

## Size Matters

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Now that the economy is booming, a large number of people are looking beyond the basic needs of life; that is food and shelter. People want to eat better, wear better and look better. Cosmetic surgery once the domain of the rich and famous, now has a newer clientele in the evolving upper middle class. Nose jobs, turkey chin, and crow feet are only a part of the face lift that people want. Thanks to Botox injection, wrinkles can be smoothed. Weight loss by Liposuction and Tummy tuck operation is common place. A whole new branch of Bariatric Surgery has come up for the very obese. People are now increasingly concentrating on their sexual apparatus. Women want bigger breasts and tighter vaginas, and men want longer penises. The demand is surely not confined to any particular age or religious group.

Breast enhancement is largely done by silicon implants. Silicon was under a cloud of suspicion in the seventies and eighties; that it may be oncogenic. But it is still being used. The operation is quite simple. It involves a submammary incision, creation of space between the breast and the pectoral muscle and insertion of a silicon pouch. It can be removed easily, should the patient run into any problem. A breast with a silicon implant looks natural and feels soft. It is not biodegradable and can be removed after years. Most female models go in for it. Hymenoplasty is largely a demand of marriageable girls and

divorcees, especially in some communities. Vaginoplasty is a recent trend amongst the multiparous.

Meeting the request for the larger penis is more complex. Doctors tend to water down the request by talking about physiology, and erectability. It is obvious that the twin function of micturition and copulation can be performed with any reasonable sized organ. What is reasonable size? Looking at the sculptures of ancient heroes in the art galleries and museums of Italy and France, it is quite striking that even Hercules and Adonis had phalluses that were quite small considering the body size. It is common knowledge that big fat men have small penises. Tribals in Andamans and Africa have long organs but that may be genetic. Alfred Kinsey the well known sexologist determined that the average size of the male penis is six inches in the erect state. But clearly it is a dogmatic statement.

Also it is not clear from which point it is measured. People have got the habit of casting side glances at other peoples "johnnies" in public urinals. This might be at the root of the urge to have larger organs. Technically the penis can be enlarged by one or two inches by operation. By disinserting the corpora cavernosa from the pubic rami and suturing them together you can get an additional length of 1-2 inches. Width of the organ can be increased by Botox injection. But the performance of the enhanced phallus is not guaranteed. It may be an ideal for showing off in locker rooms or male strip tease and awe-inspiring by women in nude bathing. But

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Ex. Hon. Paediatric Surgeon, Bai Jerabi Wadia Hospital for Children, Parel; Hon. Surgeon, Arogyanidhi Hospital, Juhu and BARC Hospital, Deonar, Mumbai.

performance wise there is no record.

It appears that many people do not see sexual relations as symbol of love, but a challenge between male-female and even male-male. The penis is the centrepiece of

this phallacy (pun intended). With viagra easily available – this contest might reach newer heights – or like many fashions and fads, may pass off.

#### **MERGING EVIDENCE-BASED AND MECHANISM-BASED MEDICINE**

The question of whether an intervention works (efficacy) obviously differs from one about how it works (the mechanism). For instance, whether breathing retraining effectively controls panic attacks is one thing, but whether its beneficial effect is achieved through the restoration of arterial carbon dioxide pressure (PaCO<sub>2</sub>) is another. Ascribing the symptoms associated with panic attacks to hypocapnia resulting from hyperventilation seemed natural, in view of the abnormal breathing patterns in anxious patients.

For example, orthostatic hypotension occurs in 20-50% of patients with Parkinson's disease. This condition is especially debilitating because of the frailty and impaired mobility of these patients.

Another area, with greater public-health importance, might be the treatment of hypertension. Several trials reported important cardioprotective or renoprotective effects in hypertensive patients given angiotensin converting-enzyme inhibitors or angiotensin-receptor antagonists, which could not be explained through effects on peripheral arterial blood pressure.

Thus antihypertensive drugs might turn out to be like breathing retraining: they work, but in a way that differs from how we think they work.

**Gert Jan van der Wilt, Gerhard A Zielhuis, *The Lancet*, 2008; 372 : 519-20.**