semen-heavy penis. Its medicalization by the end of the century, with physicians diagnosing “erectile dysfunction” and prescribing Viagra, completed the circle towards penis worship.

It is no surprise that penile anxieties were regarded by those seeking to make a “quick buck” as a lucrative business proposition. A vast array of products – with alluring names such as “Aromatic Lozenges of Steel” and the “Elixir of Life” – were marketed to men seeking to augment penile performance. The association of Mormons with polygamy encouraged aphrodisiacs called “Mormon Bishop Pills” and “Brigham Young Tablets” (named after Brigham Young, the president of The Church of Jesus Christ of Latter-Day Saints who had founded Salt Lake City). Ingenious devices were promoted which promised to strengthen or lengthen penises.

Other men went much further. Size matters, or so they believed. These men were willing to undergo a general aesthetic to have their penises enlarged – or, to put it more accurately, to have their penis *seem* larger. There are three main types of procedures. In one, the surgeon cuts the ligament that attaches the penis to the torso. This does not in fact enlarge the penis. But it does make it *appear* larger because the penis sticks out further from the body. Another procedure tackles thickness rather than length. “Dermal fat grafting” involves sewing strips of fat under the skin of the penis. “Fat transfer” is similar, except that the fat is injected. In both cases, the fat will eventually dissolve into the rest of the body. A survey in 2008, published in *European Urology* found that most men who had these procedures possessed normal sized penises. Yet, all three operations have side-effects: the penis might be knobby, the angle of the erection may be lower, and there are risks of reduced sensitivity, scarring, and impotence.

We cannot end on such a sad note. Clearly there is a difference between the penis and the phallus, or the material and the symbolic. However, the jury is still out about whether the penis haunts the phallus or vice versa. Despite all the attention it has received, the male organ continues to drool, dribble, loll, and sag. It is as far from the phallic idea as is possible. The clitoris doesn’t seem to have attracted as much attention as it certainly



deserves, although the recent opening of the Vagina Museum in Camden (London) may change things for the better. Despite second-wave feminism and recent anatomical discoveries about the size and sensitivity of the clitoris, the organ continues to be repressed and underestimated. Female sexual pleasures have also taken second place to the male variety. How else can we explain the fact that heteronormative sex is described as “penetration” or “penis entering vagina” rather than “vagina engulfing” or “vagina embracing the penis”, and that what happens before the “main act” is merely “foreplay”? When it comes to the penis, I am afraid we must accept the fact that we cannot reach firm conclusions. When it comes to the clitoris, though, we can be swept away on tides of pleasure.

Further Reading

David M. Friedman, *A Mind of Its Own: A Cultural History of the Penis* (New York: Free Press, 2001)

Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press 2007)

Sarah B. Rodriguez, *Female Circumcision and Clitoridectomy in the United States: A History of a Medical Treatment* (Rochester: University of Rochester Press, 2014)

Nancy Tuana, “Coming to Understand: Orgasm and the Epistemology of Ignorance”,
Hypatia, 19.1 (winter 2004)

See my personal website: <http://www.bbk.ac.uk/history/our-staff/full-time-academic-staff/Joanna>

See the website for Sexual Harms and Medical Encounters (SH+ME): <https://shame.bbk.ac.uk>

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