

Chapter 2

AN ANALYSIS OF THE ACCURACY OF THE PRESENTATION OF THE HUMAN PENIS IN ANATOMICAL SOURCE MATERIALS

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Abstract: The purpose of this study is to identify and analyze the accuracy of the anatomical source materials regarding the human penis that are immediately available to medical school students and medical professionals. Ninety sources were vetted for entries and images of the penis – definitions, photos, illustrations, and drawings. We find 67% of the depictions of the human penis are anatomically incorrect. Of the primary images of the human penis, 71% are incorrect, while 54% of the secondary are incorrect. It is evident that the penis is misrepresented in the medical literature used in medical schools. The penis is routinely defined and depicted in a partially amputated condition, as if this were a natural state, without explanation or caveat. This study indicates that students are being misinformed about fundamental anatomy.

Key words: Medical education, penis, foreskin, prepuce, circumcision

1. INTRODUCTION

The purpose of this study is to identify and analyze the accuracy of the anatomical source materials regarding the human penis that are immediately available to medical school students and medical professionals. Section 2 describes the sources that were analyzed. Section 3.1 presents our principal (numerical) findings (percentages of correct and incorrect presentations of

the penis/foreskin), while section 3.2 includes a number of individual observations. Section 4 includes a discussion of what our findings tell us about the way circumcision is perceived and dealt with in the medical profession, and the consequences thereof for the professional and the public.

2. SOURCES

The source materials on which this study is based are those available to medical students and medical professionals in five Los Angeles, California college campus bookstores and two biomedical libraries.¹ The source materials include medical textbooks, life-sized medical models, medical study aids, medical charts, medical dictionaries, medical encyclopedias, medical catalogues, and (medical) general interest books; the findings hereinafter referred to as entries and images.

Ninety (90) sources were vetted for entries and images of the human penis – definitions, photos, illustrations, and drawings.²

3. FINDINGS

3.1 Principal Findings

In the 90 sources, we found three hundred sixty-five (365) images of the penis. Of these 365 images, one hundred twenty-two (122), 33%, showed anatomically correct depictions of the foreskin, while two hundred forty-three (243), 67%, showed penises from which the foreskin had been amputated. Of those 243 disfigured images, only one includes an explanation of why the foreskin was absent.³

When the primary images (which present the penis as the direct subject of study or discussion) and secondary images (which show the penis incidental to an image of another organ, e.g. the bladder or the hip joint), are distinguished and separated, we find that primary images are more often incorrect than secondary images. Out of two hundred seventy-two (272) primary images of the penis, only seventy-nine (79), 29%, were anatomically correct in their depiction of the foreskin. One hundred ninety-three (193), 71%, were anatomically incorrect (i.e. foreskin absent) in their depiction of the foreskin. Out of ninety-three (93) secondary images of the penis,⁴ forty-three (43), 46%, were anatomically correct in their depiction of the foreskin. Fifty (50), 54%, were anatomically incorrect in their depiction of the foreskin.

Approximately half of the anatomically correct primary and secondary images appeared in only five of the 90 sources.⁵

Only one source identified a disfigured image of a penis without a foreskin as having been “circumcised.”⁶ Not one source mentioned the erogenous functions of the foreskin. None illustrated or explained the kinematics of the gliding function of the foreskin, its contribution to human sexuality, and its value to both sexes. Not one source illustrated, identified, labeled, or explained the structure and/or function of the primary neurological feature of the foreskin system, and perhaps of the penis – the ridged band.⁷

3.2 Concurrent and Incidental Observations

The glossaries of all the sources were also vetted for the entries “foreskin“ and “prepuce.” In all but four of those sources,⁸ typically the definitions for foreskin and/or prepuce included the tag line: “... is the part that is removed at circumcision.” This clearly indicates an underlying prejudice. One source identified the image of a natural penis as “uncircumcised.”⁹ Another stated that the glans of “an uncircumcised penis” is covered by the prepuce.¹⁰ We know of no other human organ that is literally defined by medical professionals as something that is “unamputated.”

One dictionary did not have an entry or illustration for penis, foreskin, prepuce, or ridged band. It did have an entry for circumcision.¹¹

Only one source attempted to accurately explain the lack of foreskin with an arrow to the circumcision scar line labeled “remains” of the foreskin.¹²

Typically, illustrations had lines or arrows running from a label to the anatomical feature the label described. Nine sources had illustrations showing the penis with foreskin intact but not labeled as were the other anatomical features.¹³ One source had two sectional illustrations of the penis in which the label identifying the foreskin did not point to the foreskin, but pointed to the glans or the preputial space.¹⁴

Three sources included illustrations depicting the penis without foreskin, but nonetheless with labels for the foreskin pointing to the glans.¹⁵

One illustration of the penis depicted the foreskin as being the same thickness as the glans.¹⁶ Another depicted the foreskin as nearly as thick as the penis shaft.

Only six of the 90 sources had images depicting the natural, commonplace akroposthion condition wherein the puckering foreskin extends beyond the tip of the glans (The classic image depicted in virtually all visual art, worldwide, before twentieth century American art.).¹⁷ In two of those six sources the label under the photo was the pejorative epithet

“phimosis;” apparently misrepresenting a natural and benign human condition as pathological.¹⁸

One definition of the word prepuce was accompanied by an illustration of a natural penis labeled “redundant.”¹⁹

In one definition of the word foreskin, the source repeated a three-hundred-year-old myth that smegma is “secreted by Tyson’s glands.”²⁰

Most of the sources authored and published outside the U.S. accurately depicted the natural condition of the penis.²¹

One source claims to be based on the reputable National Library of Medicine’s “Visible Human Project.”²² Its liner notes state: “anatomically exact and complete” and to “recreate visually the exact forms of the body and all its parts.” The book has no images of the penis with foreskin. The words foreskin, prepuce, and ridged band are not in its index or glossary.

Where possible, every source was also vetted for images of the vulva and/or clitoris. Every one of them depicted the female genitalia accurately and anatomically intact.

In this research we also have noticed that, of the books that mention the foreskin, those published before 1970 were usually correct in their descriptions and illustrations, while those published between 1980 and 1996 are almost universally incorrect. Books published in the last five years tend to be increasingly mixed.

4. DISCUSSION

When we tally the evidence, we find 71% of the primary images and 67% of the total primary and secondary depictions of the human penis in recently published sources that are readily available to medical professionals and students are anatomically incorrect (i.e. foreskin is absent). In addition, as shown by our incidental observations, the inaccurate presentation of the penis not only involves the absence of the foreskin, but also instances of blatantly inaccurate presentations. Based on these findings, we must conclude that the penis is an organ that is grossly misrepresented in the medical literature used in medical schools. The penis is routinely defined and depicted in a partially amputated condition, without explanation or caveat. To presume the foreskin-less images depicted in the literature all resulted from observed natural conditions defies credibility — the incidence of apothia is rarer than 1:400 births. Therefore, a reasonable person would conclude that virtually all of the images of penises without foreskins would have to represent unidentified surgical amputations.

Authors of the depictions of the foreskin in both the medical and popular literature apparently suffer from a form of unconscious self-censorship or

are deliberately misrepresenting facts. Medical students and the public at large are being misinformed on the form and function as well as the fundamental value of the natural human penis. Any explanation brings up questions of ethics and violations of implied social contract between authors and readers, publishers and buyers, doctors and patients.

Science is dependent upon objectivity and clarity of knowledge. The evidence we found indicates that anatomy books used in medical schools in the U.S. cannot be trusted to accurately depict the human body, and medical dictionaries and encyclopedias cannot be trusted to truthfully define, describe, and illustrate the natural human condition. By logical extension this raises questions about whether a U.S.-educated doctor's judgment about related matters can be trusted, and whether the public should be warned to question the quality of care U.S. medical school graduates can provide.

This study shows that medical students are being misinformed about fundamental male anatomy. While the female genitalia are invariably represented accurately in the anatomical literature, male genitalia are not. Misrepresenting the absence of the human foreskin as trivial or congenital normalizes the mutilated image of the circumcised penis. This may explain why female circumcision is commonly perceived as radical sexual surgery, but the loss of the entire foreskin system of the penis is characterized as irrelevant by powerfully repeated visual and verbal implication; its unique kinematics not worthy of mention, its value not worthy of comment, and the concentrated innervation of its ridged band unworthy of safeguarding.

5. CONCLUSION

Our findings indicate that foreskin amputation of males in the U.S. has degenerated to the status of medical dogma rather than appropriate science. Such widespread distortion of fundamental and obvious anatomical truths indicates the diagnostic objectivity and therapeutic credibility of physicians educated in the U.S. deserves careful scrutiny. Absent profession-wide re-education, the ethical and legal consequences of their actions regarding male anatomy, may justifiably be criticized in what was already a perilously unstable legal environment for physicians. Indeed, as one physician recently warned: "...the legal system may no longer be able to ignore the conflict between the practice of circumcision and the legal and ethical duties of medical specialists."²³

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