

# MODCON

THE SECRET WORLD OF EXTREME BODY MODIFICATION

BY SHANNON LARRATT  
WITH PORTRAITS BY PHILIP BARBOSA

### *Notes on the PDF release*

I made the decision to release the ModCon book as a free PDF download for three reasons:

1. I want to share this very special time in body modification history with as many people as possible. The point in time that this book is a snapshot of was when body modification birthed from underground and unaccepted phenomena into a major mainstream movement. Whether that was for better or worse is up for debate, but it was a wonderful and exciting moment.
2. In order to reach people interested in body modification for my new book projects. Please do get in touch with me.
3. To help promote the print version of this book, since that's ultimately what makes this release and future releases possible. The photos in the actual book are much higher quality, and of course, you can hold it in your hands!

To get in touch with me or to buy the hardcover book or to find out about upcoming releases, please visit [zentastic.com](http://zentastic.com) or write me at [snowrail@gmail.com](mailto:snowrail@gmail.com)

I hope you enjoy this, and thank you again everyone for the support,



Shannon Larratt

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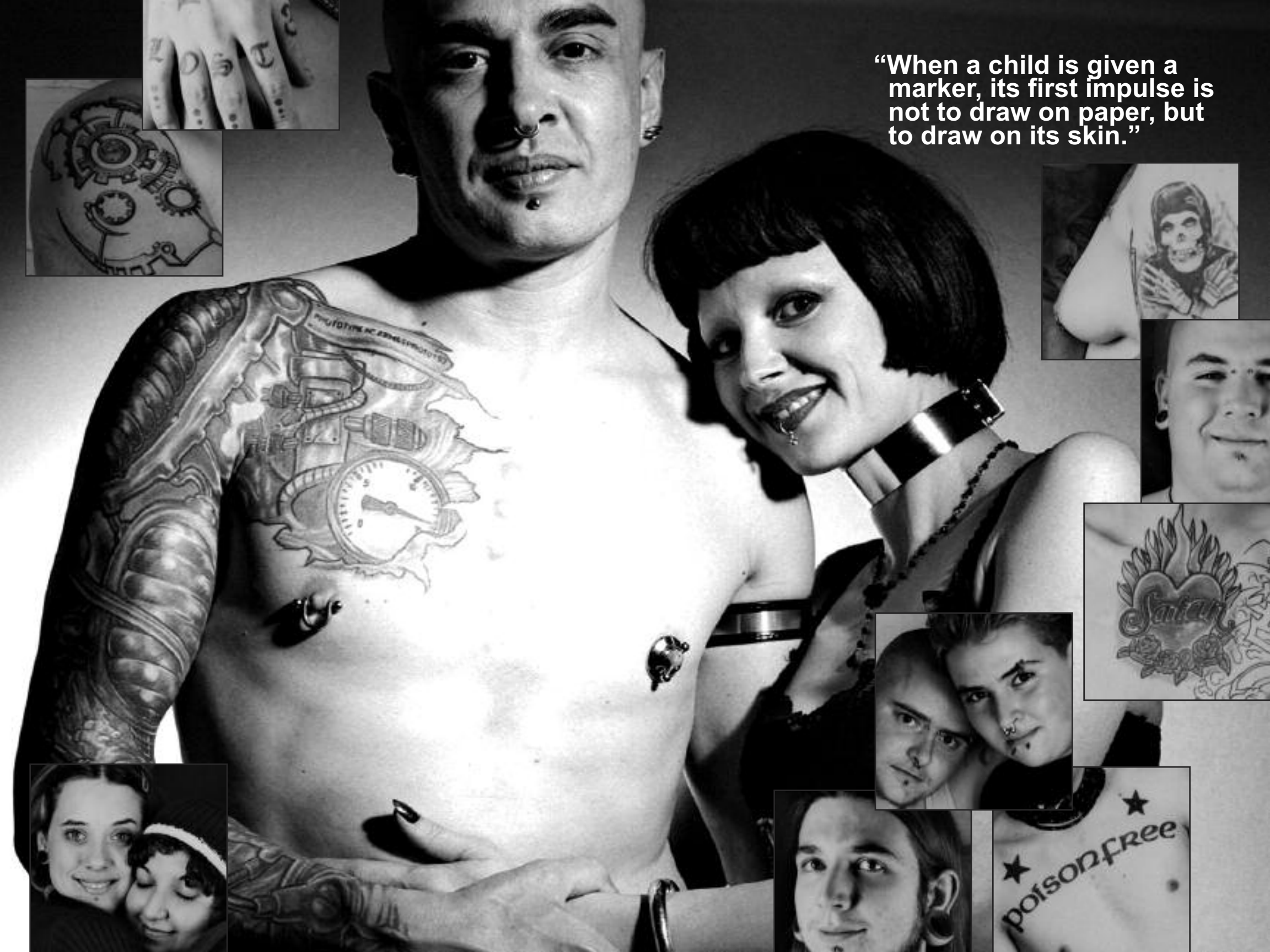
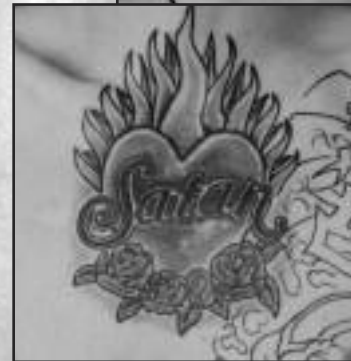
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## **WARNING**

**This book contains documentation of extremely dangerous procedures.** Attempts to replicate them could easily result in disfigurement or even death. People interested in pursuing these activities are strongly urged to thoroughly educate themselves and to seek professional assistance before beginning on their journey. Under no circumstances should this book be treated as a “how-to” manual. We have not presented sufficient information to safely perform these procedures and we strongly insist you not to attempt them based on what you see here.

**“When a child is given a marker, its first impulse is not to draw on paper, but to draw on its skin.”**







*This is a book about real people. Overall, this is not a book about sideshow performers or freaks or people who choose to make a public spectacle of themselves. The people you're looking at here may have unusual interests, but they are as normal and sane as any of you. If you don't feel that you can treat this subject with the same level of respect you would expect to be treated with in return, you should probably just close the book now.*

## INTRODUCTION



ModCon is an annual convention – or as Shawn Porter calls it, “outing” – that I hosted in 1999, 2000, and 2001. ModCon is a heavy body modification convention. It's not a tattoo convention. It's not a piercing convention. It's an invite-only party for those actively involved in making significant changes to their own body or to the bodies of others. Most of the photos in this book were taken over the combined eight days that ModCon has publicly surfaced (the remainder are from my personal archives).

These events and the photos that document them only scrape the very surface of this immense subculture. All over the world people are secretly making radical changes to their bodies. All over the world secret enclaves of surgeons and pseudo-surgeons work to fulfill people's dreams in basement operating rooms. This is not a phenomenon limited to punk kids or degenerates either – it's fully entrenched in every walk of life. Many of the people attending ModCon work for – and in several cases control – Fortune 500 companies. Many are highly qualified scientists and engineers. There were botanists, writers, performance artists, pilots, sailors, dozens of small business owners, and even a professional yo-yo master. All unique, and all exceptional.

After people get over the village-idiot “didn't that hurt?” phase, the question invariably falls to “why?” Matthew 19:12 says,

“For there are eunuchs who were born that way from their mother's womb; and there are eunuchs who were made eunuchs by men; and there are also eunuchs who made themselves eunuchs for the sake of the kingdom of heaven. He who is able to accept this, let him accept it.”

I absolutely believe this to be true on some fundamental level. I spent a long time trying to list the ways that we really are different from animals. We might be smarter, be better with tools, have more complex linguistics, or have a more advanced social structure, but these are simply questions of scale. The only thing that makes us something more than beasts is the fact that we consciously (and destructively) modify our bodies to match some personal desire. The specific reason is different from person to person of course – sometimes it's aesthetic, sometimes it's functional (read: makes sex better), sometimes it's political or cultural, and sometimes it's simply “because I wanted to”. The important thing is the courage to make the fundamental statement: “I am not my biology. I will be the one to decide what my body grows into.”

Having come to this conclusion, I came to a terrifying realization: Why haven't most people modified their bodies? What cultural shift has pushed body modification from being a part of everyday life to an underground activity in modern culture? If it's really body modification that stands as the signpost for the soul, do I find myself surrounded by empty soulless people, and should that frighten me? One of the resounding statements I have heard at every ModCon and at similar event I've organized is, “Thank God, I finally feel at home.”

Later on the second day of ModCon III, one of the cutters that had traveled half way around the world to work at ModCon had a problem: his daughter who had traveled with him had run out of time at the babysitter's. Instead of having him leave to take care of her, she was invited to join us. As long as she kept to the central lounge, I didn't see it as being a problem, but quite a few people approached me, distraught that a six year old girl was in attendance.

I told them all the same thing: If every child was brought up in an environment that so positively portrayed body modification, the world would be a much better place. On a historical level, it's actually very strange for children not to be exposed to this. Almost every culture has used body modification as an integral element, often as a coming of age ritual or as a ritual of societal belonging. The only one we have left in the West, circumcision, has been pushed so far into pre-memory that it has absolutely no positive impact on the child. How does it change a person when you tear away the transition points that mark their evolution from child to adult?

It's not just individuals that lose – society as a whole is pro-



tected by body modification. Historically body modification and ritual has always been most evident at events that draw communities together: births, weddings, funerals, and other transition points. Again I ask the question: what happens when you take away the glue that makes a community coherent? If you take away body modification, what can it be replaced with? I've searched, and I don't believe there is a replacement – certainly nothing we've found here in the West.

I think that at this point I should mention ritual, because body modification and ritual through body manipulation seem to be a part of the same

phenomena. By ritual I mean suspension of course, but also include the act of extended tattooing and even less obvious rituals such as the extremes of S&M “torture.” Trying to understand them as an outsider is quite difficult, especially since many of their more active proponents have shrouded them in so much New Age BS and regurgitated as Westernized “tribal” mythos that their real function is obscured. It's actually probably more clear in ball torture – for example pushing long needles through the testicles – as that's an activity pure and without veil.

In part it's pushing through a barrier. In part it's moving past your body, and in part it's moving more deeply into and exploring your body. In part it's exercising complete control over one's nervous system, and in part it's surrendering to it. Or perhaps it's as simple as pinching yourself to wake up from a dream. Until you actually wake up though, it's not so easy to be convinced it's a dream, is it?

In any case, please enjoy this book, and please view it with respect. If you can't react to others feelings about themselves and the world in a civil manner, you're simply part of the problem. In this book you may find your salvation, so read with an open heart and open mind.

*Shannon Larratt, August 2001*

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## Notes on the Second Printing

Although I have left the book in its original form, a lot has changed\* since the first printing of this book in 2002, and actually, it had already started changing then. It has been very interesting to see what in this book has become dated, and what elements are timeless... Since the late nineties, body modification has seen an amazing mainstreaming and today activities that were once deeply underground, as well as many activities such as implants and tongue splitting that were barely part of the human experience, have become the subject of pop culture television shows and are broadly known and accepted.

While many cultures historically have enjoyed body modification, it's generally been deeply codified and restricted as a part of maintaining the status quo. At no time in human history has culture enjoyed such a diverse range of body modification and self expression as we enjoy now. However, we now face the risk of commercialization and commodification of this movement, which has already started to push the further — and arguably founding — elements back underground. Body modification has always moved in waves through Western Society, and we now face the challenge of deciding whether this is simply the biggest wave so far, or whether we are a part of a transformative moment in our culture.

This book stands as a marker of a very special time, as a broad group of people came together and changed society for the better. Thank you to everyone who made it possible.

*Shannon Larratt, August 2008*

\* As have many of the people in this book. It has been enjoyable seeing how young we were, and how early in our physical evolutions many of us still were!







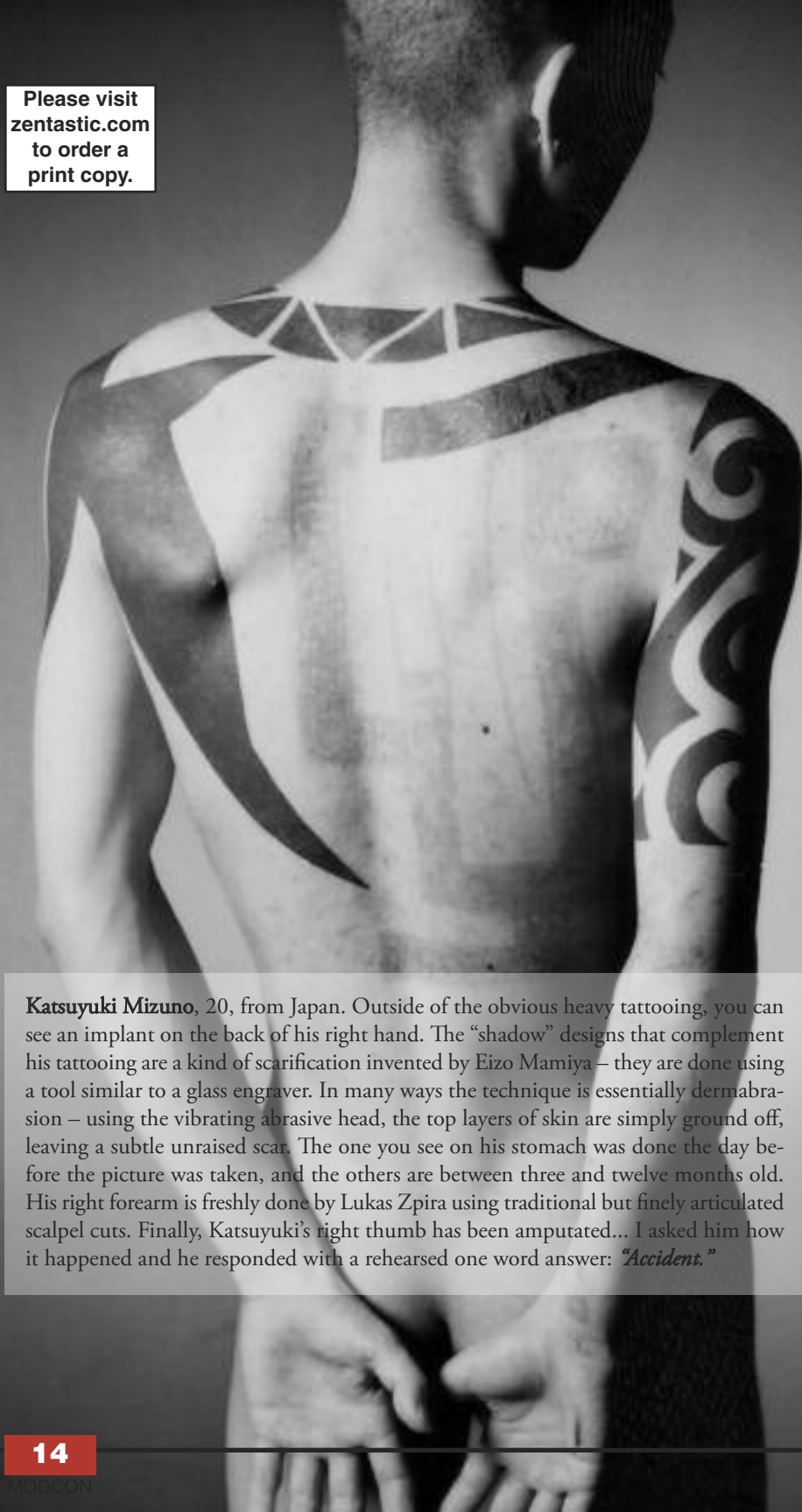
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Howie, 23, Toronto.

**Opposite:** Howie having his  
forehead branded by Blair.

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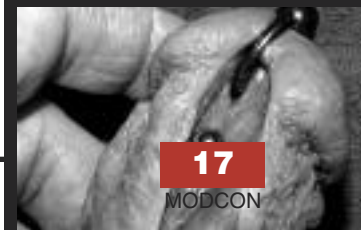


**Katsuyuki Mizuno**, 20, from Japan. Outside of the obvious heavy tattooing, you can see an implant on the back of his right hand. The “shadow” designs that complement his tattooing are a kind of scarification invented by Eizo Mamiya – they are done using a tool similar to a glass engraver. In many ways the technique is essentially dermabrasion – using the vibrating abrasive head, the top layers of skin are simply ground off, leaving a subtle unraised scar. The one you see on his stomach was done the day before the picture was taken, and the others are between three and twelve months old. His right forearm is freshly done by Lukas Zpira using traditional but finely articulated scalpel cuts. Finally, Katsuyuki’s right thumb has been amputated... I asked him how it happened and he responded with a rehearsed one word answer: *“Accident.”*





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"Cutting the underside of my penis was not difficult in terms of the pain. Once I had made the first couple cuts, my endorphins kicked in and I experienced mild euphoria and a sense of separation from my body. But that became dangerous when I began to see excessive bleeding and did not stop. Over the following twelve to twenty-four hours I soaked several towels in my own blood and at one point passed out on the floor of my bedroom only to wake up several minutes later soaked in more blood. I finally got it to slow down and stop. I stayed in bed for three days and only got out to drink milk and take vitamins, to replenish the blood I'd lost.

When I began cutting the topside, I'd already learned my lesson about trying to cut too much at once. (The rule now is that when the bleeding first starts to get heavy I stop, immediately, and let the cut heal before I continue.) But, as I mentioned, the topside was much more painful and I could not say how many times I've worked on it to get to the point I'm at now ... and I still have a ways to go...

After the entire cut (which had taken several months to complete) had healed, there was at first some reduced sensitivity along the inside surfaces of the incision and in adjacent areas where some scar tissue had developed. Over time, however, the scar tissue diminished and I've found that full, or nearly full, sensitivity has returned to the original outer surfaces of my penis and I also enjoy the sensations resulting from stimulation of the inside surfaces which are now exposed..."

Joolie, 21, Philadelphia.

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**Jerome Abramovitch**, 24, Photographer, Montreal. Jerome's forehead was pretty much universally regarded as the wildest, freakiest thing most ModCon attendees had ever seen – and this is coming from guys who have cut out human testicles and eaten them fresh. What you're looking at is 400cc of saline injected over a period of about two hours. It will be reabsorbed by the body over the next six, but until then it can be molded like silly putty.

Other than a slight pressure headache, Jerome experienced no pain, and with care to adhere to sterile technique, minimal risk. In fact, Jerome's saline forehead injection is actually probably far safer than a scrotal saline infusion. The brain is well protected, whereas if you actually draw an infection right inside the body (including inside the scrotum), the infection can become very serious and life-threatening almost immediately.

It's actually quite remarkable the seriousness of procedures that have been done outside of the control of an operating room. Even procedures such as trepanations (removal of a small piece of the skull to help achieve enlightenment, or to alleviate any

number of mental illnesses) generally go without a hitch – the biggest problem people tend to have is any subsequent interaction with government sponsored medical industries and agencies.

I've been told that this book could make doctors try and have these procedures stopped – I hope that instead they'll use this book to realize that it's a market, and start offering them. Most of us would rather seek trained medical professionals than underground "surgeons."

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**Michael, 22.** Even beside some of the concept transformations (like Cat or the Lizard-man), Michael has a unique and striking appearance – his already slender build is cinched down to under 17” via corsetry, and every aesthetic decision absolutely screams “alien.” In the past, heavily modified individuals tend to only be so on skin that could be covered. In the past ten years it’s reversed itself – it is not uncommon for body modification enthusiasts to alter their “public skin” before moving into more private modifications. As such, it is doubly important to consider the serious long-term social ramifications of self-imposed exile from the norm.

## Eunuchs and castration

*At this point I’d like to include an interview I did with my friend Bruce – I hadn’t originally intended to include interviews in this book at all, but I think that hearing about it in the person’s own words might be helpful.*

*While on vacation in San Francisco, Bruce went to a bar looking for some adventure and perhaps a little company. Then he met two leathersmen and decided to go home with them... and the unspeakable happened: **They tied him up and cut out and ate his testicles.***

*And Bruce? **He got off..***

*Bruce had led a life that prepared him to face a wide variety of challenges and crisis situations. He had been a commissioned Air Force officer, a military instructor/teacher for the Marine Corps at Quantico, and a graduate of Hamilton College with a degree in mathematics. He also corporate secretary and treasurer of “Brother, Help Thyself,” a D.C.-based gay charity.*

*Not even this impressive resume, however, can begin to account for the cool hand he played when – after smoking a little pot and cracking a couple of poppers with the San Francisco rough-trade twosome – Bruce experienced **the unspeakable.***

*In this interview, Bruce relives his descent to the delicious heights of hell.*

**Shannon:** What happened?

**Bruce:** I should address something before I answer that. The S & M community, both gay and straight, promotes safe and sane guidelines for those participating in play. The guidelines are common sense rules of behavior that players should follow. In the heat of arousal, though, it is often hard to stick to the rules. In this particular case, I ignored most of them.

I was vacationing in a strange city where I knew very few people. I approached a studly leather couple, obviously top and bottom; both were hot, hairy chested, leather-wearing men. A couple of drinks (a rule violation) had given me false courage to ask if there was any “interesting” leather sex to be had. “Worthwhile” is the word I think I used; it probably sounded condescending to them, and rightly so. The guys said sure, but what did I want? They asked me to tell them about what I had gotten into. Other than the standard fare and bondage, I volunteered that I liked to tie up my balls and put hypodermic needles into them as I played with mental fantasies of castration.

They asked if I had these fantasies frequently. I admitted that the whole idea turned me on. They invited me to come to their playroom, and I accepted. I was handcuffed and blindfolded for the drive. I didn’t even know their names (somehow no one asked those questions; all my statements were prefaced with “Sir”) and I was going someplace with them, blindfolded and in a strange city.

Once in their playroom, they stripped me naked and strapped me to a table. I was aroused and eager. I was given some amyl (nitrate) and smoked some weed (another new experience), and got really high. The leathersmen doubled me up with a rope harness that lifted and spread my legs, tying the rope behind my neck. I felt a needle in my butt muscles; it was something potent. I felt a rush...

**Shannon:** You were just going along with this?

**Bruce:** No one had spoken of limits, a normal thing for S & M players, beyond which the top will not go. There is always a “safe word” the bottom can say to clearly tell the top that the limits have been reached, and the current activity must stop. As I said before, though, no one had spoken of limits.

**Shannon:** So what happened?

**Bruce:** One guy stroked my penis and fondled me all over while the other played with my balls, tying them off with wire twisted tight. It made my balls ache a lot, and stung brutally. I could watch from my hog-tied position. They gave me more amyl to sniff. As I reached orgasm, I saw the guy holding my balls suddenly pick up a large knife, then felt it cut into my sac, then through it. The pain was a shock, but it was unexpected and quickly over. I stared stupidly at the guy's hand holding my balls...

I was groggy by then. They untied me from the doubled-up position to lay me out on the table. One guy injected local anesthetic, then cleaned up the remains of my scrotum and sutured it closed.

**Shannon:** What was going through your mind?

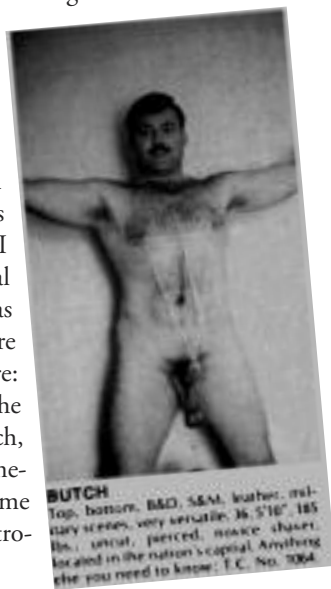
**Bruce:** Complete mental shock is about the closest description I can give of what I was feeling after the scene in the playroom. I was mellow from the drugs I had been given, but felt the realization of a deeply felt, suppressed sexual fantasy. Feelings of loss fought with those of accomplishment.

I went upstairs with them to a bedroom, where both mounted me, one after the other. I was told I was a harem boy, a eunuch made for pleasuring males. My groggy state let me play that role with enthusiasm, and I got off a couple of times. They told me I'd be shooting blanks by morning, having ejaculated three times since being castrated.

**Shannon:** Do you resent your assailants for what they did, or at least how they went about it?

**Bruce:** No, I have no regrets. I think in my discussion with them, prior to going home with them, I had given them a lot of my personal fantasies, and I told them that I had done things like putting piercing needles through my nuts that were potentially damaging. In looking back at this, I can see how they would assume I was ready for the real thing. The way that they carried out the act itself was as though I had written it. The castration fantasies I had were similar to the actual event. All the essential parts were there: Being tied and helpless to object to or prevent anything, the presence of more than one male to take part and to watch, even the cooking and eating of my excised testicles was something I had imagined in my wildest of fantasies! Telling me that they would tan and mount my sac on a plaque as a trophy prize of the chase was the frosting on the cake...

Maybe they had a lot of experience in carrying out other people's fantasies and just applied those experiences to my own – I couldn't imagine them doing anything else that would have added to the experience. For me, it was the ultimate castration experience in every way.



One smoothy and two eunuchs



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**Shannon:** Would you have been willingly castrated eventually, or was this coincidentally the only set of circumstances under which you would've actually realized your fantasy?

**Bruce:** I think I would have eventually done something to myself if it had not been done for me. I'd had this fantasy for so many years that it had become a true fixation. My increasingly damaging play with myself was leading to self-mutilation, and I would eventually have satisfied the urge to be castrated.

After my castration, I felt relieved that it had been done, and that I had somewhat of an excuse for it. It's easier to explain to people that other males had nussed me instead of bearing the whole responsibility on my own.

**Shannon:** After you left in the morning, what did you do?

**Bruce:** In the cold morning light of the day after, when I returned to the home of my friend and host, I looked at the line of sutures that had replaced my scrotum, and the questions began: What should I do? What would this mean for my life? Would I become impotent? Was I "still a man?" Was having castration fantasies a sign of mental illness?

About four weeks after I was castrated, I lost the ability to have erections. I also found myself experiencing hot flashes. A couple of times while at work, people would notice my face was flushed. They lasted for thirty seconds to a minute and continue for a week or two, starting about three weeks after castration. I lost all sexual interest; a friend of mine noticed this when he pointed out a particularly studly specimen at the beach and I displayed a complete lack of response, of any kind.

**Shannon:** How did doctors react to your situation?

**Bruce:** Most medical professionals exceed my expectations when it comes to responding to tough situations. My shrink (he likes the term, as it encompasses a number of concepts



with a short word) was calm and very knowledgeable. I was somewhat abnormal in readily accepting my castration, but not unusual in having fantasies about it.

My own gay doctor was quite calm when I told him I had been castrated during an S & M scene. He asked if the sex had been safe, as well as technical questions regarding the sterility of the scene. He treated me as a patient, without asking questions about my mental state or scolding me about what had happened other than to remind me about safe and sane guidelines (he being a leather-type also). He started me on testosterone shots, telling me that the pain in my butt would help to remind me also. We tried once a month injections. About a week after the first hormone shot I achieved an erection, and I was really happy. Two days later I was also able to achieve orgasm and ejaculation, which surprised me; I was not expecting normal ejaculate. The fluid in ejaculate is mostly from the prostate, so it is not diminished much by castration. I could now function normally! I called a friend to lend a hand to my recovery, so to speak. We celebrated all night...



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*After talking with Bruce a few more times, it seemed like his "fantasy-come-true" story was a little too perfect.*

**Shannon:** Your story is so tailored to your fantasy that I can't help but wonder if there's more to it. Is there?

**Bruce:** While body modification other than castration can be done with relative impunity, castration, especially with any involvement of emergency room or doctor's intervention, often leads to notification of the police. Some states have laws where the state itself can

prosecute “mayhem” which they consider castration to be, without testimony of the victim. For this reason, there are cutters who will not work within the state in which they reside, but do procedures only when travelling, and then, only to certain states.

It is best to accept the cover stories provided. In order to protect both modified and modifiers from scrutiny from zealous authorities, it might be best to not inspect materials too closely. People need to be utterly discrete in their public postings. One day, I may write an autobiography, after all statutes of limitation have run their course, perhaps.

I encourage all to construct a plausible story to tell physicians who discover their modifications, a story that removes the “voluntary” aspect of the castration for their own protection against future health plan claim refusal of benefits as well as protection against the likely label of psychiatric problems.

Several eunuchs who castrated themselves had no cover story and freely admitted their acts to physicians. They paid for expensive ER work themselves, their lives have been messed up by the stigma of self-mutilation. Several have lost jobs as well as wives and partners. It is for these that I continue to do referrals and to provide assistance. Telling too much would jeopardize that work.

My castration was fairly recent, in 1994. I waited for almost 20 years between the time Buck promised to castrate me to the time I was castrated. It points out the problems we have had, until recently, in finding someone who does castration.

**Shannon:** Who's Buck? I thought these two leathermen were your first contact with castration?

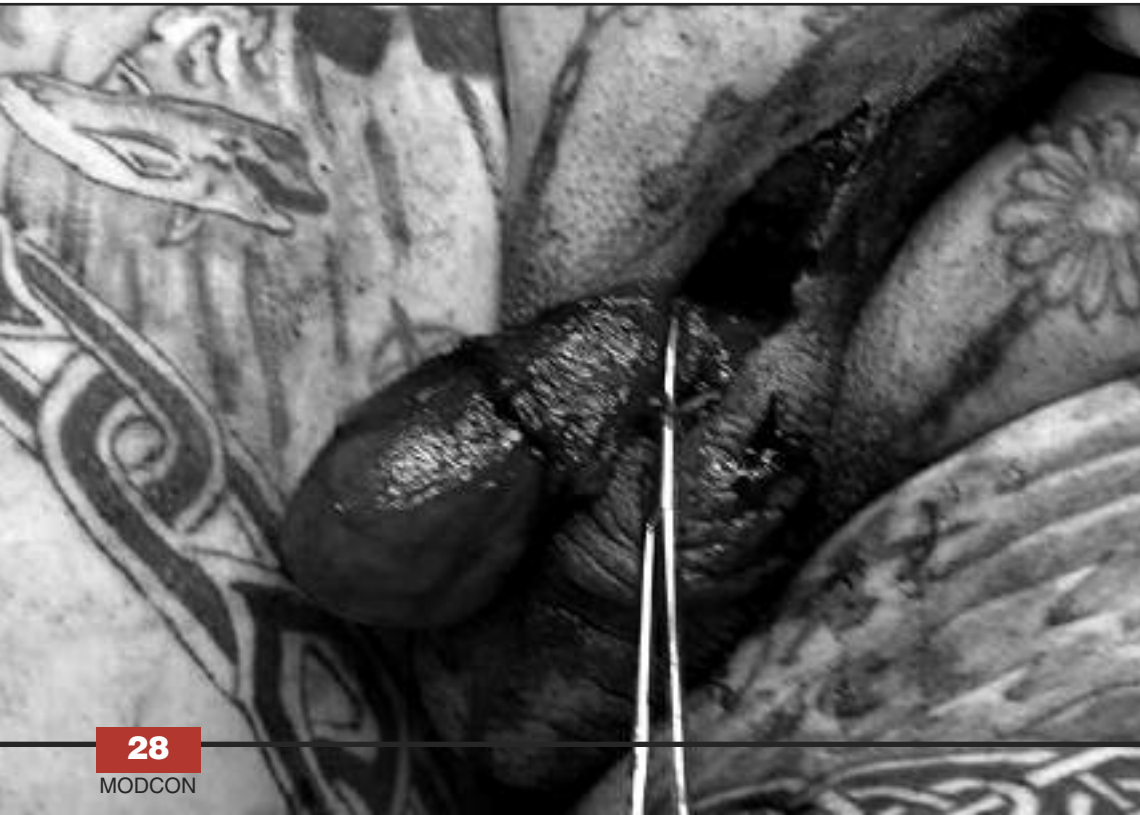
**Bruce:** Buck was my lover, and was supposed to do my castration.

We met when I was in the Air Force, stationed at Lowry AFB in Denver CO. I was a “mustang,” former enlisted, now a commissioned officer. I was feeling frisky one Friday night and I went to the Triangle Bar in downtown Denver's triangle area. I had the typical jeans and flannel shirt common in that city in the early fall. I had a few drinks tucked away when the Marlboro Man walked into the bar, complete with cowboy hat, boots, and cigarette. He wore a moustache, stood about 6'3", and his chest and shoulders were as broad as his hips were narrow. I fell in lust immediately. I left my drink on the table and went to the bar next to him to order another for me and one for him. He got the idea I was interested in him. He took me home to his ranch in his pickup truck, about an hour drive from downtown.

He told me he'd like to tie me up in the barn and play with me. I said “sure”, let him take my clothes off, then stretched me between two posts by my arms and legs. Then he fired up a small charcoal grill in front of me and tossed on a branding iron of his ranch logo. He began to strap my butt, telling me when he got it hot enough, he'd use the branding iron and then fuck me.

He finally stopped whipping my ass when the iron got hot enough. He got behind me, gave me a hit of real amyl, and then I felt the hot iron hit my ass and smelled burning meat. I screamed a lot and then he fucked me. When he let me down, I found out his little secret: He had used the hot iron on a side of beef in a freezer in the barn while he hit my butt with an iron kept at zero °F. The freezing iron stuck to my wet skin and took some of it off, giving me a lot of pain and stinging.

Of course, it was love at first scene, and I spent the whole weekend with him. I dated him every weekend for a month and then he asked me to move in with him. This was so he could fuck me whenever he wanted to and show me off to his buddies in bondage and



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leather, a younger military officer willing to be his slave; in fact, willing to let him castrate me in the end.

He had agreed he would do me that following spring. This was my Christmas present from him, his agreement. He always liked to make plans and get agreement and then wait for continued agreement and reinforcement before actually getting a male on his table, or wherever. He was killed while I was on temporary duty in Hawaii in March. He was to take my balls for my birthday at the end of March; I returned to find a shambles of everything. It was a very bad birthday. I volunteered immediately to take a transfer to Quantico VA and I left all those memories behind. That probably contributed to severing all the contacts as well, since only mail going to my military address got forwarded and I had forgotten to forward any mail for me going to the ranch.

I waited almost twenty years before I got my castration.

\*\*\*

**Shannon:** How did you develop your castration fixation?

**Bruce:** I had a number of buried reasons: Recurring long-term pain caused by a soccer kick in college that sent my balls into my inguinal canals, a rebellion against my parents' wanting me to have children, and a desire to be submissive despite my bearish appearance. Maybe I just wanted to cross my legs without mashing my balls, or having them fall out the leg of my shorts when sitting down. *They were low hangers, you see.*

**Shannon:** As outspoken as you are about all this, have you come across other eunuchs? Do they tend to be more secretive?

**Bruce:** The number of eunuchs I know is increasing year by year. Before I was castrated, I knew of only two; today I can put names to over one hundred and twenty. Outside of those I have heard of perhaps ten more who were castrated within the last two years.

As far as I know, I'm the most forthcoming and public with my status. I have a web page that tells my history and gives advice. Most eunuchs hide their condition from their friends and sort of "retire" from public life. Some do inform friends and continue their involvement by contributing to contact newsletters. In that respect, they create a contact group, if not a "secret society."

Today, I'm corresponding with over seven hundred males who are seeking castration. Most are seeking information, some have enough information to satisfy themselves that this is what they need as well as want. I'll do what I can to help them achieve their goal.

**Shannon:** I'm sure some of their reasons are quite interesting...

**Bruce:** Overall, most eunuchs are normal apart from the fantasy itself.

Some simply feel controlled by an obsessive sex drive and want the clarity castration brings. Without balls, you have more options as to how you live your life. With them, you're chained to hormone addiction.

There's a man in Oregon who feared his family's legacy of prostate cancer; another feared his hormonal drive might result in getting AIDS.

An Australian bodybuilder with "too large a basket in his posing strap" cut his nuts off with a meat cleaver, as did another Aussie in the exact same city a week later using a chef's knife. I've asked each if I can put them in contact with the other. Better late than never.

There are even heterosexually married men that seek castration with full support of their wives. I was astounded they would even consider it, but after lengthy correspondence with the males, and in one case the female, I understand better. The females see castration as a sexual thing, and all see the possibilities of controlling the male's sexual response with hormones or the lack thereof. Dominant wives can withhold hormones

like daily patches and put them on only when they feel like sex. The response to patches is pretty fast. I can put two on in the morning after being at zero and I'm able to function that night, though mental arousal returns before physical ability.

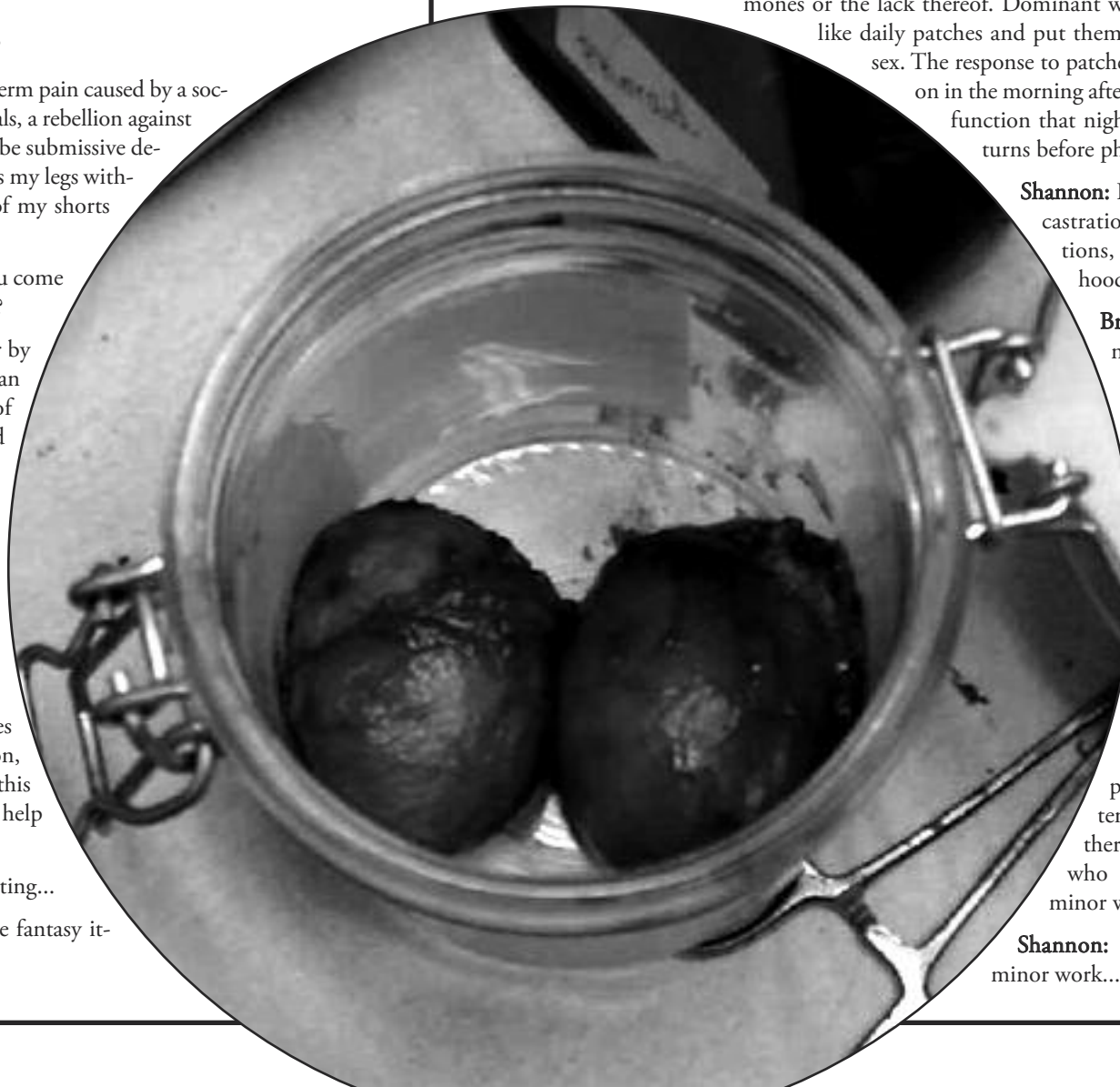
**Shannon:** Is there a correlation between castration and other body modifications, sexual orientation, or childhood sexual abuse?

**Bruce:** Regarding sexual abuse, no more so than any other slice of the population. I was abused by my sister's first husband, who fucked me at sixteen, but I consider that beneficial in that it gave me the right view of myself.

Both gay and straight males seek castration, but primarily gay; I'd say about two to every one.

Maybe half of those who come to me have genital piercings; I've seen a lot of attempts at other body mod, and there are some seeking castration who have subincisions or other minor work.

**Shannon:** Subincision referred to as minor work... that's probably a first!



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**Bruce:** Sorry; not to laugh, I've seen some major subincisions. I've also seen split genitals. I guess it depends on the amount of change that has taken place; a subincision that runs half the length of the cock is surely a major work.

**Shannon:** With all the different motivations for doing this, have you found anything universal?

**Bruce:** Throughout my discussions with other eunuchs, I have found two common threads: Long-time fixation on this fantasy, and increasingly damaging play with the testicles. Most of them had done invasive things like piercing through the testicles, some had opened the scrotum with blades, and still others had cut off the circulation to the testicles for hours on end. Additionally, many possessed or had investigated getting castration equipment of their own.

**Shannon:** What do you tell people when they contact you?

**Bruce:** I advise those who contact me to examine their desires carefully, and to evaluate how important the need for castration is in their lives. Most truly seeking castration have very similar traits. They have no desire to change sex, and are usually submissive in nature regardless of sexual orientation. If the idea has been a long term one, where it enters masturbation fantasies regularly or every time a male has sex for longer than two years, then clearly the desire has become a fixation. If one has also been doing things to himself that are progressively more intense and potentially damaging, he is on the path to self-mutilation. Before he hurts himself, he should seek castration.

Once a male is castrated, whether he takes hormones or not, the fixation is satisfied and most men do not seek to go further. By going farther I include nullification, in which the castration is joined with a penectomy (removal of the penis) to yield complete removal of the external male genitals – I may hang up my own gun one day, so to speak.

Finally, seeking psychiatric evaluation can help determine whether someone's castration

fixations are likely to take them further. Therapists may not be entirely helpful, however; the medical profession condemns destruction of healthy body parts, and may actually result only in staving off the inevitable. It is a rare psychiatrist that is even willing to consider making the determination that one would be better off without some of his genitals and castration should be done as a medical necessity. My own said that he would have counseled me against it if I had seen him prior to the act itself.

Consequently, the male is needlessly subjected to continued dissatisfaction with his life and body. Case studies of males who have been castrated voluntarily and who fit the above profile show they are happy and well-adjusted to their chosen lifestyle, regardless of whether or not male hormone therapy is chosen to maintain an active sex life.

**Shannon:** No wonder the US eunuch scene is so underground. It's almost as if it's a literal secret society.

**Bruce:** Since doing castration is not legal except when done by a doctor and even then it's usually only done out of "medical necessity", all others involved in it's practice are secretive as to their participation. We do keep in touch with each other to exchange information on medical advances, health concerns, etc. Also, we provide word-of-mouth referrals to each other, and welcome new eunuchs as they join the fraternity. The majority of them are not very open about revealing their membership either.

**Shannon:** How do potential eunuchs find out about those practioners, or other eunuchs in the first place?

**Bruce:** Until now, there's always been a real lack of networks to contact. When I began seeking my own castration I'd seen some ads in *Drummer* magazine and made contact that way with a guy in Florida. He had a private resort where he performed procedures in an S & M setting, but I decided he was too strange to let him do mine. I visited him for lunch on Memorial Day of 1994. Turns out he was a Satanist and I do no better with them than I do with Southern Baptists. I've met one nice gay Mormon though; he prayed for forgiveness before we had sex. He was one hot number. This was in San Antonio. I saw him several times, and he was hot each time. He finally finished his missionary work in the city and went elsewhere.

**Shannon:** Praying certainly heightens the perversion level...

**Bruce:** I've been around somewhat. I attended the high Episcopal Church in Washington DC with a former lover while we were together. I've also had a witch for a lover, and he took me to meetings. Sometimes, I feel a little upset by the way that TV evangelists beat their pulpits and ask for money.

Back to the question...

There was a now defunct publication called *Enigma*, created by a fellow member of the Chicago Hellfire Club (I'm an association member, and should point out that they do not advocate castration, nor do have they, to my knowledge done any at their runs), that was of help. Ironically, I didn't even hear of it from him, but read of it in an ad in *PFIQ* and subscribed. I know Jim Ward, who attended several of the CHC runs I was at.

The now infamous Dr. Brown had several former patients who made new contacts for him.



**Shannon:** Do you know anything about Dr. Brown?

**Bruce:** He practiced in Tijuana in a small clinic with about 10 beds before he retired to Seattle. I have a video showing him doing a sex reassignment and also doing a ligament procedure.

I knew a marine that went to Dr. Brown for severe penis relocation, where the doctor cut all the suspensory ligaments as well as cut the penis from the abdominal wall so it hung down straight from its root. He could push it into himself and it could get erect, though not too much so in that part that was previously attached to the abdomen.

He'd even keep it there when we went to the base gym to work out. I remember showering in the gym with him and seeing the looks he got from other servicemen in the showers. Nobody dared to ask questions of him. When his cock was hanging free, it was a long hose, very impressive hang; guys would not stare, but took a lot of glances at it. I watched them when he was in the showers and saw how they'd look, look away, then look quickly again. It was all I could do to keep from laughing.

I fucked him on a couple of occasions while I was in Denver; one of the videos lost with my things at Buck's was of one encounter. He was a lot of fun. He liked shocking people with his true foot-long-limp cock. It was uncircumcised, but after the relocation the foreskin did not cover the head anymore due to the extra external length.

I lost contact with him sometime around 1993, when I moved to Florida. I know he had stayed in the Marine Corps and retired as an NCO after 20 years of service, probably at age 37 if only for 20, as he had enlisted at 17 with his parents' permission.

From what I've heard of Dr. Brown from Jack and others, he did experiment some with cock lengthening by simple ligament procedure, used silicone injections to add girth to cocks, injected silicon into scrotum to make the balls appear bigger, and so on. He also did sex reassignment using colon resect method.

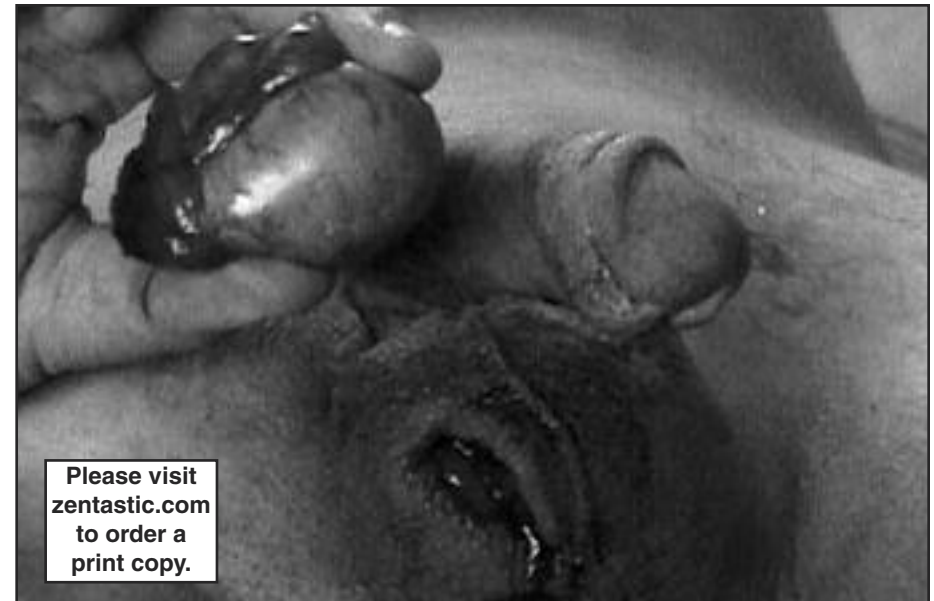
My impression is that you could have what you wanted, as long as you paid for it. His price for simple testicle ablation was \$2,500 in 1985, \$3,500 for removal of scrotum with castration. Castration patients were required to stay across the border in the U.S. in small motels, where he would visit the next day or two to inspect the dressings, and then they were on their way.

I knew Jack Yount in DC, but at the time didn't know he was even castrated himself, much less a practitioner. I didn't tell him of my interest until we met again after he had moved to Florida. I'd submitted an ad to Enigma, and Jack answered.

Over the years, I've known some four other doctors who have done castrations. The one who did a friend of mine in Vermont has now decided not to do any more, despite the fact that he is happier now than ever before and had a psychiatrist's recommendation. He is typical of doctors who do it once and then decide their ethics could be questioned.

Nowadays, it's a lot easier. We have *Unique*, an offshoot of *Ball Club Quarterly*, a newsletter with about two hundred and fifty subscribers dedicated to heavy-duty genital modification. Then of course, we also have the Internet.

Since going online, I've done four castrations and referred twenty, twelve of which got castrated and are now living happily as eunuchs. Several even shared their stories with me. I



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just heard from a guy who botched several self-attempts so far, creating scar tissues and a possible fistula in his scrotum. Now he's had an EZE band on his scrotum for two days, so he's gone regardless of what else he does now. He's contacted me to ask if it's all right to cut his ball off now, and mentioned that his wife may have just left him.

I now have nine active non-medical practitioners with some medical skills to whom I've given referrals, including one in the U.K., and there are several females (about four) who have expressed interest in learning. None have sufficiently followed up with corresponding to the degree where I am ready to train them, though.

I've made contact with a surgeon in Canada who is going to do castrations I refer to him. This is very much a tentative arrangement, as most doctors look at removal of healthy tissue as something they won't do. I've found this doctor to be more discerning, seeing the greater benefit of the male being castrated by a doctor rather than suffer through a botched self-castration.

He sent me a questionnaire for the candidates to fill out, which I'll print out and send to applicants, who send them back to me to be passed on. Then, he'll contact the applicant and make travel arrangements to his clinic, or send regrets through me. He's concerned that the male have a true desire to be castrated and that he be happier after castration, "cured" of his castration complex.

Unfortunately, all of these castrations will probably be off-limits to the public until such time as the doctor is no longer performing them. Were any publicity be given to something like this, the press would have a field day.

**Shannon:** What else is important to know?

**Bruce:** Before I go on... Any reference to eunuch for the remainder of this question refers to a castrated male *not* taking male hormones...

Even if you take hormones to remain sexually active, the fact that you are castrated will

change your mental outlook. The calming effect of castration is profound, not a minor change. You will be different in a major way.

Any fat you gain now goes to your hips and breasts. Human adrenal glands naturally produce both male and female hormones. The degree to which the female ones are produced will have a great deal of bearing on how much feminine development takes place, unless coupled with male hormone therapy; lactation has even been reported, though rarely.

For the same reasons, the penis will atrophy, shrinking in both length and girth. Some of this is circumstantially related to a lack of nocturnal erections, which take place during rapid eye movement (REM) dreaming. Taking erectile medications such as MUSE or other injectable prostaglandins will maintain the size of the erectile sinuses of the penis and so retain a normal appearance.

If a penectomy is also done, there is a significant danger of creating a blockage in the urethra, a life-threatening situation that requires immediate medical intervention, as the inability to urinate is very dangerous. A new urinary opening can be made in the base of the penis between the scrotum and the anus to permit entire removal of the urethra, to circumvent the possibility entirely. This is also sometimes done for its own sake. Should the opening be made too low on the penis and consequently too close to the anus, there will be the constant danger of infection, both immediate and recurrent. Also, if a new urinary opening is added but the penis is not removed, it must be kept cleaned out by regular flushing with urine; this is accomplished by closing off the new opening by holding it closed while urinating.

If the penis is removed without cutting the suspensory ligaments, then the urinary opening is left high up on the wall of the abdomen, which creates problems when sitting down to urinate. Creating a new urinary opening permits the closure of the urethra within the penis, as well as the removal of the entire penis so the surface skin can be closed above the remaining stump.

Body hair may diminish and become much finer in eunuchs. Facial hair may also diminish. Head hair is not affected, except that a balding male will likely not lose more hair.

Impotence usually occurs in eunuchs, though those taking male hormones retain all normal male sexual characteristics. Ejaculation volume isn't affected.

Depression may accompany hot flashes due to the change in hormone levels. The lowered hormone levels sometimes result in difficulty achieving erection or orgasm, which (for obvious reason) can also lead to depression.

Regarding the technical end, there are a variety of techniques for castrating; all have their pros and cons, both in and of themselves and coupled with the skills of the people implementing them. Don't underestimate that when seeking a practitioner.

The Burdizzo is a veterinary castration tool that looks like hedge trimmers but with crush-



ing jaws rather than blades. Of the three sizes it comes in, the small clamp is usually employed. Any of them will do fine, though; the only difference is handle length. It is employed on one side of the scrotum at a time, not across the whole thing. Using this method may result in internal swelling and aching pain, which can be controlled by taking over the counter pain remedies; think non-aspirin, something like Tylenol or Ibuprofen. Regular activities can be resumed the next day, barring athletics. If the ache persists, warm sitz baths help.

This tool will only castrate when used properly; if the handles are not brought together quickly, the cords tend to deform rather than sever, resulting in severe bruising, great pain, and internal bleeding. Most men let out a small yelp of pain as the jaws crunch together, but it's more of surprise or expectation than real pain. The actual pain is short lived, if sharp.

*Don't* use a professional castration knife.

**Shannon:** What's that?

**Bruce:** It's a device that looks like hedge pruners. The jaws have a crushing section and a blade that acts like scissors; the sharp blade cuts off the sac and balls while the crushing section crushes the cords to stop bleeding. It works well on small animals, and probably humans, but I'd never use it. I'll probably use it as a limb cutter for shrubbery here. It should work well for that.

The elastrator is another veterinary castration tool. The elastrators come in two types: A small band type suitable for small animals like sheep and dogs, and a large professional model like the EZE that uses latex tubing and a heavy, gun-like applicator. The latter is better for human use, as it is less painful and achieves stronger compression. The method relies on the tourniquet effect of the elastic band or latex tubing to kill the tissue and a sharp knife to sever the scrotum and balls below the band a day or two later after using crushed ice and ice water to numb the bottom of the scrotum. The remaining tissue below the band should be massaged to force out trapped blood to speed up the drying process, then apply a small band elastrator on the open scrotum to keep it tidy. A pad bandage over the stump will absorb draining fluids and help keep the area clean until the remainder of the scrotum drops off in a couple of weeks.

Of course, this method also carries several risks. If the band is placed too high on the neck of the scrotum, it could pull on the skin of the penis and reduce its blood supply, resulting in gangrene. This placement also puts more skin inside the band, lessening the pressure on the cords. To reduce the risk of the severed cords being pulled inside the skin, they must be sutured to the edge of the remaining scrotum. Suturing the edges of the scrotum together results in a cleaner healed appearance after the remaining portion of scrotum below the band is cut off.

Relying on the band alone can cause a buildup of necrotic fluids, etc. Not a good idea... If for no other reason, the band itself may break.

Even a full surgical approach has its problems; infections will result if there is a breach in sterile technique, as everything exposed gets sealed inside when closed. There is also risk of insufficient pressure on or improper ligature of the cords, or sutures breaking. Each of these results in internal bleeding.



Needless to say, all of these are best accomplished with proper anesthesia. Just taking the pain aside, it's impossible to have objectivity and maximum physical ability to do the procedure when in a lot of pain. Most cannot endure the first two hours needed to kill off the testicles blood supply without it.

Independent of method, taking vitamin E gel caps, 400 IU, twice a day along with 50 mg chelated zinc once a day may assist healing.

**Shannon:** Through BME, we've read of people trying to do their own castrations with devices such as Burdizzos, most ending up as aborted attempts with a lot of pain and complications. Finding sympathetic doctors isn't easy, I'm sure, but surely that's not the route to go?

**Bruce:** It was once related to me by another eunuch that a man named Jack in Arizona taped up his genitals into a package and then blew them away with both barrels of a shotgun, wounding himself lightly in the legs.

Guys hesitate to use the Burdizzo the way it's meant to be used. They go slow, thinking they'll feel what pain there is and adapt to it. With correct use, the handles are closed with full force and the jaws crush the cords properly, instantly castrating the male with sharp but momentary pain. The balls lose feeling very quickly. Got to use the tools properly... Realistically, this is beyond most people's capabilities, and not a good idea.

There are good practitioners of castration throughout the U. S. that aren't necessarily medical personnel, myself included, and can be found through contacting me or BME via Internet.

**Shannon:** Where did you learn to do castrations?

**Bruce:** When I was in the service I lived on a ranch in Colorado with my lover, a veterinarian named Buck. The ranch was primarily for doing castration under the table; the animals were mostly there to demonstrate his skills, rather than to make money. He and I did twenty-six together, and I another six unassisted but in his presence. We worked in a well-equipped operating room for the most part, but did travel "into the field" occasionally.

**Shannon:** How did people find out about it?

**Bruce:** Word of mouth was the only way Buck let the word out, as this was years ago and he was cautious. Most came from California, mainly Los Angeles and San Diego, and a surprising number were marines. I have no idea how they explained the loss of their scrotum and testicles to military doctors.

**Shannon:** I would have thought more people would prefer a fetishistic scene, like "yours?"

**Bruce:** Most opt for a straightforward procedure. Those who do want a scene, I question their sincerity, as they may want more of a sexual thrill rather than the long-term reality of living as a eunuch. I know of a couple of eunuchs who were castrated in response to pressure from a master or mistress; each regrets having lost his balls, since their partners did not keep them and now they view themselves as damaged goods. Some legitimate prospects do want a scene though, and that's a lot of fun. I like to tie them up and make them helpless.

**Shannon:** What becomes of the testicle and penis after removal? I've heard of trophy collections... How true is this?

**Bruce:** I've seen some collections. There's one in Michigan with over two hundred pairs in

it, but he got them from a doctor at a medical school. Some destroy them; one eunuch stomped on his, scraped up the remains and put them in the dog's dish at the ranch. The majority keep them in jars of preservative to show their friends.

The guys who took mine ate them; I like to do that also.

**Shannon:** You just eat them?!

**Bruce:** You have to be careful not to blow them up by cooking them too fast. Slow sauté with mushrooms is good. A slow roast in a covered dish is also good. They're soft inside and sort of "pop" when you cut them.

\*\*\*

**Shannon:** Let's talk about the darker side of the eunuch world for a minute. In other conversations we've had you've mentioned a "slave trade" of ten to sixteen year-old boys that get kidnapped, castrated, and sold. Can you talk about this?

**Bruce:** A little background is needed here. A drunk driver killed Buck while I was away on duty in Hawaii. His sister took possession of his ranch and I guess she found what he had been doing, probably along with photos, private letters and videos along the lines of me fucking the hung eunuch marine. Buck had lots of photos. I got back after a month in Hawaii wondering why he hadn't responded to my calls and then the answering machine wasn't picking up at all, followed by "that number has been disconnected" on my final call. I was really frantic. I drove to the ranch to find everything burned to the ground: House *and* barn. All my things went with it, with the exception of what I still had at the air base in my officers' quarters apartment. Nothing left at all...

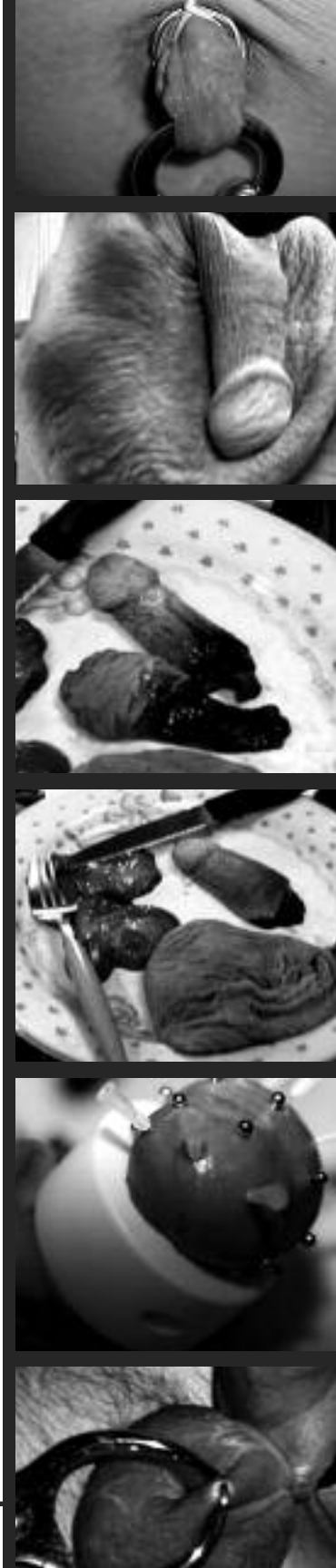
I'd seen photos Buck brought back from a visit to Saudi Arabia at the invitation of an Arabian castrator, whose clientele were oil barons in the market for their own personal boy eunuchs.

**Shannon:** Some Arabian guy contacted Buck out of nowhere?

**Bruce:** The contact came through a member of the staff of the military attaché to one of the Arab countries, a marine Buck castrated. I'm pretty sure it was Saudi Arabia. He may have been on the embassy detail; the information was not made that clear to me as to which particular detail he was on, or even his rank.

**Shannon:** He just went to the military attaché and said, "say, do you know any castrators?"

**Bruce:** I don't think all the details of how the Arab met the



Marine came out. I suspect that the marine met one of the Arabs who was into young men, and that Arab introduced him around, perhaps at a very private party. In Saudi, especially, servicemen are freer to socialize with professional-level men than in other countries. The Arabs consider anyone under about twenty-two to be boys, in the sense that they're fair game as sex toys.

This was sometime in the mid-seventies. I knew only a handful of men back then who shared our interests. They contacted him by mail with a letter given to the marine, Buck's contact; an invitation to visit was made, he wrote back directly to accept.

There are very wealthy men out there with a fetish for young boy eunuch sex toys. A very exotic and probably universally condemned market has arisen to fulfill that desire. Some were Brazilian street orphans that just vanished off the streets. Criminals can make good money selling boys to someone that wants them; they're quite willing to pay. I can't get excited over the thought of young boys being neutered for playthings myself.

**Shannon:** Street children are kidnapped and turned into eunuchs?

**Bruce:** There were several ways the gentleman got his boys; abduction or "sale" was one, and this was probably where he got the blondes, which are always in demand. The rest were probably orphans or runaways. Few know where these boys ended up, including the boys.

**Shannon:** Why was Buck invited?

**Bruce:** Buck was treated as an expert due to his background as a medical man; I think he wanted him to review his methods and make suggestions to improve his technique. His host kept him well supplied with boy eunuchs to keep him company, possibly as thanks.

**Shannon:** Now, this isn't just more fantasy, is it?

**Bruce:** No, I personally saw the photos that Buck brought back, as I developed them myself at the ranch. We had the facilities for both B&W and color, and I did all of them. I blew some up and we framed them for the operating room for when candidates would enter and be impressed. In addition to the private nuttings, that Arab also had parties where some close wealthy friends would come to watch as boys were neutered. Buck said that he heard some of the balls were served to friends but he never saw that.

\*\*\*

It was during my life with Buck that there were two problem castrations, and the memories of those haunted me for some time. Two guys Buck knew and who knew Buck's secrets tried to castrate slaves in S&M scenes. The first was a tie-off-and-slice that resulted in heavy bleeding. Buck was called to suture up a blindfolded eunuch, who was upset, but had really wanted to be castrated.

That event was followed about two months later by another botched castration in similar circumstances. As before, they had tied off this short younger guy's balls and cut them off; but to our horror, the new eunuch had not agreed to this, only to playing at it and was really upset. The castrator called Buck to come and help, which he did. Buck arrived to find the eunuch had been blindfolded. He used some sedatives to help calm the eunuch down and then closed the scrotum carefully. The guy was still castrated, but at least now he had a clean closure. The amateur castrator had recorded the scene on audiotape and had caught

the bottom's plainly said agreement to be castrated. They reached the agreement after we had left that nothing would be done, but that the castrator would take care of the eunuch and play with him as his slave. It worked for several months, but then the top moved away, leaving his eunuch alone. Buck and I chose not to keep in touch with either of the couple: Seeing the guy lying there naked and castrated and crying was a *serious* memory.

\*\*\*

**Shannon:** It's obvious that you're a significant figure in the eunuch community. How do you see yourself? Guide, father figure, maybe a facilitator?

**Bruce:** A cheerleader, perhaps. Maybe a gourmet...

*...it's just that the delicacies are so hard to obtain...*



**Danny**, Eunuch, Belgium. This photo was taken at ModCon 99, when Danny was "only" a eunuch. Shortly after this photo was taken he was penectomized as well.





The individual on this page didn't actually come to ModCon – he didn't feel "qualified." I told him that I'd love to have him here, but he replied that he'd never really been into body modification. In fact, the only thing he'd ever had was nipple piercings, and now he doesn't even have nipples.

I'd like to briefly address a concern that's been mentioned to me – that all of these activities are simply "cries for help" on some level. The worry is that with some people, if the activities go unchecked, or are even encouraged by media such as this book, that the person's actions will escalate and even put their life at risk. I'm not going to claim that everyone involved – or even everyone in this book – is entirely sane and healthy. It's not easy to be when you live in a culture that tries to squash your soul, and it's certainly not a sickness unique to body modification. I'm not going to claim that some people aren't expressing their problems through their actions. That said, I don't believe that is the norm. In addition, I believe that the majority of the problem lies in the fact that we have no real cultural acceptance of these activities as a normal part of human development. It's a radical call, but I truly believe the world would be a better place if we had a government sponsored body modification programs, in much the same way as many countries have a government sponsored healthcare system. This is not a new concept – almost every culture other than our own has embraced this.



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Isaac, 24, Michigan.

*Over the years, I've met hundreds of eunuchs, and one of the things I've learned is that it's not a "gay thing" as many people assume... That said, when I first started in this, I did operate under that assumption, and I think I still tend to assume that everyone I meet is a homosexual until they tell me otherwise!*

*I'd like to include here a conversation I had with a friend who is a pre-op eunuch.*

\* \* \*

**Shannon:** Isn't castration a primarily gay thing?

**Tomas:** That's a common misconception. I have no objections to being lumped in with the gay males but that isn't where I belong. I'm a heterosexual male with an interest in castration, penectomy, and total emasculation and I know many others like me.

**Shannon:** Is it related to some sort of S&M FemDom fantasy?

**Tomas:** For some people it probably is just acting out a fantasy, but for others it is a well thought out culmination that has been carefully considered and researched. For me I have no S&M fantasies about this, and don't find submission or bondage attractive. There's nothing wrong with those things, certainly, it's just not in my needs or desires.

I really want to emphasize that my interests do not include heavy S&M, gay sex (tried it – just not my bag, sorry. I'm just plain heterosexual), or many of the other themes that seem to recur. My interests are not in the act of castration/penectomy/emasculation. My interests are quite simply to be a completely emasculated person, and to live the remainder of my life that way.

I have no investment in any particular 'scene' and the actual surgery is not at all attractive! My needs are not involved with the surgery itself, but with the results. In my view this surgery, in fact any surgery, is not a pleasure or something to be taken lightly.

Any surgery can be dangerous. Many things can go wrong. There is also the pain and discomfort involved, and the recovery period. I don't look forward to any of that!

**Shannon:** I can see how someone with no balls would still enjoy sex, but why go so far as to remove the penis?

**Tomas:** Again for many reasons... As for enjoying sex, you are making two incorrect assumptions. First, you are assuming that sexual intercourse is enjoyable to all people. This is simply not the case. There are many people to whom the sexual act does not bring pleasure for either psychological or physical reasons, and second, you are assuming that sexual acts involving one's genitals are the only valid or pleasurable ones. A person's largest sexual organ is their skin, and a person's most powerful sexual organ is their mind. Again, there are many people who do not need (and some who do not want) genital oriented sexual activity.







Lukas Zpira, 35, France.

Cutter and body modification artist and performer.

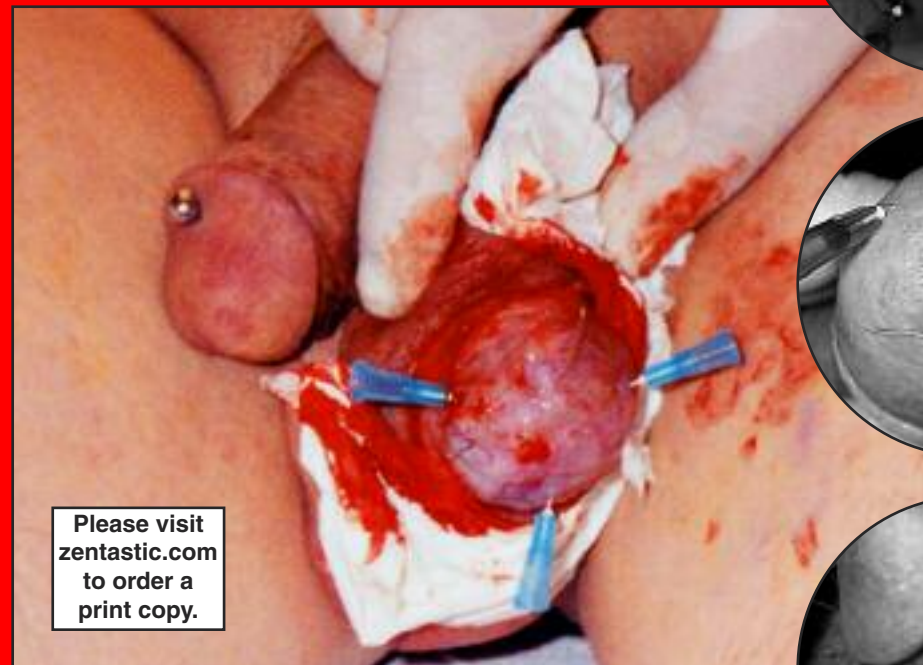
## Consent to Pain

I was recently given a book on the history of torture and torture instruments. I've been given books like this more than once – people tend to assume that because my lifestyle involves painful modifications and painful rituals that I'll find torture information interesting as well. I think also, people have trouble distinguishing between different forms of what they perceive as deviance. It couldn't be any further from the truth for me. I found reading about torture extremely disturbing and upsetting – I was absolutely shaken by it and it gave me nightmares.

Everything you see in this book is consensual – everyone here made the individual decision to do these things on their own.


Jogging is a painful activity. If you push yourself, it's probably more painful than most of the procedures that fill these pages. Having the pain of jogging inflicted as a punishment would be a truly horrible thing, yet it seems inconsequential – or at least an unavoidable but acceptable unpleasantness – when self-determined. The pain either isn't an issue, or it's an important part of the process (the concept of "playing through the pain"). Many people would argue that the pain brings with it some level of value or honor, but even then, it's clear that the pain is not the purpose.

Even for pain rituals, the physical discomfort simply opens a doorway. The pain is not really the goal. It certainly isn't for body modification. Please stop asking the question "didn't that hurt?", unless you're willing to ask it of every physically toned person you meet. Looking good and feeling good isn't painless.



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**Eizo Mamiya**, Modification Artist, Japan. Eizo is the owner and artist at one of Tokyo's oldest studios, NOON. Outside of being an accomplished piercer, Eizo has travelled the world with Ryoichi meeting most of the greatest minds in modern body modification.

Much of his work is an amalgam of procedures fine-tuned on these trips – implants, tattooing, and scarification. His scarification is perhaps most interesting as he's utilized tools and techniques unique to him. Using dremels and vibrating engraving units he dermabrades, leaving scars with the detail and line variance of a brushstroke and the subtlety of a shadow.

It is also worth mentioning the difficult to heal and unusually place hand web piercing you see – this has been Eizo's trademark, perfectly healed now, for as long as long as I've known him (I think over five years now).

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**Steve Haworth** and **Beki B** are probably the two most recognizable practitioners of heavy body modifications, and are responsible for much of the art you see in this book (and almost all of the implants, Steve's "specialty"). Because of their prominent media profile they maintain a love-hate relationship with practitioners that respect their work, but are made very nervous by the degree of public scrutiny they could draw to what is currently a largely unregulated community.

Steve very much represents the "new generation" of cutters; those that moved from piercers to surgical practitioners, rather than the previous generation which moved from leather SM master to surgical practitioners (and then to piercing, if at all).

In any case, whatever one's personal opinion may be as to the directions this community is moving, it is safe to say that Steve and Beki have played a pivotal role in the popularization of body modification as it publicly moves past just piercing and tattooing.





Overall I tend to discount people who tell me they've achieved world records in body modification. Outside of usually being wrong – it's not as if this is a well documented subculture – I question the safety, both mental and physical, in pursuing these interests simply to get public recognition. That said, if a record for most branded person were to be assigned, I suspect it might fall upon our cover model, Montreal's Jerome Abramovitch. Every time I see him more square inches of his body have been branded – many of them not by a "professional brander", but by a local blacksmith.

Asking a blacksmith to do branding on you is sort of like taking your car in to be repaired by rocket propulsion engineers. Sure your car will be fixed, but don't be disturbed when you are unable to maintain a speed below Mach 4. Many of Jerome's brands are brutally huge, with single strikes obliterating more than four square inches of flesh at a time.

Even though he's covered in brands, he has not a single tattoo, and tells me that he has no intent of ever wasting valuable real-estate on tattoos when the flesh could be branded instead.



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Jesse Jarrell, Biomechanical designer. Many of the remarkable carved implants you see in this book were created as pieces of sculpture by Jesse – prototypes along the theme can be seen above in his arms. Jesse shares a large amount of the credit for pushing the realm of implants from the sphere and rod stage into true sculpture.

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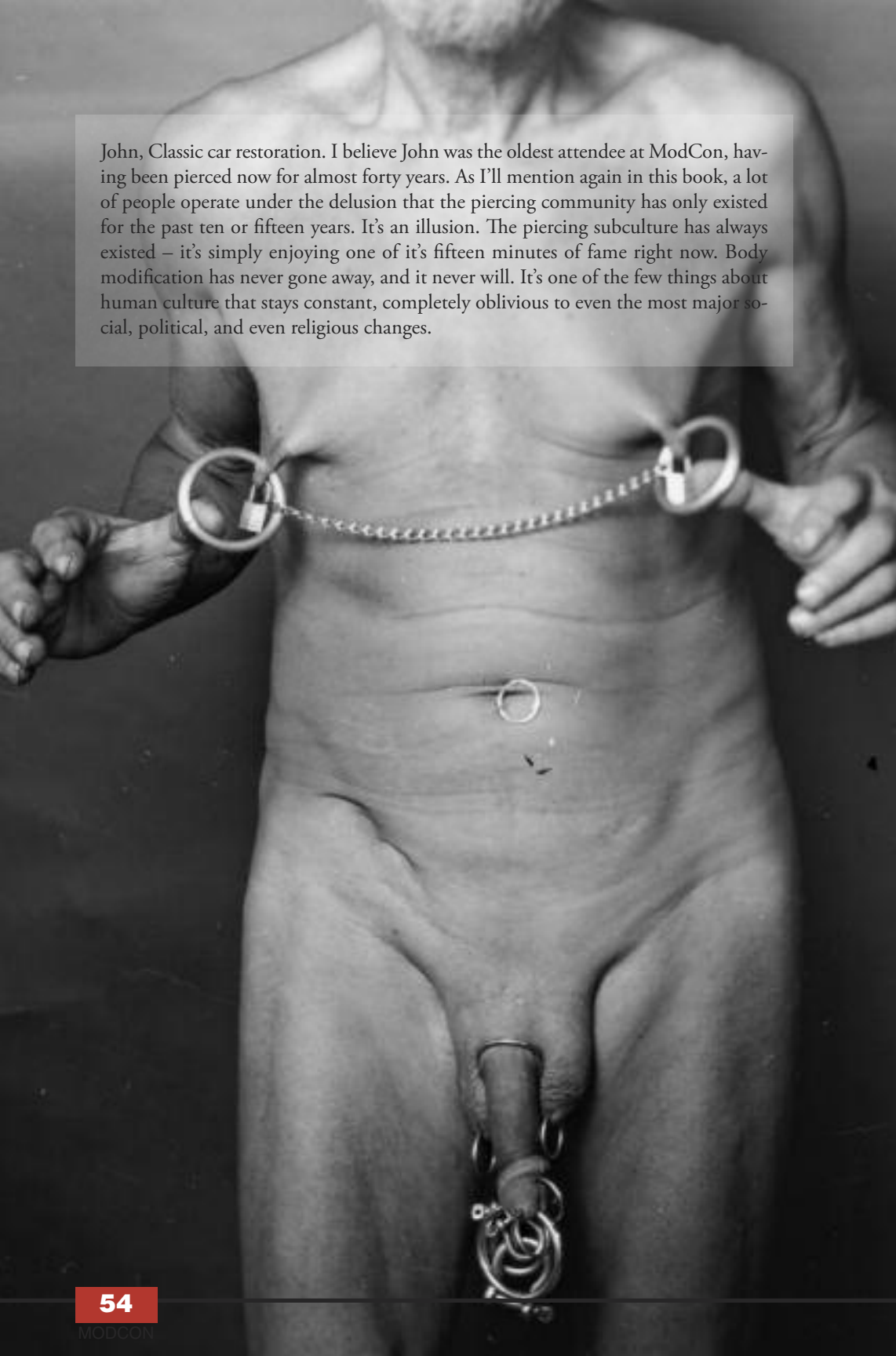


#### Flamethrower sounding.

Whatever your opinion is regarding the moral legitimacy of these activities, it is undeniable that these people are extremely creative and inventive individuals. This flamethrower is achieved using a butane catheter passing from a urethral reroute to the former urethral opening.



John, Classic car restoration. I believe John was the oldest attendee at ModCon, having been pierced now for almost forty years. As I'll mention again in this book, a lot of people operate under the delusion that the piercing community has only existed for the past ten or fifteen years. It's an illusion. The piercing subculture has always existed – it's simply enjoying one of its fifteen minutes of fame right now. Body modification has never gone away, and it never will. It's one of the few things about human culture that stays constant, completely oblivious to even the most major social, political, and even religious changes.



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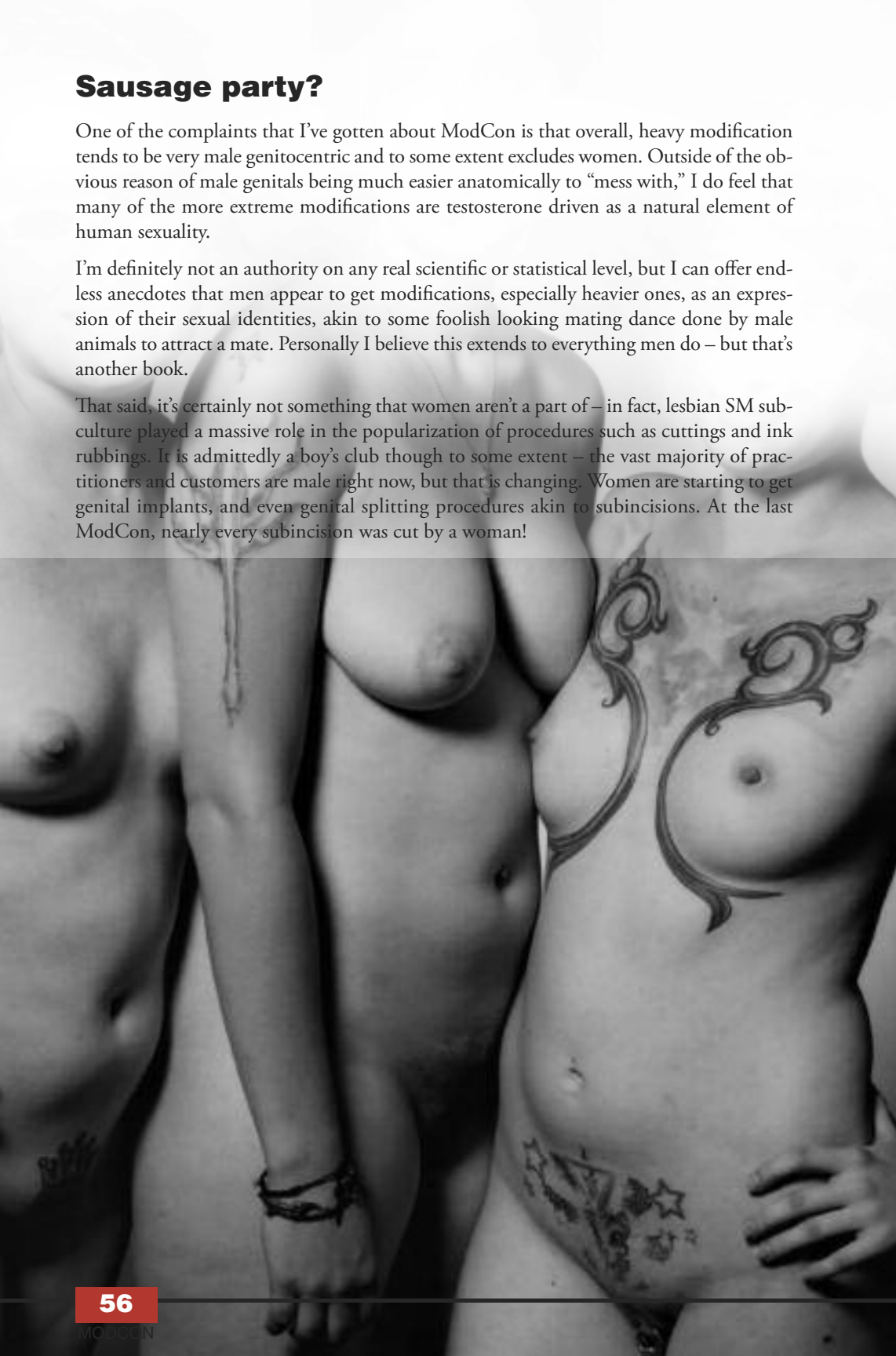
Michael, Julie, and Christine.

## Sausage party?

One of the complaints that I've gotten about ModCon is that overall, heavy modification tends to be very male genitocentric and to some extent excludes women. Outside of the obvious reason of male genitals being much easier anatomically to "mess with," I do feel that many of the more extreme modifications are testosterone driven as a natural element of human sexuality.

I'm definitely not an authority on any real scientific or statistical level, but I can offer endless anecdotes that men appear to get modifications, especially heavier ones, as an expression of their sexual identities, akin to some foolish looking mating dance done by male animals to attract a mate. Personally I believe this extends to everything men do – but that's another book.

That said, it's certainly not something that women aren't a part of – in fact, lesbian SM subculture played a massive role in the popularization of procedures such as cuttings and ink rubbings. It is admittedly a boy's club though to some extent – the vast majority of practitioners and customers are male right now, but that is changing. Women are starting to get genital implants, and even genital splitting procedures akin to subincisions. At the last ModCon, nearly every subincision was cut by a woman!



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Lukas Zpira out of Avignon, France has rapidly come to be seen as one of the “rockstars of scarification” on the international scene. His cuttings are exceptionally precise and have a clearly identifiable artistic style. He even gives his clients a “secret sauce” (a concoction involving, among other things, lemon extract and peanut butter) he’s put together specifically for healing his cuttings. The fact that Andy, who’s back you see above left and who’s arm you see above right has come back every year for another cutting by Lukas should speak for itself.

One of the things that makes cutting – and in fact all scarification – interesting is that far more than in any other modification, the end product is determined by a person’s genetics and the way they take care of it. An evenly cut piece, if left alone should heal relatively evenly, but the amount of keloiding (raised scarring) will differ dramatically from person to person. Irritating the wound as it is healing can cause the scar to raise higher, but achieving that evenly is nearly impossible.





# Jerry

*At this point I'd like to present an interview with my old friend Jerry, a sailor, an adventurer, and one of the kindest most giving people I know. I printed an interview with him years ago on my website – his lucid endorsement of subincision was perhaps the catalyst for thousands of men taking that plunge.*

**Shannon:** Tell me a bit about yourself...

**Jerry:** I'm a lifelong romantic, a dreamer who wants to *do* and *see*. I'm 60 and I still want more out of life, but I'm not complaining: **Life is wonderful.** We human beings can be so beautiful it's heartbreaking. I'm heterosexual, so to me the female body is awesome, but I appreciate the beauty of the male form too, and I like the idea of modifying it or decorating it. I've been married twice, and have three sons. I have some scientific and military experience, and now I work part time on jobs that appeal to my sense of adventure. I'm getting ready to literally sail the high seas as we speak.

**Shannon:** How did you first become interested in subincision?

**Jerry:** As a little kid I discovered that the penis had nerves inside the urethra that gave some nice feelings, and I used to slide things up the hole just to feel what it was like. A smooth glass rod from a chemistry set, for example. About twenty years ago I figured out how to open the hole wider, so my girl friend could put her little finger inside. It turned us both on, and I was hooked on getting more stimulation from those off-beat nerves that were hiding up inside the head of my cock. I opened the head from the hole down to where skin began. About ten years ago I wondered what it would be like to open the skin part of the shaft, and I learned the hard way what works and what doesn't.

**Shannon:** Did hermaphroditic analogies play a role as well?

**Jerry:** Exactly! Read Joseph Campbell's "Primitive Mythology" in his series *The Masks of God*:

"The sexual aspect of the symbolism of this fantastic rite is almost too obvious to require comment. The subincision wound is frequently referred to as a 'penis womb or vagina,' so that the male has been intentionally converted by the operation into a male-female."

I must add that the conversion obviously doesn't change hormones and leaves male sexual function intact. If anything, it adds to it: there is a wider shaft, more sensitive surface is exposed, and the part of the penis beyond the subincision now has only one function: *giving and receiving sexual pleasure*. It is no longer tied to the function of urination. It's purely a love organ. I think guys who are into nullification, shortening or removing the penis and castration, are on another trip altogether. The same with guys who encrust the penis with so much metal that it's literally cased in steel. That's a completely different game. I respect my body and enjoy sex too much for any of those courses of action.

**Shannon:** How did you do your subincision?

**Jerry:** As a reference, mark the points of a clock around the urethral opening when viewed from tip to base. Opening the head in the six o'clock position from the hole to the skin of the shaft is called a meatotomy; that's "*mee ah TOT ah mee*", not "meat" like salami-

otomy. Some guys like to split the hole upward towards twelve o'clock, but I like the natural shape of the head. I just had it pierced, but that's another story. Anybody with patience and determination can do a meatotomy. You get a clamp from Radio Shack that looks like a pair of scissors but clicks shut when you squeeze the handles together, and instead of blades there are two long, flat, finger-like pieces with ridges that are used to grab small parts and hold them or as a heat sink for soldering. Medical people call it a hemostat, and sometimes a nurse can get you one to use. If you put one side of the clamp in the hole and the other on the head in the six o'clock position and squeeze gently, over a considerable period of time the handles will click together and the tissue will be squeezed flat as a piece of paper. Watching something that interests you on TV for an hour or so while this is happening is a good way to go. Leave the clamp clicked for a while; by this time you will not be feeling much pain. In fact, if you are slow about it you never *will* be uncomfortable enough to complain about it.

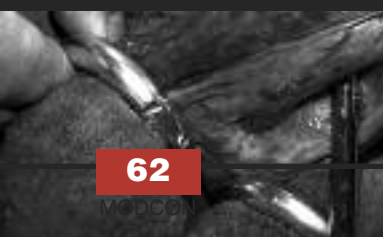
**Shannon:** How long is "for a while"?

**Jerry:** Whatever time it takes. The idea of doing a neat and relatively painless meatotomy is to put the clamp on with one jaw inside the head and apply some pressure. You will realize right away that if you press hard it hurts a lot, but there is a zone of pain you are willing to tolerate. Just keep the pressure at that level and pay attention to something else, like a video you find interesting but not arousing. After a while you look and discover the ring handles of the clamp are much closer together than when you started: you are successfully squeezing the blood out of this spongy tissue. It may take 30 or 45 minutes to get the clamp to the first click, depending on your level of tolerance for discomfort. Leave it another five minutes or so and see if you can click again. Once the clamp has been clicked once or twice everything in the jaws of the clamp is paper thin. It won't bleed if you have clamped until the tissue's paper-thin and you're not cutting the skin of the shaft, just the head. Now the trick is to keep what you've gained.

Anyway, leave it on for a while and then remove the clamp. If you chicken out at this point, it will eventually come back to normal. If you want to go ahead, take clean or preferably sterile scissors and cut the crushed part. It won't bleed because all the blood vessels are shut, and you won't feel the cut maybe because the nerves are crushed at that spot. If you don't keep the sides spread, it will tend to heal back together. I recommend getting some Neosporin or other antibiotic ointment and smearing it on little quarter inch strips cut off a no-stick dressing (such as Telfa, carried at most drugstores) and then line the cut edges. Change the dressing every time you pee. Telfa won't stick to healing wounds. Over a few weeks, a thin layer of new skin will grow over the raw edges and you'll have a bigger hole to make internal explorations easier. Until it heals, though, you have to avoid contact with saliva and other body fluids. If it gets infected, the delicate spongy stuff that the head is made of can shrink and leave an ugly looking head that is caved in on one side. You can do this in stages, if you want, and it might be safer that way. It should not affect your urine stream. Subincision, cutting along the skin of the bottom part of the shaft of the penis, opens up the pee tube (urethra) to direct stimulation. I tried using the technique I just described, but it always healed back almost the way it started.

I read that some tribes of Aborigines in the Australian Outback did subincisions to their young men when they came of age. I got fascinated and read more. Sometimes middle-aged men would get excited by the rituals and would demand to be cut again, further back. I figured if it was so horrible or so mutilating, nobody would go back for more. There had





to be an appeal, and my hunch was that the females of the tribe must have found pleasure in it, since if the women disapproved it would have died out as a tribal ritual a long time ago! From the Aborigines I learned the secret: They made a sharp cut (using broken volcanic glass knives) and kept it from healing shut by using thorns to “suture” the cut edge of skin to the adjacent cut edge of the urethra on one side, and then did the same on the other side. A cut edge wants to heal to another cut edge, to seal off the exposed deeper stuff and prevent infection, so they tricked the body into healing with the urethra sliced open like a fish fillet! I had sewn up a few GIs years ago, so I got hold of some local anaesthesia and suture material and a nurse’s pair of bandage scissors. Bandage scissors have one blade that is longer than the other, and they have a protective blob of smooth metal on the end. Putting that longer blade inside the hole and the shorter blade at the 6 o’clock position sets you up for a subincision. I have done it without anaesthesia, and it’s something you’ll never forget, but I had to use it to sew up the edges so take my advice and don’t even try it without. Also, it’s a bloody mess compared to cutting the head of the penis. I wrapped some ribbon around my cock, starting at the head and working toward myself to squeeze out all the blood. I put a hose clamp over the ribbon and tightened the clamp, then unwound the ribbon starting at the head, until I got to the hose clamp: That way, all the blood was wrung out of it. I made the cut, and released the clamp. It bled something wicked, and made such a mess I had to wait a few days before I could put in the stitches, and one time I put them in wrong (because of all the swelling and clots) and had to do it over again. Maybe the best way would be to put in the stitches and then release the hose clamp, but you would have to be ready to wrap it in gauze or a very clean washcloth and apply some pressure, or else the broken blood vessels could pump a lot of blood into the soft substances of the penis and make some huge clots that would take a long time to go away and might get infected.

This is not for the faint-hearted. You really have to want it. You might consider doing your own meatotomy, but if you want a subincision get in touch with a urologist to see if he is sympathetic to your desire. The only trouble with that is most urologists think that anyone who wants their penis “mutilated” is crazy. After all, *you* aren’t an Australian aborigine, *are* you? It doesn’t matter that my girl friend, who is obviously very supportive, told me recently

that if I could go back to “the way you were before,” she would not want me to.

**Shannon:** Have you had this kind of contact with doctors yourself?

**Jerry:** Once. I had done a partial meatotomy, got an infection later on, and the attending doctor shot me a funny glance when he noticed the opening. I told him that when I was circumcised as a kid the doctor thought the hole was too small so he opened it. “Doesn’t bother me,” I said calmly, so he accepted it the way it was. I couldn’t get away with that any more! Now I’d just try to project a calm rational image, a man in control of himself, try not to let him make a big deal of it and hope he would back down.

Anyway, I cut about three quarters of an inch the first successful time, and my women were fascinated. Sex was more fun for me, because I could feel from both inside and outside. I could still pee normally, but after a year I got greedy and doubled the size of the cut, after which urine hit the inside of the head and sprayed everywhere! Every time I went to pee standing up I sprayed all over myself.

I ended up sitting to urinate for about three years before I got the courage to double the cut *again*, giving me a three and a half inch subincision. It’s exactly half the length of my hard-on. Now I again pee standing up. My girlfriend loves exploring the urethra with her tongue. I can straddle her clit with the split head of my cock and rub up and down, and *she* comes inside of *me* for a change! Anyone who likes giving oral sex but doesn’t want a mouth full of cum would love a partner with a subincision, because it just dribbles off their chin or down on their chest. At the time of orgasm, the semen comes out near the end of the subincision, and usually ends up outside the other person’s body. If this ever got popular, it might help cut down the spread of AIDS.

**Shannon:** How did girlfriends with more “normal” tastes typically react to you when they discovered the subincision?

**Jerry:** A meatotomy is always accepted, in my experience. It isn’t necessary to advise in advance. The result looks natural, there is no scarring, and once they see how good it feels to have the clit slid up and down inside the cleft of your groove, they think it’s just fine. Occasionally a woman will balk at putting her finger up inside, but on the other hand one almost had an orgasm as she did so.

**Shannon:** I guess with what *you* have you have to tell them before they see it.

**Jerry:** I have a half-shaft subincision and five piercings and nobody is going to think that’s some kind of variation of normal, so I tell them ahead that they’re about to see something unlike anything they have ever seen before. Usually I’ve managed to get the conversation onto the subject of piercing beforehand, and if the response is highly negative I know better than to try to get to the bedroom stage.

**Shannon:** How do men’s reactions differ?

**Jerry:** Most of my male friends express horror and disgust at the thought of body modifi-



Penis castings



cation, and though they are less negative about piercing most are still negative. Maybe it's just the crowd I travel with; they're guys over fifty in a semi-rural environment. Result is that I've told some of them I have a genital piercing and let it go at that. They accept that and we let the subject drop. None of them expressed any curiosity or wanted to see it.

**Shannon:** Do people notice in the restroom, or are you discrete about it?

**Jerry:** I tend to business and don't make it easy for anyone to peek. Never had a problem. A restroom is not the place to show off. I've gone to beaches wearing a *very* thin undersized pair of nylon underwear pants though, and some people didn't notice and the ones that did hadn't commented. No doubt someday somebody will. I checked into the possibility of going to a nudist camp, and I think exhibitionism in that setting is perfectly OK and in fact it's expected. However, camps vary: Some will accept genital jewelry and some won't, so check before going.

**Shannon:** You're one of the only men I know that documented the subincision progress by making castings – what gave you the idea?

**Jerry:** I used to cast toy soldiers when I was a kid and the idea clicked: What part of the



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male anatomy could be easier to make a casting of? I saw an ad for a casting wax that melted just above body temperature. It goes in big, the wax sets, you let it go down and it comes out of the wax. Pour in the plaster and you've made your prick immortal! I laughed a lot.... There are some tricks to it, but nothing you can't figure out experimenting on your own. I did a cast of a lady friend once, and it came out just fine, but of course the techniques have to be adapted to the anatomy....

**Shannon:** Todd Bertrang recounts being involuntarily committed because of his subincision... You've never had such difficulties?

**Jerry:** In 1987, the Journal of the American Medical Association ran an article on do-it-yourself surgery. In it they refer to a guy who did a subincision on himself in seventeen operations using sharp scissors. They refer to the article which had appeared in 1985 in the journal Urology. The title of that article tells the story: "Non-psychotic genital self-mutilation." There is even a black and white picture of the result. The doctors did not consider the guy crazy, though you can tell they thought it was strange. This is a useful reference for anybody that needs to convince a doctor, or some uptight right-winger, that having a subincision does not make you psychotic. I have to comment here that I have serious concerns about the mental makeup of men who get into nullification procedures.

**Shannon:** Did you think that you might be the only one? That just maybe it might be a problem sign?

**Jerry:** I wondered if I might not be the only one in my culture, my society. I know myself pretty well and wasn't worried that I was cracking up. The meatotomy had been easy and fun, my reading on the subject of subincision was reassuring and exciting, and I knew what I wanted to get out of it. I was confident it was a good thing for me to do. I also knew there would be some people who would be turned off or whatever, but that can happen if you change yourself in other ways, so you do what's right for you as long as you aren't hurting anybody else in the process. After I did the last stage of mine, seeing other subincisions on BME was just a welcome reinforcement that I was not alone and that I had done what was right for me.

\*\*\*

**Shannon:** You told me once about climbing to the top of a mountain to do a cut – what was that like?

**Jerry:** I had been going through a bad time in my life. I had read a lot of books, subjects like oriental philosophy and things by Joseph Campbell on mythology, but it seemed that



even though I was learning a lot I didn't know much; I was getting knowledge but not wisdom or something like that. Deep needs were not being met, and I saw little change in the way I was living my life. There's a joke about the farmer who wanted to teach his mule something, so he first banged it over the head with a 2x4 to get its attention. Well, I needed to do something that would shake the deeper layers of my inner being, and I figured this was just the 2x4 for the job. After all, if it worked in the coming of age ritual in Australia, it might work for me even though I'm a long way from being a kid and my habits are more deeply formed. I had already done my homework on spirituality and oriental philosophy and had a favorite place at the top of a beautiful mountain, and I wanted to tie the event to that place. I took sterile supplies and hiked to the top, sat and watched the view for a long time, did some meditation, took off my clothes and knelt on the dirt. I put the sterilized bandage scissors in place and continued to meditate into a trancelike state, closed the blades firmly and deliberately and watched my blood flow into the mountain. I felt an overwhelming sense of gratitude and of being a part of everything around me. Part of my mind noticed that there was pain, but it was off at the edge of the experience somewhere, and it was much less than I had anticipated. I went home and extended the cut to trim it up properly, put in the sutures and a bandage. Over the next few weeks I collected the bloody bandages and when it was healed I went back to the foot of the mountain and had another ceremony: I built a fire and when it was going strong I threw all the bandages into it and sat and watched as the smoke climbed high into the blue sky and slowly disappeared. For ritual acts to have meaning for you, you need to think about who you are, what you want this event to mean in your life, and in effect to write your own rite: don't copy somebody else. I could go on for a long time about what this meant to me but everybody is different and every man must look inside and assign his own values and satisfy his own needs once he knows what they are. It was a deeply spiritual experience!

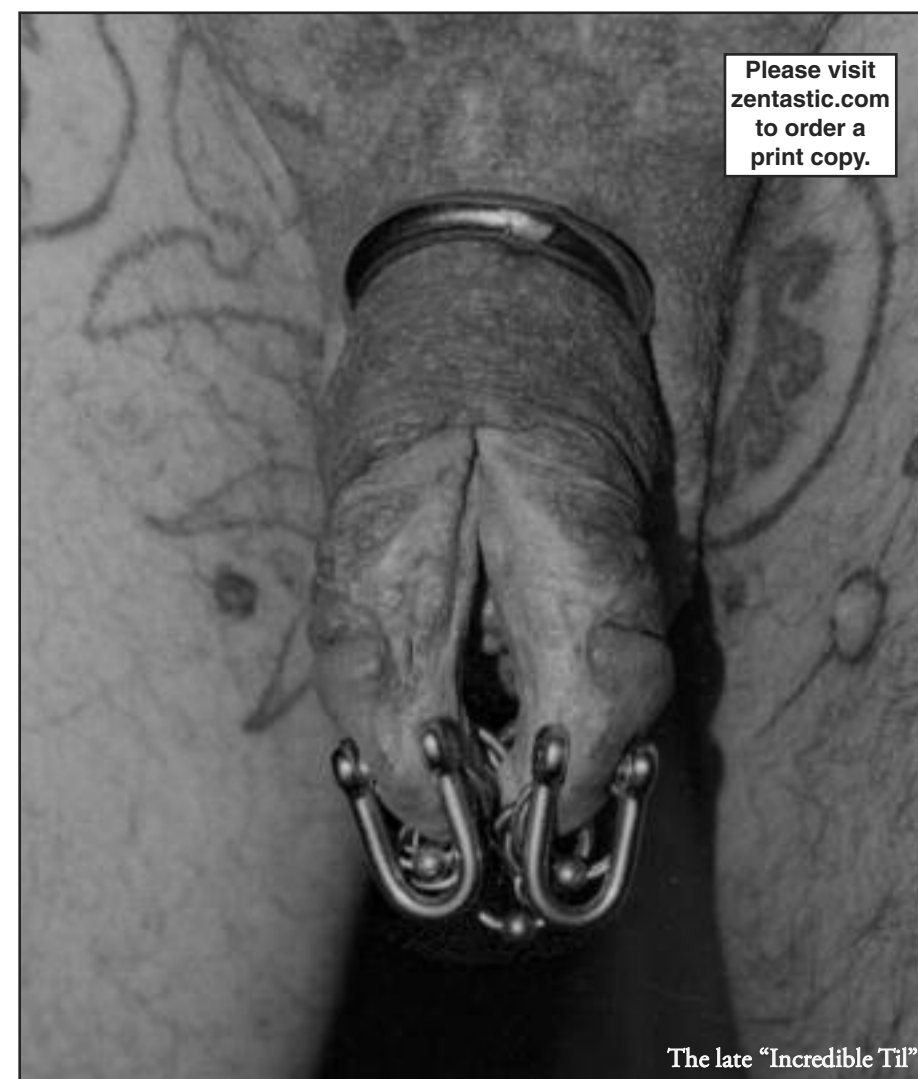
**Shannon:** Has the subincision changed your life outlook, or has it been primarily a sexually motivated act?

**Jerry:** It's not an either/or kind of thing. The answer is yes, and yes. The permanence of the subincision reminds me every time I have it in my hand that I have changed, that I am different from what I was and from

other men, that I am unique though no better or worse than anyone else. The same, just different. That time only goes forward, there is no going back. I see how important it is to have the courage to seize the day, not to be afraid to make changes. For example, it helped me have the courage to quit my job and go off on a big adventure, something I'd wanted to do since I was a kid. And when the adventure got frightening it reminded me I was rooted to this earth by blood, pain and fire, that I was capable of standing up to just about anything. After all, I had a whole mountain standing behind me!

**Shannon:** Any regrets?

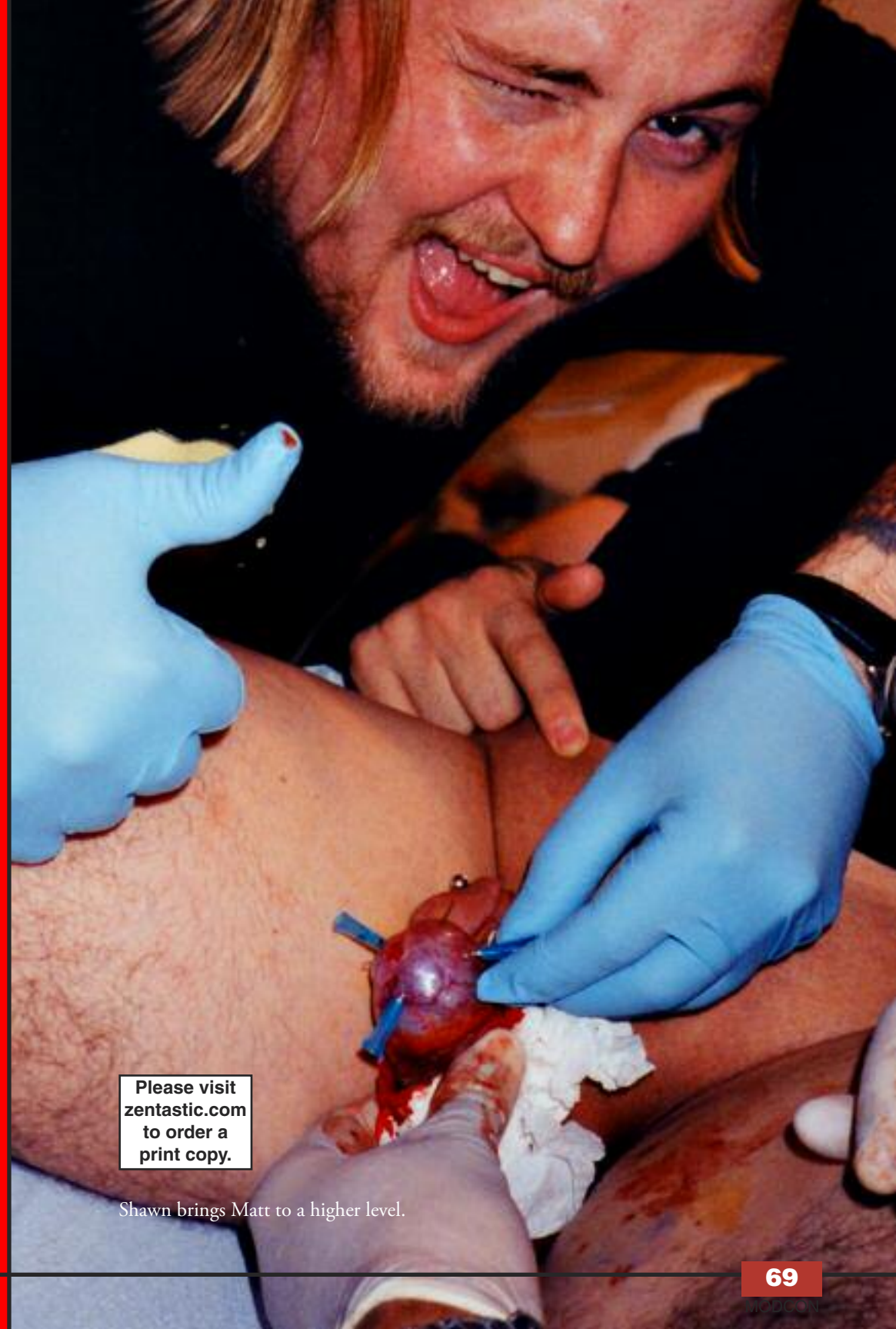
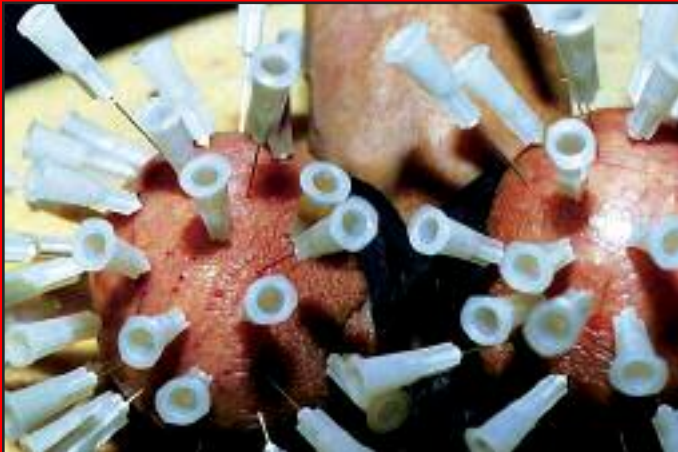
**Jerry:** No regrets. While from the uninitiated's point of view, what I've done may seem extreme, I've always been very careful and never gone too far. Mae West said, "Too much of a good thing is... wonderful." I disagree. It's important to know when to stop, when enough is enough.



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The late "Incredible Til"





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Shawn brings Matt to a higher level.



# Who is cutting?

*You've probably seen the small number of young, eager, and comparatively inexperienced practitioners who have chosen to show themselves off on television, but the real lifeblood of this community are the hundreds of talented "cutters" operating quietly in the background. I recently had a chance to speak to a cutter, "Jim" about his craft.*

**Jim:** I'm almost sixty now, have a master's degree in counseling and an undergraduate degree in education with majors in English, Psychology, and Journalism. I have been a teacher in junior and senior high schools (many years ago), a juvenile officer, a professional in the BSA, a social worker/counselor at a hospital for criminally insane doing both therapy and evaluations to see if people were mentally ill when committing crimes, a director of counseling services for a community counseling agency and taught new counselors, developed and directed substance abuse in and out patient treatment programs, directed halfway house programs for inmates, counseled HIV positive inmates in the Missouri prison system, directed a hospice program and I am currently the owner of a recruiting firm.

I left the social service side of things and bought this business after I found myself involved in a federal case that sent me to federal prison for a short period of time. Following that prison time, most programs aimed at reintegrating offenders or counseling have no place for an offender.

**Shannon:** What types of procedures do you do?

**Jim:** I do castrations, urethral changes, subincisions, bifurcations, and all the variety of things that can be done in that area. I have also removed penises by both "stubbing" and by removing all of it. I have also gone in and severed the ligaments that hold the cock erect which had the effect of lengthening the cock.

**Shannon:** What types of clients do you prefer?

**Jim:** I prefer the ones who come in from referrals from former clients since there is already a bit of screening done by the person who has previously had the procedure or secured the procedure for his lover.

**Shannon:** How do people get



in touch with you?

**Jim:** I usually like to keep one person between me and the one being done if it's a heavy procedure. This is especially true after Bodkin (a cutter recently convicted of practicing medicine without a license). Some will screen very well, while others will refer almost anyone.

**Shannon:** How do you decide if a person is ready to have a procedure done?

**Jim:** I will not do someone who is not sure that he wants to be done or is in such a situation that it is likely that he will later experience remorse for what he has had done to him. I often give someone who contacts me the name of someone who has had the procedure and have them talk to them about the ins and outs of what would happen and what their life would be like. Myself, I have the penis head fully split (top and bottom) and can tell them the good things and the difficulties of it. My urethra is stretched to nearly a half inch across, so I can tell them the pleasures and the problems of that procedure and how to do it themselves safely if they so wish.

In the case of those wanting more radical procedures like castrations, penectomies, and amputations (which I don't enjoy doing that much), I want to know if their significant other/spouse knows and agrees. Surprisingly many do not. I also want to know when they began the thought process, and why they want it done. I will often try to talk them out of

it. If they are truly serious, and it is an internal desire more than a fantasy or a "self-loathing" kind of thing, I will then put them in touch with someone to discuss what would happen, how they healed, what to expect, and the kind of medical backup that would be needed for removal of stitches, changing of dressings, and a discussion of testosterone replacement or what would be likely to occur if it is not replaced. In some cases, I recommend that they see a doctor to be chemically castrated for a period of time if I detect any waffling over their desire to do it. I assist them with the "story" that they need to tell him in order to get the medication.



I again go over these things with the person when we meet to do the procedure. I also tell them that they will be the one to make the final cut of their testicles. In the case of lovers, it can be the other one who does the second. If they do not have the resolve to do that, then I would question if they had the resolve for me to do it. I have not always followed through with that, but most are quite pleased to be the one to do it.

I am not on a “power trip” to emasculate men. Frankly, I like my “boys with toys”. I personally would make a urethral relocation on a sub of mine, if he were committed, since I enjoy the idea of his toys being rather useless except for fun, but I wouldn’t castrate one of my lovers. I look only for those with no other alternative and who are totally committed when I do an extreme procedure.

**Shannon:** Have you ever had anything go wrong?

**Jim:** I do try to make sure that the person knows his medical doctor at home before I do a procedure. It is possible that he might have to go there for stitch removal or if there is a complication. I usually ask that the person be on antibiotics for the more major procedures ahead of time, and that they not be on blood thinners or such medications – even aspirin or garlic.

In the case of something going wrong, I leave it up to the person to determine if they desire to go to the hospital or doctor office. I will tell them what the risks are, and allow them to make that decision. Should anyone become unconscious or stop breathing, I would immediately call assistance, but that has never occurred. The most serious thing that has occurred during the major procedures has been pulling of the stitches due to some swelling but mostly because the person moved around too much too fast. The other was some bleeding from the urethral opening after it has been reattached several days later. I will calm them, have them put on a pressure bandage, lie down, and it nearly always stops. They have pulled a bit of a stitch, and it will heal. I *never* tell them not to go to get other medical treatment if they feel it is best. I’m not a doctor, and I won’t pretend to be one.

**Shannon:** How has this community changed recently?

**Jim:** Things have changed over the last few years for many reasons including the internet. As a part of the “old leather community”, most of the referrals were made by phone or personal contact, mouth-to-mouth. Now most come in from e-mails and internet contacts. The leather community has changed greatly these days because of AIDS and the dying off of the old guard and their not having adequately trained a new generation. Now any sadist thinks he is a top. Boys are offended if their leather has cum, piss or sweat on it. And body modifications are in the mainstream with more extreme being openly discussed and shown (now even in GQ). There are still a few bars where leather daddies sit quietly and drink their beer while their boys flirt with the patrons showing off their alterations, then dutifully going to their daddy when they break up and leave. There are still a few bars where a boy can be strapped to a cross naked and shown off, but with the increased awareness of the dangers of open sex in baths and bars, it has driven that community into a kind of exile that BME has opened a door from again. I still find a need for a serious community, and I think it is forming around BME. It is no longer the old leather community that met in the back-room or basement of the bar, but now it is on the “puter”...



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**Thom.** Thom’s subincision has a unique appearance due to the fact that he’s left his foreskin intact (essentially just “cutting around it”). Most men simply cut through the foreskin, leaving a result similar to a dorsal circumcision. Foreskins are actually particularly sensitive to any modification in the area, and during healing swell massively.





Pierre, Montreal.

Modification artist and two clients (below).



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## The lumpy page

The genitals you see on the left are full of bits of plastic and metal. Culturally popularized by Japan's Yakuza, genital beading lead the way for the implant "trend." The procedure itself is as easy as piercing – and in fact not that different. Most piercers simply pierce, then stretch, and then instead of inserting jewelry through the hole, they insert a bead inside the hole instead.

The penis on the next page has additionally been implanted with permanent erectile rods, a deeply invasive procedure dramatically more risky than subdermal beading.

\* \* \*

While most people have extremely positive experiences with body modification, it's not for everyone; even if you like a particular genital modification, your partner may not.

**Shannon:** Tell me about your experiences with genital beading.

**Patrick Bartholomew:** Penile implants seem to engender ideas that they are "God's gift" for satisfying ones partner. Wrong! They do nothing physically that a few bits of ingenuity stuffed into a condom can not do better, and without the discomfort and time needed to create this illusion.

When I first had a Prince Albert done I was most disappointed in the lack of physical response from my wife. Only when it had been stretched up to about 8ga did she really get anything out of it. The same applies to implants. The comments I've heard from various partners of implantees range from "it's like being shagged by a washing board" to "weird, but nice" to "it's no big deal".

For the person with the implants it is entirely different! The movement of the ball under the skin is noticeable, and is either stimulating or uncomfortable, depending on the individuals personal sensory perception. Just as it is with piercings.

I still feel that the mystique of body art has much to answer for. Many are the disappointed people whose perceptions do not meet up with the true reality of what they have had done. By the same token, there are those for whom it is a whole new re-birth, and, somewhere in-between, is the vast and silent majority.

Implants, piercings, and tattoos are not magical keys to a 'whole new world,' nor are they wondrous 'vehicles of arousal.' Though they may be, depending on the physical attributes of both partners, as well as their personal cerebral perceptions of what a 'turn on' really is.

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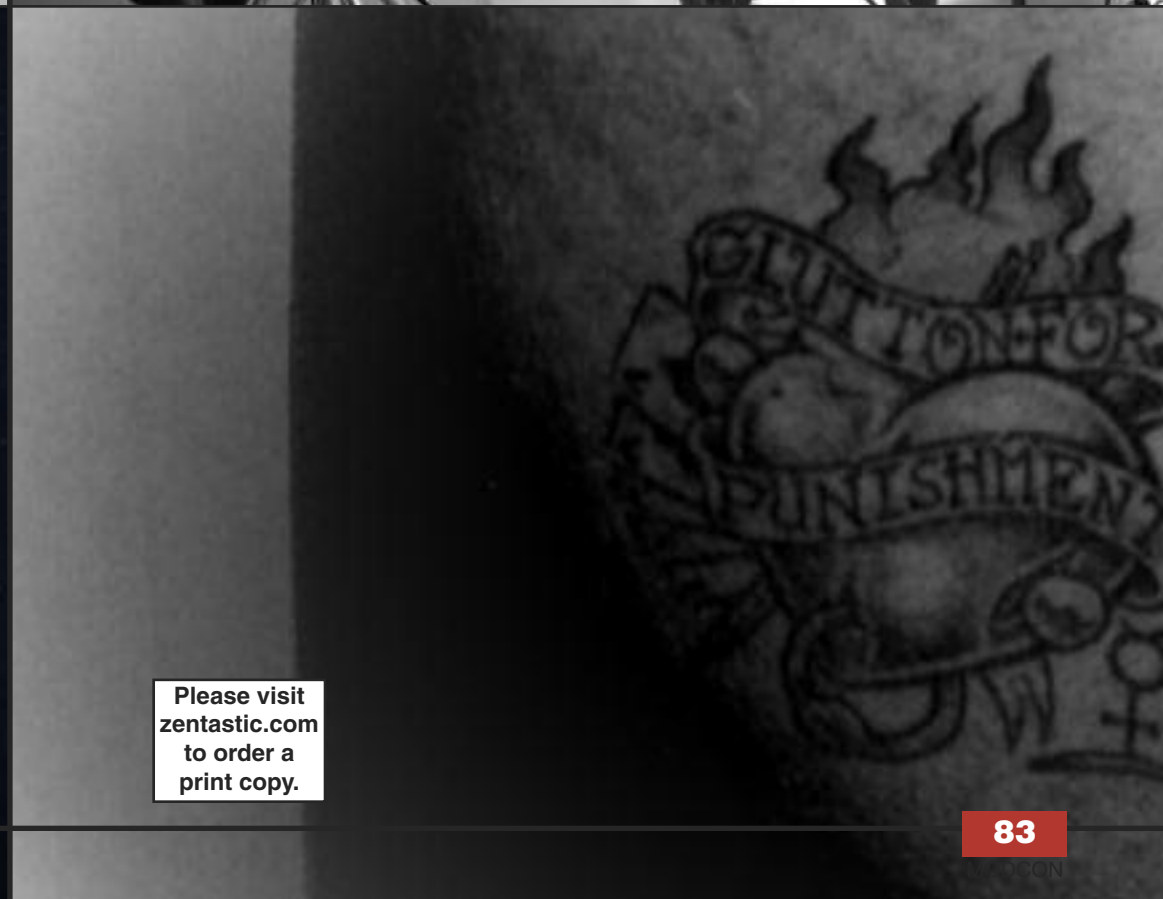






I really can't go on any further without mentioning **Philip Barbosa**, the young photographer responsible for most of the portraits in this book. When I first started ModCon, I'd never even considered that I might publish a book; I figured I might take a few snapshots, but it had never been anything more than a gathering of like-minded people who'd never had a opportunity to meet like this before.

As luck would have it, I got an email from Phil asking to attend the event, as well as offering to shoot it... and the rest is history!



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People are often quite surprised to discover that the individual on the left page has a complete set of fully functioning male genitals (the same ones you see on this page). Through a careful placement of jewelry, it can all be tucked and pinned inside. This person represents another facet of the body modification community – artists who refuse to keep their own flesh off limits, and treat every aspect of their life as fit for artistic experimentation. His creativity is not limited to his body – for Burning Man three years ago he built a car that was propelled by an array of several dozen flamethrowers, each tuned to a slightly different note, and played (or driven) with a keyboard like a huge firebreathing mobile pipe organ.

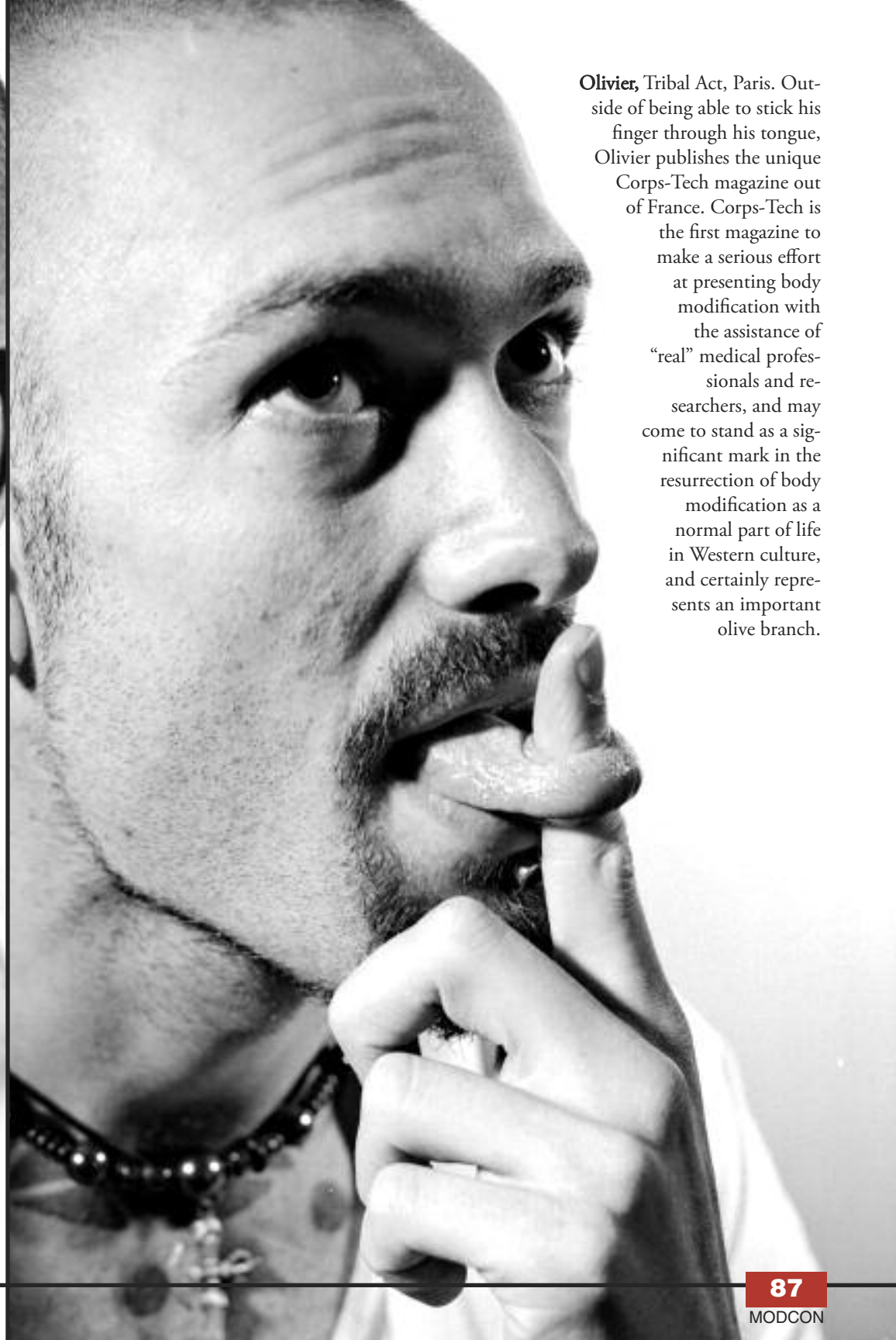
The crude demographics that I've collected over the past ten years suggest to me that creative and exceptional people are the norm in this subculture... While the outside world tends to make the misguided assumption that it's made up primarily of criminals and deviants of questionable mental stability, it is in fact overflowing with some of the most remarkable folks on the planet.







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**Olivier**, Tribal Act, Paris. Outside of being able to stick his finger through his tongue, Olivier publishes the unique Corps-Tech magazine out of France. Corps-Tech is the first magazine to make a serious effort at presenting body modification with the assistance of “real” medical professionals and researchers, and may come to stand as a significant mark in the resurrection of body modification as a normal part of life in Western culture, and certainly represents an important olive branch.

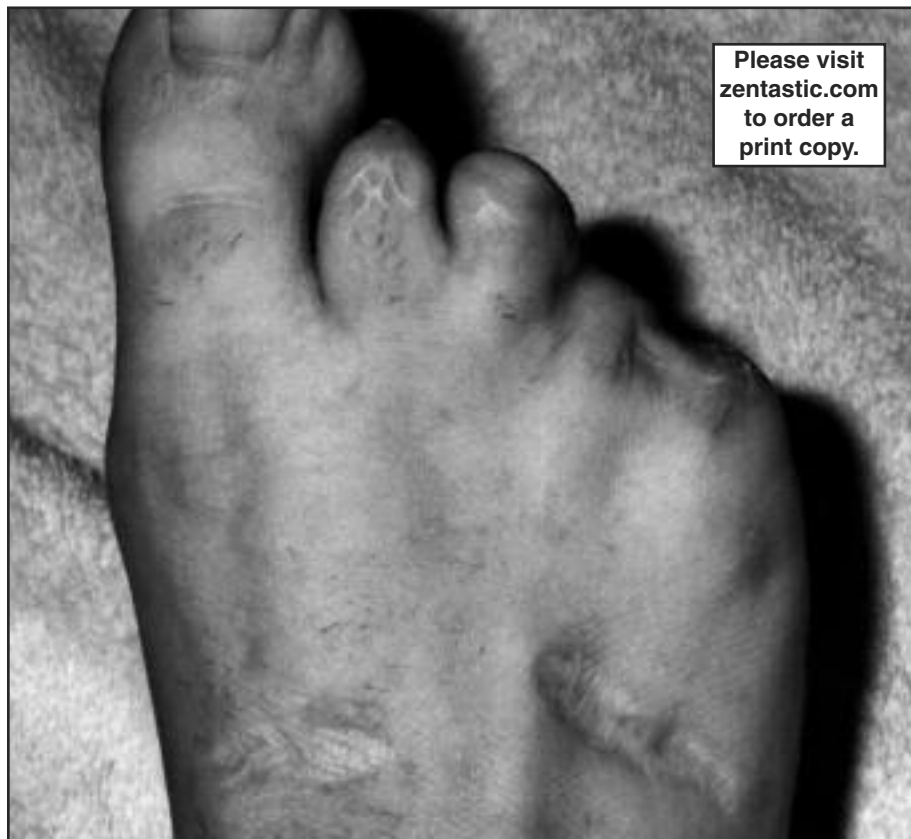
# Bill

*My friend Bill spends his days in a wheelchair – a few years ago, one leg was amputated above the knee. This was an amputation he spawned out of desperation. Bill was a “wannabe”, although perhaps a more appropriate term would have been “needtobe”. His drive for amputation took him nearly to the point of death, but he’s emerged victorious, legless, and very happy.*

**Shannon:** How far back do you remember your amputation interest going?

**Bill:** From the age of about three or four, I remember pretending to be an amputee with my leg folded back and sometimes stuffed inside my pants. When we played cowboys and Indians, I was the one that always got wounded in the leg and had to have it “cut off.” At that age, croquet mallets were just the right height to be used as a crutch. As I grew, they were used as a peg leg.

As I got older, I would spend time reading the piece in the encyclopedia about amputees and artificial limbs. In one brand of encyclopedia, there was a picture of a girl with one leg. It was wonderful to look at. That was not the first amputee I remember seeing though. One day, my father and I were at the train station and there was a man with one leg on crutches. I, like all kids, asked what happened to his leg and my father told me that he had probably lost it in the war. Amputees of both genders always caused a strong heartbeat for me and I would dream of being like them.



We moved when I was five or six and there was a girl next door that I sometimes played with. She was a year or two older than I was. I talked her into playing amputee with me and she used a belt to hold her leg up. I put my leg into my pants folded up. Just then, my mother came into the room and caught us. This was the first and only time that I think she would catch me. There was only one other time that the girl would play amputee with me after that.

**Shannon:** Do you remember knowing any real amputees, or was it just play?

**Bill:** In church, there was a mother and son who were both amputees. He was missing his foot and she was missing her leg. I never got to know either of them, but I did have fun looking. A teacher was missing a little finger and a friend's aunt was missing a ring finger. In the seventh grade, there was a girl talking with a teacher in the hall and the girl was missing an arm. I remember being frozen to the floor watching the two of them talking. Later I saw the girl in study hall collecting pencils to be sharpened. I must have turned my pencil in until it was really short that day. I don't remember seeing her again after that. In fact, she was the last amputee I remember seeing until I was in college where I saw a girl with two artificial legs, both above the knee. I was terrified and shy and was not able to speak with her. I only saw her a few times around campus.

**Shannon:** Did the strength of your interests remain consistent over the years?

**Bill:** I found the strength of my desire ebb and wain. I do not know why, I just know it did. There were even periods where it would almost completely disappear. Then it would come back full force.

I moved around after college and eventually met someone who was not an amputee. I was in one of those “low strength” periods of my life regarding amputees. I had just about given up ever meeting one and becoming one seemed so impossible to me that it was out of my mind most of the time.

One day I awoke with a very stiff neck and went to the hospital to see a doctor. While I was waiting, a woman in a wheelchair was rolled into the area where I was sitting. I could not move my head and could not help but look her way. I was in so much pain and she did not look much better off. As with all my other “sightings”, I did not talk to her. I went home and bound my leg up and pretended for the first time in several years. I even began to bind my thigh in hopes of causing some kind of infection so my leg would be amputated. No such luck. I also bought my first pair of crutches. Living alone at the time, I was able to spend some time walking around on them in my apartment.

The relationship with the non-amputee continued to grow and rather than ending it so I could pursue becoming an amputee, we were married. I had never told anyone about my amputee interests, not even her. As we moved to a new place together, I tossed my crutches in the trash.

**Shannon:** What caused your interest to return?

**Bill:** A few years later and within a few weeks of each other, I found a copy of *Fetish Times* with pictures from AMPIX and then I found a copy of *Amputee Love*. This was the very first indication that there was anyone else that even remotely came close to having similar feelings to mine. My feelings were still in the closet and I rented a PO box so I could buy some AMPIX pictures. I even found an ad in the LA Free Press about someone wanting to meet



others who like amputees. I ran a few ads trying to find others that wanted to be an amputee. Some replies were very strange and others seemed quite rational.

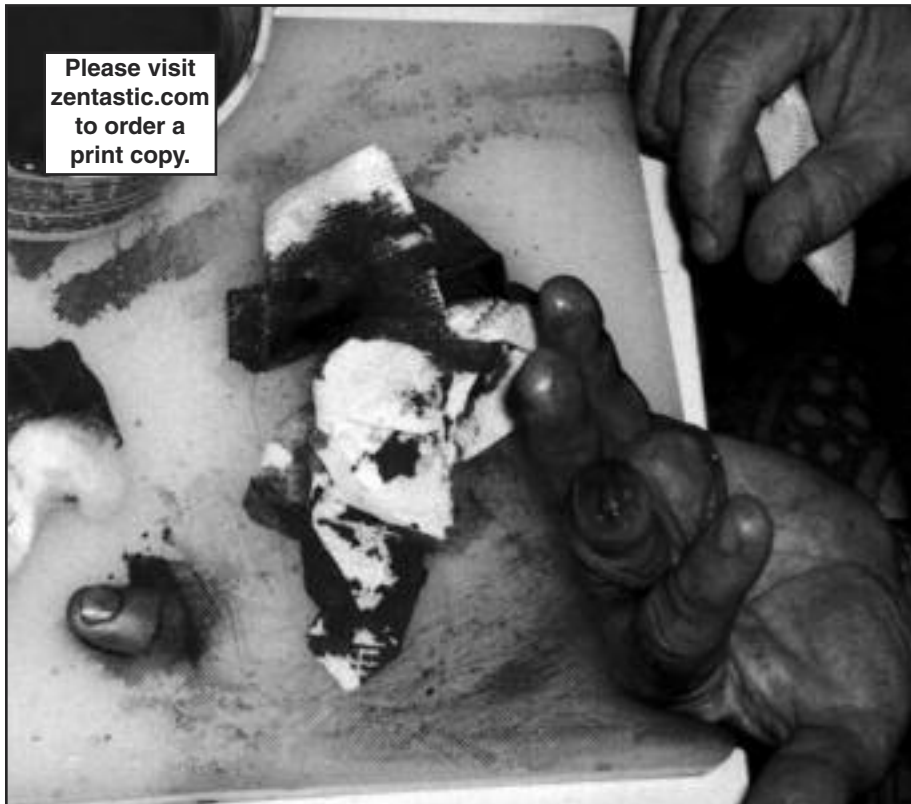
At the time, I was traveling quite a bit for business reasons around the country and was able to meet a few of the people I had started corresponding with. On some trips I would also rent a wheelchair or crutches. I would take them out at night and walk or roll along darkened streets watching myself in the reflections of the store windows. That was the person I was supposed to be.

I eventually told my wife about some of my desires, but there was never any feeling that she would ever try and understand my feelings. There were times when I would sleep with my leg bound up, but I was not really comfortable pretending around my wife and eventually stopped sleeping that way. I did go to an amputee ski meet, but that just fueled my desires to be an amputee.

I had met a few other wannabes along the way and we continued to correspond. No one knew any doctors that could or would help and the one I had found that had become a leg amputee had done it himself. Lets just say that the way it was done was not a great way to go about it. There was a lot of talk about how to do such a thing and the more I heard, the less appealing it sounded. Still I knew that no doctor was going to help.

**Shannon:** But then you took action yourself...?

**Bill:** Yes. The years passed by and I still had both legs. It was starting to feel like I would probably die of old age and still have both legs. The level of frustration began to build and



it seemed like I would explode if I did not do something. I began to turn inward and I could feel a new strength build inside me. Lets just say that one day my leg was severed. How is not important.

My family was devastated. I will probably never forget that day in the emergency room looking up at my wife's face as she wondered if I would live or die. I was very weak and had lost a lot of blood. I heard later that the hallway was bathed in my blood. I know that I had never really considered the impact on my family as I plotted how to do this.

The six months after the amputation was hell in many ways. My wife was very upset and I was under much stress. The stress was causing muscle spasms in my stump and that would pinch nerves causing constant non-stop pain that was more intense than I had ever experienced. The one doctor I was seeing was not giving me enough medication to help and I had to go back for a refill every few days. Even heavy narcotics I was able to get would not ease the pain enough to get much sleep. I spent time working with doctors in a pain clinic and there was some relief, but still the pain was intense.

**Shannon:** Is the pain still there, both in your leg, and in your life?

**Bill:** I do not know what happened, but one day I woke up. Everyone had gone to work or school and I was alone in the house. For some reason that day, I sat on the edge of the bed and touched my stump and there was a new pleasure that I had never felt. It was so much like what I had always expected. From then on, the pain continued to subside and I began to feel more at peace with myself.

Now years later and divorced, I enjoy having just one leg. The pain is almost never present except for a few seconds every now and then when I get a sharp stabbing pain in my stump. I do wish that I had been able to lose both legs like I had so often dreamed about as a little kid, but I know that I could not have achieved that at the time I lost one leg. If I were to find a doctor to help me in the future, I would probably have a second amputation. The time must be right and things must be in place so I can live comfortably without legs. I do still pretend to be missing the other leg and spend time in a wheelchair on a regular basis.

Yes, there was a brief moment that allowed me to become an amputee in the way I did. I was scared, but I took that chance and lived. I don't think that moment would ever have ever happened again had I not gone through with it that day so many years ago.

I do hope that in the future, it will be possible to have elective amputations performed by a doctor. I could see myself doing the other leg that way.



Right: **Isa and Jesse.**

Psymbiote (left) development team.

To some people, projects like the Psymbiote, a “hybrid apparatus for social interface” represent the direction that body modification will move – and evolve toward. It proposes that we as humans, in combination with advanced technology, can modify our physical form in ways that enhances us functionally, as well as just aesthetically.

Right: **Roland** was the first guy I’d met into real large-scale saline infusion, injecting as much as three liters at a time – that’s about eight and a half cans of pop. Sadly, as this increasingly cohesive culture grows old together, it’s a fact of life that people we know pass on. I suppose if there’s a body modification Valhalla somewhere, we’ll all be seeing Roland again there..



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Blair's chest suspension. This type of suspension is considered to be the most physically demanding and can make breathing difficult. Blair hung for twelve minutes, but when lowered was absolutely unaware of the time – he perceived it as no more than a single minute.

Suspension – flesh hook suspension – seems to be on everyone's mind lately. It's a regular part of primetime sideshow television with everyone trying to top everyone else in a sick and dangerous game. It's hard to see what is gained, either personally or culturally in hanging from a helicopter as part of an apparent "my dick is bigger than your dick" television show. On the other hand, maybe it's all in good fun. I suppose the important distinction to make is between ritual and performance. A performance suspension is like going to a rock concert – it's supposed to be over the top and self-aggrandizing and fun. If it gets some people interested in ritual as a by-product, that's probably a good thing. One just has to remember that they're not the same thing – I suppose you could say that one is acting, and the other is real life...

In private suspensions I've seen people terrified out of their wits before their suspension suddenly start glowing with a huge lifechanging grin the instant their feet leave the ground. I've seen people who once they've left the ground not want to come down again – at one recent suspension we hosted, the suspendee hung long enough that we had to pass food up to him, and hold up a bucket for him to pee in. I've seen people suspend for thirty seconds and back out, but still had their lives changed, having broken through a barrier. Next time you see a suspension, don't look at the hooks and the skin – look in their eyes.

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## Ed

*For many reasons, I consider Ed a kindred spirit, a friend, and something that may seem like a paradox... the sanest man you'll ever meet who chose to cut off his own hand.*

**Shannon:** When did you first become aware of your interest in amputation?

**Ed:** It began when I was about six years old. While shopping in our local super market, I noticed that the teenaged bagger at the checkout was missing a hand. This was the first time that I had ever seen anyone with a body part missing. It apparently made quite a strong impression on me at that early age.

Amputations continued to interest me through the years. When I was in my mid-thirties, I met a teenage neighbor who was missing several fingers on his left hand, and his right hand completely. For someone interested in amputations, this was a real find! We became good friends, partially because of his amputations and the fact that he was a nice guy. As I got to know him I found that he was quite disabled. This was due to his low self-worth feelings, not the fact that he was missing a hand. It was clear to me that the loss of a hand (or other body part) itself, did not necessarily cause one great difficulties in life.

My new friend would have one of his younger brothers or sisters tie his boots for him because he felt incapable. I can remember grabbing pliers and showing him how I could do it using one hand and pliers, just as he could have using his prosthesis. The experiences we shared reinforced my feelings that an amputation was OK if one had the right outlook on life.

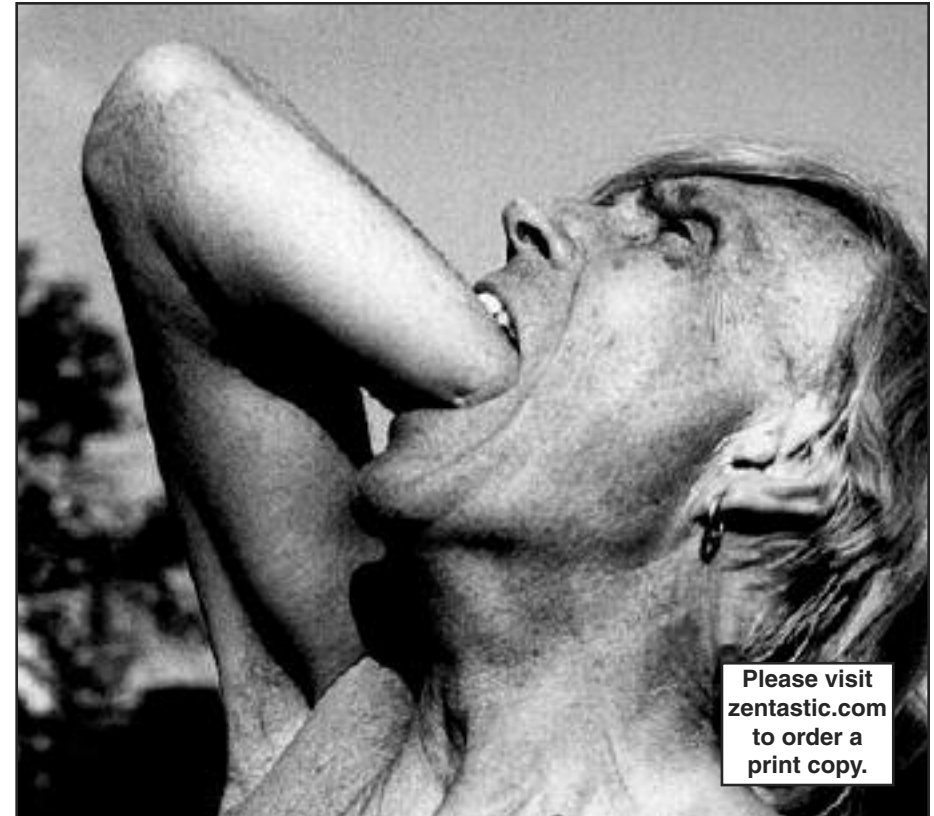
**Shannon:** When did you start planning your “accident”?

**Ed:** I had a table saw in my garage shop, which would certainly do the job. Just to be sure, I went Sears and bought a new 10” blade (the largest that the saw could accommodate). I decided that Saturday morning would be the day. I would be wearing my Eskimo type winter boots, (it was January) that had long nylon laces. They hung down to the floor if not properly tied. I would be going to cut a long 2 x 4 and “accidentally” step on a lace, causing me to fall into the saw. (This scenario worked well as no one has ever questioned the accident.)

In theory I planned to simply turn on the saw and run my wrist through the saw blade, severing it just above the bulge of the wrist bone. I would be wearing the untied boots, of course. I hoped it would be a simple and quick procedure – actually bringing myself to do it was another matter. I didn't necessarily fear the impending pain, it's just a big thing to do to ones self voluntarily!

I turned on the saw motor and got ready to do my deed. It may have taken me several minutes to work up the courage to actually push my hand through that big sharp blade. I had made up my mind and had decided this is what I wanted to do. I knew well, through the experiences of my teenage friend that missing a hand wouldn't be a problem for me, but it still wasn't easy to actually do it.

Finally I had enough of this hesitation stuff and just did it quickly! I was surprised that the bone of my arm actually almost stalled out the motor, I was too quick. In my excitement to get on with it I had pushed my arm through the blade fast. It would have had no problem cutting through the bone had I had not rushed it so.



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**Shannon:** My god!!! What did you do?

**Ed:** The hand wasn't completely severed – a piece of skin was still holding it to my hand. I wanted it to be completely severed, so I ran it through the blade again. I hit the uncut bone the second time instead of the attaching skin part and didn't get completely through this time either. I instantly decided that this was good enough and turned off the saw motor by flipping the switch with my foot. I controlled the bleeding by applying pressure to the artery inside my elbow.

The pain was very strong (like when your crazy bone in your elbow is accidentally bumped, but heavier)! I was very glad it was over, that I had done it. I didn't have any instant regrets despite the pain.

I had a phone near by, and called the operator. I told her that I had an accident that I would like to call the hospital. I told them that I'd cut my hand off, and that I would be coming in, and who my doctor was. Next I called another neighbour friend and told him that I had cut my hand, if he would come over and drive me to the hospital. I didn't tell him that I cut it off, just cut it. I didn't want to freak him out.

His foot was shaking as he pressed the accelerator pedal. I told him he didn't have to go so fast, as I was OK. I had directed the televising of many college-level first aid classes and knew that I needed to apply pressure to the artery in my arm to control the bleeding, thus I actually lost very little blood throughout the whole procedure.



The orthopedic surgeon in the hospital told me that they could probably reattach the hand but that it probably wouldn't have good function as I had cut through it twice. I quickly agreed, and suggested that I would probably then be better off with out it. For a moment I had the sickening feeling that he might un-do what I worked so hard to accomplish!

I could not be put to sleep in the operating room because I had eaten breakfast that morning, and they were afraid that I might throw up which would complicate matters for them. They gave me a nerve block, which did nothing for the pain of their amputation revision procedure. The bone of the end of my arm had to be shortened a bit to provide enough skin to be sutured over the end. The pain of the sawing and filing was white hot. Of course throughout all this the physicians were jokingly talking about their planned week end activities. A comment was made to me that I probably thought I was back in the middle ages because this was the best they could do for pain control.

**Shannon:** So what was life like once it healed?

**Ed:** Life with a hook was as wonderful as I had anticipated. It was vastly interesting and exciting to experience everyday tasks with my new "ability." I certainly didn't feel disabled in any way – life was now a new challenge. I am the type of person that likes to get out and do things. The fact that I now had only one hand was not a problem. It was fun and neat.

There's that old joke about the amputee who asks the doctor if he will now be able to water ski with one hand? The doctor says, "sure, no problem, many amputees do." The amputee says, "Great!, I never could get up on those damn things!"

It was interesting that I could still feel all of my fingers and count on my fingers because they felt as if they were still there. They felt as if I was moving them in the air with out touching anything.

I actually do everything now that I did before, if sometimes a little bit different. Before I cut my hand off I felt that life with out a hand could be just fine, and it has proven to be true. I'm not advocating that people cut off various digits and limbs, but such a loss doesn't always have to be physically debilitating. I am sure that the average person would be aghast if they knew what I had done, they couldn't possibly understand my motives. Those who would voluntarily do it have hopefully already thought it out and have already accepted the loss, so it most likely would a satisfying and positive move for them. It was for me!

**Shannon:** Were there any negatives to it?

**Ed:** I didn't consider how my parents would feel about this. It never occurred to me that my mother would be deeply hurt by the loss of her son's right hand. She would quickly learn that I wasn't disabled by the loss and that my life would go on as usual, but I do regret the pain that I caused her. Unfortunately this couldn't be avoided, and she would have never been able to understand my motivations so I've never told her. In fact, I've never told anyone. People just don't understand these things!

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Dustin, Toronto.

Body piercer and member of the  
iWasCured suspension group.



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### 3 man tandem suspension

On the left you can see one of the more remarkable suspensions done recently – it is exactly what it appears to be: three men suspended, each one hung from a second row of hooks in the flesh of the man above him. On top was TSD's Pat Tidwell, sustaining a total of twelve hooks, hanging from the ceiling by six of them. Allen Faulkner below him had eight hooks passing through him, with four hooks rigged up and four rigged down. At the lower end of the stack was Delaney, hanging from only two hooks rigged up to Allen's bottom row.

Pat supported a total of four hundred and sixty pounds from his body. TSD, arguably the most experienced suspension team ever to exist classifies an "advanced" suspension as anything with more than about forty pounds of pressure per hook. Pat supported almost eighty pounds per hook, certainly approaching the structural failure point of his skin – I recently did a high per-hook weight suspension, resulting in a hook tearing through an inch and a half of my arm and spraying chunks of flesh on everyone near me (not a good idea!). I should add that Pat had already suspended for at least half an hour on his own as a "warm up" before attempting the big lift.

**Next page:** Relaxing afterwards.





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**Finger amputees.** The three people above share a similar modification, but each for a different reason. The stubby little finger on the left belongs to a conceptual artist who removed it as part of a performance. The thumb in the middle belongs to a person who is an amputee sexual fetishist who has since removed his legs as well – the mere mention of amputation brings on sexual arousal. The other two hands belong to a man covered in heavy abstract tattoos that explains “I just think my hands look better if the fingers aren’t all the same length.” His toes are cut in similar patterns. Their reasons are different, but they do share the common trait that they all feel their bodies are improved by this minor reduction. None have regretted it and all feel “more complete.”

It’s not as if this is a new concept though; the Bible makes many references to it, as do other holy books:

*Matthew 5:30 “And if thy right hand offend thee, cut it off, and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell.”*



Shane Munce and Nicole Caputo, Pennsylvania. Body piercer and member of the Whacks suspension group.





**Brien**, 21, Apple IT support, Washington. The barbell is particularly long, but that's an apadravya (vertical glans) piercing that Brien is holding. The bolt that you see through the scrotum is a fresh transscrotal done about two days before this photo was taken.

As piercings go, the transscrotal, so named because it passes from the front to the back of the scrotum (rather than just piercing through its surface skin as most piercings would), is nearing a surgical procedure. Simply piercing through with a bar and attempting to heal something like this could have disastrous effects as an infection trapped inside the scrotum could quickly become life threatening.

The procedure, done properly, consists of a hole being cut through the scrotum. The skin of the front is then sutured to the skin at the back, forming a fully skinned "scrunnel" – the alternative, asking the body to grow a fistula connecting quite separate skins is a proposal unlikely to be successful.

"Ungendered person" is something that society will not allow. I generally present these days as fairly androgenous, giving physical clues in each direction, but people insist that one must always be either "man" or "woman."

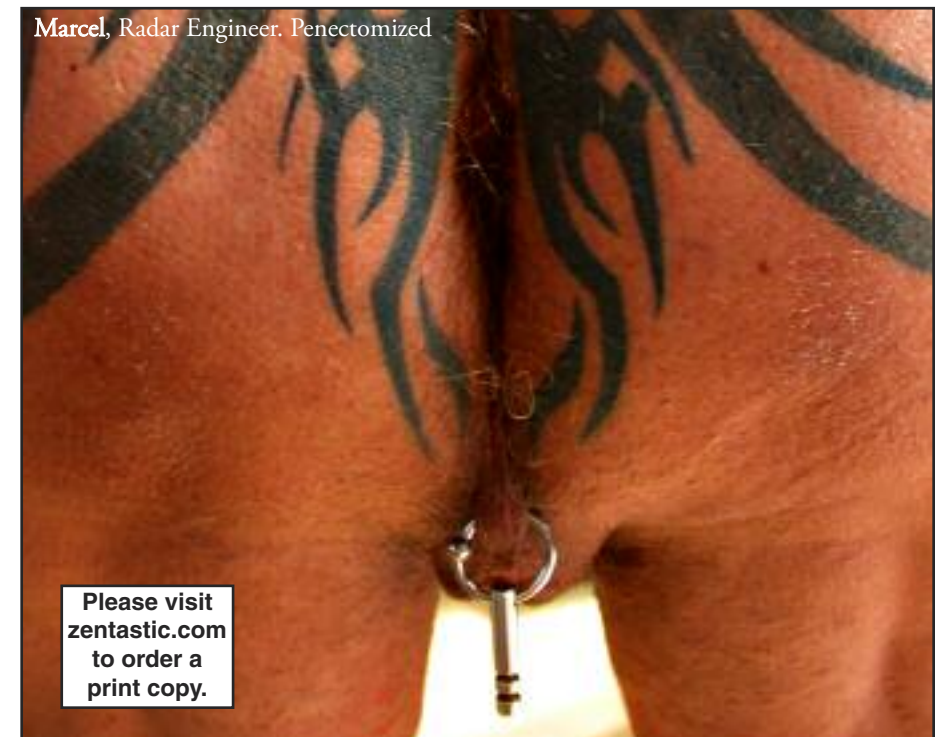
When meeting a person the first thing people determine for their own internal use and cataloging is "man or woman?" This allows them to interact with the generalized image they hold of that classification. An androgyne confuses people until there are enough cues to make a classification, and make a classification they will.

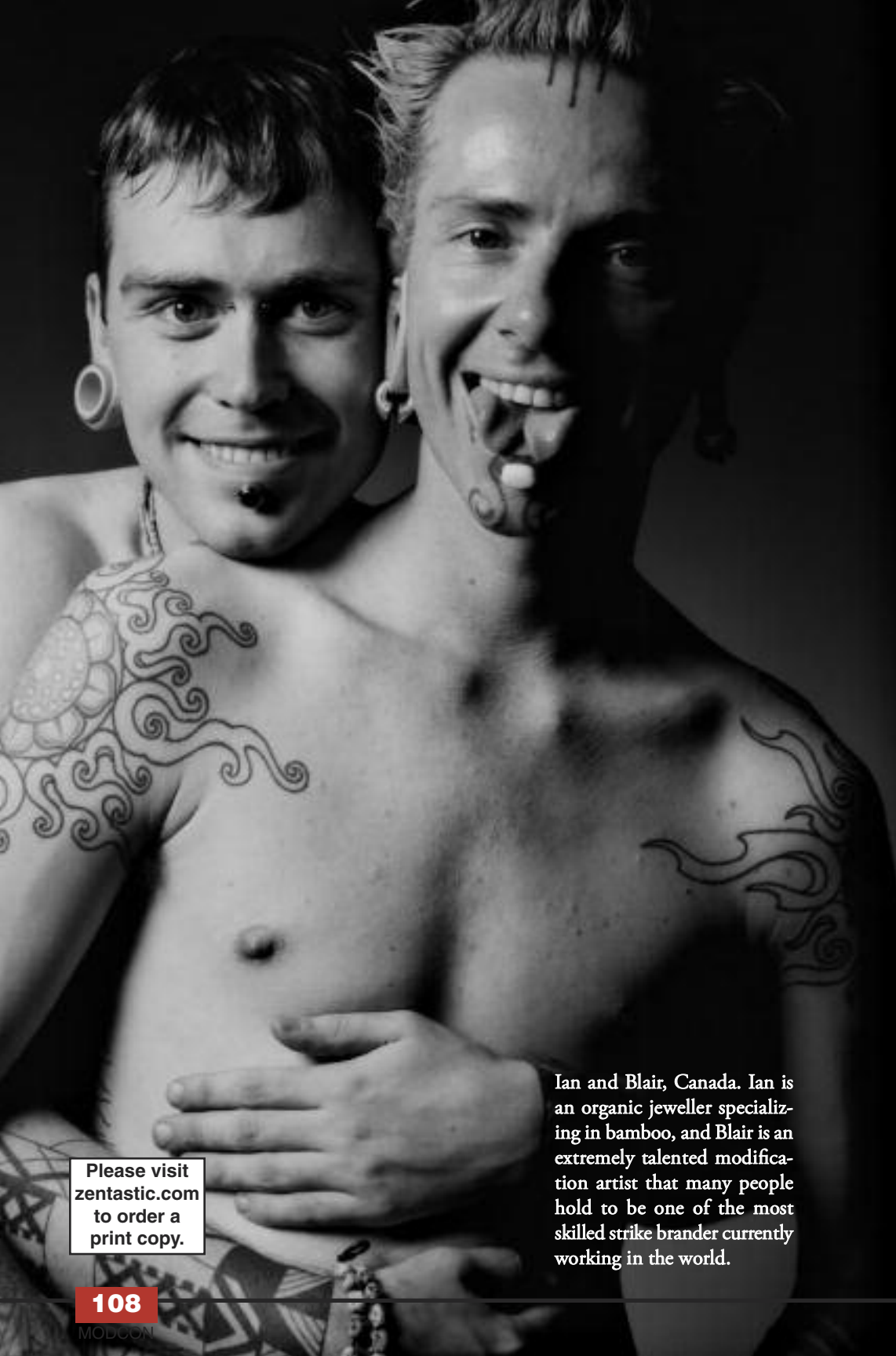
If I am wearing sweat shirt and jeans, about as neutral an outfit as possible, and have my hair pulled back and no makeup or anything, I get identified more than eighty percent of the time as "man." If I'm in t-shirt and shorts, hair back, and no makeup, I'm read "man" about sixty percent of the time (must be the legs). If I dress and act as obviously a man or obviously a woman the identification is made on mode of dress. Even then, a certain percent will still read "man in dress," rather than woman, when dressed that way. Teen girls are good at this.

So, ungendered? Not really. Bi-gendered? Possibly, but I don't care for the term because it's usual use also seems to imply something about orientation. Hormonally I would test female, but that's because of the ingestion of female hormones; genetically I'd still show up as an XY male.

I'm not sure that there is a term that refers to a body that is not wholly male or female. The closest I have seen is "intersexed," which is where I originally started life, but even that carries other connotations. Maybe "unsexed?" Sexless?...

*Tomia*





Ian and Blair, Canada. Ian is an organic jeweller specializing in bamboo, and Blair is an extremely talented modification artist that many people hold to be one of the most skilled strike brander currently working in the world.

## Tongue Splitting

There are two heavy modifications that have experienced explosive growth over the past twelve months – implants and tongue splitting. Five years ago, tongue splitting was largely a mystery – a lot of people were interested, and some people had heard of a friend of a friend who heard about a guy in Italy that had his dentist do it for him, but we were all pretty much convinced it would leave us with a severely handicapped tongue.

The Lizardman, then Erik Sprague, called up a local oral surgeon who after meeting Erik to make sure he wasn't crazy, had no qualms doing the surgery. After all, it really wasn't that different from deep tongue biopsies he did regularly for cancer victims. With the aid of an argon laser, Erik's tongue was split in under fifteen minutes. A few weeks later, mine was as well, and quickly it snowballed. The doctor we'd used started to get spooked I think, and began escalating his prices. Eric and I had been charged well under \$400 for our procedures, but since then the rate has more than doubled.

In the face of the medical industry taking this modification out of the financial reach of the average enthusiast, people started figuring out how to do it themselves. Some people chose a long and painful "tie-off" procedure. This barbaric method involves tying a loop of fishing line through a tongue piercing, forward, to the tip. It is cinched closed and after an agonizing two weeks, it works its way through the tissue leaving a split tongue.

More daring people took a faster route and simply took scalpel to tongue, cutting it back in a thirty second procedure. This method is shockingly bloody, yet seems to achieve results that heal quickly and with minimal complications. The primary difficulty people experience is regrowth – where the back of the cut draws together and the split partially (or entirely) seals itself up again. This problem is minimized by healing a large gauge tongue piercing at the base of the split prior to the cutting. This healed tissue acts as an anchor and effectively stops regrowth. Similar techniques have been used for subincisions, which are also plagued by regrowth.

None of our worries came to pass – there has been no damage to speech, taste, or any other tongue function. In addition, it's been universally well received. Even though the doctors always told us it could be easily reversed, not a single person has entertained the notion of going back to a boring old unitongue.



Shan, Studio musician.



ModCon isn't just a get-together – it's also a place for people to have procedures done. Many of the color images in this book are candid photos snapped inside the “operating rooms” at ModCon. Below you see Spanish body modification artist Toro performing a type of skin removal scarification he's pioneered. One of the nice things about ModCon is that practioners from all over the world get to compare technique and improve from one another – sometimes they even work together. On the leg above you'll also notice a row of dark dots – these are fresh brands, done only minutes before by Blair from Toronto, Canada.

Also on the following pages you see a lot of implants – a procedure that's become massively popular lately (at least on a subcultural level). Originally underground implant artists were only able to offer basic shapes – rods, domes, and spheres of hard teflon or steel. That's a thing of the past now, and fully three-dimensional sculpture is possible with implant technology. The martini-glass implant above right is carved from soft medical-grade silicone. Because of its flexibility, it can be placed under the skin using only a tiny incision. Once healed, it will perfectly augment the tattoo, and the small scar the incision leaves will be covered with a second tattoo, effectively hiding it.

Among others you can see two stars – a particularly popular icon lately – in the process of being inserted, one into a hand, and the other into a forearm. As you can see, a hole dramatically smaller than the implant itself is used. The one being mounted in the forearm has a second negative-space star. Once healed, the skin in the center will suck down, empha-

sizing its shape. Also implanted was a martini glass – placement was of course essential in both this implant and in the biomechanical calf-accnture implant on Shawn Porter.

With procedures such as tattooing, piercing, scarification, and even subincisions and castrations, we as humans have thousands of years of history of non-medical practioners performing them with an acceptably minimal level of problems, and as such we can infer they may be safe for us to experiment with as well as medical amateurs. Implants on the other hand – especially these larger and more complex ones – are new and largely untested in this context (even by doctors), and as such we find ourselves running into sometimes quite horrible complications including permanently handicapping some clients. The star implant on the lower right of this page turned out to be interacting with the surrounding musculature and nerves – the individual had radiating pain, numbness, and cold chills. Even now, long after its removal, they still suffer from strength loss.

Ultimately, these are not safe procedures, whether done by a doctor or in some basement operating room. It is essential that those performing – and those receiving – thoroughly educate themselves as to what they're asking to have done to themselves. Almost every major city has a medical library, and medical texts are available inexpensively at most online auction sites, as well as the thousands of relevant articles available on the web. A practioner who neglects to do this research and subsequently kills someone is a murderer, and a customer who dies from such a procedure not knowing their risks has committed suicide. I'm sorry to use such inflammatory words, but the simple fact is that these are serious procedures with equally serious side-effects, and they must be treated with the respect they are due.



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Marty's martini implant



Shawn's calf implant



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**Scott.** I wish I could tell you more about Scott than just his first name, because it's guys like him who truly represent this subculture. The younger people without as much at stake are very visible and people tend to assume they are representative. However, the truth is that it's guys like Scott – older, wealthy, and in positions of corporate power and responsibility that form the vast and silent majority of people involved in heavy body modification. Don't think your banker doesn't have a subincision!



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**Josh**, freshly cut yo-yo master. Josh's subincision was cut twenty hours before this photo was taken, and it's swollen to wrist size – while somewhat disturbing, it's a normal part of healing for many people. Phil described the appearance of his penis healing after subincision as "a hotdog with a donut stuck around it" – an uncut man may experience massive water retention in his foreskin.

Left, Clockwise from Top-Left: Ryoichi, Peter, Phoenix and Isaac, Monty.





**Ryoichi**, Publisher, Japan. There are a small handful of publishers around the world who have dedicated themselves – often at the expense of their careers – to bringing awareness of body modification to the general public. In Japan, Ryoichi has tirelessly promoted and presented the extremes of body mods in traditional mediums and done a great deal to

transform the public's perceptions. In addition, he's heavily modified himself, having beautiful tattoo work, piercings, forehead implants, and a subincision.



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## On History

As a publisher and writer, I am often asked to provide some historical context for these body modifications. Most people make the assumption that these things are some sort of a modern trend – in fact, I made the same assumption. Even though I'd seen photographs as early as the 1920's of healed piercings of all kinds, including tongue piercings and even neck piercings, I wrote it off as simply sideshow culture without a “real” context as far as the average person was concerned.

With the exception of moments in time where piercing was popular among the aristocracy (most notably in the late 1800's) and when it was incidentally depicted in crowd scenes in paintings (such as the work of Hieronymus Bosch in the early 1500's), body modification, especially erotic body modification, is largely undocumented... So I started asking the older people I knew with piercings how they got into them.

Of course the majority of people told me that they'd come up with the idea themselves, and it was only recently that they'd even known there were others into the same subject. This was what I was expecting, so it came as a shock when more and more people started telling me about the “piercing club” that their parents had been involved with, or about the “gay uncle” they'd met when they were a teen, who'd been pierced since the early 1900's.

Yes, you're probably seeing these things a lot more... but that is a byproduct of changing media attitude to the subject than anything else. This community has always existed quietly, and always will. The only thing that's changed is that because people are now able to learn about the entire modification world in one night of reading is that it's taken body modification out of its slow growth and self-discovery mode.

I believe that the expression is “he who is not a radical at age twenty has no heart, but he who is still a radical at forty has no sense.” I worry sometimes that the young people involved in heavy modification are rushing ahead with a bit too much heart and a bit too little sense.



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Long surface bar genital piercings  
(only a few days old in this photo).



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"I think my retail sales career is effectively over... but I don't care much for direct service industry work anyway."

*Erik Sprague*  
*The Lizardman*

## Remnants

Assuming your mind hasn't just shut down from shock, at this point you must be wondering what happens to all these bits that get cut off. Naturally, the vast majority simply get disposed of, sometimes even simply flushed down the toilet in disgust.

Many people hold onto their pieces, for reasons best described as "sentimental". The testicles or fingers or penis or labia or whatever the subtraction was becomes a mantle piece curio, or some cases become an amulet.

Then we move into cannibals. I'm not sure that the eroticised eating of body parts in this community is quite the same thing as cannibalism, but a small but vocal number of people – often the cutters themselves – consider these rare feasts the highest reward they could receive for a procedure (far better than dollars!).

Finally, there is also a community of "collectors" and "trophy hunters". Trophy hunters are generally either cutters or friends of cutters. While there is a commercial market for body parts, it is a largely inaccessible market.

The mummified finger in the background can be seen being removed elsewhere in the book. The split penis harvestee is now living happily in Australia as a smoothy. The other items in the pictures are a pair of labia (from ModCon 2), a thumb, and an amputated testicle.

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Gregg. Body Piercer.

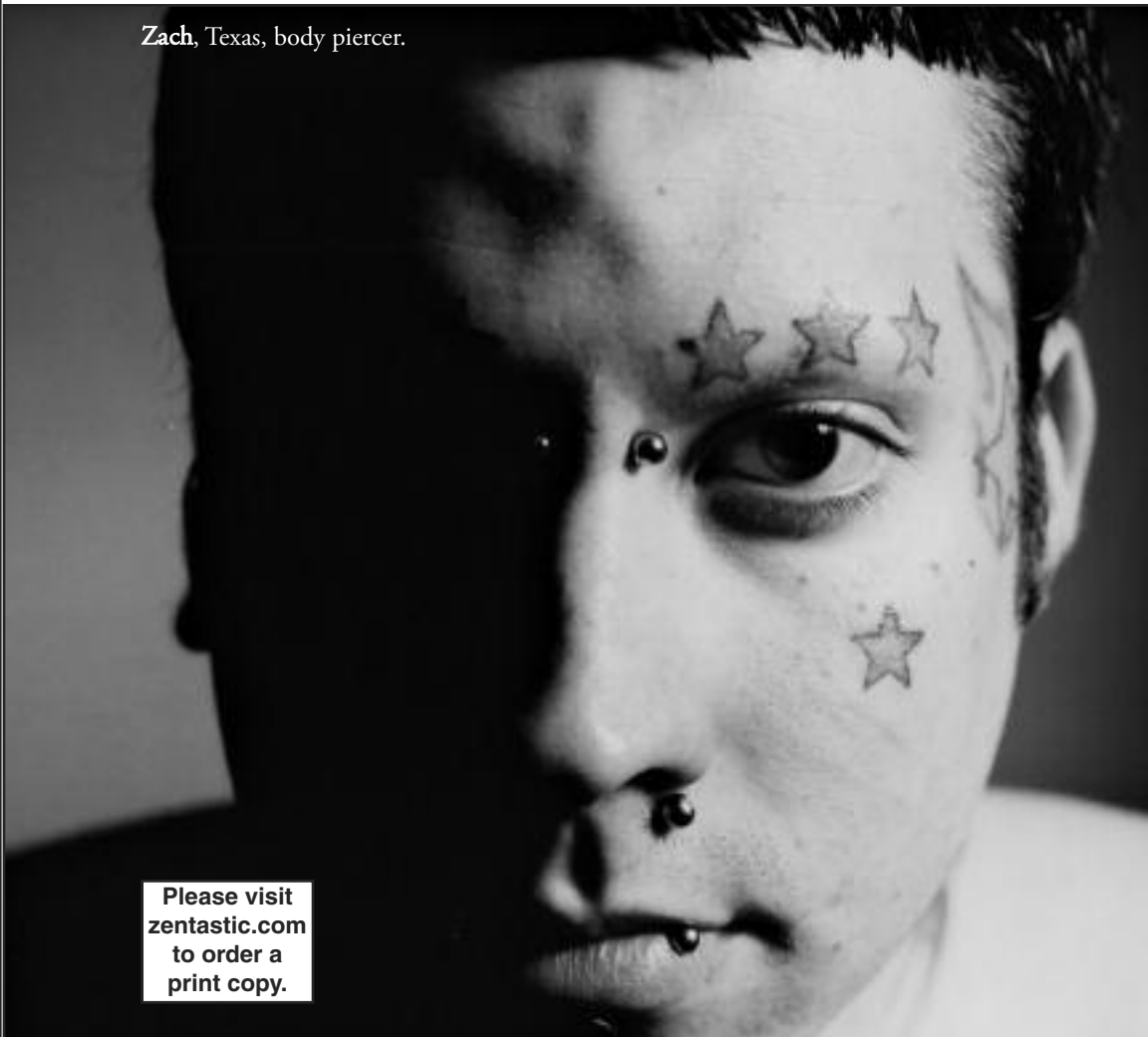


“When we come to grips with pain, that’s a new thing for a Westerner. Our rites of passage are getting drunk, going to college, getting laid... But this is a moment where you really do have to earn it. This is going to hurt. Why am I doing this? And get to maybe help you see that you aren’t what you do, and maybe it is alright that you want something for yourself, and maybe it would be OK to tell work to stick it this time, and if it doesn’t work out I’ll find a job where I can be me. So many people are starting to touch on that because we’ve set our world up to fail and I’ve got a chance to let them know what else can be.

“I’ve had a woman trade in a \$50,000 job over her labret. It was symbolic of the bigger picture – as soon as she did it, she cried, and realized that she only needed \$50,000 a year because \$40,000 of it was paying for her huge house and her Jaguar that all she did was look at and cruise around in... and now she may be walking down the beach and eating oranges that cost a couple bucks a day. You want to tell me who’s having the better time? She’s living as a human, as part of the Earth, and not as an alien on it.”

*Jon Cobb*

Zach, Texas, body piercer.



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“As far as evaluating patients, I’ve been a doctor for longer than twenty-five years. It’s almost like a driver: You know when that person’s going to pull out in front of you – you just know it’s going to happen, so you turn. I can get a pretty good clue beforehand which patients I feel comfortable accepting for surgery.”

“I’ve had unusual requests, but I get people who don’t know what a plastic surgeon can do, and come with unrealistic expectations. And so therefore I have to segregate those that do have a psychiatric problem, or what’s called dysmorphophobia where their body and their mind are not matched and never will be matched. They’ll have procedure after procedure after procedure, never getting satisfaction. What I do is more of a one-shot deal in a sense. Someone comes in with a specific problem, I fix it, and they’re happy... Goodbye!”

*Dr. Robert Stubbs*

## Transsexualism and Hermaphroditism

On your right you see one of the more remarkably transformed individuals at ModCon, an artificially created masculine hermaphrodite. In the bottom photo, starting from the top, first you see his penis. Immediately below that is the scar from his castration and then a urethral opening (where he pees out of) – the penis is no longer used for urination. It has been transformed into a pure pleasure organ. Below the urethral opening you can see an artificial vagina. In the bottom photo it is being stretched using a Hegar sound – like a piercing, the opening is fairly small as it was originally created and must be stretched over time. Below the vaginal opening is of course the anus (the only hole left as originally formed).

People in the body modification community often overlook transsexualism, but realistically it is a far more radical change than anything else displayed in this book. It entails not only dramatic and difficult surgical changes, but hormonal and lifestyle changes as well. That said, most of the time it appears to be driven by a very different mindset.

Shawn and Tom that you see here and on the next page are a fascinating couple – Shawn is the hermaphroditic individual you see here. In addition to these genital mods, he also has large male pectoral implants, 90% beard removal, as well as large stretched ears. He looks at least a decade younger than his actual age and has made himself a boyish yet strongly masculine bi-gendered individual. His partner Tom is on a similar hermaphroditic path, but will sit just slightly on the other side of the gender line. He'll keep his penis and gain an artificial vagina as well, but his implants and hormones will be female and he maintains a more feminine demeanor.

As if that wasn't remarkable enough on its own, you'd never guess what Shawn does for a living: He's a Christian youth minister in New York State. Again I point out the obvious moral of the story: Never assume that you know what's hiding inside someone's pants, and certainly never assume that God has a problem with any of this.

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**Jason**, 21, Texas. As of August 2001, this massive “tofu cross” was the largest single piece of silicone Steve Haworth had put under anyone’s skin. It’s probably safe to say that body modification, let alone the extremes of it, is not popular among devout Christians, even though tattoo artists love its iconography. It’s odd though that “the church” has decided it’s a sin – there’s certainly nothing negative written about it in the bible, and in fact, Crusaders were commonly tattooed with Christian symbols to guarantee themselves a proper burial. Jason, devout and the son of a minister has just had two large silicon crosses implanted. When they are healed, a series of brands will be added, forming a permanent rosary. Nearly all of his body modifications are an expression of his faith.



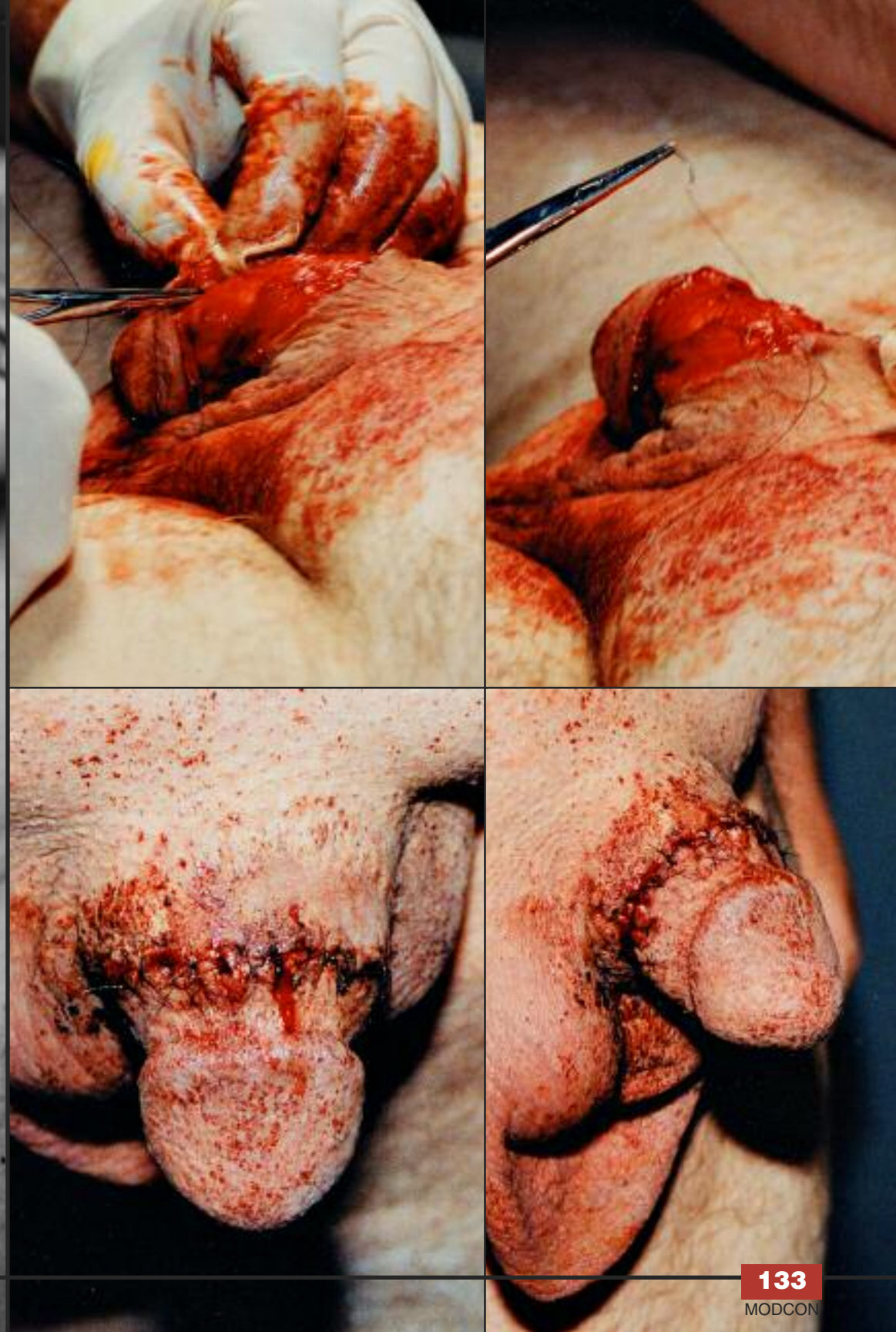
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**Paul** remembers his first sexual encounter clearly. He hadn't been circumcised as a baby, but because of an infection, had it done as a young teen. Not long after it was healed, he remembers his girlfriend going down on him, fascinated by the fresh and pronounced scar. In his mind, his first sexual climax would always be linked with her licking that scar. Now, as an older man, he has deeply eroticised circumcision, and has sought it out over and over. The cut above was his sixth, and more are planned.





Chamor, 25, Paris



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Lee, 53, Ohio

Isaac



Jade, Florida



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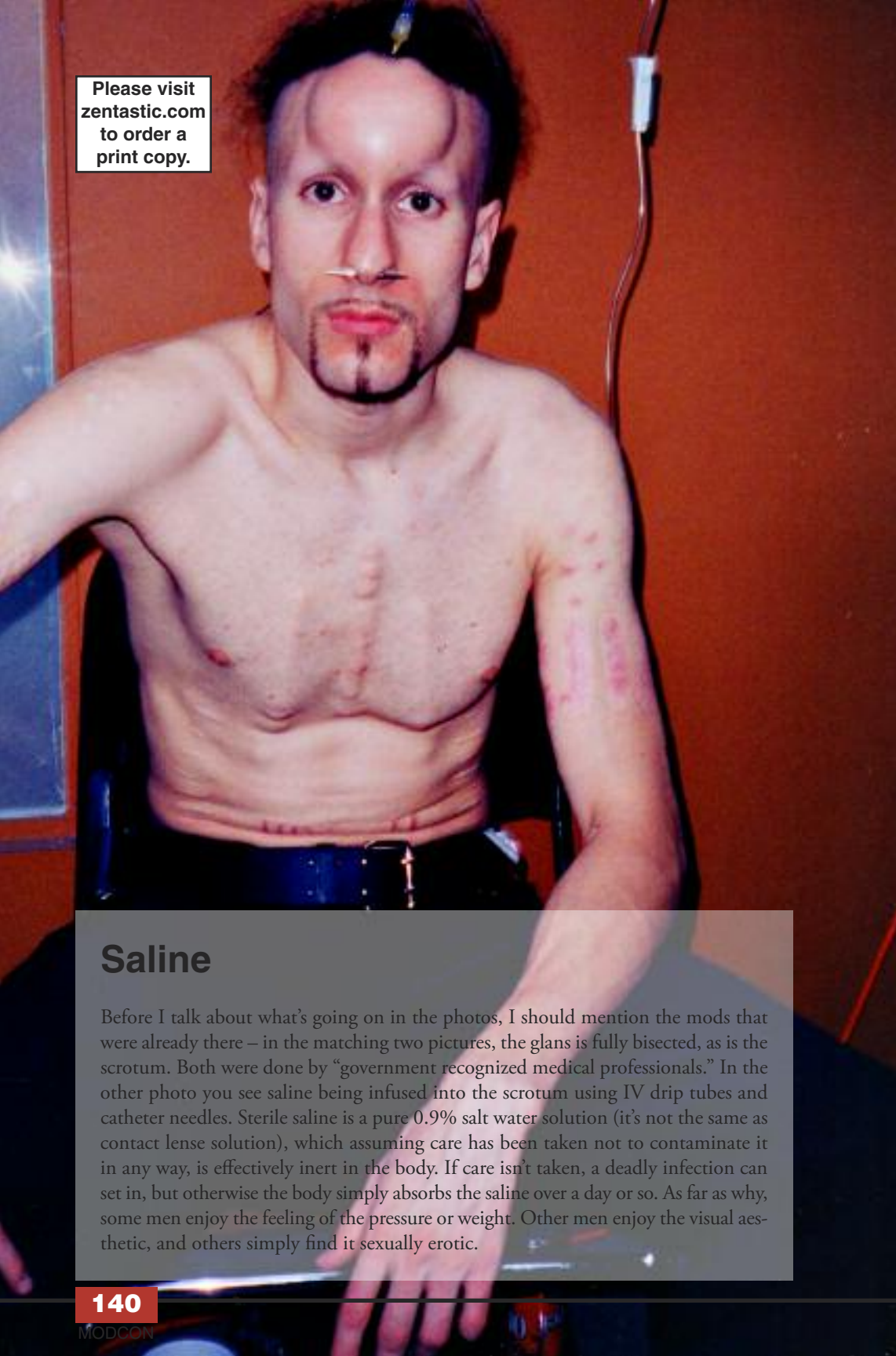
Left: Gary and Glenn, Right: Russ and Anna.

Seeing the couples, especially those that have bonded as life-partners and survived together long enough for that to mean something, is one of my favorite things about ModCon.

I've said before that I believe that most body modification drives ultimately can be linked to primitive mating behavior. Assuming that statement has truth to it, does it not follow that the presence of numerous stable relationships is telling us something very positive?

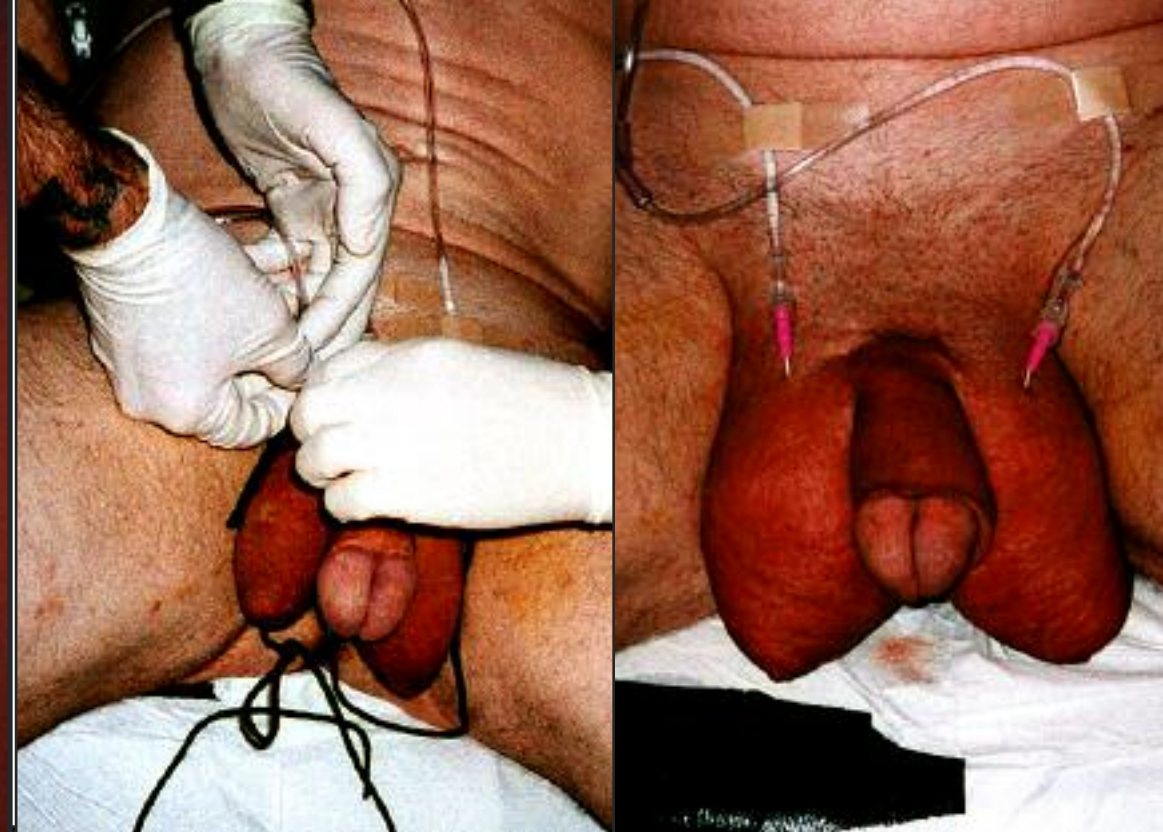


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## Saline

Before I talk about what's going on in the photos, I should mention the mods that were already there – in the matching two pictures, the glans is fully bisected, as is the scrotum. Both were done by “government recognized medical professionals.” In the other photo you see saline being infused into the scrotum using IV drip tubes and catheter needles. Sterile saline is a pure 0.9% salt water solution (it's not the same as contact lense solution), which assuming care has been taken not to contaminate it in any way, is effectively inert in the body. If care isn't taken, a deadly infection can set in, but otherwise the body simply absorbs the saline over a day or so. As far as why, some men enjoy the feeling of the pressure or weight. Other men enjoy the visual aesthetic, and others simply find it sexually erotic.





Subincision, glans bisection, low pubic ring, and transscrotal. I first met John a number of years ago when I was living in Philadelphia. At that point he'd cut his subincision about two thirds of the way to the scrotum and had been experimenting with a transscrotal piercing. He brought me some rare Enigma magazines – I'd never actually seen one before that day. Enigma was a eunuch oriented magazine published long before the Internet made easy and relatively safe communications possible. It's not as if a magazine like this was sold in stores, yet it flourished, illustrating the strength of people's interest, that they could make something like this succeed purely through underground word-of-mouth promotion.



*Following is an interview with a second individual with body modifications almost identical to the ones you see on the left and right.*

**Shannon:** How and when did you first get interested in genital modification?

**Frank:** I have had fantasies about various sorts of physical modification since I was very young. These were not specifically genital, and some of them went way beyond what is credible. I remember one late night, when I was about ten years old, sitting up with my parents and watching a B grade movie about the lost continent of Atlantis. In the movie, were hybrid creatures with the bodies of young men and the heads of bulls, and I can remember feeling very aroused by this even though I did not yet understand the meaning of arousal or know that what I felt had a name. I also remember a Saturday morning children's program, not exactly a cartoon – more like claymation or similar technology – in which normal people could be turned into 'plant people' by receiving an injection of some sort, and then would begin to change shape, sprout leaves from their shoulders, and so forth. I found it exciting to close my eyes and imagine my body changing in this way.

When I became a little older, and more aware of my genitals, I liked to play by inserting various objects up my urethra. I can remember having vague ideas about changing the shape of my genitals, but nothing very specific. I think I felt some fear that I was crossing a line and I did not indulge my thoughts too much.

When I was in my teens, I would get very excited reading about various circumcision rites, and remember feeling regret that I did not have a foreskin (I was circumcised at birth) and the options which that would give me. Most exciting was one story I came across about the cir-

cumcision rites of Australian aboriginal peoples, which described how after removal of the foreskin the underside of the penis would be slit open to about two inches below the original opening of the meatus; and that older men, having already had this procedure performed, would often ask to have their own subincisions extended. This particular story also mentioned a tribe of legend which cut not only the lower side, but also the upper half, so that the penis was completely bifurcated in homage to the serpent god. At this time I could not seriously imagine that I might ultimately perform this operation on myself, but I couldn't get this story out of my head and I secretly desired to have my own organ modified in this way.

Six or seven years ago, I saw a picture of Carl Carroll. This was the first I had ever seen a bifurcated penis, and it revived memories of the story I had once read about the aborigines. At this point I'd already given myself a PA (but removed it because I wasn't satisfied with how it was healing), enlarged my pisshole by cutting it about halfway to where the PA had been, and done some other experimental cutting of the skin around the shaft of my penis in attempts to recreate a foreskin. Seeing Carl's picture gave me the inspiration to progress.

**Shannon:** Tell me a bit more about your spiritual background.

**Frank:** I was raised Lutheran. Although my personal beliefs are strongly influenced by Judeo-Christian thought, I don't consider myself to be either Jewish or Christian. If God has a voice, I believe it's least likely to be heard by those who aren't listening for it because they're already sure they have the inside track.

**Shannon:** What do you think God thinks about your mods?

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**Frank:** As far as the mods themselves, I think God would perhaps berate me mildly for putting myself at jeopardy (I've taken some risks I should not have taken), but would otherwise regard it as a moot issue. In terms of their spiritual and transcendental significance, I think God would approve.

**Shannon:** Where do you stand spiritually at this point?

**Frank:** I believe that there is an awful lot I do not know. I believe that we have a spirit which transcends our body, and that continues after death. I believe in a superior being, a God, that is good; and that there are certain absolutes, including an absolute definition of good and of evil. I am comforted by prayer. I try live my life according to these beliefs, as if these things were true. But I do not know these things. So, one of my prayers is that I may know the truth of these things, and that I would live according to the truth as it is revealed. I am not afraid of what awaits me after death, because I believe in the goodness of God and that God knows the sincerity of my desire to know the truth and do what is good; and if I am wrong in my belief and God is not good, then I have no hope regardless of anything I may do or believe.

**Shannon:** How does genital bifurcation fit into your transcendental/spiritual life?

**Frank:** At a most basic level, this modification transcends the physical body in terms of modifying it and also in terms of overcoming the physical pain and possibly danger which accompany the cutting itself. At a symbolic level it represents overcoming fear of death of the physical body, and fear of what may await on the other side. For me, it represents victory in the moral struggle that let me put these fears aside.

**Shannon:** What advice would you give to people considering heavy genital mods?

**Frank:** Don't take it too fast. Do your proverbial homework. Take appropriate precautions. Be sure it's something you want and that you can live with what you've got afterwards. If you have the opportunity, talk to someone who has personal experience with the mods you're interested in; but make sure it's someone who will provide balanced counsel, and not push you to do something you're not ready to do. Once you make the decision, take personal responsibility for it. Enjoy the hell out of it.



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Seth, 24, Paperboy



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This is one of those pictures where it would be best if I explained what you're seeing. Obviously, the glans has been fully bisected. What makes it unique though is that the person still has a foreskin, which has been pierced on each side and these piercings have been stretched large enough so that the halves of the glans can be inserted through those holes – that's the pose that's been struck for this photo, resulting in the glans staying separated by about a quarter inch rather than sitting flush.

## Give me normalcy or give me death!

*Sometimes children are born with ambiguous or slightly deformed genitals. When this happens, doctors almost immediately perform risky surgery in an attempt to "correct" these defects instead of waiting to allow the child to make the decision themselves. I would like to recount the story of my friend Tomia who was born with a hypospadias (a natural subincision).*

**Tomia:** When I was born my urinary tract ended somewhere about mid-scrotum and even though I had penis and testicles I would have to squat to pee, and they looked a bit odd. When I was less than two years old I had surgery to close the open gutter at the front of my scrotum and on the bottom side of my penis by using skin flaps. For the scrotum that's easy, but for the penis it is a bit more complex, and an urethra was formed using flaps folded down and around.

Visually the results were fairly normal male genitals with some interesting scarring along both sides and the bottom of the penis. Functionally I could pee standing, though the stream still did not exit from the tip, but from an opening on the bottom side just behind the head.

There were a couple more surgeries in that area as I grew up. At age 6 the head was split along its bottom side and forward to about the front center, and the urethra was extended a bit farther so that the urinary stream would exit straight forward from the glans. This worked for awhile, but there was a constant battle with the opening trying to heal shut. At age 12 the manufactured urethra was opened up again to a point about 1/4 inch behind the head to relieve the stricture at the end, leaving me with a stream coming out off-center, great for getting the right shoe of the guy standing on your left at the urinals...

**Shannon:** Were you at all happy with the results?

**Tomia:** That's very difficult to answer. I was terribly unhappy with the pain and hospitalizations, but I guess I was happy that I was "normal." I was told that it was "necessary" and "in my best interests" and "to correct minor abnormalities", and I believed them. I trusted my my parents, who in turn trusted the doctors. Now

I know better.

What didn't show up right away was that in all this mucking about with my genitals the nerves had been damaged enough that there were large areas that were very insensitive, especially toward the end of my penis and along its sides and bottom.

I was to find out later in life that this meant that I could stand up like a man to pee, and I could get quite nice erections that would withstand tremendous abuse, but that the nerves that should have allowed for the joyous release of all that tension, the ones that should trigger an orgasm, no longer functioned as intended.

For me, sexual intercourse was as much work and as much fun as changing a tire. It made me into a teenager and young man that didn't share that overwhelming sex drive that most have, it eventually ended my first marriage, and it has affected my outlook in everything.

My first wife was a young lady very interested in sex and its pleasures, and my predicament actually worked to our benefit for awhile: I could certainly get a quite nice erection, and it would stay up seemingly forever, since orgasm seldom if ever came. I had attached to me a warm, flesh dildo that she could use to satisfy herself over and over. She was always the one to initiate sex, and eventually that demand and one-sided pleasure strained our marriage to the breaking point. Over the years I became less and less willing to participate.

My second wife was not as interested in penetrative sex, and cunnilingus was quite acceptable to her, and certainly to me. This relationship worked quite well indeed, and lasted until her death.

**Shannon:** How did you eventually convince a doctor to take it all off, rather than continue to attempt less and less pleasant reconstructive surgeries?

**Tomia:** Whew! "Long and winding road" there. I didn't mention above that another side effect of all the surgery was constant mild discomfort, low-level pain, and a very interesting effect when urinating. The created urethra was not, obviously, the usual mucosal tissue that would form the lining in a "normal" urethra, just normal skin now in an environment that was always dark, warm, and damp.

This meant that it was always somewhat irritated, and very sensitive to the acidity of my urine. It burned to pee, and the more concentrated the urine, the worse the burn. It was almost like there was a daily constant of pain that I had to go through: If I kept my liquid intake lower, I didn't pee as much, but it burned like fire. If I drank copious amounts of liquids, I peed more, but it didn't burn as much each time. I think either way I got the same ratio of pain each day, the only question was whether I wanted it all at once or spread out.

Another serious problem with using normal skin to do this job is that it doesn't have the built in protection from that environment, and urinary tract infections were a fairly normal occurrence.

Eventually I made a number of issues clear to my various doctors. I had little to no pleasure associated with my genitals. I was in constant discomfort. I had a lot of definite pain associated with my genitals (like about 100,000 times at that point: every time I peed). I had never 'taken ownership' of my genitals. They were more like a foreign growth on my body, not something that belonged to me. This was reinforced even in early life, with the constant medical attention and examination of my genitals, as an 'object' that I just hap-

pened to have attached to my body. I suffered from repeated urinary tract infections. I was developing a deep hatred of my genitals – I actually came close to self-penectomy, but was chicken. I was tired of the performance and demand issues – as long as the penis was there, someone would expect me to use it for sex. I had no psychopathologies to – one of my psychologists jokingly called me "boringly normal."

Finally, there is one thing that eventually got me the procedure: perseverance.

Basically, I got letters from the shrinks saying that I was sane, knew what I wanted and why, that performing the surgery for me was not going to be detrimental to my mental health, and in fact would probably be for the good.

I was 43. When it was complete I felt incredible relief and joy; it was a release.

\* \* \*

*Please parents: stop mutilating your children. That means don't circumcise them. Don't pierce their ears. Don't perform cosmetic surgery on them. You have no right to rape them like this.*

*If they decide to have a procedure done, that is their decision to make as consenting adult.*

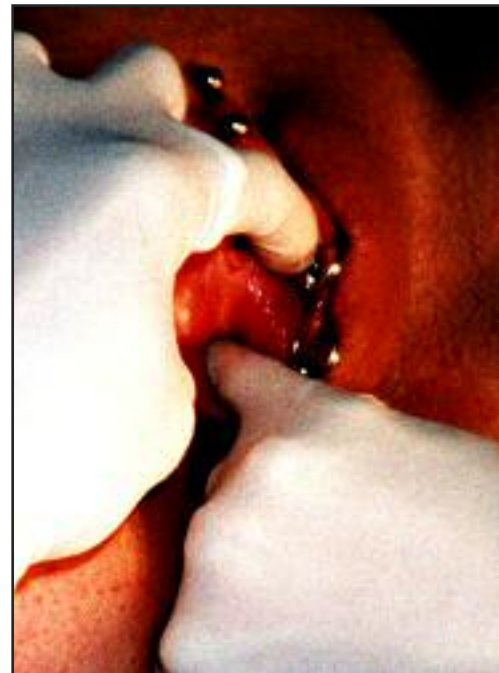
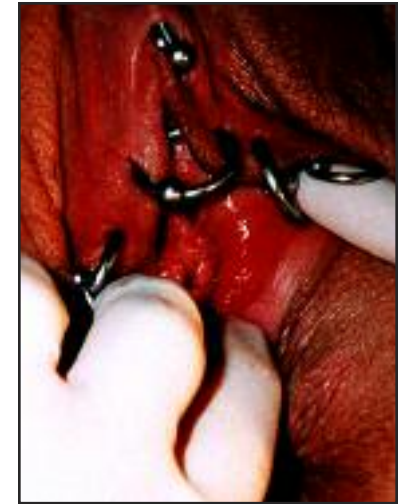


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Above: The urethra is full of sensitive nerves that, when properly and carefully stimulated, are highly pleasurable. The same is true for women, although most women are both unaware of their urethras and have one too small to easily stimulate. In the demonstration here, we see a nearly one inch female sounding session. Almost universally, women who are able to experience sounding rate it among their favorite games.

Left: **Megg and Jim**, Philadelphia. Jim and Megg are the owners of the well regarded and extremely successful piercing studio Infinite in the trendy 4th and South tattoo neighborhood of downtown Philadelphia. Megg (quite obviously pregnant in this photo) had her child Nemo shortly after the first ModCon.



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You've seen Ray a elsewhere being infused with saline. Here you see his fresh subincision. Ray's genital mods have been done by a wide variety of practitioners – medical professionals, low quality underground cutters, and high quality cutters. He's even a member of the Bodkin school of hard knocks – Ed Bodkin, recently made famous for his castration arrest, was a cutter of questionable quality that advertised his services and videos in various underground publications. Ray approached him for a glans splitting, and halfway through the procedure he began gratuitously bleeding and Ed was unable to stop it, forcing him to pressure bandage himself, get in his pickup truck, and drive four hours to the hospital by himself. Thankfully his urologist was open-minded and finished the procedure. I include this anecdote because Bodkin was a cutter with references – when you're dealing with underground cutters, you're dealing with people with no professional organization policing them. Some cutters are doing procedures easily as well as doctors and often with greater care for sterile technique, but others are fetishistic butchers who risk the lives of everyone they touch. On the other hand, it's not as if doctors are trained for these procedures either. Underground cutters are often far more experienced in the specifics of these exotic procedures and are aware of intricacies that doctors could never pick up – healing a wound open is simply not a goal of most doctors.



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Tammy.




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Sandrine and Toro, Spain, modification artists.







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## Inversion

I'm sure many readers are not entirely sure what they're looking at right now, even with so many pictures to illustrate (the pictures on the next page are the same individual). Imagine a complete genital splitting, scrotum included, that left the frenum tissue (the skin under the glans) intact. Or to put it another way, imagine a person wearing an apadravya, scalpelled back to contain a four inch disc. That's exactly what you're looking at.

An idea independently conceived by a number of men experimenting and manipulating their genitals, inversion was first brought into the public eye by the late "In-

credible Til", a man who'd been modifying himself since nearly the turn of the century. The basic concept is that by creating a vertical lengthwise slot through the genitals with at least part of the front intact, that the entire penis could be turned inside out, shifting the entire nervous structure into a totally new set of sensations.

I want to emphasize that these men have not made themselves impotent – they are still entirely capable of getting and maintaining erections, and, while fully inverted, are able to have penetrative sex. It's natural to assume that what you're looking at effectively destroys the genitals, but it's quite the opposite – these deeply "mutilated" members are in some ways far more functional and versatile than a "stock unit!"



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It's hard for me not to start every caption with "this is blank, one of my favorite people" but in this case I have no choice. Roy was one of the first people I remember meeting into heavy ball torture when he sent me his infamous "Roy's Nut Hang" video. This video contains footage of Roy being suspended from chains wrapped around his scrotum, and then having hundreds of skewers rammed through the body of his testicles. It's a video far too intense for most people; I sent a copy to Trent Reznor of Nine Inch Nails fame who gave it the following review:

*"Now, I thought I'd seen some evil shit, but this one is as bad as it gets. Nobody in the studio has made it through the whole tape. It stuck with me for a while, I can tell you."*

The thing I love about Roy and his mistress is the humor in their relationship. While I know with full certainty that Roy loves the rituals he goes through, part of the "trip" for both of them is pretending he doesn't like it. I remember his mistress at the first ModCon discussing castration technique with one of the oldschool cutters in attendance. In the background I could see Roy meekly shaking his head saying, "No, mistress, oh God, please no..." Well, it seemed funny to me – I don't know if strangers can appreciate the humor?



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# Lindsay

**Shannon:** When did you first become interested in body modification?

**Lindsay:** When I was in my teens I discovered the concept and practice of castration and emasculation and the existence of eunuchs through my reading of history books and some of my father's medical texts (he was a pathologist here in Tucson for nearly thirty years).

I began actively modifying myself at about age twenty with a double PA which I later turned into a meatotomy by snipping the flesh between the holes and my urethral opening. Over the next several years I extended the meatotomy into a subincision by inserting a metal rod into my urethra and using an X-acto blade to open up the underside. This process took some time as I only cut about half an inch at any one time with healing periods in between, but I kept at it and as a result my subincision now begins about three-quarters of an inch from the scrotal junction.

**Shannon:** What made you move from just body modification to actually becoming a one ball man?

**Lindsay:** In 1988 I discovered a lump in my right testicle which I immediately suspected was cancer. Ultrasound and X-ray were inconclusive, so exploratory surgery was recommended. The surgeon discovered that a blood clot of unknown origin had invaded and destroyed almost all of the testicular tissue and total removal was the only solution. Having retained my left testicle, I was curious about what effect this might have on sexual function; the surgeon assured me that there should be no problems as only one testicle is all that's necessary for full, normal function. He also told me to expect some possible enlargement of my remaining testicle as it took over for the missing one and he was right: my left testicle has grown by about fifteen percent!

**Shannon:** OK – you had no choice – that was a medical necessity. But then you went ahead and cut off the glans of your penis?

**Lindsay:** Yes. I cut off the head of my penis using just a tourniquet and a twelve-inch carving knife with subsequent cauterization of the wound. I was left with a six-inch, headless shaft and a five-inch subincision. I followed this up with a much less “barbaric” amputation as I had access to professional equipment at that time. I used a Xylocaine injection and Elastrator bands which I left on my shaft for five days until I was sure that the tissues were fully necrotic. At the end of the five days I used a scalpel to remove the dead tissue and then trimmed up the end of my shaft with a small pair of cuticle scissors; three weeks of Neosporin and light bandaging and I was fully healed. This amputation removed an additional two or so inches of shaft so, today, I have almost exactly four inches when erect



and one inch when soft with a one-inch “foreskin” draping over the end.

**Shannon:** Are you still sexually functional?

**Lindsay:** Yes – despite my modifications everything works. In fact, when I get an erection, my body is trying to pump seven inches worth of blood into a shaft only four inches long which results in a rock-hard rod. Also, my last amputation exposed the Pudendal nerve which transmits sexual sensation to the spine; this nerve-end manifests itself as a small bump in the center of the end of my shaft and is ultra-sensitive. In addition, now that I am firmly in my forties, like many other men, my scrotum has begun to lengthen allowing my remaining testicle to hang a good four or five inches in warm weather which is great when I'm hiking nude in Redington Canyon!

For many years now I've enjoyed inserting objects into my urethra and have a small collection of rods and strings of beads, which I use when masturbating. Thus, with a rod down my urethra, one hand pulling my testicle out as far as it will go and a finger rubbing the bump at the end of my shaft, give me five minutes and I've shot all over my stomach!

**Shannon:** Do you think you'll go any farther with this?

**Lindsay:** I have to admit to some ambivalence there; Marcel had everything removed, penis, scrotum, testicles, the lot. He now has only a hole and a slight linear scar where everything used to hang and I find it very arousing to fantasize that I have the same, but I'm not fully convinced that I'm ready for that extreme a state myself. I have begun thinking about another amputation – I've been told by many people that they would never have realized that I wasn't fully intact (just poorly endowed) unless I'd told them or they experienced it for themselves. My thought for my next project is to separate the skin of my remaining shaft from the underlying flesh and place an Elastrator band one inch back from the end of the shaft before amputating. This would give me an effective erection of about three inches but, when soft, would result in a mere pucker of skin flush with my abdomen. Mind you, this is only a thought at this time with no definite execution date, so we'll just have to wait and see how things progress!

**Shannon:** What happened to the leftover pieces?

**Lindsay:** I sometimes wish I'd been able to keep the pieces of my penis, but I had no way of preserving them at the time of my amputations and so had to get rid of them. When my testicle was removed, the surgeon sent it to Pathology for cancer screening (negative, thank God!) and it was essentially destroyed in the process of dissection. The surgeon offered to implant a prosthetic testicle at the time of the surgery to “fill-out” my scrotum, but I had to say no as I not only relished the thought of having just one testicle but I could also think of thirteen dozen better things to do with the additional \$1700.00 it would have cost!

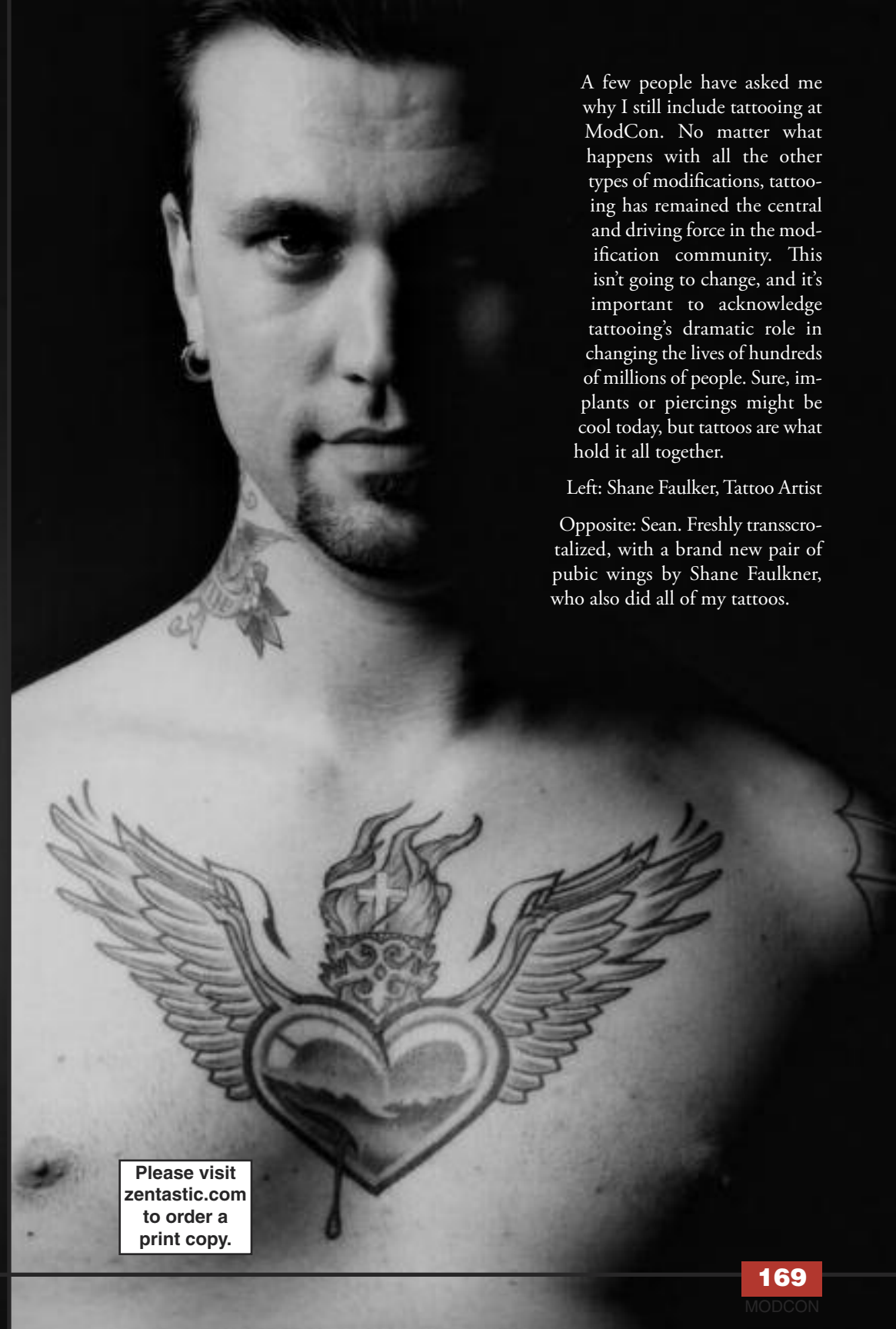
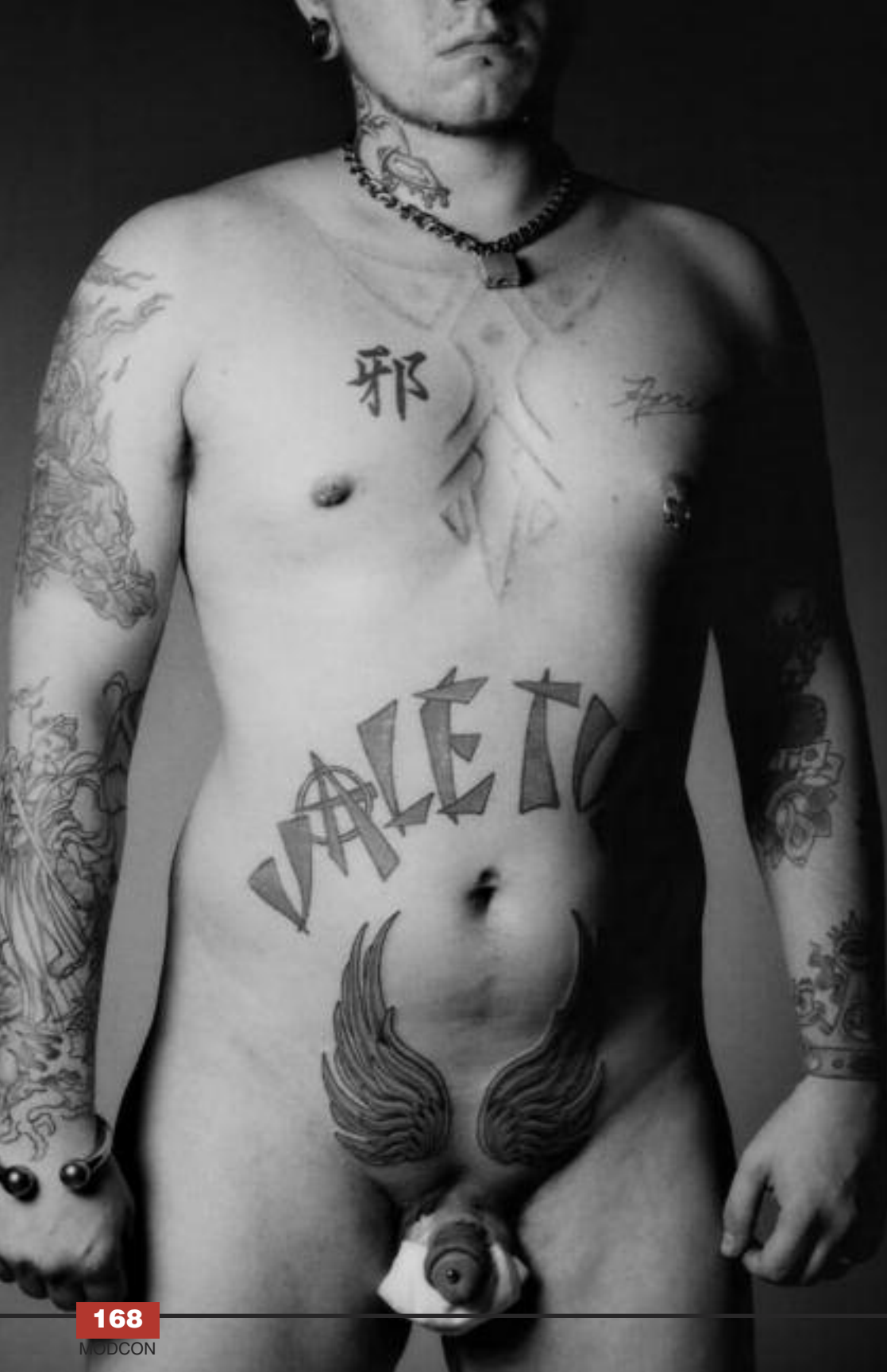




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Peter, 25  
Software Developer, Toronto





A few people have asked me why I still include tattooing at ModCon. No matter what happens with all the other types of modifications, tattooing has remained the central and driving force in the modification community. This isn't going to change, and it's important to acknowledge tattooing's dramatic role in changing the lives of hundreds of millions of people. Sure, implants or piercings might be cool today, but tattoos are what hold it all together.

Left: Shane Faulker, Tattoo Artist

Opposite: Sean. Freshly transscro-  
talized, with a brand new pair of  
pubic wings by Shane Faulker,  
who also did all of my tattoos.

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Dave, Toronto  
Scarification artist and brander.

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Xeon, TSD.



Bob's Transscrotal



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**Heather**, 22, Philadelphia.

Left: **Tomm**. Among other many fascinating traits, Tomm lives full-time on a sailboat. At ModCon Tomm wore a nametag with not only his name, but the moniker "Ass-Stab"... The inset photo of one of Tomm's more intense play sessions certainly illustrates why!



**While preparing this book, I came across my own (in retrospect, slightly embarrassing) body modification diary, including these entries from the first heavy modification I ever performed on myself, the start of a subincision and glans splitting:**

*January 17th, 1995*

I'm sitting here, trembling and covered in blood, sweating heavily, and wondering to myself if this time I've crossed the line and gone too far. There's blood pooling in the surgical glove I have wrapped around my penis and the feeling is starting to come back. There's a strange, dislocated stinging along the top of my glans along with occasional sharp pangs.

Earlier today I made a primitive arterial clamp by strapping together two ball-point pen bodies with heavy elastic bands. I applied a topical anaesthetic cream to the glans and urethra and covered it with a condom (since it can't be exposed to air). Then I put on the clamp and waited about 40 minutes. I couldn't feel anything past the clamp, even in the areas without anesthetic. I poked a bit with a needle to make sure there was no feeling, and then I cut off the condom (since it was held in the clamp). I cut lightly along the top of the head, from the urethral opening to the centre of the coronal ridge. There was barely any blood, and I couldn't really tell if I was making a cut at all. I then cut under the head, from the urethral opening to where my PA once exited. At this point the blood began to flow in quantity, especially after I deepened the incision again. Now satisfied that these cuts were sufficient for an initial try, I tried to stop the bleeding.

For some misguided notion I thought styptic pencils would stop the bleeding; I think they helped the clotting a bit, but certainly didn't stop any bleeding. At this point I started to get very frightened. I thought I might pass out, and didn't really know what to do. I let the blood clot for a few minutes and then removed the clamp and wrapped a surgical glove around it all to catch any excess blood.

I was truly terrified – dizzy and shaking. It was one of the more frightening experiences of my life – It's probably like the moment you realise that you are about to die from autoerotic asphyxia. It's just not the way you want it to end. I did not look forward to being found



dead in a pool of blood with a mutilated penis! So, being the computer geek that I am, I did a quick clean-up and then sat down and downloaded the latest from the demoscene. While I couldn't pay much attention to them, it did calm me down. (As did writing this.)

Now, about half an hour later, outside of the slight pain (no more than a PA), I feel fine. I think. Note to self: This is totally nerve-wracking. Don't do it again.

*January 18th, 1995*

Later that night, although I knew that I had done minimal harm to myself, I became increasingly nervous. My heart rate was elevated, and my skin was cold and clammy. My mouth was numb, and I felt disoriented and weak. Now, afterwards, I believe that was a combination of fatigue (since it was late at night) and endorphins (ie. a panic attack). However, being in this state, it was difficult to convince myself that was all it was, even though I knew it was the most likely explanation.

An hour later I wandered into a hospital emergency ward. I didn't think I was at any risk, but it made me feel safer, and after all, "better safe than sorry." I sat in the waiting room for a little while, and then checked myself in for "lacerated genitals."



It was the first time the young doctor had been exposed to subincision or piercing, and I think the whole thing freaked him out substantially! He was faced with the dilemma of something that he probably saw as some kind of bizarre self-mutilation, but done by a patient who managed to lucidly and rationally explain the operation and motivations. Anyway, the end effect of the hospital visit was a Tetanus shot and some bandaging (which was unbelievably painful as they scraped the blood off with an antiseptic).

Even though I didn't even remotely need the hospital services, I think that I did the right thing. I'd rather go there and look a bit foolish to them than be at any risk.

Further self surgery could result in life threatening infection/loss of the penis &/or death

*This doctor's note won't get you out of school.*





I really want you to look at the pictures above. These photos were taken at the first Mod-Con; the person had done a saline infusion shortly before, and somehow dragged an infection inside. The saline itself might have been contaminated, or the needle, or just a casual touch at the wrong time during the procedure.

When infections set in after a saline infusion, the bacteria find themselves in a warm protected environment with everything they need to flourish. The same thing happens when an infection sets in after an implant. In a period of less than a day a modification can move from looking perfectly normal to being literally life-threatening.

I absolutely want people to understand that these activities carry dramatically more risks than piercings or tattoos. You're not just risking a bit of scarring and aesthetic embarrassment. You are literally risking your life. Now, assuming you treat the infection, your chances of death are pretty slim, but the point is that you must treat these activities with respect.

In the saline infusion case above, doctors were luckily persuaded to hold off on a castration and scrotal removal – as you can see, they allowed the scrotum to heal open, so the infection could drain. Other than significant scrotal scarring, this person made it through without permanent harm.



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Ray





Tomm's feet (color inset is older). The scars on Tomm's feet, obtained through cutting, branding, and a formaldehyde-like chemical scarification process of his own design are so powerful that where they approach the toenail, they have actually destroyed the nail bed, leaving him without nails on those toes.

It goes without saying that Tomm tends to push his body very hard. If he wasn't a man in exceptional health with a body fit enough to knock fifteen years off anyone's guess of his age he'd be dead by now. If you've got it in your head to copy the things you see here, don't underestimate the role that general fitness and health plays.

I'm not joking when I tell you that body modifications heal better on people who spend a few hours a week in a gym (or throwing hay bales on a farm).

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Saline is certainly not the only option for inflation. In the two photos above you can see carbon dioxide gas being used to inflate the scrotum!

Gregg. Make sure you don't miss the third nipple! Of course, that's natural.





**Cat.** I don't think anyone can argue with the statement that of the small handful of people who have attempted concept transformations, Cat has taken it farther – and more convincingly – than anyone else. His face has been transformed through a solid layer of tattooing, as well as multiple sessions with Mexican plastic surgeons injecting liquid silicone. His ears have been reshaped, as has his lip, with his septum pulled down to match. He has hard silicone implants in his brow, and nylon whiskers on his lip. He wears permanent cat-fanged dentures and catlike contact lenses. His nails are claws, and he's in the process of acquiring a tail. The answer to "Why" is his heritage – Cat is a Native American who deeply associates with his totem animal, the cat. As a part of his lifelong shamanic journey, he does everything he can bring himself closer to that totem. On top of being a tiger, Cat is also a talented electrical engineer.

Tom's genital rods



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Adrienne and Mark

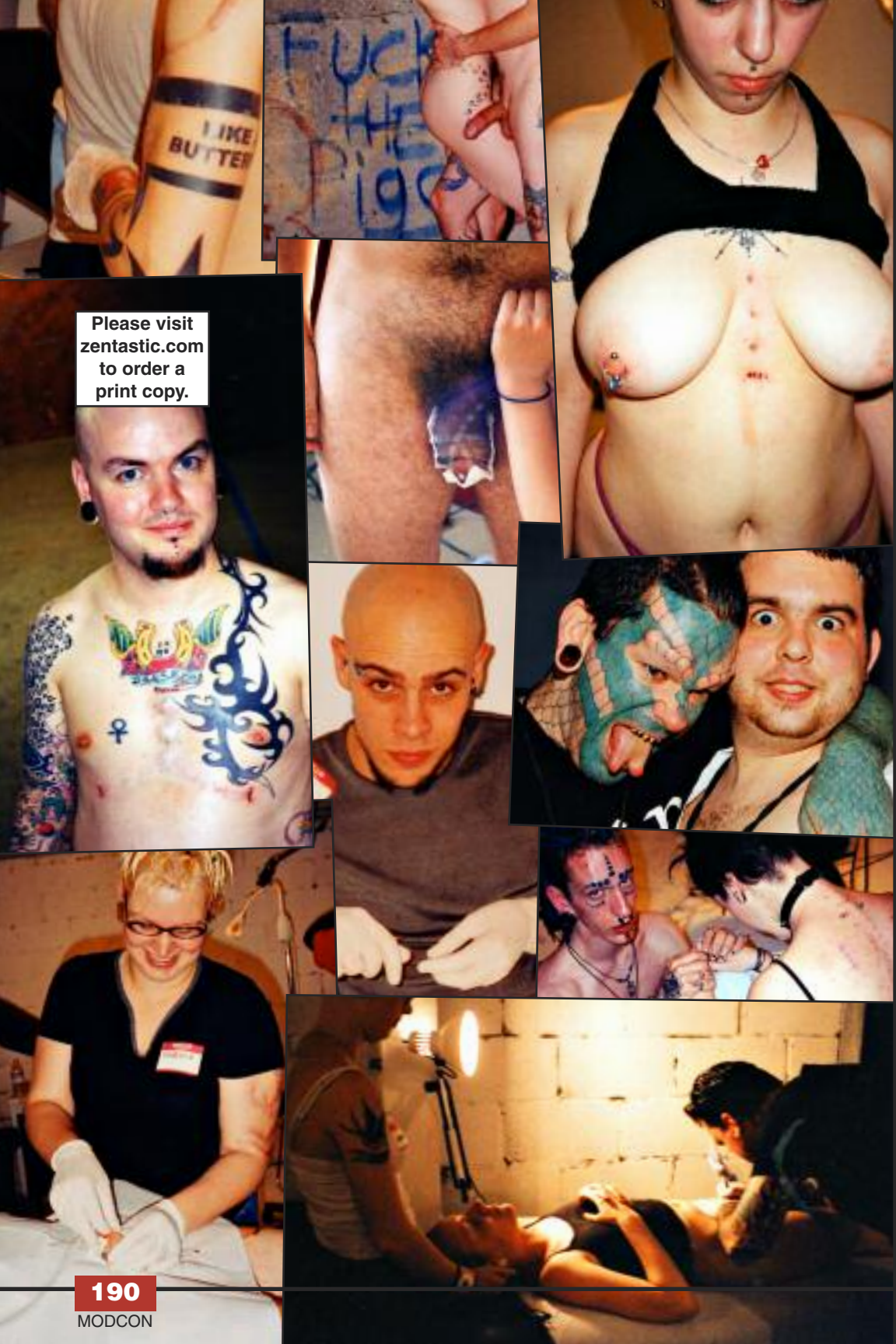
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Swastika Tattoos. Odds are that the company who sold you this book can also sell you a copy of ManWoman's book *Gentle Swastika*. Please check this out before you write me an angry anti-Nazi letters.

The swastika is the most popular good luck sign humans have ever known. As they say in the small Ontario town of Swastika, "To Hell With Hilter, We Had It First." The inset pictures on the right side of this page illustrate just a few places in history where you might see the swastika on a level entirely unrelated to fascism (photos courtesy of ManWoman).





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## So what now?

It would be foolish to assume that all people are reading this book as an anthropology text. Some of you are certainly looking at this and starting to plan your own transformations.

The first thing I'll warn you of is don't get too excited about these things you're looking at. If you want to do something like what you've seen here, think about it first. One of the simplest – and truest – ways to know if you really want something is by not doing it, and in six months asking yourself if you're still interested. Point is, as a basic foundation you must understand rationally what you want and why you want it.

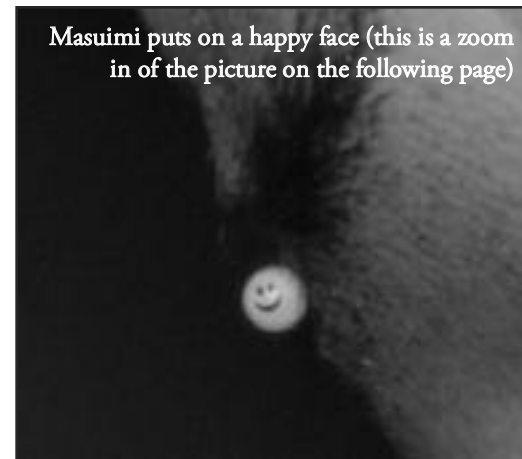
Now, bring this request to doctors. Don't underestimate what a legitimate doctor may be willing to do for you as long as you can present yourself as lucid and reasonable – many of the heavier modifications you see in this book were performed by Western (and often Mexican) plastic surgeons. That said, there are some procedures that are incredibly difficult to convince the average doctor to do, let alone a quality doctor, bringing you to a less pleasant set of options.

The most obvious option, which tends to be overlooked too often is not doing it at all. If the modification you are looking for is complex, and a doctor is not willing to do it for you, you may find yourself with the option of either not doing it (or waiting to do it, medical politics are becoming far more liberal) or doing it poorly. Doing it poorly likely means that you will not be happy with the result and the modification will fail.

Assuming you're willing to take this risk, you're now left with deciding to do it yourself or seeking out the services of an underground cutter. Doing it yourself is what most people choose for "light" procedures such as meatotomies, but realistically doing much more than that is out of the grasp of the average person if they have any respect for their own lives.

A quality "cutter" will probably try and convince you to not have the procedure, and will attempt to help you find other options for performing the procedure. It's only quite recently that a very young and vocal new crowd of cutters has emerged – many are highly talented, but because of their loud media profile and personal agendas, most of the older and more experienced cutters feel that they are "heat scores" and it's only a matter of time before they

Masuimi puts on a happy face (this is a zoom in of the picture on the following page)



find themselves in a world of legal pain. In addition, there are people out there willing to do a procedure for the sake of doing an interesting procedure, rather than attempting to do what's best for the client.

In any case, thanks to the Internet, cutters are not hard to find. There are numerous mailing lists, as well as large sites (such as my own, bmezine.com) which act as hubs and meeting places for cutters, enthusiasts, as well as genuinely unstable people posing both as cutters and potential clients. As has been mentioned a few times in this book, a quality cutter will use an extensive screening process (as will any ethical plastic surgeon). If you appear unstable, they will not work on you (and for good reason). If they do not believe that the procedure will give you what you need, they will not work on you. If they believe you will regret the modification or haven't given it enough thought, they will not work on you.

The reason I mentioned these last things is that I wanted to emphasize that a quality cutter is responsible. Cutters are not there to do medical procedures on individuals who shouldn't be getting them. Cutters perform medically complex procedures that, usually simply for cultural reasons, doctors do not consider "medical procedures." They may not be doctors, and they may not technically be doing medicine, but they will screen far more aggressively than most doctors.

I know I've rambled off on a few tangents, so I'll simply advise you to know yourself, and take your time. Be very sure about what you need in life, and don't rush through it. Enjoy!

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Jim



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Orbax and Marty



Nick Boggs

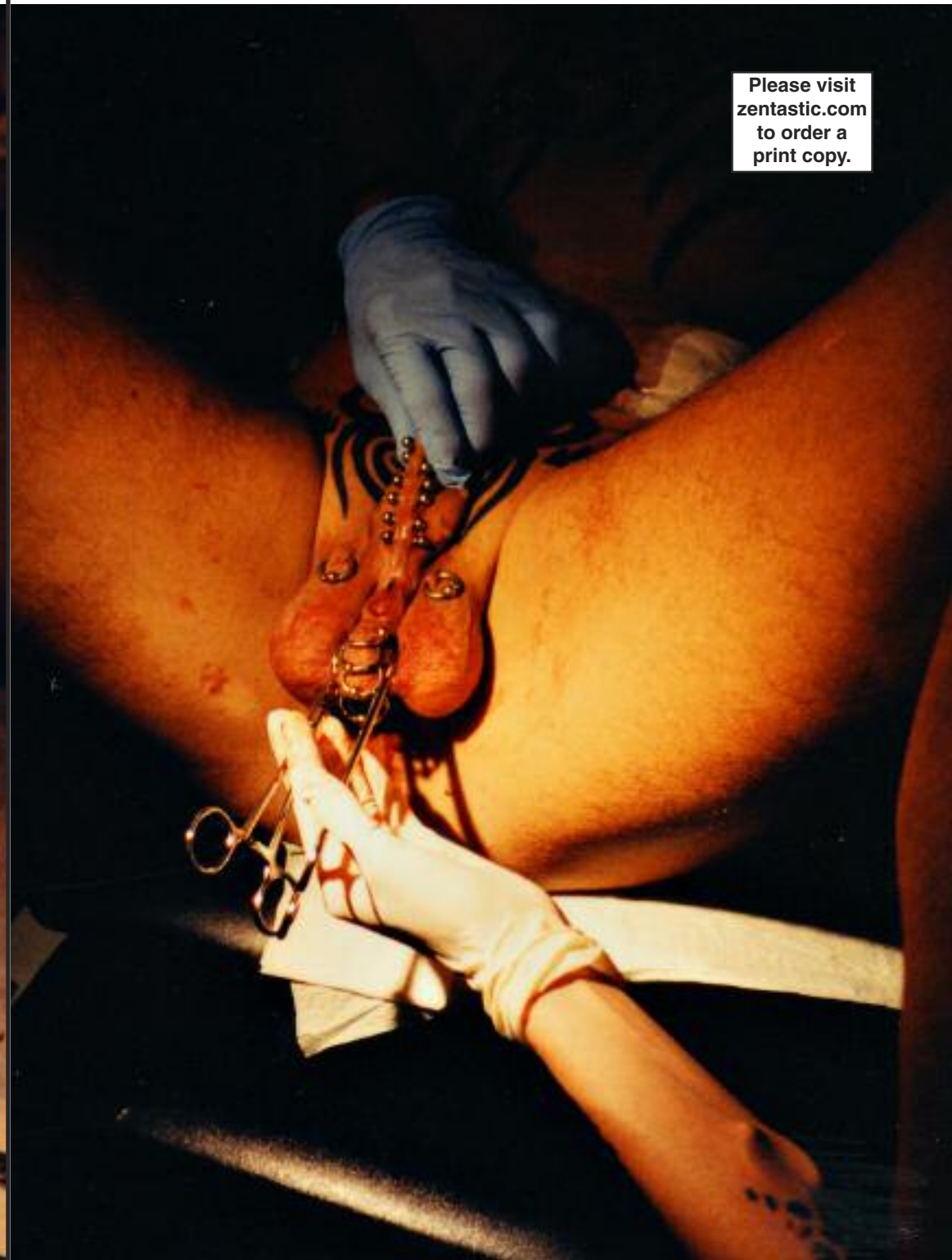


Andy, Philadelphia. If you're wondering where the blood came from, he just got his back cut by Lucas Zpira.



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## About the Author

Shannon Larratt was the founder and publisher of BMEzine.com, the largest and definitive body modification resource, from 1994 until 2008. As well as his work with the site he has extensive body modifications himself and can be found online at [zentastic.com](http://zentastic.com).

He currently lives in Toronto with his daughter and girlfriend and is developing several new projects, painting, and planning on taking a few years off to sail around the world with his family.

Visit [www.zentastic.com](http://www.zentastic.com) to see Shannon's blog and to find out about other books on body modification.

