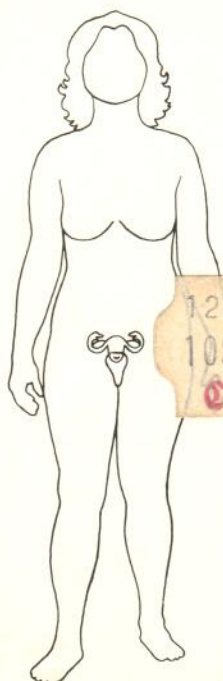
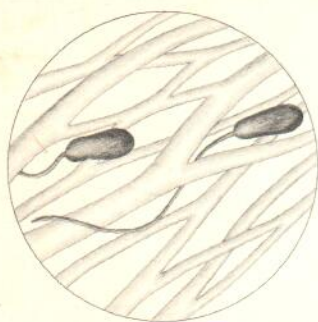


# A New View of a

# WOMAN'S

# BODY

A Fully Illustrated  
Guide by the  
Federation of  
Feminist Women's  
Health Centers



Illustrations by SUZANN GAGE

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# 3 • The Clitoris: A Feminist Perspective

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## Self-Examination of a Woman's Sexual Organ—The Clitoris

Of all aspects of women's health, sexuality has been the most neglected. Other than the work of William H. Masters and Virginia Johnson, the little investigation that has been undertaken has been done mainly by men whose information comes from medical textbooks, also written by men, from medical practice which is centered on illness and disease, and from the authors' own limited personal experience. In standard medical texts you can find a few paragraphs devoted to women's genitals, while many pages are devoted to the penis. Most medical illustrators are men—which perhaps explains why there have been intricate cross sections of the penis since Leonardo da Vinci's time, while comparable drawings of the female organs often have areas of *empty space!* Distortions can be seen in almost any drawing. For example, the vagina is almost always shown as a gaping hole or an open tunnel, which it is not.

There are also deeply entrenched myths that have been perpetuated by the medical profession, sex educators and sex therapists. The myth of the vaginal orgasm. The idea that there is some "correct" way for women to achieve orgasm. The idea that the clitoris consists of only three parts: the glans, hood and shaft. The notion that women's sexual response is somehow

totally dependent upon stimulation by a penis. Even the current women's health guides contain abbreviated descriptions of the clitoris—a fact which unwittingly perpetuates a male bias.

As feminists, we wanted to remedy the neglect of women's sexuality and the misdirection of the interests of physicians and sex researchers. As part of a study with this purpose, we took off our pants and compared ourselves with illustrations in the most respected anatomy texts, both American and European. We found that we did have all of the parts of the clitoris shown, and *more*. Besides, not one of these drawings hinted at the wide variation in texture, size and color that we observed. We also observed the changes that occur during the sexual-response cycle when some of the study participants masturbated to orgasm. Then we compared our life experiences to the textbook version. Using self-examination, personal observation and meticulous analysis, we arrived at a *new view of the clitoris*.

We were pleased to learn that the clitoris has many distinct parts in addition to its visible structures, such as bodies of erectile tissue, muscle, nerves and blood vessels. The exterior of the clitoris, which is bounded by the hairy outer lips of the vulva, is easy to distinguish because its intricate, fleshy structures are hairless. These structures swell slightly when sexually stimulated. Beneath them are several spongy masses which fill with blood and swell greatly as sexual ten-

sion heightens, and layers of muscles which contract in unison at orgasm, forcing the accumulated blood back into the body. This entire complex organ is richly supplied with blood vessels and nerve endings.

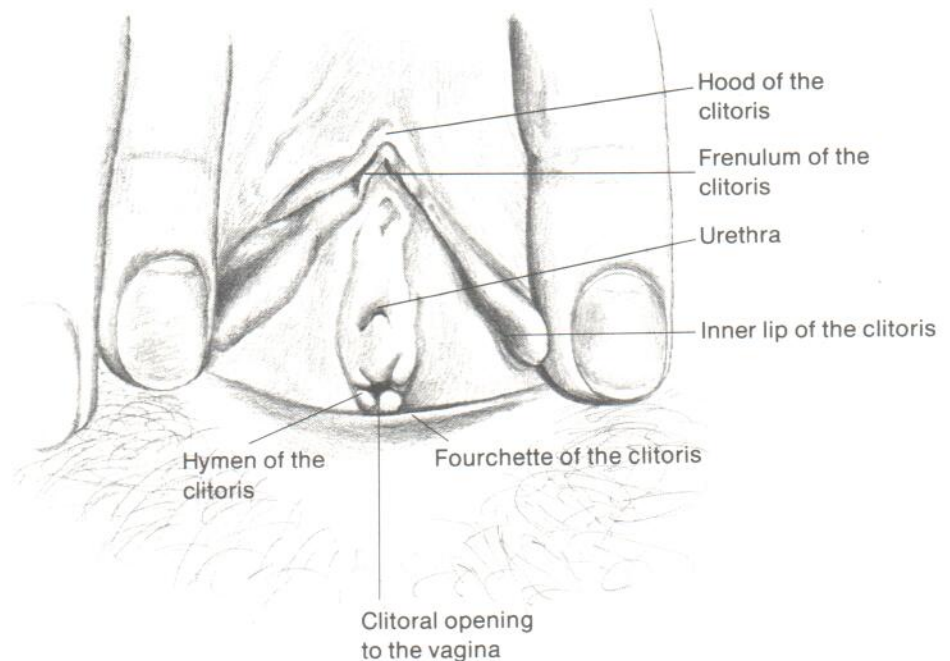
Before we made painstaking comparisons of our sexual anatomy to the drawings we found in medical texts and discussed them at length, our knowledge of our sexual response was quite hazy. We knew that the feminist movement, backed by Masters and Johnson's research, had debunked Freud and stated that the clitoris (defined merely as a tiny, ball-like bump, shaft and hood just outside the vagina) was the site of female pleasure. But, beyond that, we didn't really know why or how some women achieve orgasm, why some women don't, or precisely what an orgasm is.

Since we had no access to dissection rooms, we were forced to rely on Masters and Johnson's research, anatomy texts, the drawings of Robert Dickinson (an artist-physician who interviewed and sketched thousands of his patients in the 1920s and 1930s), and the observation of our own bodies.

We felt that Masters and Johnson failed to describe the clitoris fully and instead designated most clitoral structures as being somehow an extension of the vagina called the "orgasmic platform" located in the outer third of the vagina. Even though it was an advance for them to identify the glans as the focal point of sexual pleasure, they still essentially ignored the rest of the clitoris. Mary Jane Sherfey, whose book, *The Nature and Evolution of Female Sexuality*, is based largely on Masters and Johnson, was the first to consider the clitoris as being more extensive than the glans and shaft.

The research for the illustrations in this chapter was done by Carol Downer, Suzann Gage, Sherry Schiffer, Lorraine Rothman, Francie Hornstein, Lynn Heidelberg and Kathleen Hodge in Los Angeles. Additional research was done by Lynn Walker, Chris Cleary and Nancy Walker in Orange County, California.

3-1 The inner lips are parallel folds of skin inside the hair-covered outer lips. By spreading them apart



3-1 An outer view of the clitoris



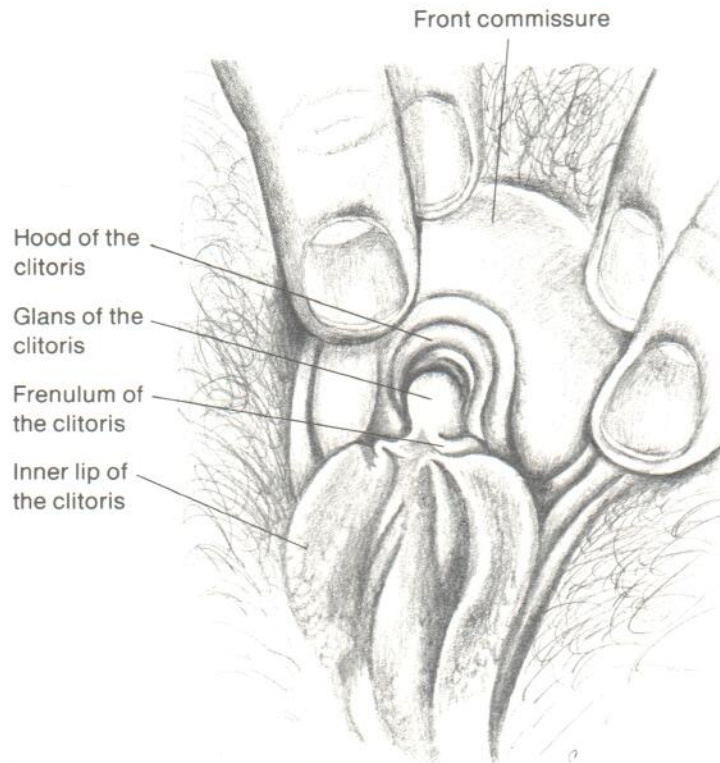
with your fingers, you can see the exterior parts of your clitoris. The hood is formed by the joining of the inner lips, like a tent, over the glans and shaft. One, perhaps two, small folds of skin which form an inverted "V" where the inner lips meet is called the frenulum. Its appearance can vary greatly from woman to woman. Below is the opening to the urethra, a short tube which leads to the bladder. This opening is often difficult to locate because it is extremely small and can be hidden in the folds of tissue. It can be very close to the vaginal opening. Below that is the clitoral opening to the vagina. In this drawing done from life, it is an elastic opening formed by closely folded tissue. About an inch within the opening is the hymen, either a ring of toothy projections or, in young girls and some adult women, a membrane greatly or almost completely stretched across the entrance to the vagina.

The inner lips are thinner than the dusky-colored outer lips, feel smooth inside and have veins which can be seen through the skin. The shading can range

from bright red or pink on the inside to deep brown or black on the outer part and their texture can be crinkly or more like folds of skin.

The lips vary in size from woman to woman. They can sometimes be larger than the outer lips and, in fact, one side can be larger than the other. The membrane at the bottom of the lips, called the fourchette, is like a thin curtain stretched from one side to the other. Its appearance can vary a great deal, and some women who have had episiotomies during childbirth may not have one at all.

3-2 Pulling back the hood, which is formed by the meeting of the inner lips, reveals the glans of the clitoris, a smooth, round bump, somewhat hard to find but highly sensitive to the touch. This action also stretches out the skin directly above and attached to the hood, the front commissure. Many women find that direct pressure on this spot with the flat of the fingers in a round or back-and-forth motion is the most effective way to stimulate the shaft of the clitoris.

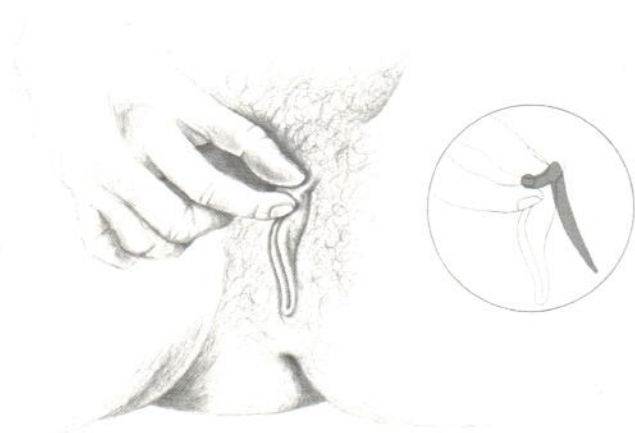


3-2 The glans of the clitoris



3-3 A woman doing self-examination of the clitoris by rolling the shaft

3-3 Sitting on the floor or on any other firm surface, you can locate the glans and shaft of the clitoris by feeling. Here, this woman places her fourth finger at the point where the inner lips meet and gently presses down. As the inset shows, she can feel the glans with her fourth finger and her middle and index fingers rest on the shaft.

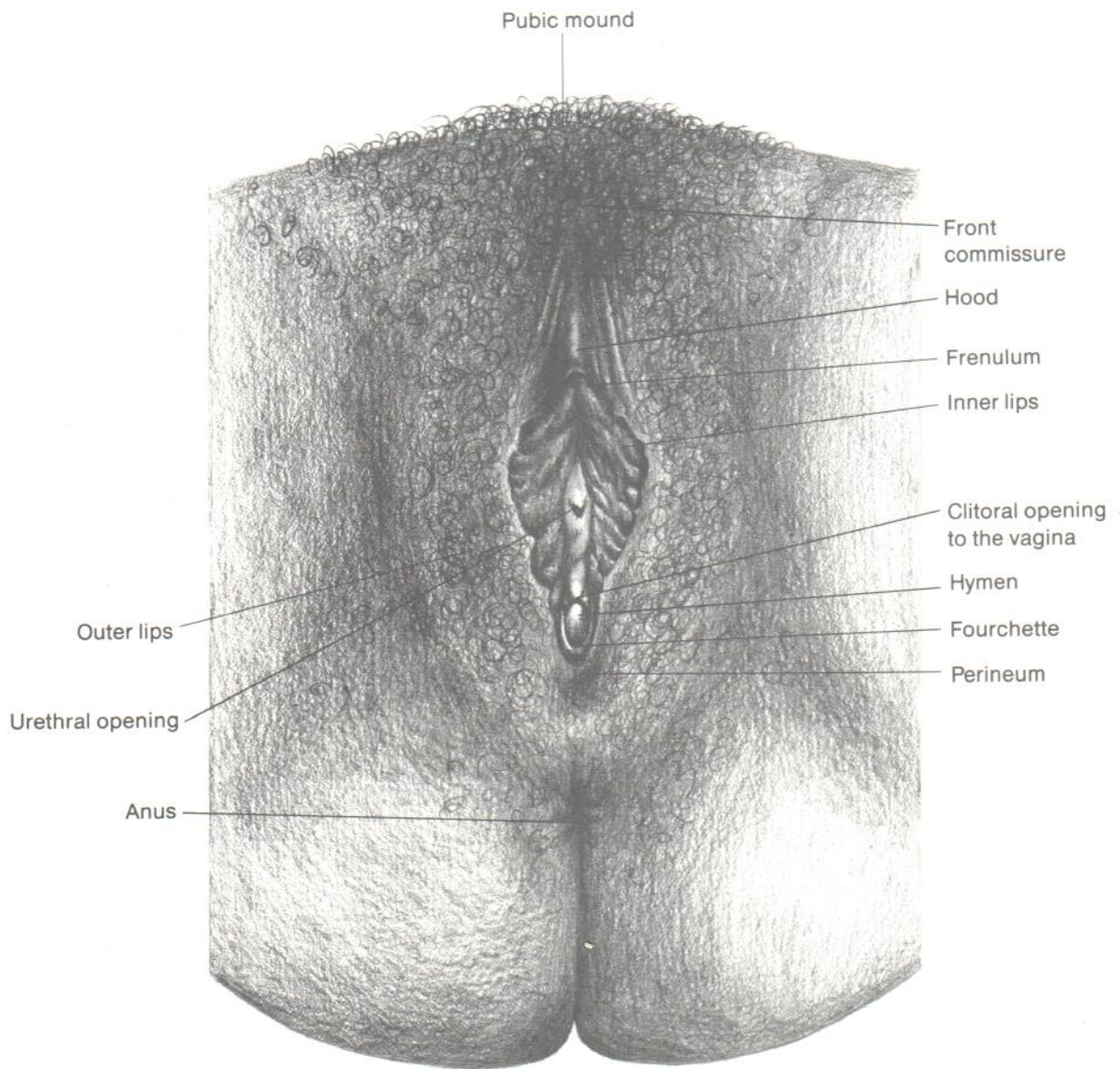


3-4 A woman doing self-examination of the clitoris by squeezing the glans

3-4 It is also possible to feel the glans and shaft of the clitoris by placing the index finger where the inner lips meet and the thumb above the hood of the clitoris, and squeezing. The shaft, which feels like a round rubber cord, usually moves easily when you press it.

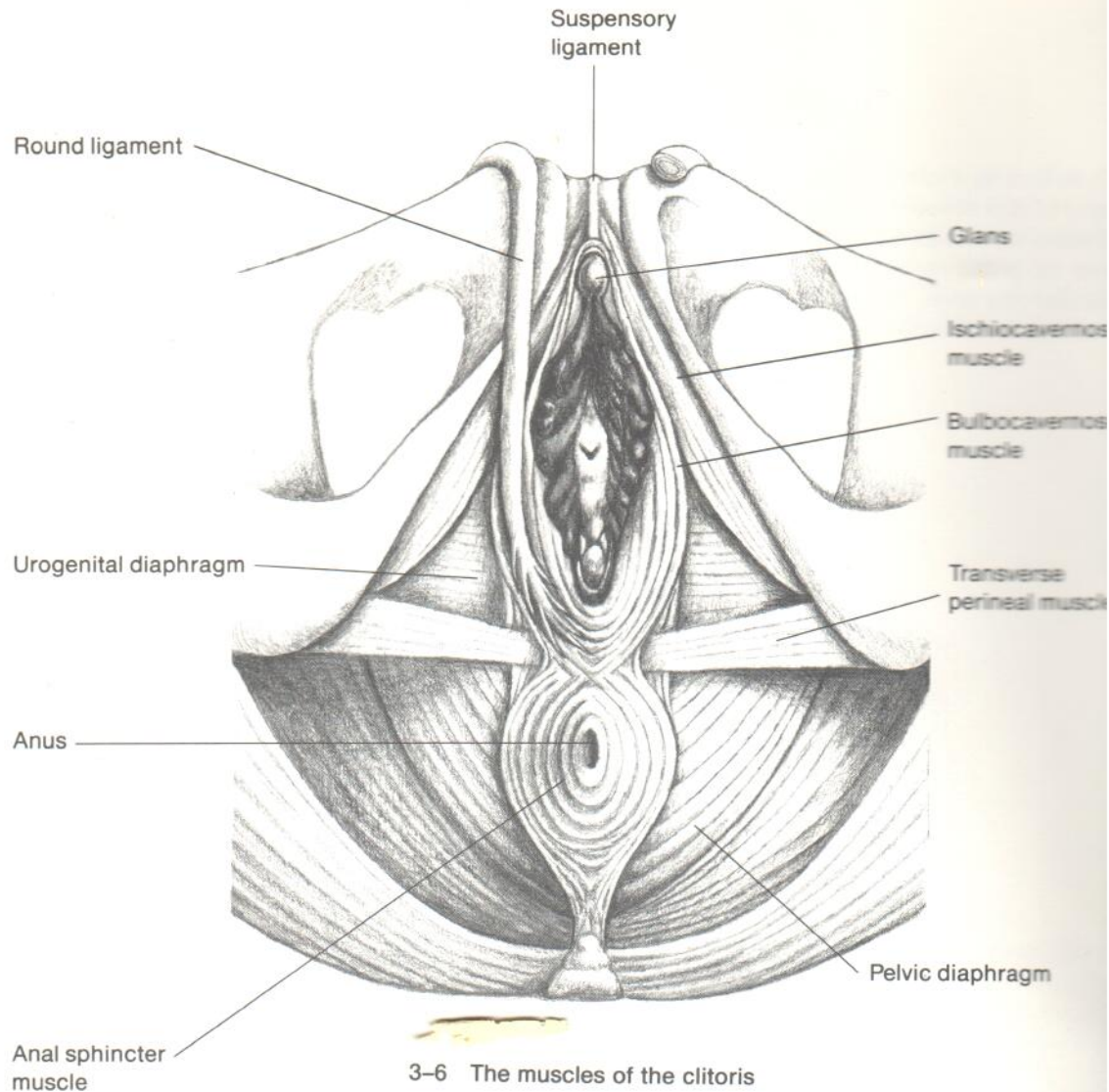
3-5 If you look in a mirror, you can see your vulva, a fatty layer of skin covered by pubic hair. This black woman's vulva surrounds and protects the clitoris. In addition to the pubic mound, the vulva includes the outer lips and the anus, which are darker in color than the clitoris itself or the skin surrounding it. The

visible parts of the clitoris in this illustration are the hood; the frenulum, where the skin of the inner lips meets at the glans; the clitoral opening to the vagina; the hymen; the fourchette; the perineum; and the urethra.



3-5 The outer anatomy of the clitoris





3-6 The muscles of the clitoris

**3-6** Beneath the pubic mound the pelvic bones flare out forming a triangular space, called the pelvic outlet, which is generally wider than in men. During birth the baby passes through this outlet.

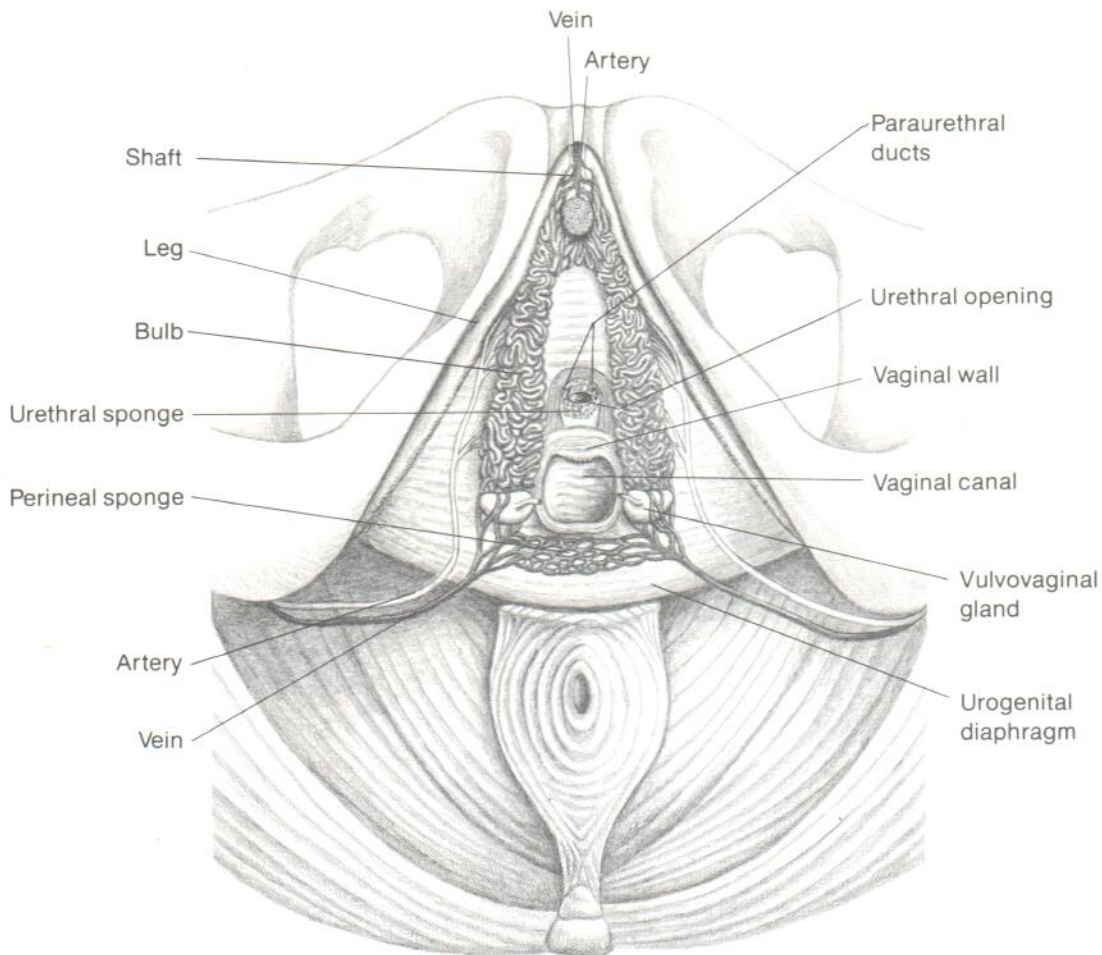
Two pairs of long slender muscles frame the pelvic outlet. One pair (the ischiocavernosus) runs alongside the pelvic bones, forming the two sides of the triangle, with the glans of the clitoris at its apex. The other pair (the transverse perineal muscles) extends laterally from the perineum and connects these muscles, forming the base of the triangle. A third pair of muscles (the bulbocavernosus) also extends from the glans of the clitoris within the triangle downward under the outer lips, connecting at the perineum. You can locate

these muscles by squeezing as if you wanted the flow of urine or a bowel movement.

During orgasm, these muscles, which lie beneath the top layer of skin and fat, all contract in unison, compressing the soft, engorged tissues of the clitoris between them. At the same time, they press the more interior tissues between them and the underlying broad layers of muscles.

A small ligament divides the cartilage where the pubic bones meet. It is attached to the clitoris and draws it and the glans up during sexual arousal. The round ligament of the uterus (or womb) runs along each side of the lips of the clitoris.





3-7 The erectile tissue of the clitoris

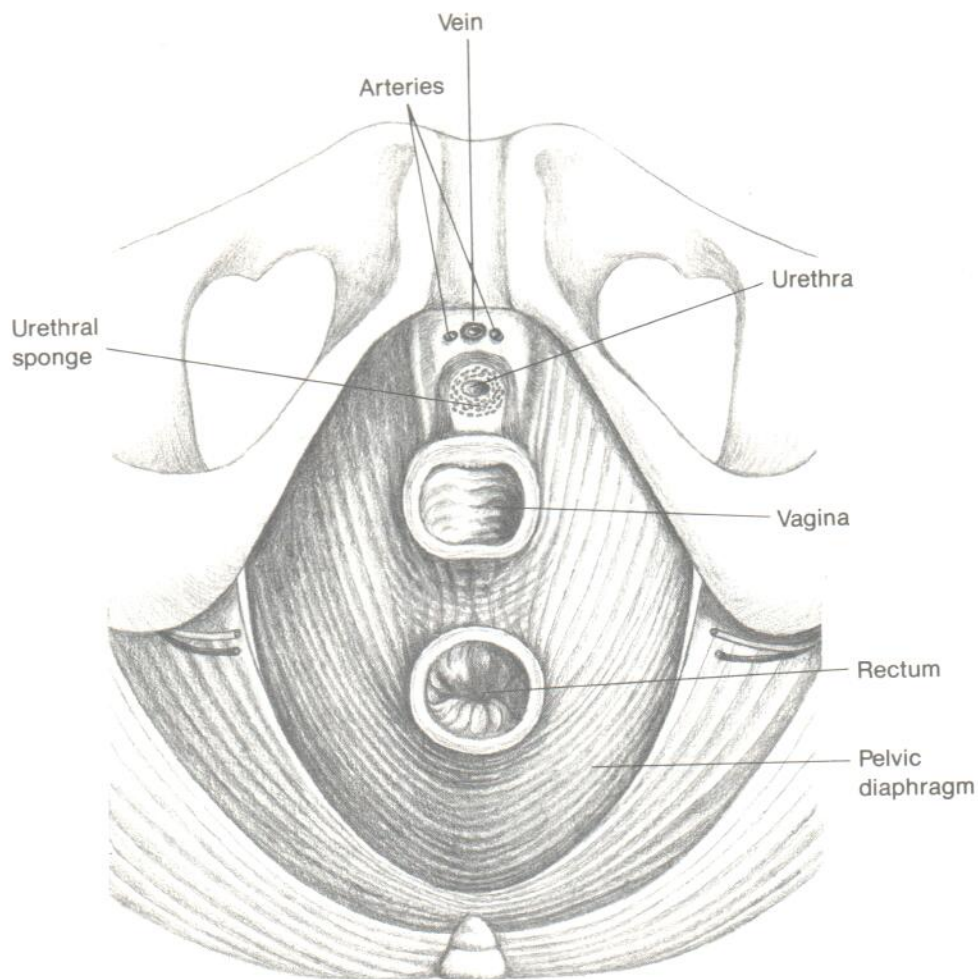
3-7 Through self-examination, you can locate many of the structures which lie beneath the surface of the skin.

Under the top layer of muscles lies a layer of erectile tissue and blood vessels. In the clitoris, there are two types of erectile tissue: one is more firm and the other is more elastic. When filled with blood during sexual excitement, they both become firmer and support erection. The blood that fills these intricate, tightly packed compartments of tiny arteries and veins comes from larger arteries.

The shaft and legs of the clitoris are long, thin bands of the firm tissue which flare outward from the shaft along the pubic bones. The bulb of the clitoris, which is underneath the outer lips and top layer of

muscle, is made up of the more elastic tissue. Another spongy body, extends inward along the ceiling of the vagina. This pad of soft tissue can be easily located by inserting your finger into the vagina and pressing forward toward the pubic bone; it surrounds the urethra, undoubtedly protecting it from direct pressure during sexual activity. This structure was not named in textbooks so we called it the "urethral sponge."

There are two sets of glands within the clitoris which have ducts that open to the outside. One set are minute and their specific function, if any, is unknown. The other, the vulvovaginal glands, do secrete a few drops of fluid during sexual arousal. Usually, a woman becomes aware of these latter glands only if they become infected and enlarged.



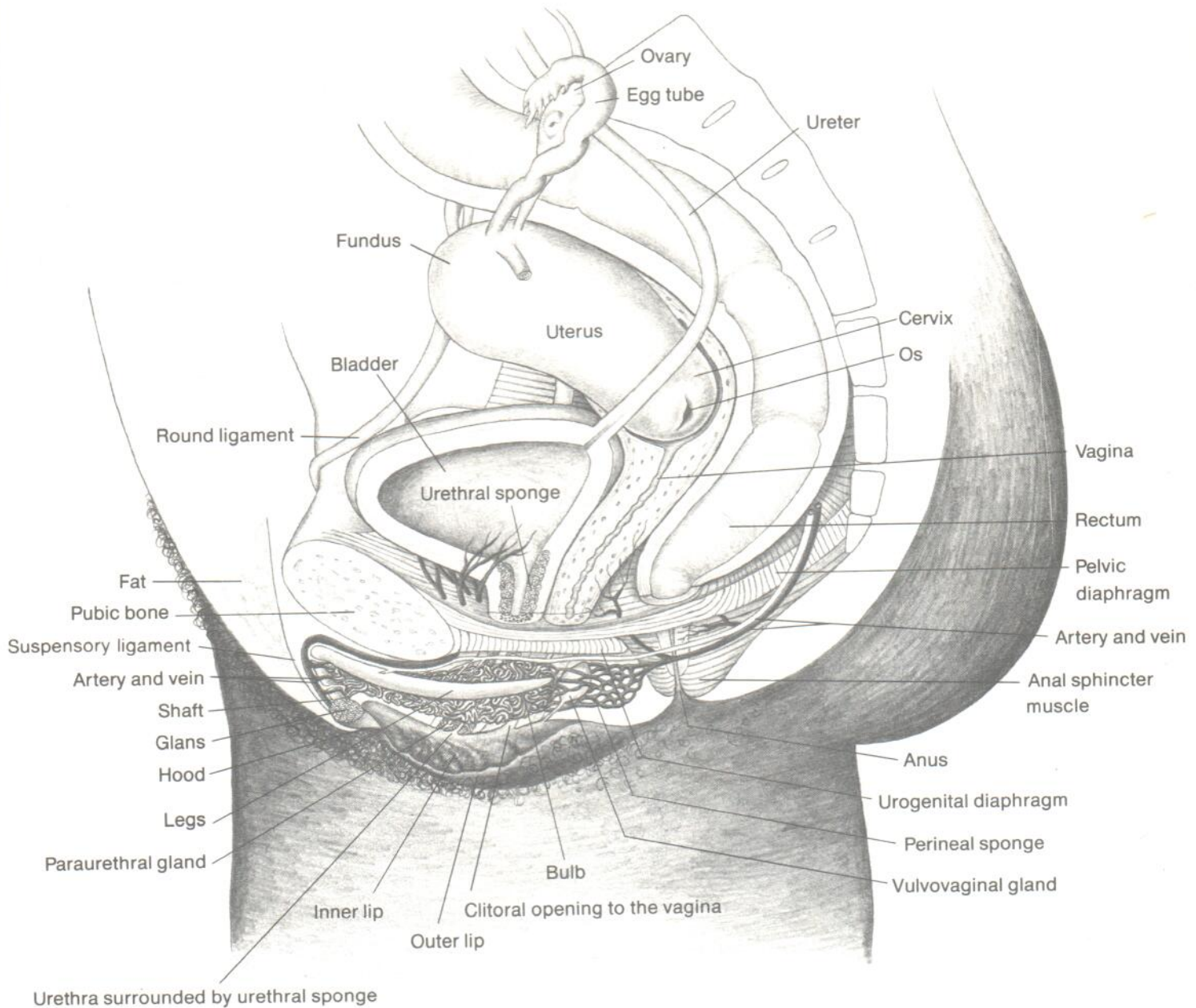
3-8 The pelvic muscles (without the clitoris)

In doing self-examination to explore the clitoris, we noticed an area between the vagina and the anus that "gives" when you press on it. This we discovered to be erectile tissue which forms the lower part of the clitoris to a depth of an inch or so. Lacking any medical labels, we have called this the "perineal sponge."

**3-8** Attached to either side of the flared pelvic bones and wrapped around both the rectum and vagina is the pelvic diaphragm, a voluntary muscle. All the structures of the clitoris rest on this large muscle

which tightens the rectum and vagina when contracted. Dr. Arnold Kegal of Los Angeles has drawn attention to this muscle, the pubococcygeal, by advocating that it be strengthened to increase sexual pleasure. He recommends that, several times a day, you repeatedly contract this muscle as if to stop the flow of urine or bowel movement. Childbirth educators also suggest this and similar exercises to make this muscle and the other muscles of the clitoris stronger and more elastic.



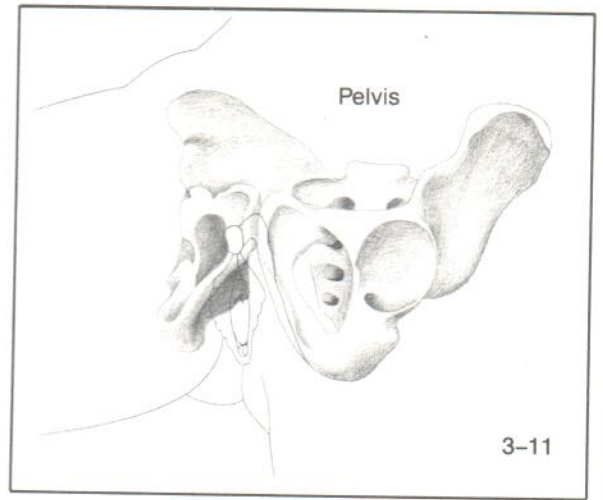
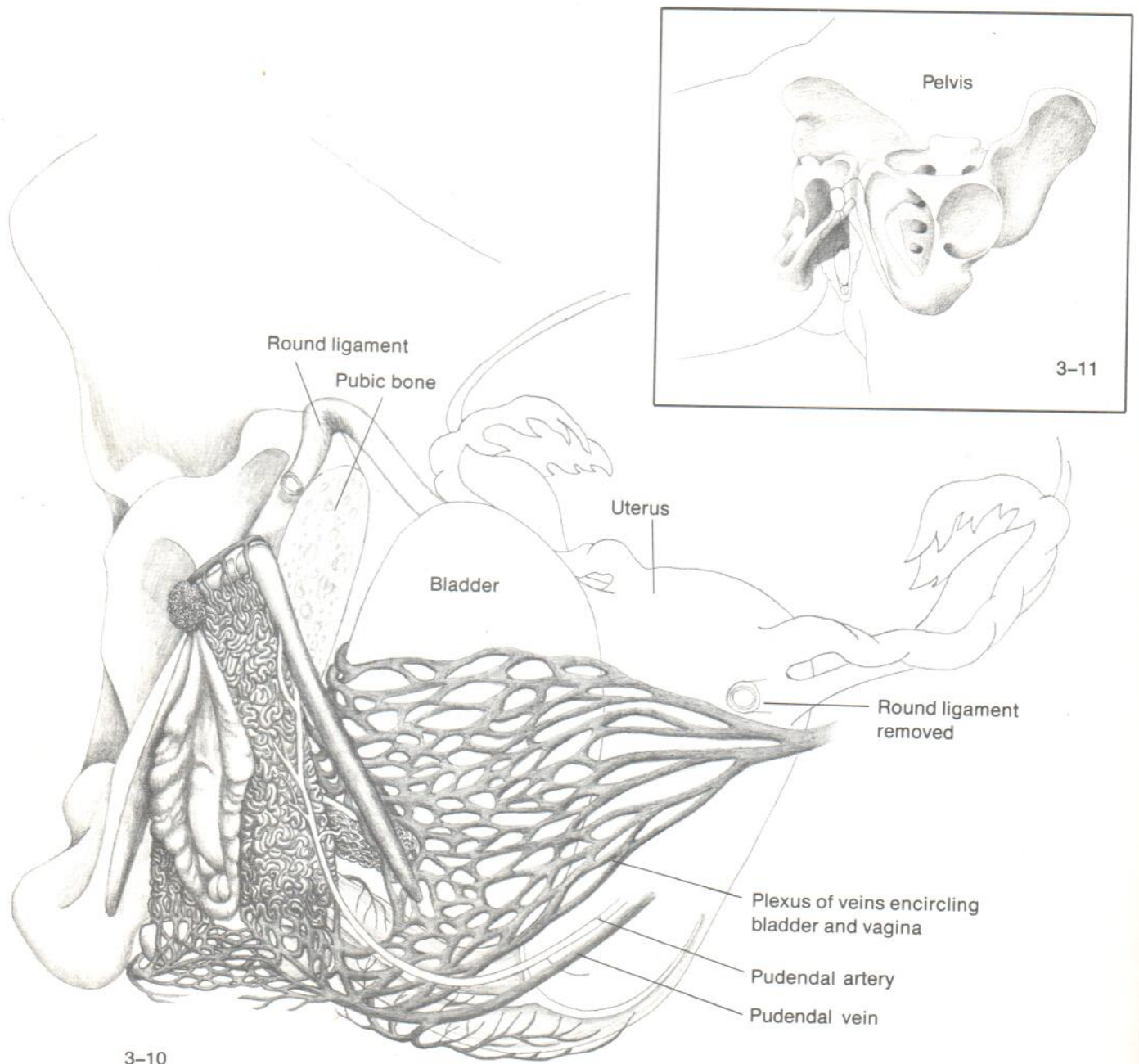


3-9 A cross section of the clitoris

3-9 In all of the anatomy and sex education books we studied, there were several cross sections of the penis, but *no cross section of the clitoris*. This cross section shows very clearly the organs and other mus-

cles involved in sexual response. The clitoris is in a nonerect, nonexcited state.

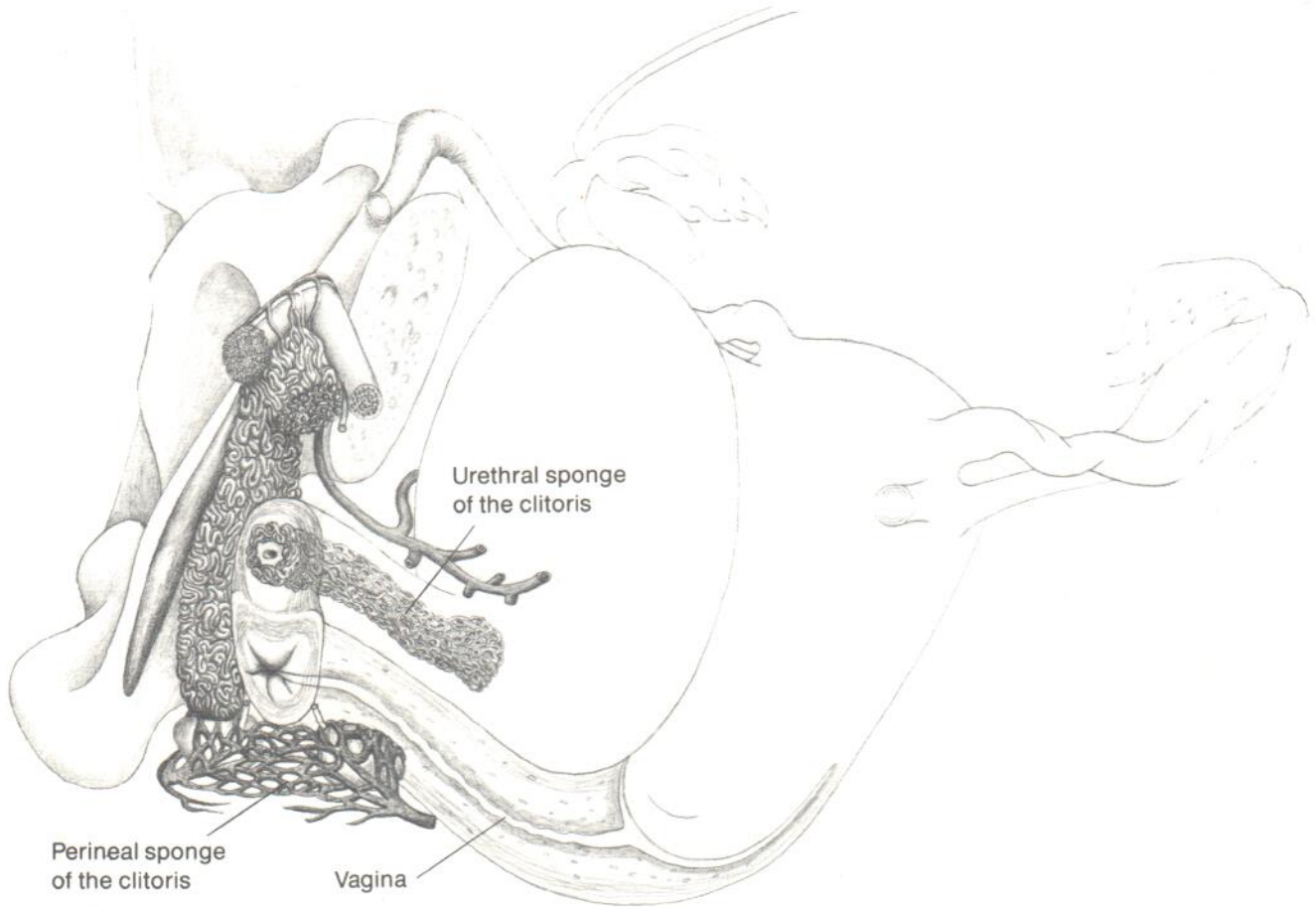
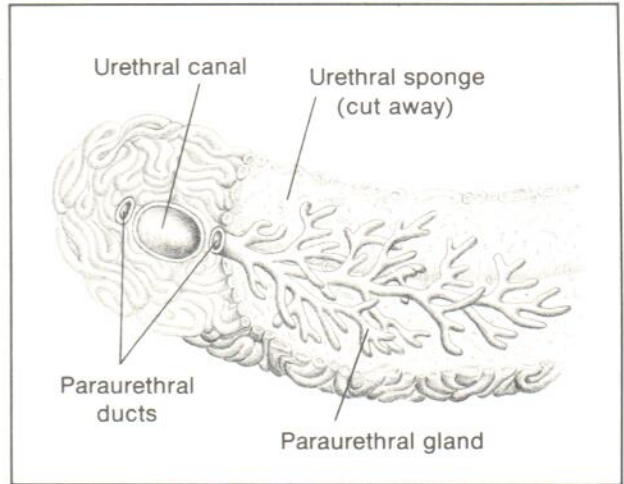
Not shown are the clitoral muscles which are very much involved in orgasm.



3-10, 3-11 This illustration shows how the clitoris is situated in the pelvis. The inset shows the pelvic bones.



3-12 A detailed view of the clitoris showing the urethral sponge



3-12 This view of the clitoris shows the urethral sponge, which surrounds and protects the urethra. This spongy body fills with blood during sexual excitement and, during coitus, acts as a buffer between the penis and the urethra.

**3-13** You can feel the urethral sponge by inserting two fingers into your vagina and pressing back toward the pubic bone. Sometimes, pressing on it can make you feel as if you need to urinate.



**3-13** Self-examination of the urethral sponge

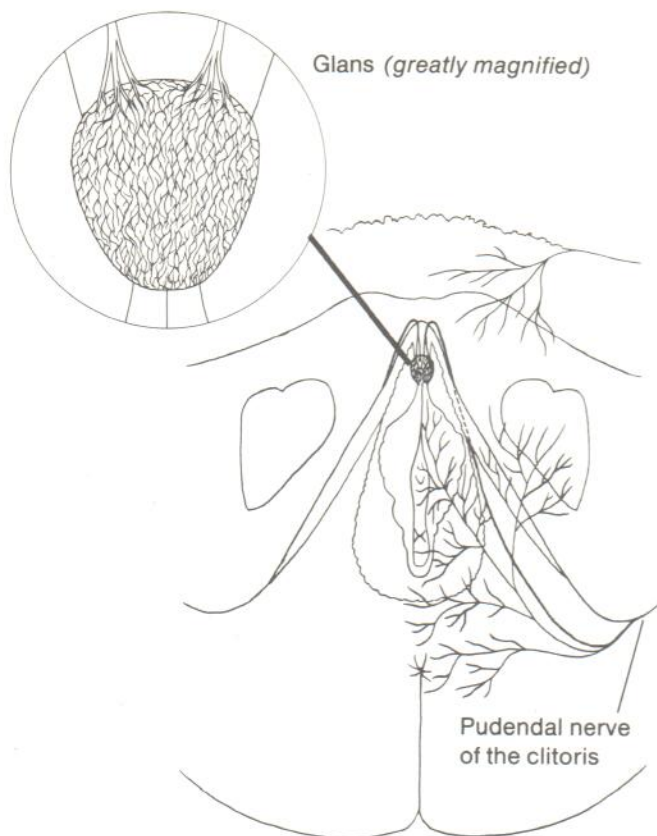


**3-14** You can also feel the perineal sponge by inserting your thumb into your vagina and pressing down toward the anus. The tissue compresses, then springs back when the pressure is released. If you try this, you might feel pleasurable sensations in other parts of the clitoris.



3-14 Self-examination of the perineal sponge

3-15 The nerves which lie in the area of the clitoris are highly concentrated and transmit sensory messages during sexual excitement. The glans has a particularly high concentration of nerves.



3-15 The nerves of the clitoris

## Sexual Response

From the time we are small children, we are discouraged from being familiar with our genitals. We grow up ashamed of our bodies and with the clear impression that the ultimate object of sex is to please men or to have babies.

When a group of us used the self-help approach to learn about women's sexuality, we first studied a wide variety of medical texts, sex manuals and popular literature. We discovered that most sex information is written by men. We felt shortchanged because the information was organized around the penis and didn't account for the full range of women's sexual response. For example, one woman found that, despite having enjoyed years of what she had considered to be satisfactory sex with her husband, she would be classified as frigid by many authorities because she does not

achieve orgasm during coitus, but rather in other ways.

Also, we resented the first stage of the sexual response cycle, excitement, being labeled "foreplay," as though this sexual pleasure was not in itself important, but rather a necessary exercise men needed to go through in order to get us to the plateau and orgasm phases. Naturally, those of us who were celibate or lesbians found it difficult to learn about our bodies' responses when they were portrayed only in terms of a response to male stimulation.

As we did self-examination, exploring the different parts of the clitoris and observing the dynamic changes of sexual response, we realized that, when considered separately, the glans, hood and shaft of the clitoris do resemble a miniature penis, and they have been so described in many a book about sex. However, the problem with such a comparison is that both the male and the female sexual organs consist of a lot more than these parts. The parts of the penis involved in orgasm, such as the powerful muscles that shoot out the semen, are rooted far back in the man's body. (Men whose glans and shaft have been removed surgically can still have orgasms, as do women who have had their glans, hood and shaft removed!) Although they are distinctively different in size and arrangement, the parts of the clitoris are still much the same as the parts of the penis.

In our study, we observed that Masters and Johnson's extremely important discovery—that the male and female sexual responses are similar instead of complementary—applies to the structure and the function of the sex organs as well as to the generalized body responses and changes, such as increased heart rate, rise in blood pressure and respiration, nervous excitement, vasocongestion and muscle tension.

One of the major accomplishments of this group self-study project was to put to rest forever the controversy over clitoral and vaginal orgasms. Now that it is understood that the clitoral structures surround and extend along the vagina, the fact that women report pleasurable feelings deep in the vagina in no way contradicts Masters and Johnson's correct if inadequately examined finding that all orgasms are of clitoral origin. The vagina is involved passively in the orgasm, and the pleasure that women receive from the thrusting of the penis comes from the sensations of the penis rubbing against the erect clitoris.

From Freud to Masters and Johnson, the myth of the vaginal orgasm (which holds that women's orgasms result from vaginal sensations and are, therefore, according to their thinking, dependent upon stimulation from a penis) has been the favorite theory. From our research, we learned that the vigorous contractions of orgasm come from pelvic and clitoral



muscles in response to *clitoral* stimulation. By *clitoris* we mean the whole complex organ, consisting of the glans; shaft and hood; clitoral legs (also called *crura*); inner lips; hymen; several bodies of erectile tissue, including the clitoral bulbs, urethral sponge and perineal sponge; muscles; nerve endings; and networks of blood vessels.

Behind the controversy over vaginal and clitoral orgasm is the tendency of many men to do no more during the actual sex act than thrust an erect penis back and forth in the vagina until they achieve orgasm, and the refusal of women to be forced to rely solely on penile stimulation. Most women do not find this stimulation enough to achieve full sexual satisfaction, no matter what the variation in position, mainly because the clitoris is frequently not fully erect. Whether through mental stimulation, such as the excitement of a new partner, or direct stimulation, particularly of the clitoris, swollen clitoral tissues are far more sensitive to a penis than the vagina itself. Direct stimulation of the commissure, the spot beside and above the shaft, is a favored method for dependable arousal for many women and can be a pleasurable way of achieving orgasm in itself. Masters and Johnson's main point is that *wherever* the final orgasm occurs, clitoral stimulation is a necessary precondition. Our redefinition of the clitoris does not negate this basic assertion.

During coitus, the penis is in contact with part of the clitoris at all times. Despite this contact, many, many healthy women seldom, if ever, have an orgasm during coitus. Many who do experience an orgasm during coitus find that it is necessary to be in a certain position, specifically that of the woman on top, so that they can control the amount and type of stimulation to the pubic mound and glans. Others have orgasms in a variety of positions. Of course, lesbians or any women who masturbate can and do experience well-defined orgasms without coitus. In fact, women have mentioned in self-help groups that they often have more powerful orgasms when they masturbate than when they have sex with a partner.

This redefinition of the clitoris is no mere semantic quibble. Its significance is apparent when it is realized, for example, that if the perineum is part of our sex organ, an episiotomy is more than a surgical incision. It becomes a mutilation of the clitoris. Also, thinking of the clitoris as a functional unit, which it is, is very different from thinking of it as a collection of structures and areas as described by Masters and Johnson. Once understood and recognized, it is clear that the clitoris is an organ as complex and active as the penis. After self-examination of the clitoris, discussions of our sexual experiences become much more concrete and specific. We finally had a vocabu-

lary and conceptual framework with which to communicate.

Another myth that seems ridiculous from a feminist point of view is that there is some correct or socially acceptable way to have an orgasm. Most sex information, for example, focuses on the penis-in-vagina sex act, and implies that orgasms during coitus are the goal of every heterosexual couple. Masturbation is given cursory attention and sex for lesbians or gay men is given superficial attention, if any.

These deeply embedded myths, plus strong social influences, serve to keep women from asserting themselves as fully sexual beings.

Shere Hite's investigation of women's sexuality, detailed in *The Hite Report* and published in 1976, was the first work that approached the topic of sex from a woman's point of view. Hite reported what women themselves thought and felt about their sexuality, not what male doctors and sociologists assume women think. Hite's work plainly reveals that society proscribes or sharply limits women's sexuality as it has their other roles. Hite found that just as women are often expected to serve men as some sort of "household glue," in a more subtle way they are also "sexual slaves" who are always expected to put themselves second. She cites economic dependence as a powerful force in keeping women sexually subservient.

Another critical factor that keeps women from being sexually free is that heterosexual women of childbearing age are forced to depend upon unreliable, hard-to-use, risky methods of birth control. For some women, the fear of pregnancy is so great that they either avoid sex or are too nervous to enjoy it.

We also found that the kind of information available on the physiology of sex was not very meaningful when we tried to apply it to our everyday lives.

Through advertising and the media, we are overwhelmed by images of young, lithe, exquisitely groomed, financially carefree women who bubble with life, the trend of the moment, and love. These ads imply that beautiful, successful women have more fun and, more than likely, better sex. This leaves out poor women, women of color, lesbians, women with physical deformities or disabilities and older women. In other words, women who don't fit the media stereotype. One ironic contradiction we encountered was that while the media ideal for women is slim and svelte, we are not encouraged to be athletic or to do strenuous exercise, which builds strength, encourages overall health and replaces fat and flab with muscle.

This media image also reinforces the view of women as sex objects. Advertisers have zeroed in on the principle that sex sells, and women's bodies are fair game for marketing anything from tequila to motorcycles. Quite often, the faces are dispensed with

entirely, so that women become pure *objects* of sexual interest. They are also expected to be available to satisfy men's needs, and then they are *expected* to have orgasms.

Sex is more than having an orgasm. Sex with another person can be the ultimate expression of intimacy. However, it has been our experience that when a woman can connect her subjective experiences with the physiological bases for them, her sexual enjoy-

ment, and that of her partner, is enhanced.

As a part of our research, we gathered accounts of individual experiences. We were more interested in the actual sexual experiences than in feelings about sexuality. We found that some women experience the entire sexual response cycle from the time they are toddlers. On the other hand, it became clear that many women do not experience orgasm until they are in their twenties or thirties, or even later, or never.



3-16 A side view of the clitoris: Compared to the penis



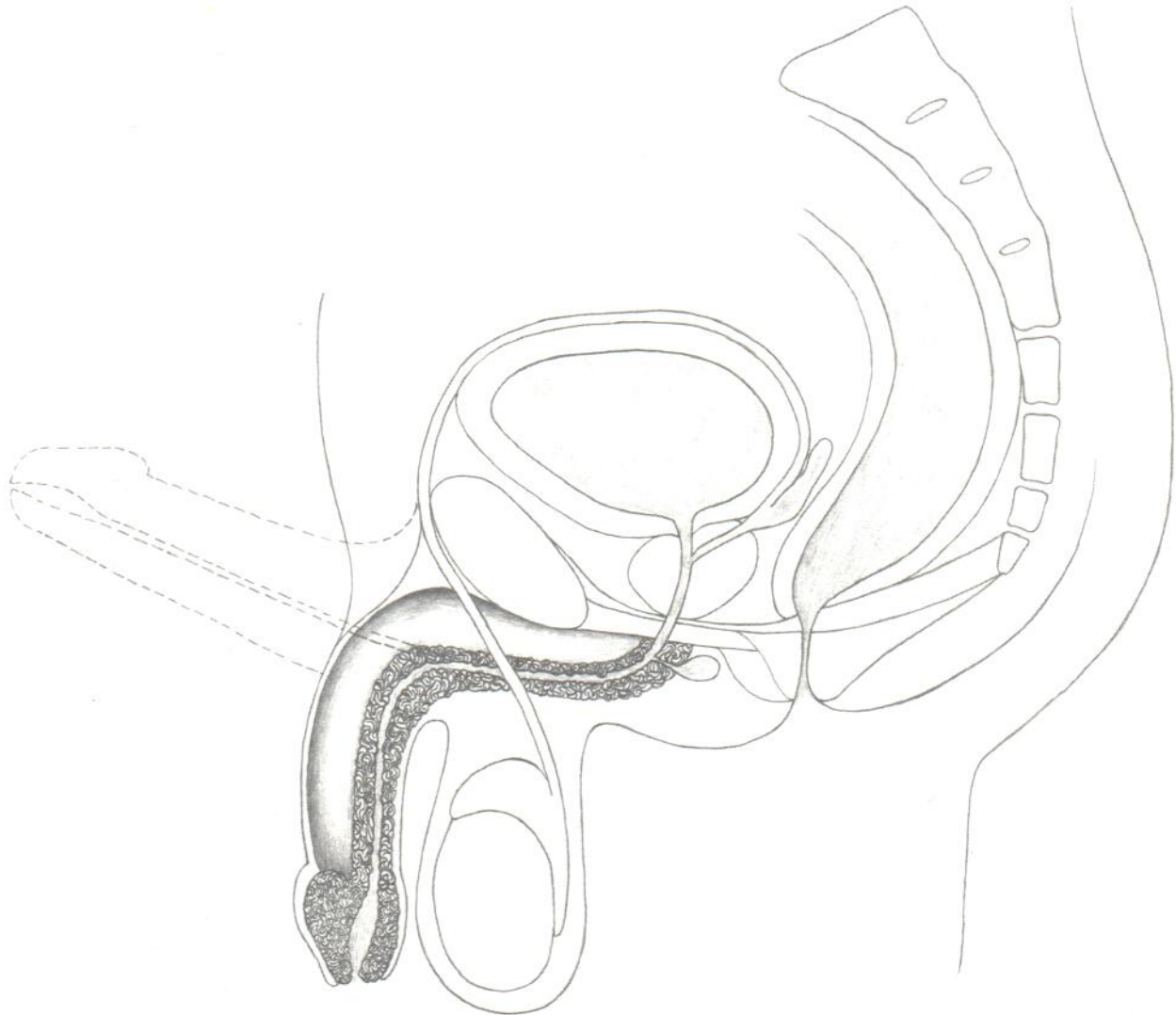
And we found few women who experience orgasm regularly and dependably during coitus.

This series of drawings of the sexual response cycle provides concrete information about where and how orgasms originate and enables us to understand the functions of our sexual anatomy.

**3-16** This is a side view of the clitoris, in a nonerect state. The dotted lines at the left of the drawing show

the position of the glans and shaft when they are erect and pulled up beneath the hood. The long dotted line at the bottom shows the position of the clitoral bulb when it is engorged with blood and erect. The spongy area also fills with blood and enlarges greatly during sexual excitement.

**3-17** The glans and shaft of the penis are shown here in an unaroused state. The dotted lines show its position when the erectile tissues are filled with blood.



3-17 A side view of the penis: Compared to the clitoris



3-18 An outer view of the nonerect clitoris



3-19 An inner view of the nonerect clitoris

**3-18, 3-19** These illustrations show the clitoris and its underlying tissue in a nonerect state. Here, the glans is nestled among the folds of the hood and is visible because the hood has been pulled back. The woman in this illustration is stimulating the clitoris manually. Her fingers are pressed on either side of the shaft and she is "rocking" her hands, pushing the flesh of the mound back and forth over the pubic bone. Self-help research has shown that many women's clitorises do not look a great deal like standard anatomy-book illustrations.

**3-20, 3-21** *Excitement.* The clitoris becomes erect when the underlying spongy bodies fill with blood. This signifies the first, or excitement, stage of sexual response. At the same time, the vagina "sweats," which provides lubrication, the vaginal blood vessels widen and fill with blood and the color of the vaginal walls deepens. At this time there is a noticeable increase in the pulse rate and blood pressure. In most

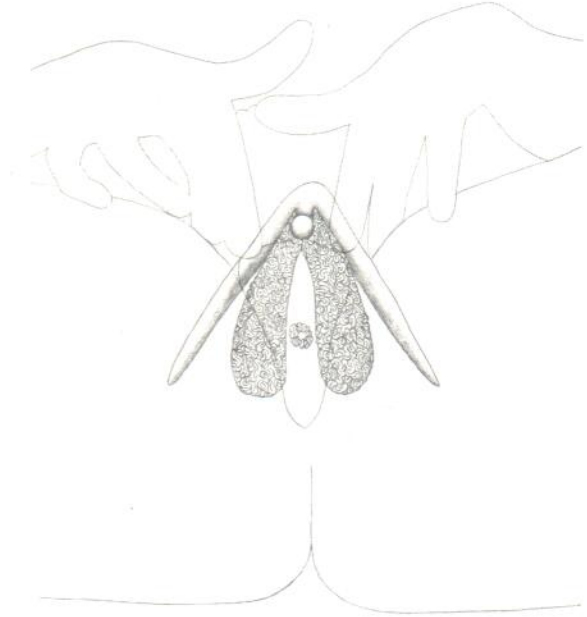
women, the glans is not visible at this point because the shaft has been pulled back by the shortened ligament, causing it to retract from view. She is continuing to apply pressure in rhythmic strokes.

**3-22, 3-23** *Plateau.* The bulbs and the urethral sponge become further filled with blood as sexual excitement increases. The valves in the arteries and veins close, trapping the blood in the organ. This is called vasocongestion. The hood enlarges as its supporting ligament shortens and pulls on the shaft, which is now quite hard, and the legs, which have become rigid also. The perineal sponge thickens as it fills with blood, further closing the entrance to the vagina. The uterus, tubes and ovaries swell. The broad ligament, which lies like a blanket over the bladder, swells and tightens, pulling up on the uterus and causing the vagina to enlarge. At this point, her movements have speeded up.





3-20 An outer view of the clitoris during the excitement phase



3-21 An inner view of the clitoris during the excitement phase



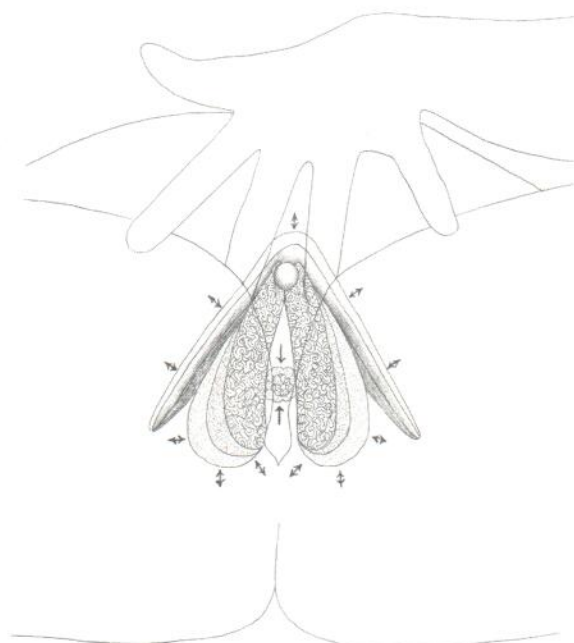
3-22 An outer view of the clitoris during the plateau phase



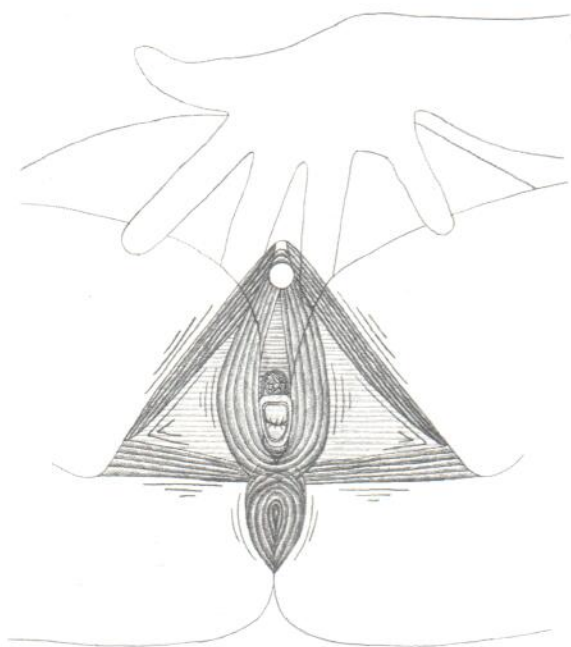
3-23 An inner view of the clitoris during the plateau phase



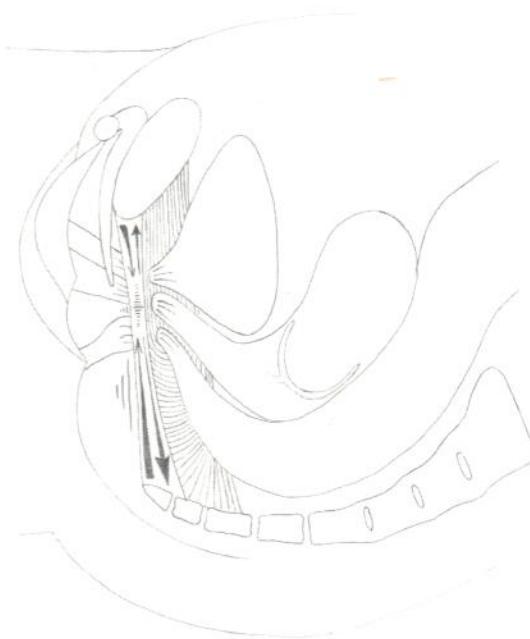
3-24 An outer view of the clitoris during the orgasm phase



3-25 An inner view of the clitoris during the orgasm phase



3-26 The clitoral muscles during the orgasm phase

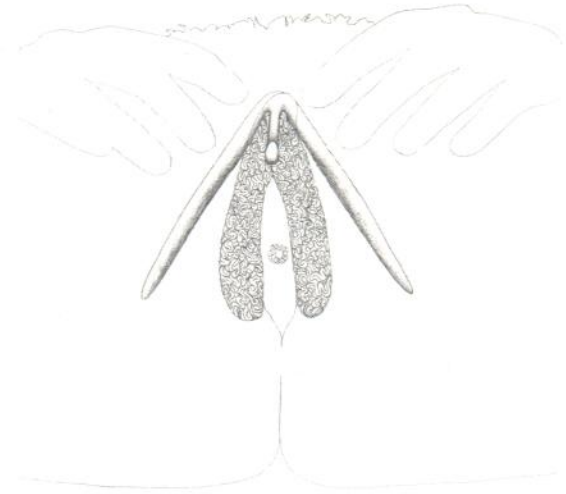


3-27 The pelvic muscles during the orgasm phase





3-28 An outer view of the clitoris during the resolution phase



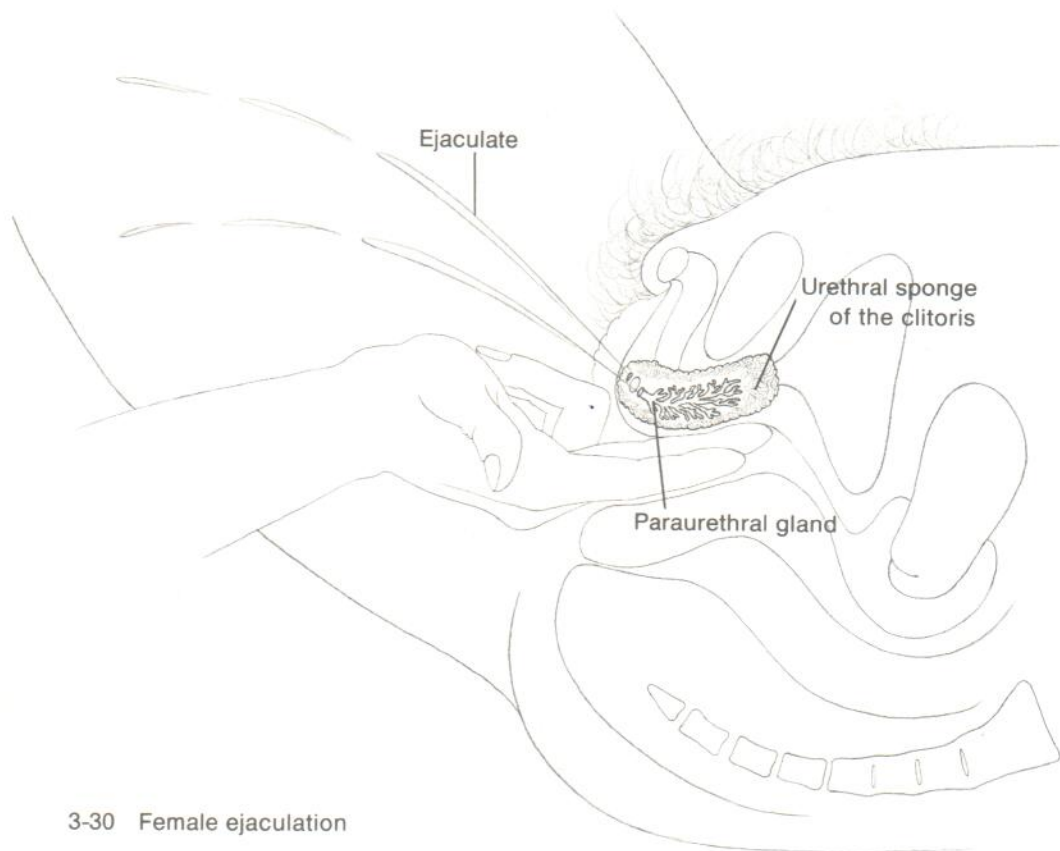
3-29 An inner view of the clitoris during the resolution phase

**3-24, 3-25 Orgasm.** Powerful, rhythmic muscle contractions begin. The clitoris shortens dramatically and the inner lips tuck in, covering it. These events are accompanied by the loss of voluntary muscle control, faster breathing, tingling sensations and, sometimes, a rash or flush on the breasts and stomach. Some women experience sharp spasms in their hands and feet. Since one of her hands has become tired, she continues and intensifies the pressure with the other until orgasm.

**3-26** During sexual arousal, the muscular structure of the clitoris becomes very active. The muscles shown here tighten and, during orgasm, contract involuntarily.

**3-27** During orgasm, the sling of muscle tissue suspended between the pubic bone and coccyx stretches taut and contracts involuntarily, constricting the vaginal opening, urethra and rectum.

**3-28, 3-29 Resolution.** The contractions of the clitoris prevent blood from flooding the tissues further. The tissues shrink as the pulse rate lowers, the valves in the arteries and veins open and the inner lips return to their original color. Within seconds, the orgasmic contractions grow faint and fade away. She is relaxed and covered with a fine film of perspiration.



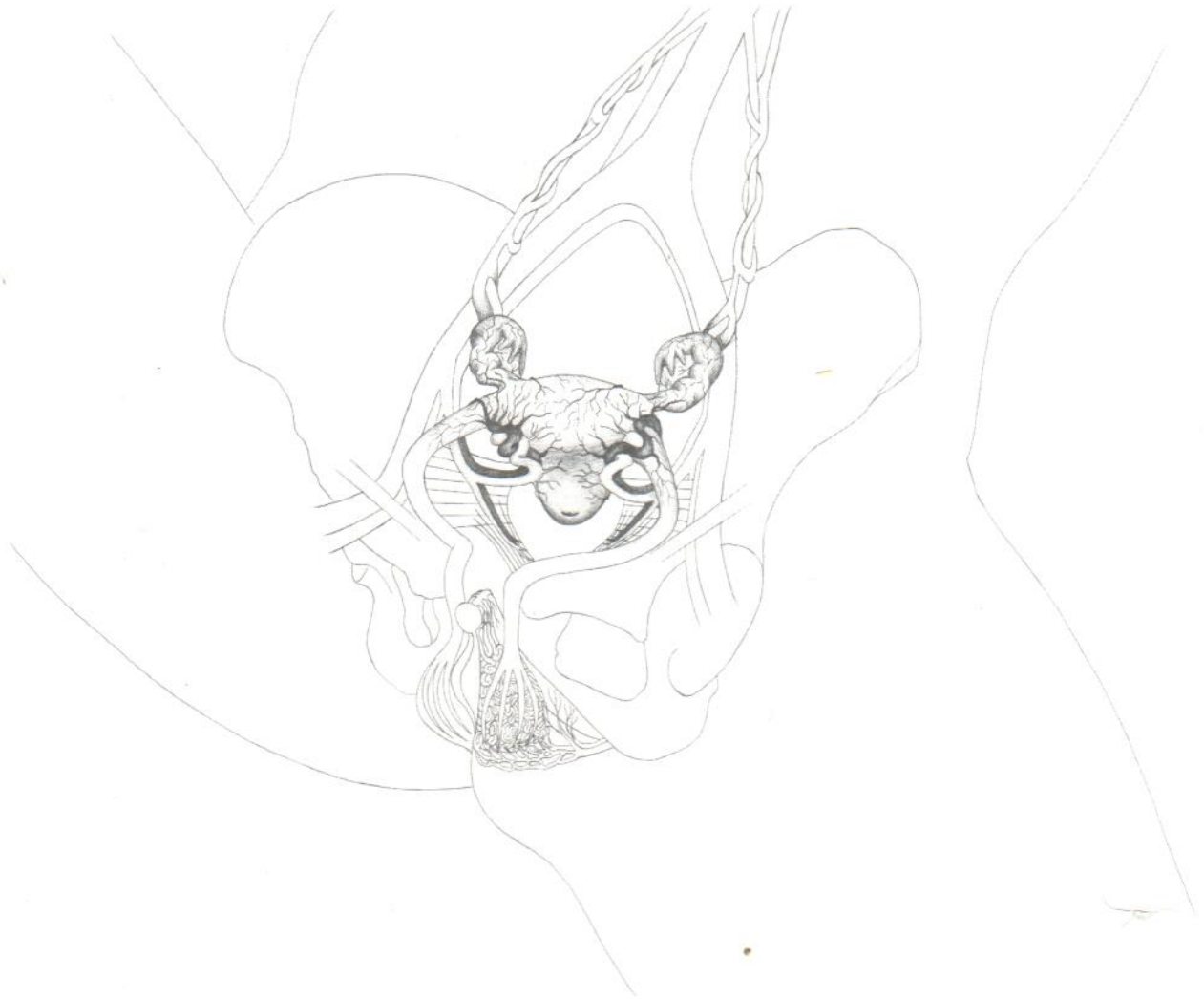
3-30 Female ejaculation

**3-30** Some self-helpers have reported that occasionally fluid squirts from their clitorises when they have an orgasm. This fluid shoots out like a stream in bursts. One woman described this phenomenon as "gallons" of fluid, distinct from vaginal sweating. Some women have confused this with urination. One woman noted that the fluid had an odor different from urine. Unlike the involuntary urination that occurs in a small number of women during sex, this fluid is chemically different from urine and appears to be ejaculated from the paraurethral glands located in the urethral sponge of the clitoris. The same structure that becomes the paraurethral glands in the female during fetal development becomes the prostate gland in the male, which later contributes to the male ejaculate. A group of lesbians, having had this experience, related their observations to sex researchers Beverly Whipple, R.N., and John Perry, Ph.D. In reviewing the literature, Whipple and Perry

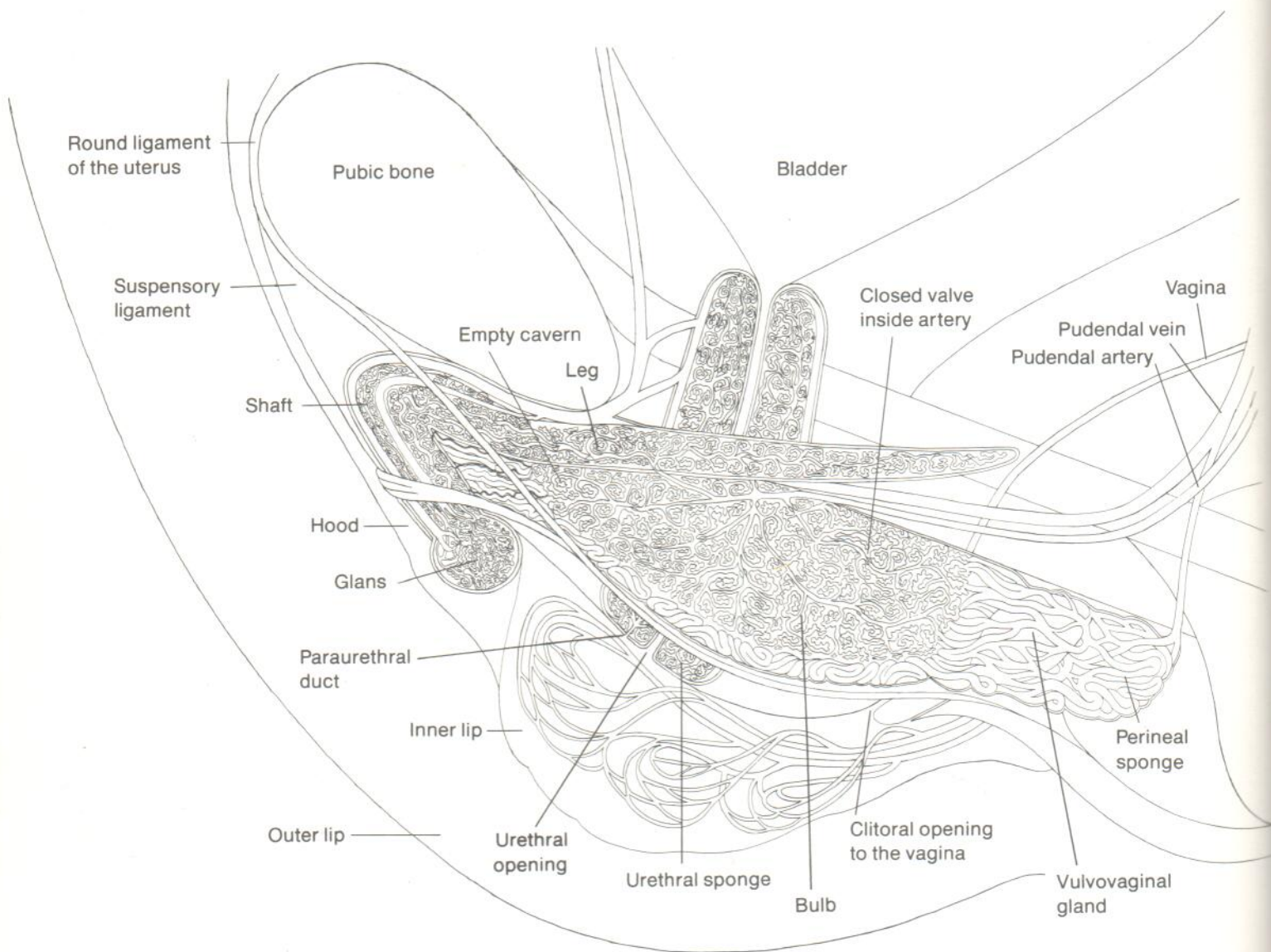
found that a researcher named Grafenberg had reported similar findings in the early 1950s. He acknowledged the presence of highly sensitive and spongy tissue surrounding the urethra and noted that direct stimulation of this tissue could result in a release of fluid during orgasm which did not appear to be urine. Based on this research and their own clinical observations, Whipple and Perry concluded that these women were experiencing female ejaculation and coined the phrase "Grafenberg spot" to identify what they believed to be the site of stimulation and ejaculation in the vagina. The rediscovery of clitoral tissue around the urethra and paraurethral glands reveals that stimulation of the clitoris is integral to this response. In addition to ejaculation, some self-helpers have said that stimulation of the urethral sponge in particular can be a focal point for sexual arousal and orgasm.



**3-31** The uterus is thought of as a passive organ which lies useless except during pregnancy and child-birth. During sexual arousal, however, its lining becomes swollen with blood and it balloons upward, enlarging the vagina. Some women actually feel it contract pleurably.



**3-31** The uterus during sexual arousal

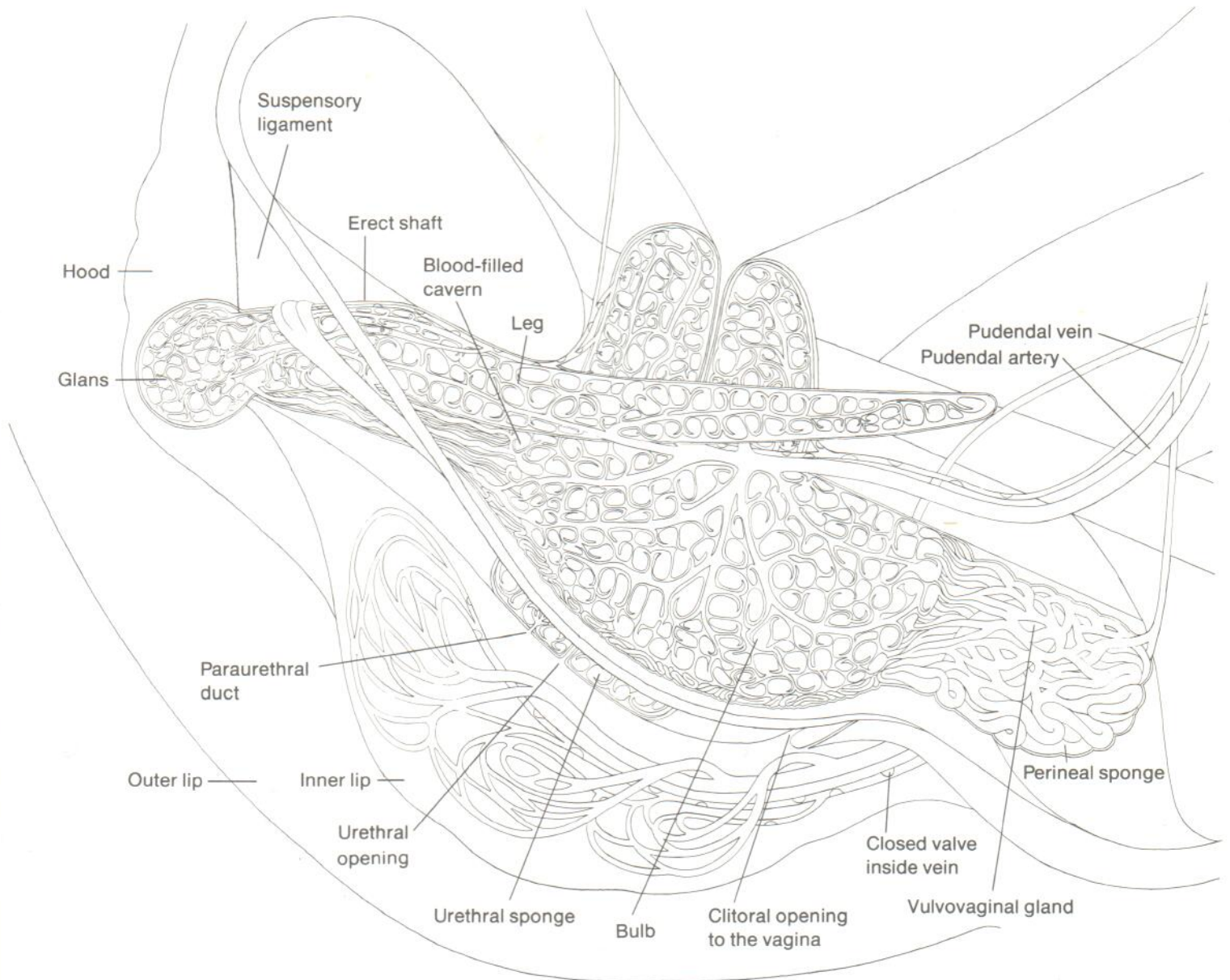


3-32 A cross section of the nonerect clitoris

3-32 The clitoris, greatly magnified, in its nonerect state. The intricate maze, created by the blood vessels and capillaries in the tissues of the glans, shaft and legs, is called corpus cavernosum, which literally means body of caverns. The urethral sponge, perineal sponge and bulbs differ from corpus cavernosum in

that they are made up of tissue that is more elastic and does not become as hard during erection. This tissue is called corpus spongiosum. In the nonerect state, the valves of the clitoral arteries are closed and the valves of the veins are open.





3-33 A cross section of the clitoris during sexual arousal

3-33 During sexual arousal, the intricate chambers of these tissues fill with blood which is then trapped by valves, and the entire clitoris enlarges and changes dramatically. The glans and shaft become erect and

maintain their positions until resolution. Underneath, the muscles are taut and contract in response to sexual stimulation.