

PFI

Piercing Fans International Quarterly

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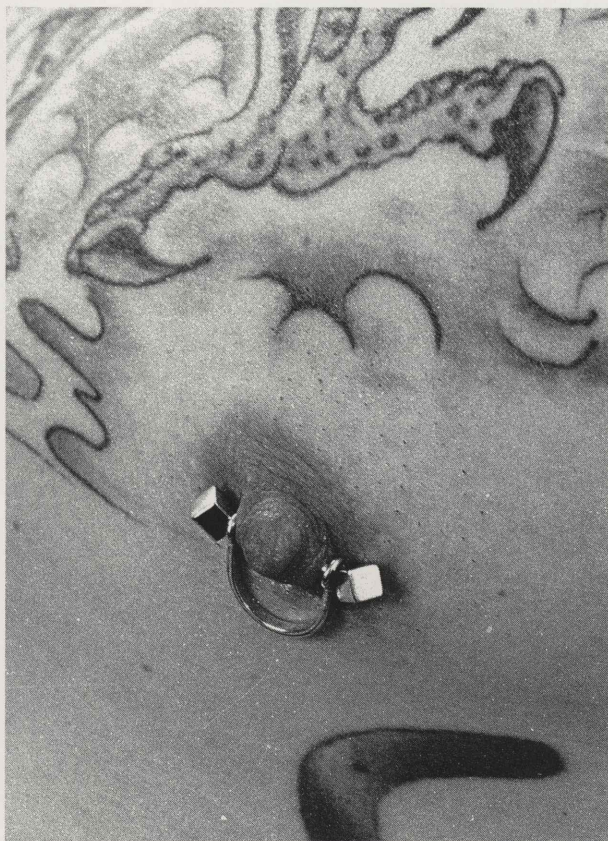
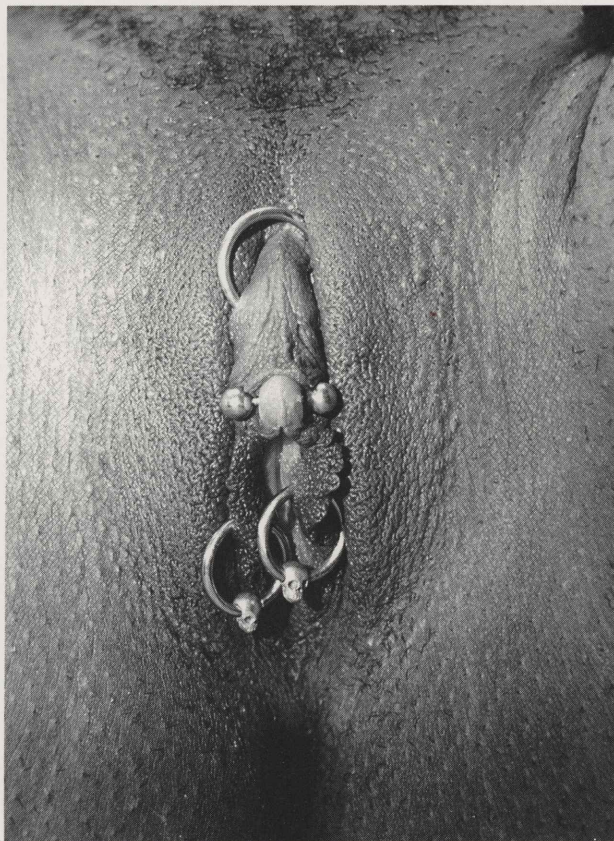
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Photo by Todd Friedman

When you think of exotic piercings... Think GAUNTLET



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GAUNTLET publishes **PFIQ**, the major source of piercing information in the world today, and now broadens that base of information with its video series "Pierce with a Pro."

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POINT OF VIEW a guest editorial

WHEN A GOVERNMENT TURNS ITS BACK ON ITS PEOPLE, IS IT CIVIL WAR?

— asks east coast artist Gran Fury

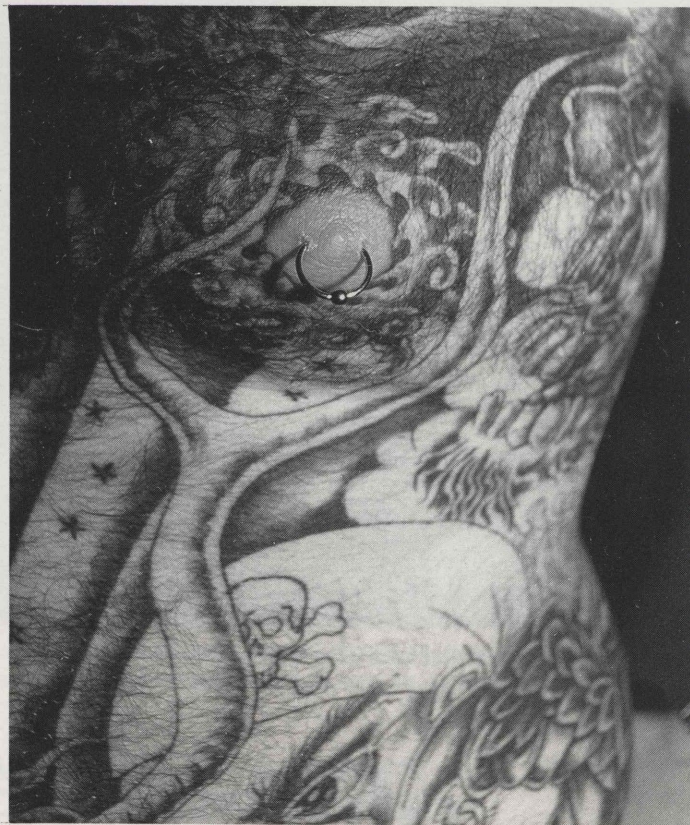
In 1989 an exhibit of photographs by Robert Mapelthorpe was censored due to homo-erotic content. Jesse Helms's wife took offense. The National Endowment for the Arts conceded to the demands of Sen. Helms and pulled the grant money allocated to the Mapelthorpe show, which was at the Corcoran Gallery in the Nation's Capitol.

Also in 1989 the Supreme Court ruled abortion rights should be determined by individual states, applying the notion that life begins at the moment of conception.

In 1989 Re/Search, a duo of Northern California based publishers brought the book *Modern Primitives* to life. This book contains interviews and images of persons who communicate with their bodies through primitive activities applied with modern care. In 1990 Re/Search and the Southern Exposure Gallery joined together for an exhibition also entitled *Modern Primitives*. Photographs published in the book were hung on the walls of the gallery. Also included in the exhibit were four evenings of performance art which included Bob F. who explored auto-suspension and self-piercing for a standing room only crowd. Rep. Dana Rohrabacher (R-Calif.) issued a "Dear Colleague" letter suggesting that "the NEA was created to foster the arts in America, but has become a sort of welfare program for artists that can't seem to get their work supported by private sources." He goes on to demand that Congress must both redefine the standards for the use of tax dollars and withdraw the federal government from the arts.

What we view in museums and galleries and magazines is not up to Rohrabacher or Helms, it is up to US. It is OUR money that supports the exhibitions. It is OUR voice that calls for action. WE MUST BE HEARD.

The following is a letter that I sent to the NEA, Helms, Rohrabacher, the Corcoran Gallery, and most recently to the Hamilton County Prosecutor Arthur Ney, Jr., who is functional in the legal problems the Contemporary Arts Center in Cincinnati is facing by opening the Mapelthorpe show, "The Perfect Moment." (The 175 piece exhibit contains seven photos depicting homosexual contact; all seven of these images are threatened with censorship as are two photographs of individual nude children.):



Dennis. Photo by Efrain Gonzales (14228-NYM)

i am a slave to my body.
i am a sucker for images that are radical departures.
images of homos, flags, and the body in play can be healthy representations of alternative action.
these images must remain accessible to all, not only to those communities that create and distribute them. the misinformation used by political big mouths and applied by the media as propaganda against cultural marginalities is crippling for those dedicated to freedom. fear is the motivation behind censorship thus, Helms and Rohrabacher and the like thrive off of exploiting their fear.
although, their influence is handled with pseudo-religious license, the power of their gospel reaches the hearts and minds of many. Helms is a devil's advocate, misinterpreting evil as practical and redeeming his fear of his sins at our cost. as a slave to my body, i do not extend the rite of censorship over my body or of images of my body to any one. i do not condone the sacrificial denial of desire, due to the political maneuvering of the "moral majority" (which is neither), i am tormented by dread. i feel as if my skin were dyed dread.

SILENCE = DEATH

ACTION = LIFE

no one can do anything to themselves without the anticipation of another's response. when i pierced my own tongue, it was not an act of or against omnipotence and not for a paying audience. my self-piercings are not performed in ritual although they function as rites. I will not be stripped of my rites. and if funding for the communication of these rites is cut, be certain that i will find ways of living my life, not yours.

to those persons whose fear is so great they need mass domination, i say: YOU ARE YOUR OWN BAD TIME.

WRITE TO THESE PEOPLE. WRITE YOUR ELECTED OFFICIALS. BE HEARD.

scott shat

PFIQ — Piercing Fans International Quarterly

EDITOR & PUBLISHER — Jim Ward

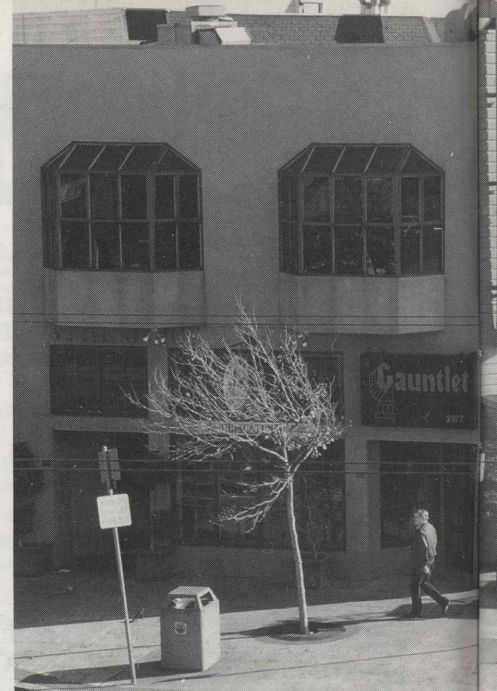
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FRONT COVER: PHOTO: Niki. Photo by Todd Friedman.

BACK COVER PHOTO: Leather title holder Wes Decker. Photo by Droux Photo.

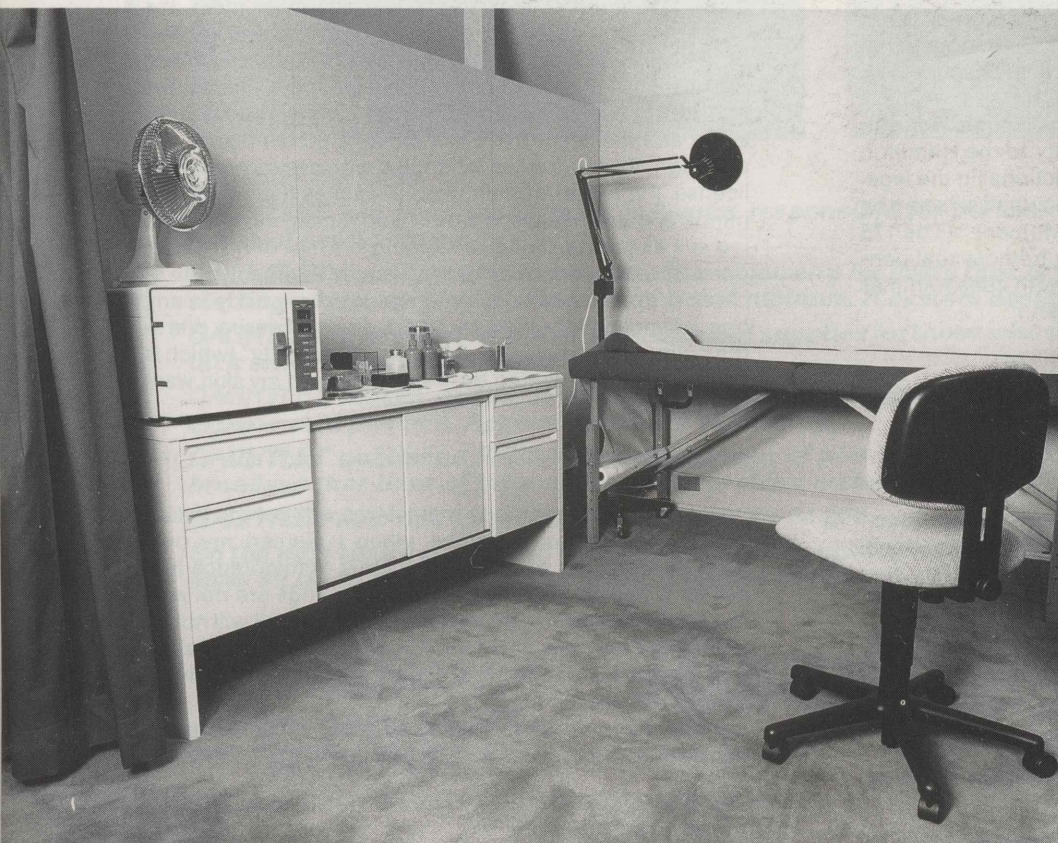


The illuminated sign over the front door is installed.*



Gauntlet's new San Francisco retail store at the DU

The Grand Opening of



One of two private piercing rooms where customers can have their jewelry purchases installed.

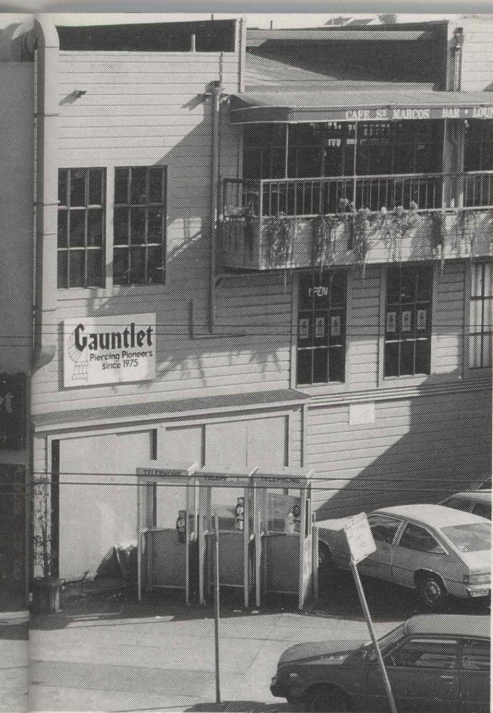
On December 16, 1989, less than a month after the fourteenth anniversary of its founding, Gauntlet opened the doors of its new San Francisco retail outlet.

The event was celebrated the previous evening with a private, invitation-only party. Piercing fans and well-wishers from all over the Bay Area packed the new premises, enjoying the champagne, catered cuisine, and the pleasure of one another's company. Alayne Stern, a long-time friend and Gauntlet's first bookkeeper, flew in from Los Angeles with Elayne Levine, Gauntlet's manager of southern California operations.

The new store is located at 2377 Market Street at the corner of Castro Street, a major intersection. It occupies 1100 square feet on the building's second floor and is decorated in gray, black, and purple. The display area is surrounded with cases containing an array of Gauntlet products and a variety of new, non-piercing related merchandise including a selection of crystals and some beautiful new age, silver jewelry.

Clients who buy piercing jewelry may have their purchases installed in one of two private rooms especially equipped for the

Photos by D



the intersection of Market and Castro Streets.



The display area. A wide variety of merchandise is now available: jewelry for piercings and piercing supplies, of course. But Gauntlet San Francisco also offers crystals and new age jewelry as well.

Gauntlet San Francisco

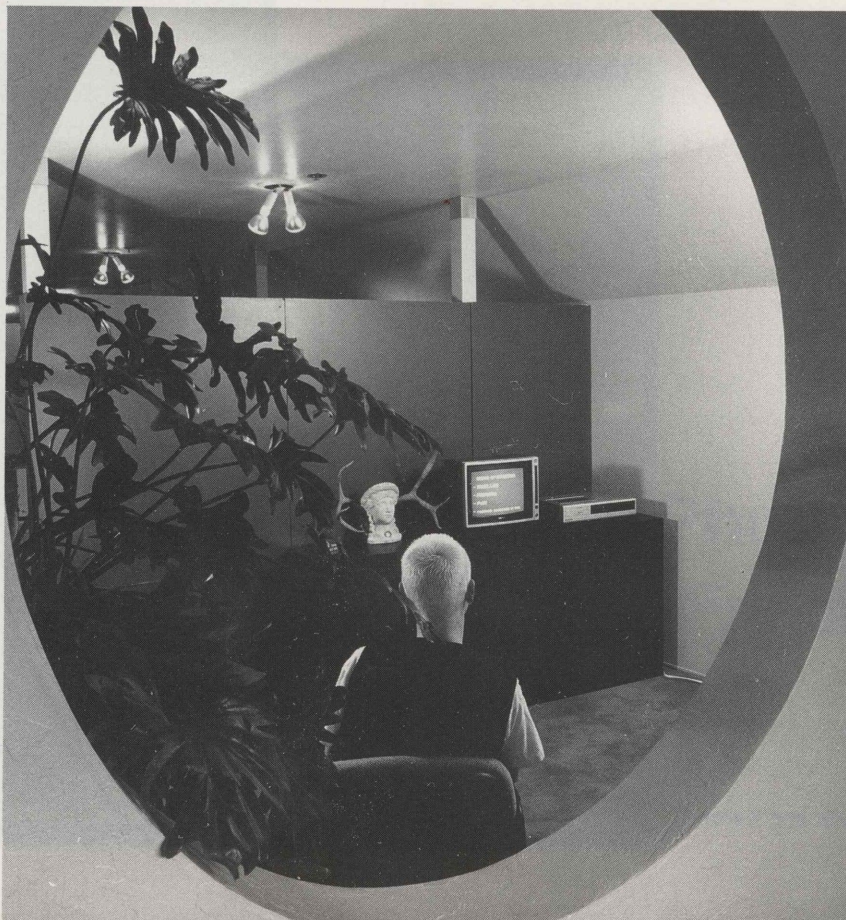
purpose. Following their piercings, clients are encouraged to relax for a few minutes in a lounge area and watch a short video which shows them the proper way to care for their new additions.

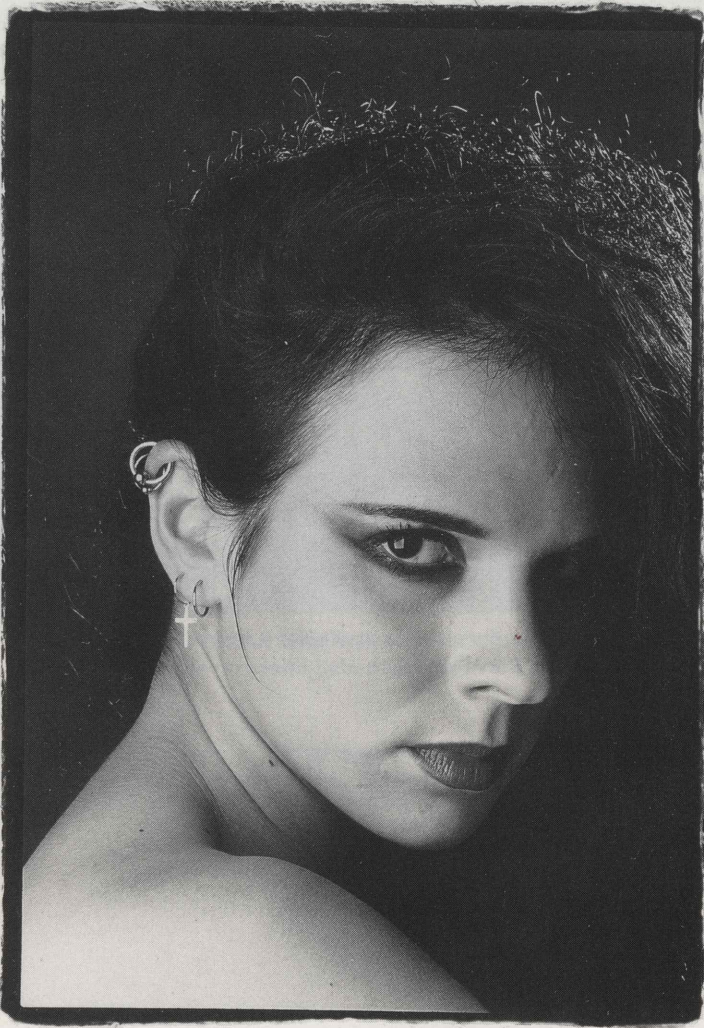
Store hours are 11am to 6pm Monday, Tuesday, Wednesday, Friday, and Saturday; 11am to 9pm on Thursday; 12 noon to 6pm on Sunday. The telephone number is (415) 431-3133. FAX is available at (415) 431-3170.

Gauntlet's original location in Los Angeles is still going strong, prospering under the capable guidance of Elayne Levine. All mail orders for jewelry and *PFIQ* back issues and subscriptions are still being handled at that location. The new San Francisco store is strictly a retail outlet. However, since Jim Ward who produces and edits *PFIQ* now lives in San Francisco and manages the store there, submissions for publication should be sent to him at that location.

And should you find yourself in the Bay Area, please stop by and see the new store. The surroundings are warm and inviting, and the enthusiastic, well-trained staff is always ready to help meet your piercing needs.

The video lounge provides a comfortable area where newly pierced customers can relax and watch a short video on piercing aftercare.



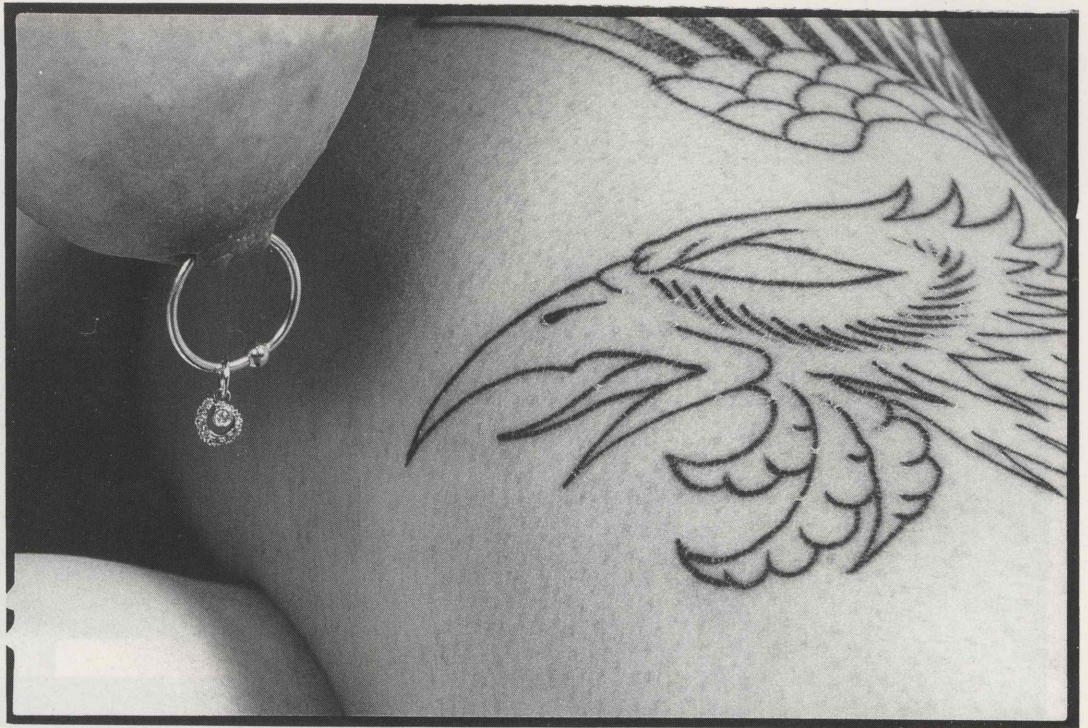


*Julie,
D.D.,
Keren,
& Yasmin*

Julie



D. D. and Keren

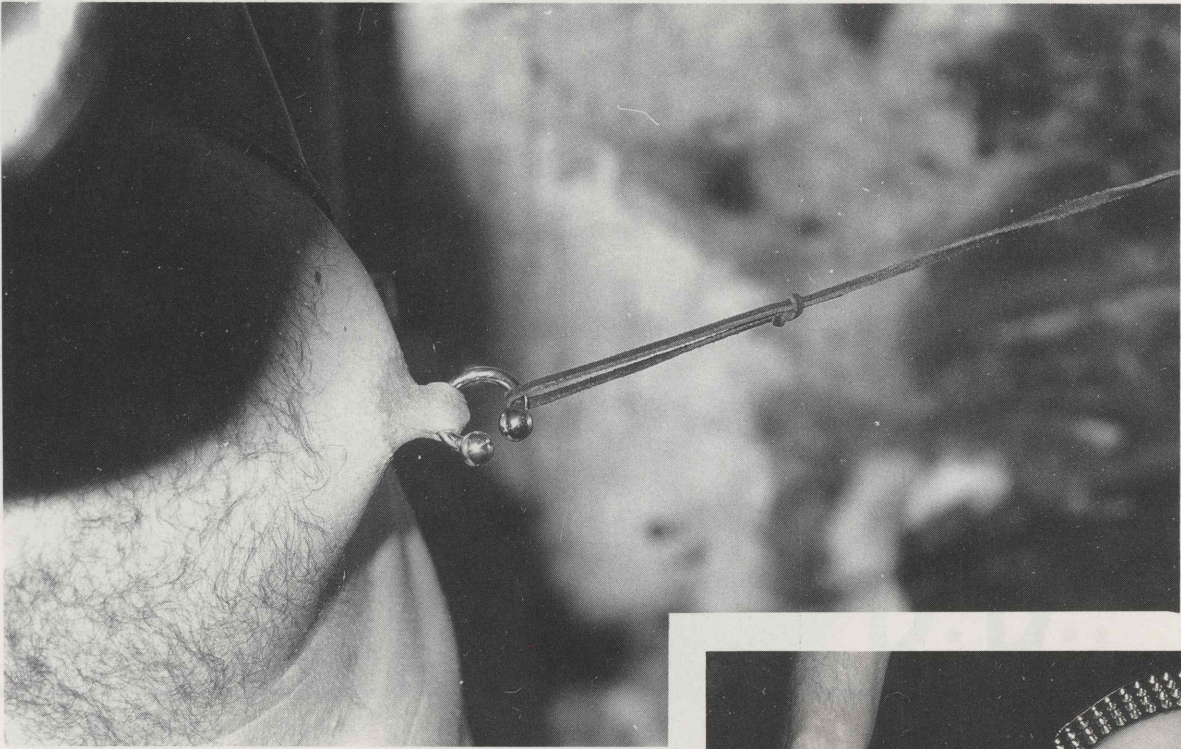


Yasmiin. Tattoo by Bob Roberts.

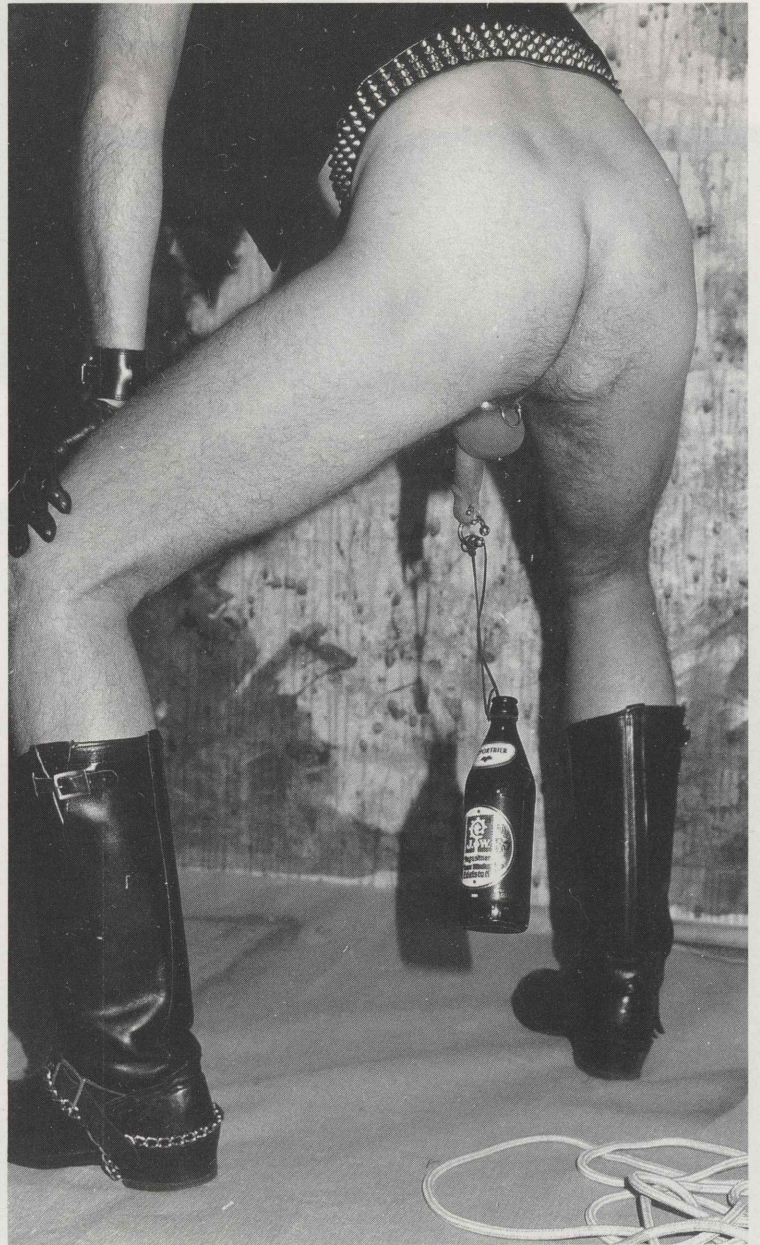


**Photos by
Todd Friedman**

D. D. Tattoos by Keven Brady.



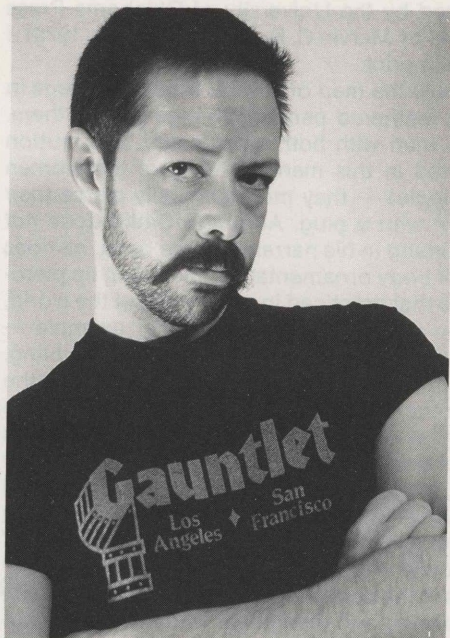
Norm A.



Photos by
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(893-NYM)

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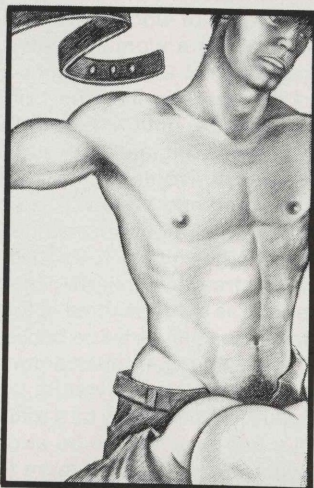
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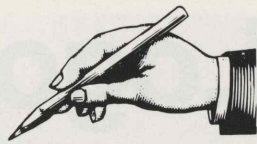
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Desmodus, Inc.

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Dear PFIQ,

Dear PFIQ:

I was looking through the horror flicks at the movie rental store, and I happened across *Bizarre Rituals — Dances Sacred and Profane*. Imagine — in the horror section! I rented it, and it was great! It contains many things I can relate to in my past and present life.

I found PFIQ and Gauntlet a little over a year ago. What advances I've made since then!

I can remember sticking needles and safety pins into and through my nipples back into my early teens. I made my first "permanent" nipple piercings at least 15 years later — and 10 years ago. I pushed a sharpened four-penny nail through each nipple. Then I hung weights on them to loosen and stretch the holes. I then slid each nail out and inserted an earring. They were too near the tip of the nipple, and one was even a little crooked, but they gave me 10 years of pleasure.

Since I found PFIQ and Gauntlet I have given myself a Prince Albert, something I never even dreamed of. It is one of the better things I have ever done. Also, I've pierced my nipples in the proper spot and with the proper jewelry. The feeling is many times better than my old abandoned piercings.

So far I haven't been able to talk my wife into joining me in piercing, but I won't give up trying.

PFIQ is great. My goal is to own every issue, so I hope you someday consider re-printing your sold out issues. I also agree with your other subscribers — more color and many more pages would be nice; weekly would be great. But I realize your limitations, too, so I'll give you a slap on the back and say, "Keep up the excellent work." Thanks.

Sincerely,
K. Z. (3340-PAM)



Friend of Dale V. (1009-OSF)

Dear PFIQ,

It has been stated a number of times in PFIQ that there is no known instance of nipple piercing among tribal peoples. The only instance I have found is in George Catlin's drawings of South American Indians made in the 1850s. A selection of these paintings has been published by the University of Oklahoma Press (*George Catlin* — edited by Marvin C. Ross, 2nd Edition - 1979). I do not know if it is still in print.

Catlin's paintings show the men of several tribes with pegs in their nipples and long feathered pendants hanging from them. One painting shows a man with both nipples and belly button pierced and ornamented in this manner. None of the women appear with pierced nipples — they more generally pierce their lower lip and extend it with a plug. Although Catlin does not describe the nipple piercing in his narrative in the book, he does describe other forms of body ornamentation, including lip piercing, and its similarity to that practiced in other parts of the world, particularly Africa. The narrative is interesting. For example — "From one of their medicine men, whose portrait I was painting, with a block in his lip, I got many curious particulars relating to the custom, and amongst others, he put his fingers on several holes in his cheeks, from which he told me he suspended strings of beads and feathers, and other ornaments, on certain occasions, in their dances, masquerades, etc. And I pointed to one that I discovered in his upper lip — , "Yes, said he, pulling down the lip and running his thumb through it, "and I have sometimes worn the block in it." There are numerous other interesting descriptions and illustrations of body piercings in the book. For example — "A Mura Chief, his ears curiously mutilated and elongated, with ornaments attached, round plates of silver fastened to his cheeks, his chin, and his nostrils, and long thorns standing out from his cheeks and his chin. . . . The habit of suspending strings of beads and feathers from the underlip is also practiced by the females of many tribes. . . A copy of a portrait . . . illustrates this mode amongst the females, and the long thorns projecting from her cheeks might almost be recommended for young ladies in the economy of civilized life."

Another book from the 1800s with interesting descriptions and drawings is Dr. Georg Schweinfurth's — "*The Heart of Africa* (1873). Following is his description of the Bongo tribe of the Sudan. "Not infrequently the men deck themselves out in females' ornaments. Many cover the rims of their ears with copper rings and crescents; others pierce the upper lip like the women, and insert either a round-headed copper nail or a copper plate, or, what is still more general, some rings or a bit of straw. The skin of the stomach above the waist is often pierced by the men, and the incision filled up with a bit of wood, or occasionally by a good-sized peg. . . . As soon as a woman is married the operation commences of extending her lower lip. This, at first only slightly bored, is widened by inserting into the orifice plugs of wood gradually increasing in size, until at length the entire feature is enlarged five or six times its original proportion. . . . By this means, the lower lip is extended horizontally till it projects far beyond the upper, which is also bored and fitted with a copper plate or nail, and now and then by a little ring, and sometimes by a bit of straw about as thick as a lucifer-match. Nor do they leave the nose intact; similar bits of straw are inserted into the edges of the nostrils, and I have seen as many as three of these on either side. A very favorite ornament for the cartilage between the nostrils is a copper ring. . . . The greatest coquettes among the ladies wear a clasp or cramp at the corners of the mouth. . . . According to the custom of the people, there need only be a trifling projection of the skin so as to form a flap or a fold, to be at once the excuse for boring a hole. The ears are perforated more than any other part, both the outer and the inner auricle being profusely pierced; the tip of the ear alone is frequently made to carry half-a-dozen little rings. There are women in the country whose bodies are pierced in some way or other in little short of a hundred different places."

If one looks around there are many other old books with such descriptions. Unfortunately, so many of these cultures have been forced to change or have died out.

Sincerely,
W. S. (1381 ORM)

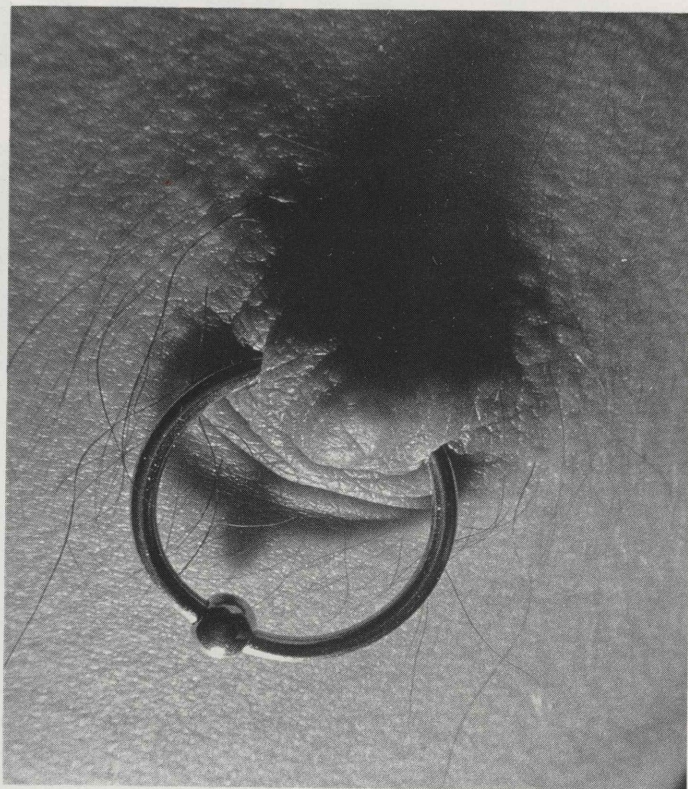
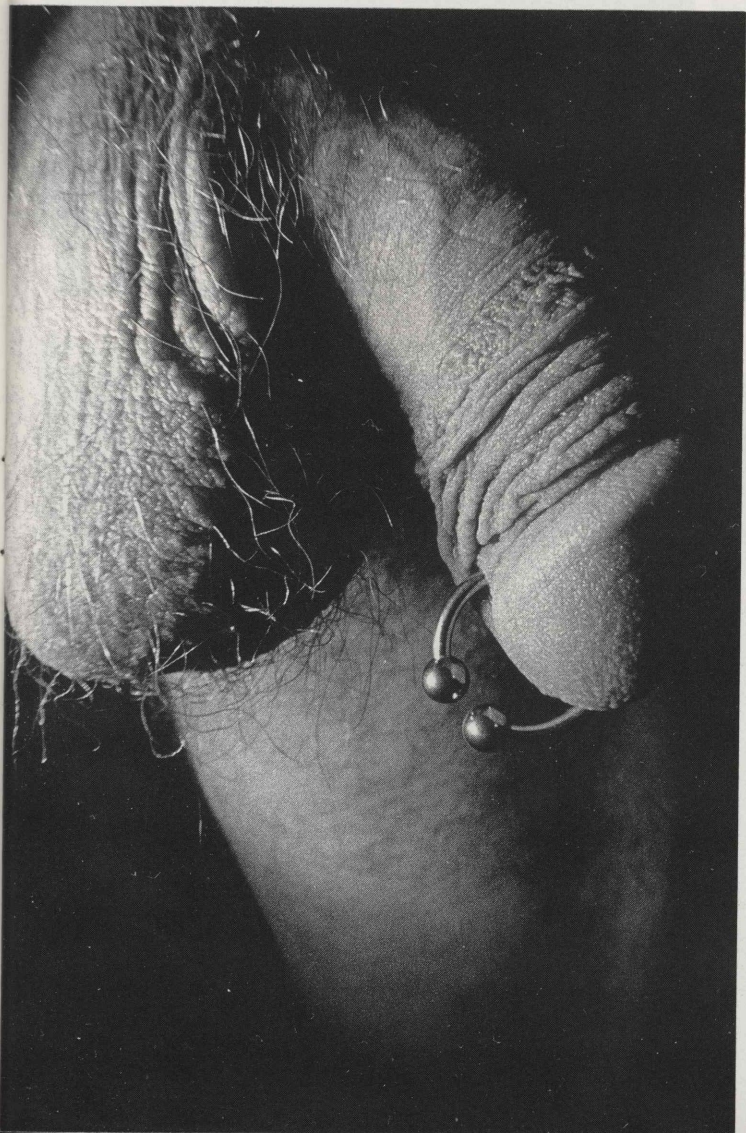
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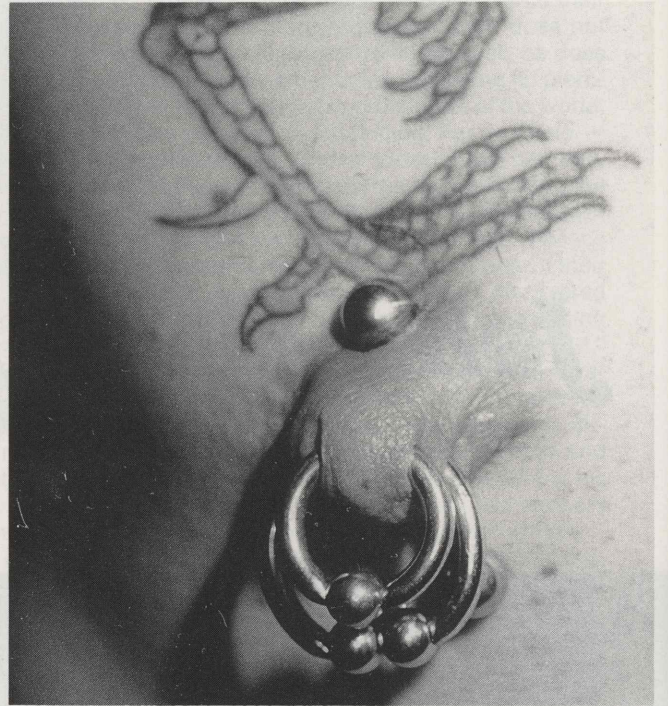
John M.



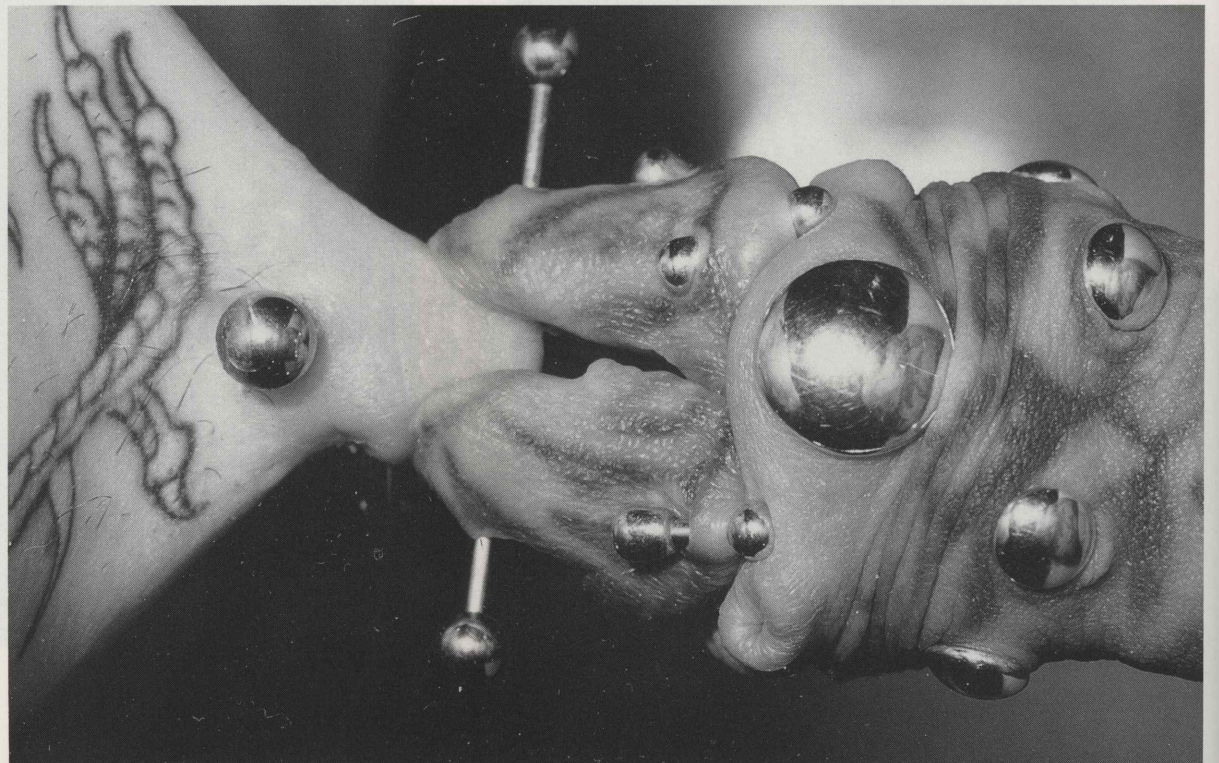
Dear PFIQ —

I am writing to thank you for introducing me to body piercing. I am an eighteen-year-old, originally from Louisiana, who is attending a small university near Los Angeles, and I really appreciate being able to find your publication since it is not very easy to find it in Louisiana. I would also like to thank everyone at the Los Angeles Gauntlet for being so nice and for the terrific piercings. I am sending some photos. Please use them if you can.

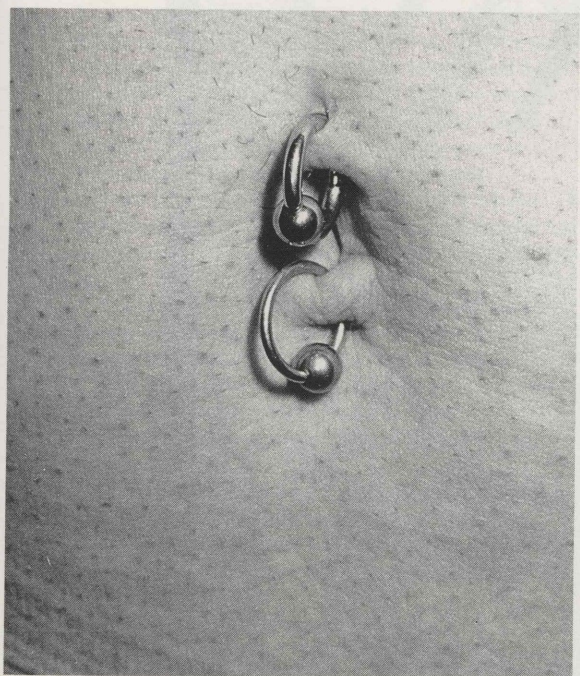
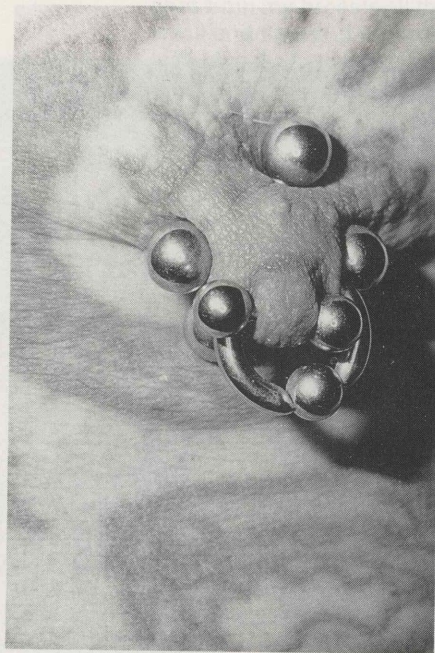
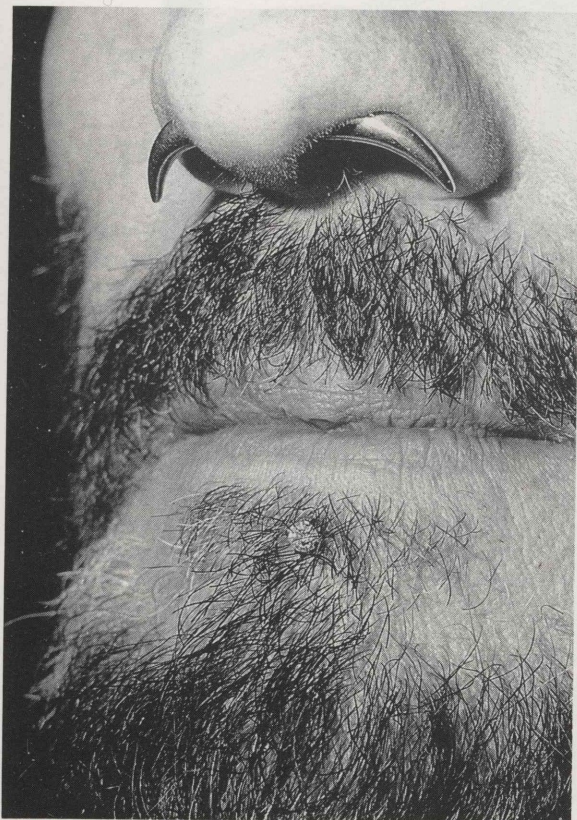




Photos by Nod



(1840-OSM)





Elayne Levine

Tattoo Angel



Photos by Todd Friedman

At the age of five, I started bugging my parents to let me get my ears pierced. After two years of incessant pleading, they finally conceded.

By the early age of 12, I was putting multiple piercings in my ears, and actively seeking other places on my body to pierce and wear jewelry. I seemed to be experiencing an innate, primal urge to pierce my body. Even though I hadn't seen any body piercings on other people I somehow knew I wanted to wear rings in more than just my ears.

During High School I found that I could easily pinch up some skin below the prominent bone on my wrist and above the hand. I actually managed to pierce this spot and put a ring there! My first body piercing was quite a thrill though not terribly practical. It was removed a few weeks thereafter. I can recall staring at this small, delicate hoop through the skin on my wrist and being totally enthralled at the idea of such a thing being possible.

For the next several years I stewed and wished I could pierce something else. There were now five holes in my right ear and three in the left. I thoroughly enjoyed putting the holes and jewelry in myself. During this period I multiple-pierced many friends' ears, boys as well as girls. I even threw a few piercing parties during my High School days, but ears were the limit during that time.

Several years later, I met a Master/slave couple at the local Renaissance Fair. The slave had three labia rings which she proudly revealed to me. The couple told me the piercings had been done at Gauntlet and proceeded to show me a store brochure. My eyes were wide with a mixture of horror and delight at the sight of those pierced bodies. The nipple piercings were the most intriguing to me. This was what I had been having vague but intense fantasies about! I didn't know it was something that could safely be done to the human body. Armed with that knowledge I couldn't bear to wait. My ears were easy to pierce. Why wouldn't the nipple be only a little more difficult?

That night I pierced my own right nipple. The technique and jewelry weren't right, and the results were poor, but through this experimentation I determined that nipple piercings were destined to be a part of my life.

The sight of that too-small, crookedly-placed earring hanging in my nipple was one of the most erotic things I had ever seen. I hated to remove it, but I knew a pro could do a better job.

The following week found me at Gauntlet having a 14 gauge 5/16-inch diameter ring installed in each nipple. Every time I looked down to see those shining rings a squeal would leave my lips. I was in heaven.

Now the fantasies of future piercings began. Never in my wildest dreams did I imagine that one day I'd end up with the 23 that are currently part of my body, or, for that matter how far I was actually going to get into piercing, not to mention devoting my life's career to it.

The nipple piercings also resulted in my initial experiences with erotic pleasure/pain. When I cleaned them with alcohol (which is inappropriate care for a piercing) spasms of electric sensation

shot from my breasts all the way down my body. My knees grew weak and I gasped for breath. It was great.

During my first visit to Gauntlet, Jim Ward invited me to attend a lecture and demonstration he was presenting at a Society of Janus (an S/M social group) meeting. I saw a photograph of a pierced clit hood in his slide show and couldn't believe a woman could endure such an intense piercing. I said I could NEVER have such a thing done to myself.

Needless to say, six months later I was in Jim's capable hands having my own clitoris pierced. Initially a 16 gauge 3/16-inch diameter ring gold ring was used. Over a period of years, I enlarged this piercing a gauge at a time until it eventually contained an 8 gauge 3/16-inch diameter ring.

Though totally worthwhile, the clitoris piercing was by far the most intense piercing I have ever experienced. During the car ride home from the Gauntlet I nearly had an orgasm from the gentle vibration of the small ring in my newly-pierced clit. The sensations in the area were markedly increased and tremendously erotic.

It would be fair to say my whole orgasmic response has changed for the better. I come harder and longer and actually experience a whole range of sensations I hadn't ever felt previously. Occasionally I have spontaneous orgasms during ordinary daily activities!

It's this piercing about which I feel the most pride. When I look down and see a large ring — today a 10 gauge — through my clit, it takes my breath away and turns me on immensely.

There are also many new ways to stimulate a pierced clit. The ring adds an entirely new dimension to sexual stimulation which unfortunately defies description! You would just have to try it for yourself.

I returned to Gauntlet many times over the next several years eventually having both outer labia, my navel, nasal septum, and tongue pierced.

A tongue piercing is a truly erotic experience for both the piercee and his or her partner. Simply running the top ball of the barbell stud along the roof of the mouth can only be described as a masturbatory act. Its applications in oral sex should be obvious to the thinking, sensual human being. Mmmmmmm.

Gauntlet has recently been doing a lot of tongue piercings. People see mine and want one for themselves.

That's the way it goes. A lot of my friends and lovers became interested in getting pierced when they saw how much pleasure I derived from wearing the rings. Subsequently it was my pleasure to join many of these friends at Gauntlet to witness their piercings being done. Seeing so many piercings being performed inspired me to pierce a number of my girlfriends at home — successfully, I might add.

During this time I also developed an interest in tattooing and began to contemplate a full back tattoo. The idea for angel wings originally came from the Angeli Cafe on Melrose where the employees wear T-shirts with neoclassical angel wings printed on the back. It was perfect imagery for me in many ways. I liked the idea of this tattoo which would be more like adding a new anatomical part to my body rather than putting a scene or picture on skin.

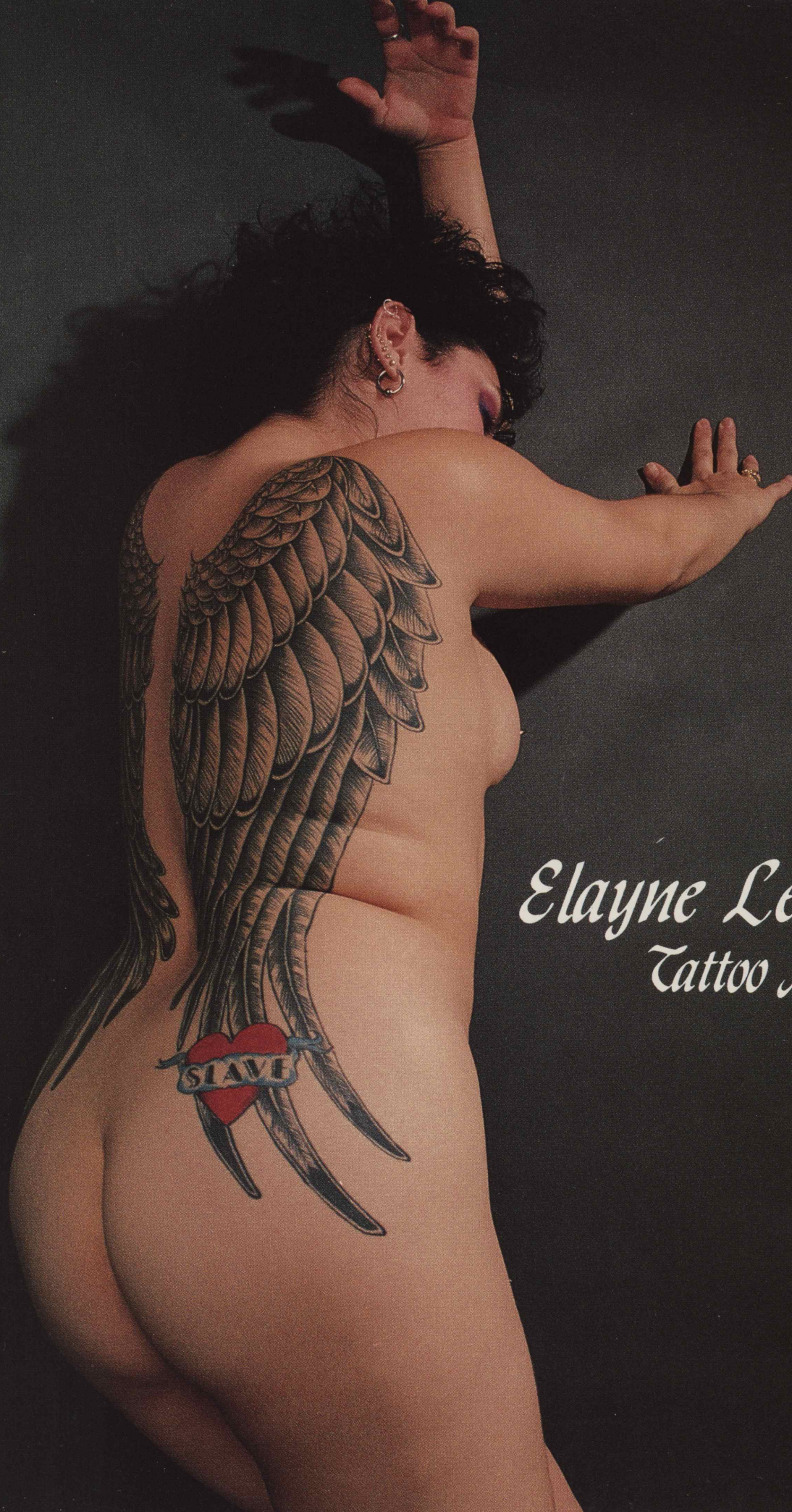
I researched tattoo artists and found Bob Roberts at Spotlight Tattoo on Melrose in Los Angeles. I spoke with him several times and had him draw some rough sketches. I was quite obsessed with this idea and contemplated it for a full year. At the end of the year I was convinced that I wanted to live with a full back tattoo of angel wings for the rest of my life.

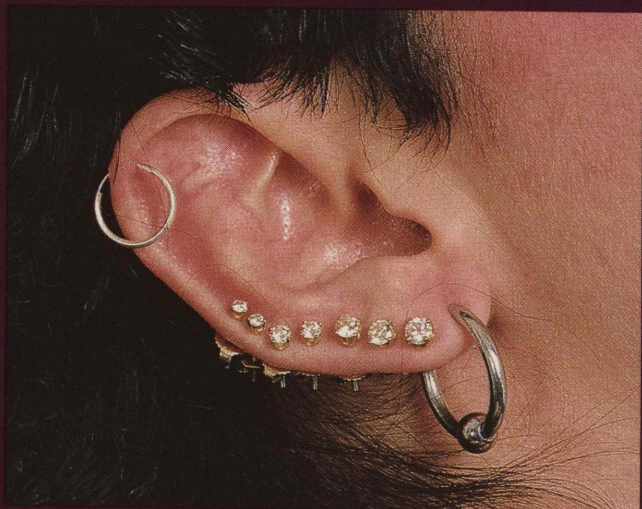
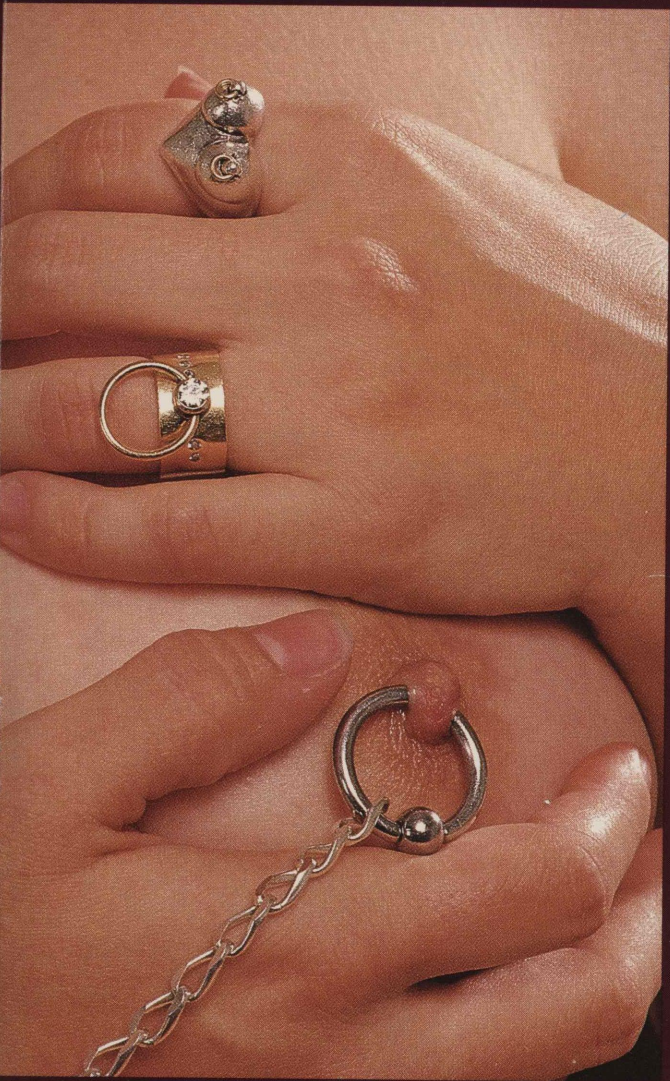
The work began in March of 1987. An outline was completed in the first five-hour sitting. During the following three weeks Bob put in the shading. After a total of 18 hours and four sittings, the tattoo was complete.

My fantasy had been fulfilled and I had become a living angel. I couldn't show off my wings enough. I sought out clothes which would reveal as much of my wings as I could legally show.

Fascination and personal experience with piercing combined well with a return to school. Following an intensive 9 month course in marketing and management I interviewed with Jim Ward and was hired as Manager of Gauntlet in Los Angeles in August of 1989.

*Elayne Levine
Tattoo Angel*







Since that time I have added a number of new piercings. These include a deep double piercing in my left nipple and several to my ears as well as a piercing in the web of my right hand. My web piercing, between the thumb and forefinger of my right hand (I am left handed), is one of my more unusual decorations. Currently I have a $\frac{5}{8}$ " , 14 gauge, charcoal niobium ring in it though I have ordered a slightly curved barbell to wear in it. I'll have a variety of stones such as a tube-set diamond and an amethyst to wear on the ends of the barbell. With this special jewelry in, it will appear from certain angles that I have a gemstone growing out of my hand!

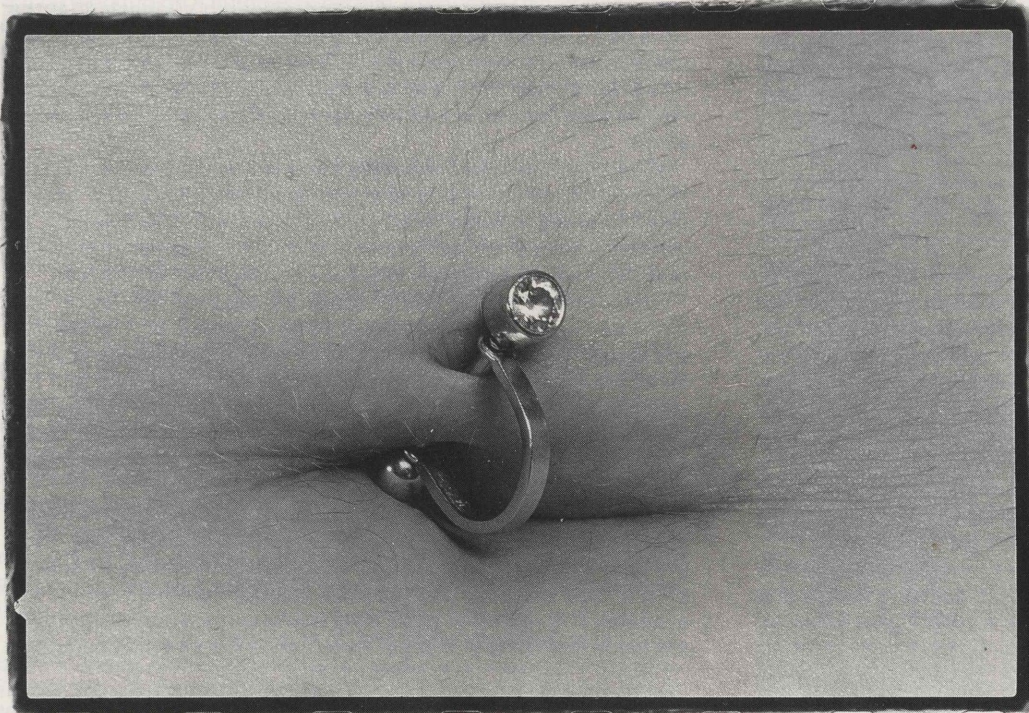
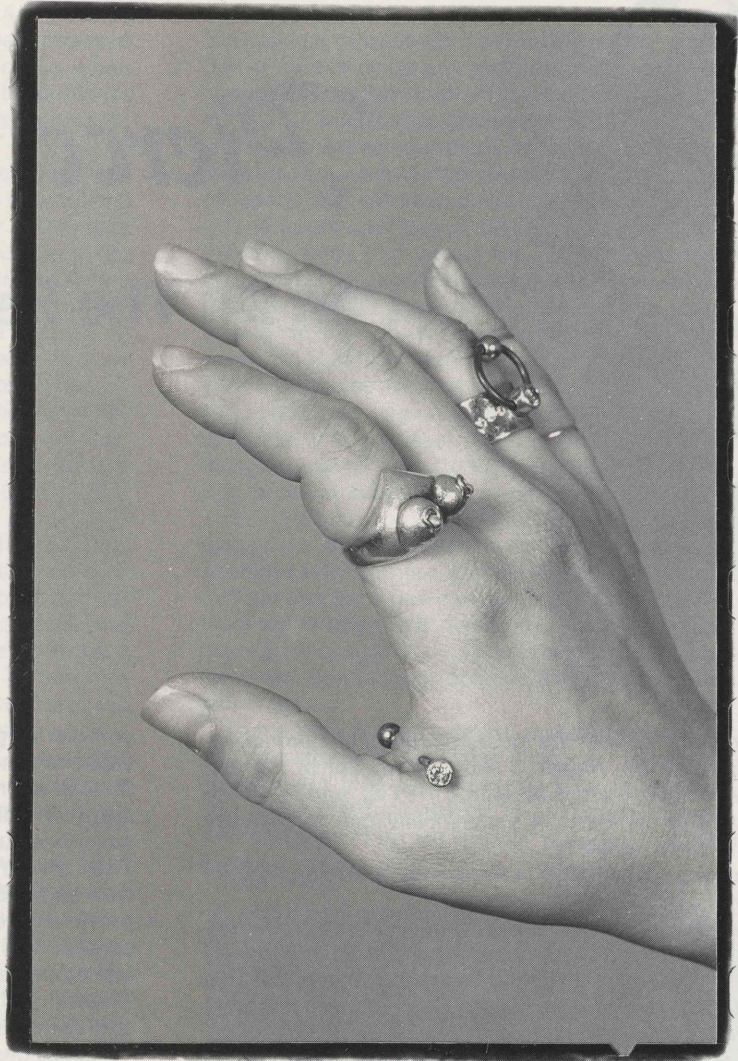
This piercing is very rare as it is tricky to heal. Mine was set in as deeply as possible, and I soaked it 10 time a day or more during the first month of healing. I alternated between a Betadine and water mixture and a salt water solution, soaking my hand in these just as hot as I could tolerate. I refrained from touching anything with the hand for weeks to avoid contact with



germs. My conscientious care and dedication appear very successful. At this time the piercing is nearly twelve weeks old and feels almost fully healed. It does not appear to have migrated toward the surface at all.

My plans for the near future include a labret and second tongue piercing which would bring my total to 25. I have been able to share my joy in piercing with people from around the world on a daily basis in my work at Gauntlet. I am truly fortunate to have a career which is so pleasurable and meaningful to me.

Through my experience with piercing, I feel I have come to know my own body better and, in fact, actually created a unique and special body of my own to enjoy in exceptional ways. I have shaped my reality by shaping my body in the manner of my choosing, and this is very liberating to me. There are sexual and sensual delights I have had the joy of experiencing which would never have occurred without the addition of my well-placed rings. They are now a part of me which I would hate to live without.





Pierce with a Pro

Part 21: The Female Nipple Update

Photos by Droux Photo

There is little question that the most popular of all body piercings continues to be the nipple. It was the subject of the first "Pierce with a Pro" article which appeared in PFIQ number 2. The article has been twice updated, once specifically for women (issue 20) and again for men (issue 27).

Issue 20 is no longer in print, so the time has come to once again refeature this most popular of piercings.

As in previous articles in this series, mention of any procedure or product herein does not imply a recommendation or endorsement by either PFIQ, Gauntlet, or their staffs, nor can they assume responsibility for any misfortune, mishap, or accident arising from application of this information.

This is the twenty-first in a series of articles documenting the actual procedures and techniques used by "master piercers." At the risk of appearing redundant, the editor has chosen to make each article in the series as complete unto itself as possible and not dependent upon previous articles for vital information. Consequently much material is repeated. If you are following the series in its entirety, please bear with us. One who is seriously interested in the subject of piercing cannot be too familiar with the techniques involved.

PRELIMINARIES

Any time a piercing is done a certain amount of risk is involved. The risk can be great or small depending upon the area of the body being pierced, upon the skill and competence of the piercer, and upon the attention to aftercare given by the piercee. At the conclusion of this article is a list which outlines the proper piercing care of a new piercing. By following this list conscientiously the piercee can do his or her part to greatly reduce the risk factor.

But what about the piercer? Much of the responsibility for a successful, risk-free piercing rests with him*. Before you entrust your well-being to anyone, stop and consider what makes a good piercer and what goes into the making of a good piercing.

There is no question that the number one consideration is cleanliness, and this consideration should be foremost in the mind of the piercer. In preparation for a piercing session he showers and dresses in clean clothing. Immediately prior to

commencing work he scrubs his hands again. His surroundings, especially the area in which he works, is kept scrupulously clean. Special attention is given to all implements that will be used, to assure that they are sterile. Those items which are new and have never been used before generally require only minor sterilization. They can be boiled, soaked in antiseptic solution, and/or coated with an antibiotic ointment. But for any object which may have previously been used to penetrate the skin or which has come into contact with blood or other body secretions, such sterilization is inadequate as it cannot destroy the resistant virus of hepatitis. This harmful organism can only be eliminated with high pressure and/or intense heat.

Just as deadly, perhaps more so, is the virus believed to cause AIDS (acquired immune deficiency syndrome). As of this writing the information pertaining to this virus is still incomplete. It is known to be transmitted in body fluids, and is especially concentrated in blood and semen. Current research suggests that the virus can be destroyed by soaking contaminated implements in a solution of 10% chlorine bleach. This might be quite adequate, however, considering the deadly nature of the organism, no responsible piercer would rely upon this method of sterilization alone.

Wherever possible disposable materials would be used. Piercing needles are so inexpensive they are used only on one person then carefully discarded so that contact with them would be unlikely. Items such as forceps which are too expensive to use only once and discard are cleaned and sterilized as follows:

The piercer begins this process by soaking the items in a chlorine bleach solution (at least 10%) for about 15 minutes. For the actual cleaning he wears a pair of rubber gloves as a prophylactic measure. All equipment is then washed with soap and hot water, then rinsed well. The inside jaws of forceps are usually serrated and should be scrubbed clean with a small brush. Great care is taken at all times to avoid being pricked with a contaminated needle.

Following the initial cleaning phase, a professional piercer usually encloses each implement in a separate sterilization bag, folds the open end twice to close it, then secures the fold with a special kind of tape made for the purpose. Sterilization bags (which are available in a variety of sizes from many surgical supply houses) are made from a type of paper which will allow steam to penetrate

*Or her. While we are aware that piercers can be both male and female, this article will follow traditional practice using masculine pronouns to refer to piercers regardless of their gender. We trust our feminist readers will understand and bear with us.

the bag to sterilize the contents but keep out harmful organisms which might otherwise recontaminate them if they were exposed to air. These bags serve a particularly useful purpose when implements which have been sterilized in them are to be stored for a length of time prior to use. As long as the bag remains unbroken, its contents retain their sterility.

For the average person who may only be doing a few piercings at most, bagging and storing implements is probably impractical. But the necessity remains to sterilize them properly and to take measures to assure that they remain so until used. Under these conditions the most practical procedure is to soak and wash the items as described above and set them aside where they can remain undisturbed until shortly before they will be needed. At that time they can be sterilized as will be described shortly, then placed in a dish of antiseptic solution until they are to be used.

The best and most professional method for sterilizing implements is in an autoclave. After 20 or 30 minutes in one of these appliances at a pressure of between 20 and 40 pounds per square inch and a temperature of approximately 275°F (135°C), they should be thoroughly sterilized.

But autoclaves are expensive, and only someone doing a large number of piercings would find it practical to purchase one. For anyone doing a modest amount of piercing, the next best alternative would be to purchase a pressure cooker. These can be found in the housewares department of nearly any department store at a current price somewhere between \$50 and \$100. To use one follow the instructions which come with the cooker, and process the contents at maximum pressure (15PSI) for about an hour. If sterilization bags are used they will be wet at the end of the process in which case the bagged items should be placed in a warm oven until the bags are dry. Unbagged items should be transferred to an antiseptic solution to await use.

So what does one do if he or she is only doing a few piercings? The safest approach is to use disposable materials whenever and wherever possible. All well and good for piercing needles, corks, and the like. But few people are willing to discard a pair of Pennington forceps which might have cost them \$15 or more. Anything that can withstand the heat can be sterilized in a regular oven, but it must be processed at a temperature of 375°F (190°C) for at least one hour or more in order to destroy all harmful organisms.

The importance of cleanliness and sterilization cannot be emphasized enough especially in situations where one piercer will be working on a number of people. Frequently situations arise where an unthinking piercer can unwittingly transmit a disease, especially hepatitis, from one person to another. A responsible piercer must always be watchful for these potentially dangerous situations and avoid them. Consider the following hypothetical example:

John Doe had one nipple pierced six months ago and now wants the ring he is wearing installed in his other nipple. The piercer places John's ring in a dish of antiseptic solution, does the piercing, then installs the ring. John leaves. The piercer discards the now contaminated solution, rinses the dish out, and refills it with fresh antiseptic. The stage has been set for possibly serious consequences.

Assuming the rest of the piercer's techniques are correct, John Doe should experience no problems with his new piercing. But if he carries hepatitis, any jewelry placed in the dish of antiseptic may pick up the virus and transmit the disease to the next person being pierced. Even though the dish was emptied and rinsed prior to being refilled, it is possible for traces of the virus to remain behind to contaminate the fresh solution.

This example illustrates only one of the many pitfalls a piercer may encounter. For the well-being of those he pierces, he must always be alert and anticipate these potentially dangerous situations.

Let us now examine some of the other qualities of a good piercer. Many of these qualities fall under the heading of responsibility. No responsible piercer will attempt to do a piercing while under the influence of alcohol or drugs. He is also wise to refuse to work on someone who is drunk or on drugs.

As many readers are aware, there are people for whom piercing is a highly erotic activity. For these people there is a great temptation to pierce or be pierced within the context of a sex or S/M scene. Should the temptation arise, it is best resisted. Lighting in such situations is frequently inadequate for doing good, accurate work, and the surroundings are often less clean than would be desirable. A responsible piercer is aware of these pitfalls and proceeds with extreme care and caution.

One easily overlooked area of responsibility has to do with a piercer's choice of device for insertion into the piercing. If the piercer you are considering wants to insert some jerry-built contrivance into your contemplated pierce, look elsewhere for someone to do the job. No responsible piercer will consider using potentially harmful objects such as safety pins or twisted bits of wire. Insertables must be inert and nontoxic (solid gold of at least 14K, platinum, surgical grade stainless steel, titanium, niobium, tantalum, or at very least, inert plastic such as nylon or teflon). The designs must be suited to the application and without sharp edges that could cause irritation or damage.

Good jewelry, properly taken care of, lasts a lifetime, and the pleasure it gives makes it worth the investment. You shouldn't attempt to cut corners, and neither should your piercer.

What else does one look for in a good piercer? Knowledge. He must know what he is doing and why. He should know where to place a piercing so it will look its best and, in the case of piercings for erotic stimulation, provide the greatest amount of sensual enhancement.

These then are the primary and more important qualities and considerations to look for in a piercer. Insist on them and avoid anyone who does not possess and practice them. If you do, and if you conscientiously attend to the aftercare, your chances of a successful piercing are virtually assured, and the amount of risk involved will be reduced to a minimum.



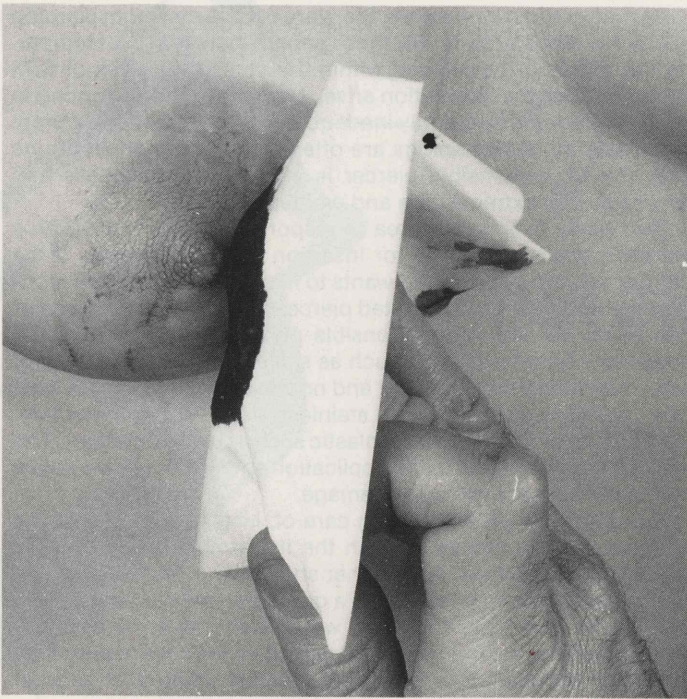


Figure 1.



Figure 2.

PREPARATION

When the time comes to do a piercing, certain preparations are in order. For the most part these involve assembling the various articles needed to perform the piercing, seeing that they are properly sterilized, and making sure the work area is clean. After selecting an area in which to set up his equipment, the piercer washes his hands, spreads a clean towel over the area he has chosen, and on it arranges the items he will be using. For the frenum piercing he will need:

a) An antiseptic solution, used to cleanse and disinfect the area to be pierced. Betadine solution is the product being used in this piercing session. It is excellent and readily available. Betadine solution is specified as the manufacturer also markets a surgical scrub and an ointment under the same trade name.

b) Cotton swabs, cotton balls, surgical gauze pads, or facial tissue, used to clean the area being pierced, dry implements as they are removed from their antiseptic soak, to wipe fingers, and to sponge up blood if there is any.

c) Something to mark the placement of the piercing with. The photos accompanying this article, which were taken some time ago, show a "Sharpie" brand marking pen being used. Although no problems have been traced to use of this particular marking device (especially on skin which has been properly cleaned beforehand) some question has arisen as to its possible toxicity and likelihood of carrying dangerous organisms from one person to another. This has led to an ongoing effort to find a better method of marking, though to date the search has yielded no ideal method.

One alternative method utilizes a clean toothpick dipped in Pelikan brand, black, drawing ink. This ink is nontoxic and is sometimes used for tattooing. So as not to contaminate the ink in the bottle, a small amount is placed in a small, clean container. Small, disposable, paper or plastic, relish cups are excellent. A fresh one can be used for each piercee, thus avoiding the risk of cross contamination.

d) A pair of disposable, latex gloves. While gloves may be optional where the two individuals, piercer and piercee, have been involved in a monogamous sexual relationship for a number of years, they should otherwise be considered standard, essential equipment. The advent of AIDS and its con-

tinued spread — the disease, which for some time has been erroneously labeled a homosexual malady, is a very real threat to the heterosexual population as well — makes protection from possible contact with the deadly virus absolutely essential.

e) Pennington forceps. These are used to clamp the tissue to be pierced and hold it in place during the actual piercing. A rubber band wrapped several times around the forceps provides and easily adjustable means of regulating the grip of the forceps.

f) A piercing needle of the same thickness as the jewelry to be inserted into the piercing. Gauntlet piercing needles are particularly handy. They are easy to follow through the piercing and come individually wrapped and pre-sterilized.

g) A small cork. This is used to support one side of the piercing during the piercing process.

h) Suitable jewelry. There are any number of jewelry designs which work well for nipple piercings. There has been a long-standing debate as to which heals best, a ring or a stud. Our experience has been that each design has its advantages as well as its drawbacks. Without question rings are the easiest to clean and care for. They are not, however, as comfortable during the healing period as studs are.

Most people elect to use a ring. This is usually no problem unless the diameter of the ring is too small in relation to the width of the piercing. The inside diameter of the ring should be at least $\frac{1}{8}$ " greater than the distance between the openings of the piercing. For most women a $\frac{5}{8}$ " diameter will suffice, however, $\frac{3}{4}$ " is not uncommon.

If studs are chosen care should be taken to assure they are sized correctly. The length of the post should be sufficient so the end balls do not seal off the piercing and create a condition conducive to infection.

Absolutely NEVER put earrings in anything but ears. If you do you'll regret it. The diameters are usually too small, and the thin wires can literally slice through the piercing. All too often there are sharp edges which can cause discomfort and possible infection.

i) A small dish containing an antiseptic solution. Into it will be placed those items which require only minor sterilization. Cetyl chloride, a special germicidal solution for instrument sterilization, works well. It can be found at some surgical or beauty/barber supply firms. Betadine solution is also excellent and

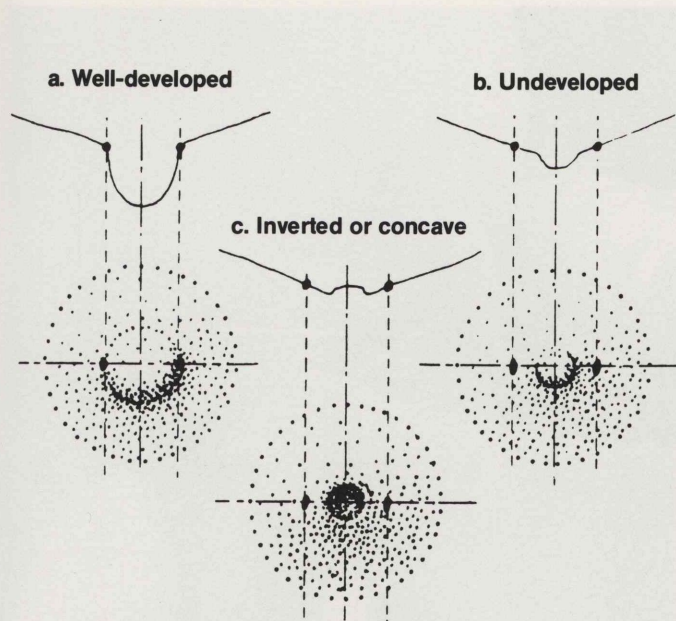


Figure 3.— Nipple Configurations

readily available from most pharmacies. Unfortunately it will discolor karat gold. If nothing else is available, alcohol will do though its antiseptic qualities are not quite as good as the two products mentioned above. Strange as it may seem, the most effective alcohol for this kind of use is the grain alcohol sold in liquor stores. Items should be soaked in it for at least fifteen minutes prior to use.

j) An antibiotic ointment such as Bacitracin, Mycitracin, Neosporin, Polysporin, or Rexall Tri-Salve. These are used to lubricate needles and jewelry prior to insertion. They also help to minimize the risk of infection. Most pharmacies in the U.S. carry at least one of them. Some individuals may be allergic to these medications, particularly those containing neomycin, so care should be taken in their use.

In many countries outside the U.S., antibiotic ointments are available only by prescription. Consequently, one must depend upon what is locally available. Care should be taken to assure that whatever is used is at least sterile and, preferably, antiseptic as well.

k) An anesthetic. This is optional and dependent upon availability. The most effective anesthetics are, of course, the injectable ones available only on prescription and administered by a physician or nurse. Few piercers have access to these, nor are they licensed to administer them. Topical anesthetics, those applied to the skin, do not penetrate deeply enough to have much effect, so in this application they are nearly worthless.

Numbing the area to be pierced using cold is another type of anesthesia which we have discussed at length in previous articles. There are two methods for doing this. The simplest of these involves packing the area with ice until numbness sets in. Ice used for this purpose should be specially made from boiled water frozen in a tray which has been thoroughly washed with soap and hot water to which some chlorine bleach has been added. The second method utilizes a spray-freeze product such as ethyl chloride. Products of this type are available only by prescription and have several objectionable properties. We have been told that they are not sterile. They are highly flammable, and great care must be exercised in their use to avoid frostbite. Another drawback with any type of "freezing" is that the anesthetic effect wears off very quickly. In addition many people find the "freezing" process more painful than the piercing alone would be.

Most piercings are done "grit-your-teeth-and-bear-it." This

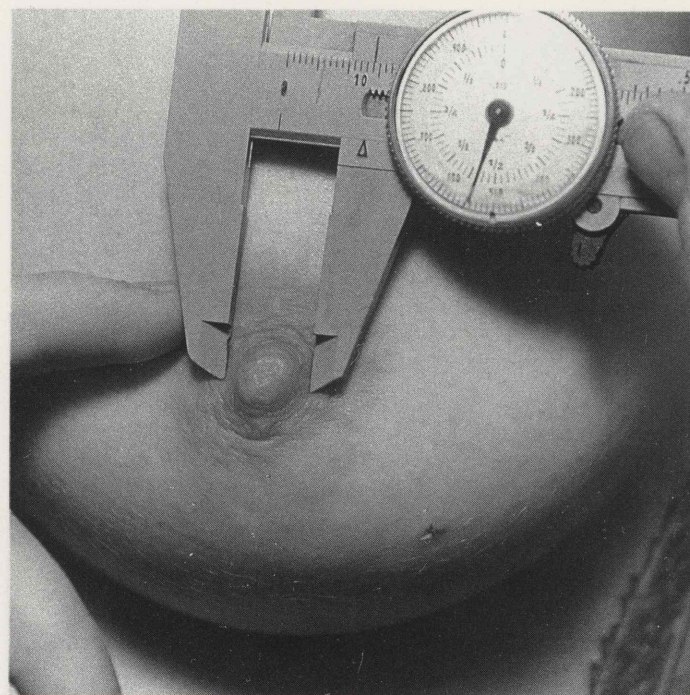


Figure 4.

just may be the best way. If the piercer is experienced and can work quickly, the amount of pain is usually minimal thus making the entire anesthesia process more bothersome than it is worth.

The piercer is now ready to proceed. Before starting to work he scrubs his hands thoroughly using a brush and paying particular attention to the area around the fingernails.

Next the piercer cleans the area that he will be piercing. This is done using Betadine solution with gauze pads, facial tissue, or cotton swabs (Figure 1). Proper surgical technique dictates that this cleaning process be repeated three times using a fresh applicator each time and that each applicator go over the area only once before being discarded. The piercer is now ready to mark the placement of the piercing.

P L A C E M E N T

Placement is second only to cleanliness on the list of piercing priorities. The well-placed piercing sensitizes the area through which it passes. This has a great influence on the amount of pleasure which the piercing will provide. And, needless to say, the piercing should be attractive.

Marking is done as follows: the piercee is directed to stand erect, feet together, hands at the side, eyes fixed straight ahead. The piercer gently rubs and massages the nipple, coaxing it to an erect state. Using a marking pen or toothpick dipped in Pelikan brand drawing ink, the piercer places a dot on either side of the nipple, right at the base of the nipple where it joins the plane of the breast (Figure 2). The two dots should fall on a horizontal line parallel to the ground and passing through the center of the nipple.

While most women have well-developed nipples (Figure 3a), some have small, undeveloped ones (Figure 3b). The latter, more common with men than women, are generally under 3/16" in diameter and protrude only slightly, if at all. The undeveloped nipple must be marked and pierced into the areola (the brown, pigmented area surrounding the nipple), approximately 1/16" to 1/8" from the base of the nipple, on both sides of it. Generally speaking the smaller the nipple the more into the areola it is pierced. With women it is important that the piercing not be exceptionally deep to minimize the risk of irritating the mammary gland. If the nipples are well-devel-

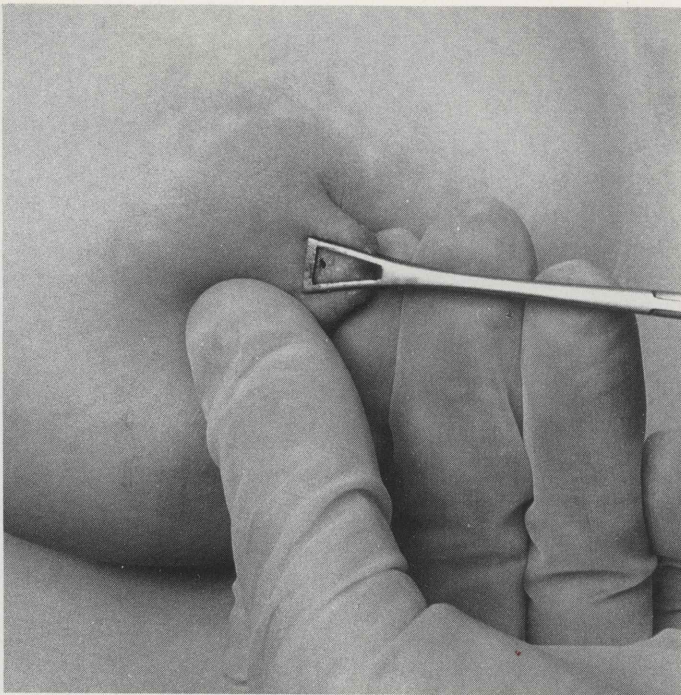


Figure 5.

oped, they should not be pierced beyond the base. If undeveloped the overall width of the piercings should not exceed $\frac{1}{2}$ "

While it is fairly rare, some women have inverted or concave nipples (Figure 3c). Often, with a little coaxing, these nipples will erect in which case they can be pierced like any other nipple. However, unless the nipple is willing to come out of hiding it is unpiercable. Sometimes the use of suction, cupping or applying the suction cups from a snake bite kit, will solve the problem.

Piercings that are too shallow can be as dangerous as ones that are too deep. The shallow piercing can more readily be torn out or rejected by the body, and it does not provide as much sensation.

If both nipples are being pierced it may be helpful to measure the width of the piercings with a pair of calipers to assure that both are the same (Figure 4). Should any of the marks be slightly askew they can easily be removed with alcohol, then redrawn. Before redrawing, however, wait a few minutes as the evaporation of the alcohol will cause a tightening of the skin which could effect the accuracy of the marking.

P R O C E D U R E

Once the piercee has been marked, it is no longer necessary for her to stand. It is best that she be seated in a chair with her back firmly braced or lie down. It is important that she not jerk when the piercing is done.

If an injectable anesthetic is to be used, this is the point at which it should be administered. Since this injection can cause swelling and therefore some distortion of the tissue, it should be done after marking.

The piercer now dons rubber gloves. He then prepares the Pennington forceps for use. First a rubber band is wrapped several times around the forceps just above the finger holes. By moving the band forwards or backwards the grip of the forceps can be adjusted so it is firm and secure, but no more painful than necessary. The tissue is gathered and clamped into the forceps in such a way that the two dots are positioned in exactly the same spot inside the triangular openings of the forceps jaws (Figure 5). Once the nipple is securely clamped, anesthesia using ice or spray freeze can be applied if this is desirable.

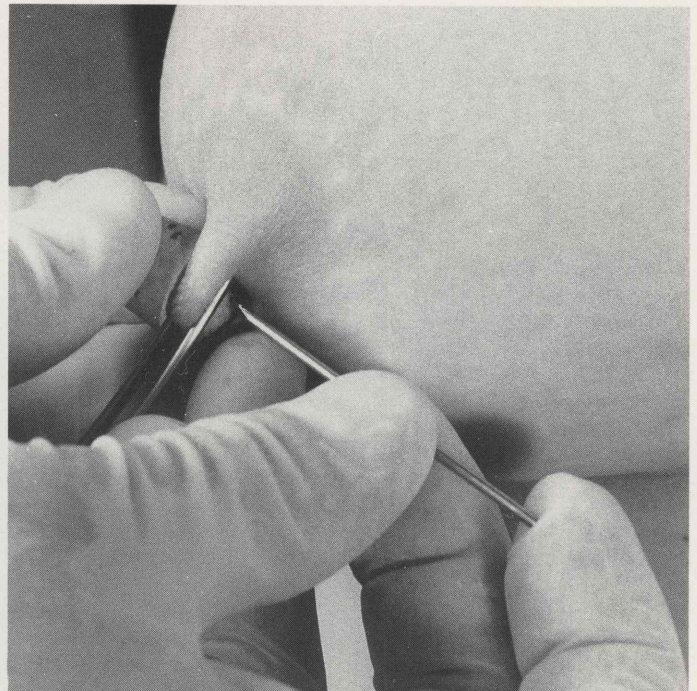


Figure 6.

At this point it will be helpful for the piercee or a third party to support the forceps while the piercer prepares the needle.

Before describing the actual piercing process, let us take a moment to discuss piercing needles. The gauge of the needle to be used is determined by the gauge of the jewelry to be inserted. Gauntlet piercing needles provide a great deal of convenience for the piercer as they come pre-sterilized in a small paper packet which maintains sterility until the packet is broken. Ideally needles should be used only on one person then disposed of. If it is absolutely necessary to recycle needles they must be properly sterilized as described earlier in this article.

The needle is now removed from its protective wrapper or the antiseptic solution in which it has been soaking. The point is lubricated with a small amount of antibiotic ointment.

The piercer now grasps the forceps and pulls the nipple slightly away from the breast. If available, an extra hand would come in handy for this job. The needle is placed in position on one side of the nipple (Figure 6), then forced smoothly through into the cork which is being pressed firmly against the opposite side. The cork is removed then the needle is pushed further through the piercing until about $\frac{1}{4}$ " of the blunt end of the needle protrudes. The forceps are then removed leaving the needle in the piercing (Figure 7).

The jewelry will now be inserted. After removing it from the dish of antiseptic solution, the piercer dries it off and coats it with antibiotic ointment. The excess is wiped off to facilitate a firm grip. This is important. One slip while inserting the jewelry, and finding the entrance and exit of the piercing may be impossible.

If a barbell stud with a hollow post is being used, the piercer inserts into it a piece of wire slightly longer than the post itself. This protruding piece of wire, when inserted into the piercing needle, will help keep the two together until the stud is completely through the piercing. If the barbell post is externally threaded, the threads should be dipped into a bit of melted wax to facilitate insertion.

The piercer now butts the end of the jewelry, whatever it may be, against the blunt end of the needle (Figure 8). Holding the two tightly together he applies pressure to the jewelry and in one smooth motion pushes the needle through and out of the piercing and the jewelry into it. The jewelry is closed, and the piercing is now complete.

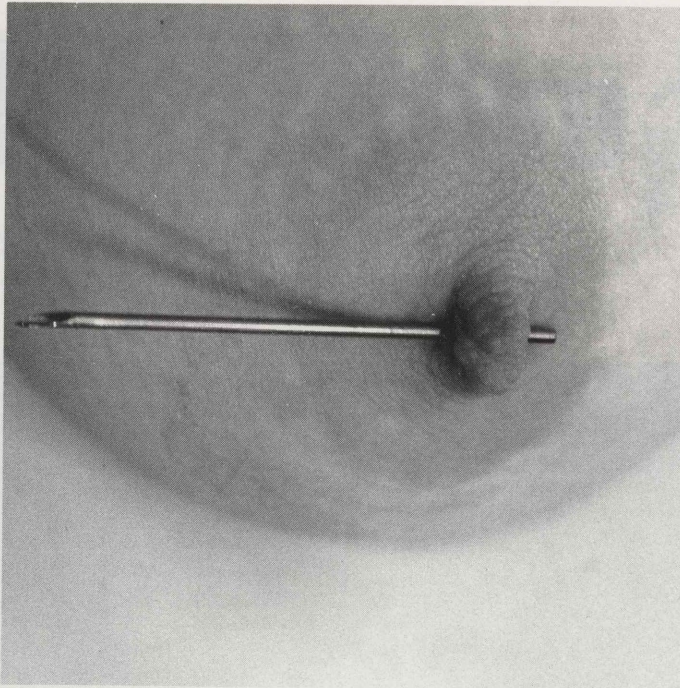


Figure 7.

A F T E R C A R E

Basic healing time for a nipple piercing is usually between two and three months. Some people assume that at the end of this period they can remove their jewelry for a length of time and reinsert it easily. This is not the case. Something should be left in the piercing at all times for at least the first six months, longer if possible. Even though healed, some time is required for the piercing to season and "toughen up." If the jewelry must be removed for a short period of time during the first few months, it is advisable to insert a short piece of heavy monofilament nylon fishing line or "Weed-Eater" line the length of the piercing. This is virtually undetectable, particularly to X-ray, and will keep the piercing open until the jewelry can be reinserted.

The aftercare which a piercing receives can greatly effect the healing time. It is the responsibility of the piercee to see to this aftercare which is crucial not just for the success of the piercing, but for the well-being of the piercee as well. The following list will provide a general guideline for the care of the new piercing:

1) It is important that the new piercing be thoroughly cleaned twice daily. We have yet to discover the ideal product for this purpose. The best way we have found so far seem to be to wash the piercing using a surgical scrub. Though a bit harsh Hibiclens appears to be the best. It can usually be obtained from a good pharmacy. The first step in cleaning is to remove any matter which may have dried on the jewelry and around the openings of the piercings. This is best done with warm water. Next the piercee works a small amount of the Hibiclens into the piercing and leaves it in contact with the skin for about three minutes. Finally the Hibiclens is rinsed off very, very thoroughly. Traces of Hibiclens left behind can cause skin irritation in some sensitive individuals.

If a rash or irritation develop when using the Hibiclens — or any other product, for that matter — try using it diluted. If the irritation persists discontinue use altogether and find an alternative method of cleaning. Try using a low pH soap. A Shaklee product called Basic-H diluted one part Basic-H to five or six parts water is quite good. It is best to avoid soaps which are highly perfumed or which contain deodorants, cold cream, etc.

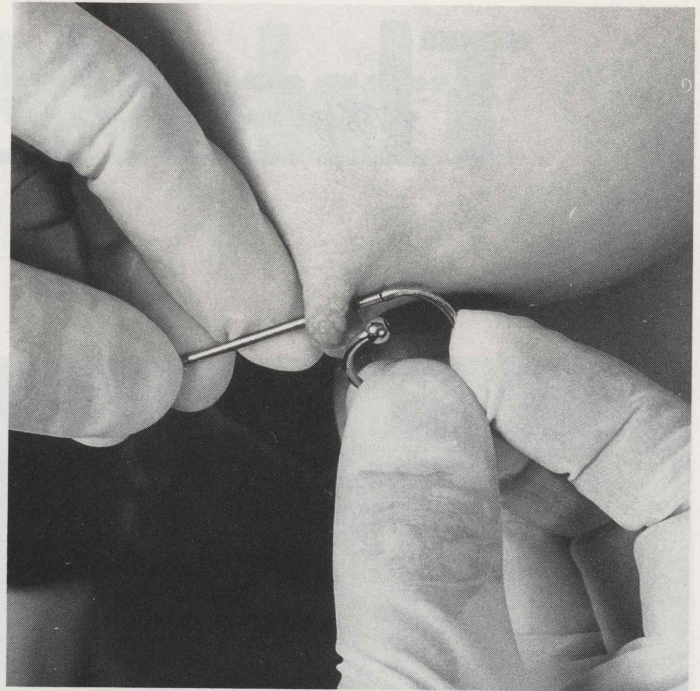


Figure 8.

Some people like to use Betadine surgical scrub. This is also a very good product but it will discolor karat gold.

For some reason many people insist upon using rubbing alcohol or hydrogen peroxide to clean and care for their piercings. While these may work well for a few individuals, for most they do not, and the cleaning process outlined above is decidedly superior.

2) Many people have a reverential awe for antibiotics, either taken internally or used topically in ointment form. In the opinion of this piercer, neither form is indicated for basic piercing care. Oral antibiotics should NEVER be taken unless prescribed by a physician.

3) A nutritious diet with some form of vitamin/mineral supplementation goes a long way in helping the body fight infection and heal itself. Its importance should not be underestimated.

Several medical practitioners have informed us that the healing process can be greatly accelerated by taking some form of zinc supplement. One product recommended was Vicon-C, a commercial vitamin-mineral supplement available from most pharmacies. Recommended dosage was one capsule three times daily. A simple zinc supplement without additional ingredients (one 50mg tablet three times daily with meals) can be just as effective and considerably less expensive. Intake of any one mineral over a prolonged period of time can produce a mineral imbalance and undesirable side effects. Use should not exceed six weeks.

4) Care should be taken not to contaminate new piercings. Never touch them with dirty hands. Even more important, avoid all oral contact with the piercing until it is healed.

5) New piercings should not be subjected to rough use during the healing period.

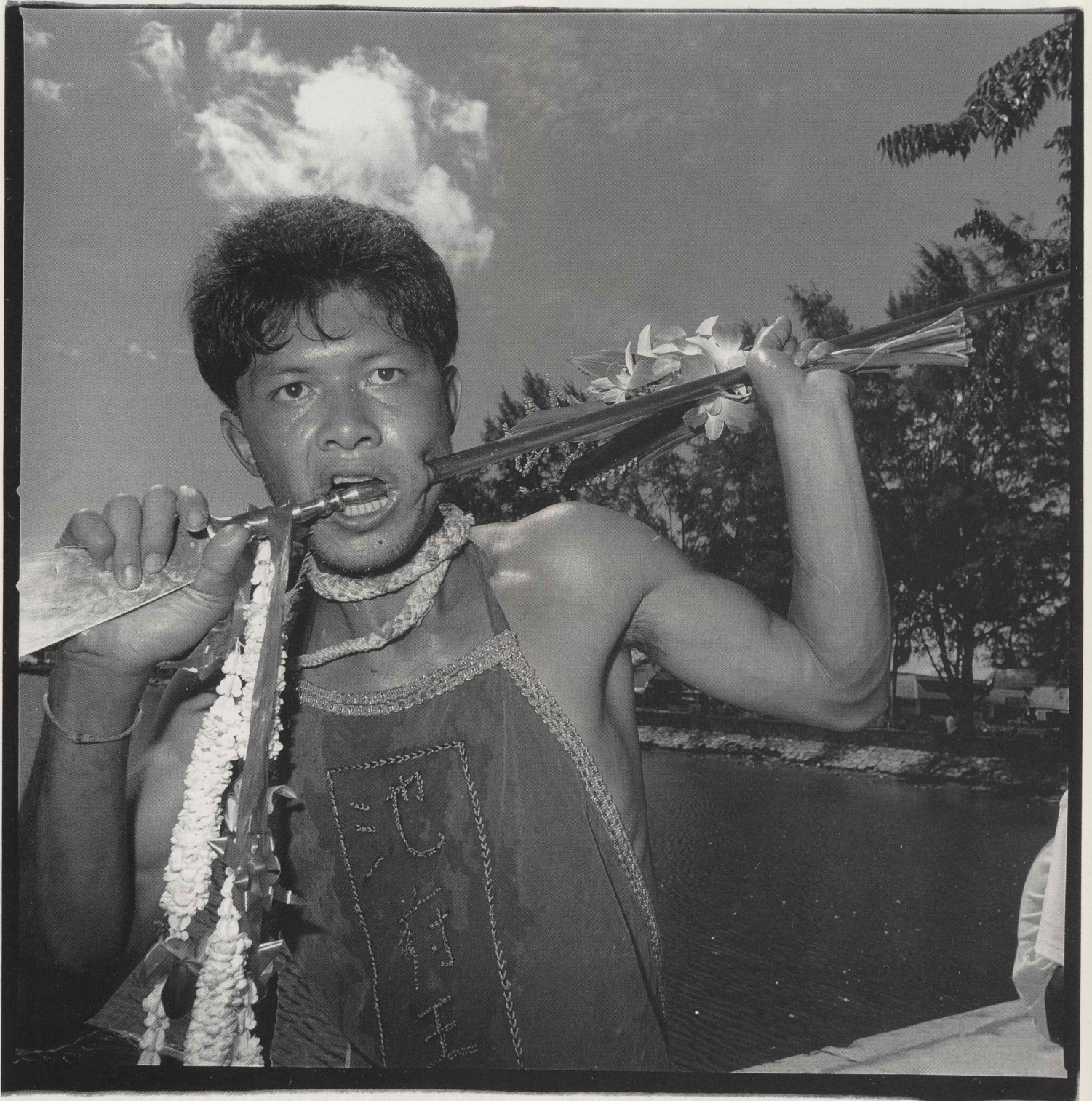
6) If the piercer has done his job properly and the piercee attends conscientiously to the aftercare, the risk of infection is minimal. However, should one occur, a physician should be consulted as soon as possible. Signs of infection are pain, excessive redness and/or discharge, accompanied by swelling. Simply removing the jewelry will not necessarily end an infection and may, in fact, make matters worse by eliminating a passageway for the discharge of pus and matter. If possible leave your jewelry in when consulting your physician.

And so we conclude this piercing session. We hope it has proven enjoyable and informative.

Remember! Play safely!

THE VEGETARIAN F

Photos by Th



FESTIVAL AT PHUKET

atcher Keats





For nine days and nights at the end of September and early in October, thousands of people converge on Phuket, a small island which is part of Thailand. They come for the annual Vegetarian Festival, to partake of the vegetarian food and attend various rites expecting to receive religious favor. The rites themselves are supervised by the monks of Phuket's five main Chinese temples.

This form of merit-making is believed to have begun during the reign of King Rama V. [1868-1910] when a large number of people from China and Malaysia came to work at tin mines in Phuket. The first festival was said to have been held in Kathu District in the southwestern part of Phuket island by a visiting Chinese drama troupe with the aim of dispelling malaria. The Chinese community was interested in the

festival and later sent an emissary to Kwang-sai province in South China to learn more about the rites. These rites are performed to ask the gods to transfer their power to a select group of participants who will then be able to withstand bodily torture.

The selected persons and some of the monks themselves walk on red-hot charcoal, climb up a very tall ladder with sharp-edged steps, or pierce various parts of their bodies.



Photographer Thatcher Keats has this to say about the participants: "When I'd see the men who were participating in the piercing ceremonies walking around town they had the feel of west-hungry young hipsters with sunglasses, pop music t-shirts, and lots of cowboy attitude. Everything I'd seen led me to believe that these guys would have been more like the reli-

gious fanatic. One wouldn't doubt the sincerity of their trances, but when I would jump into the procession to take a picture their feminine clucking and tongue speaking would stop, the drool would stay hanging from their chin, and they would stop to pose, sometimes even smile and wave until my flash went off. Then they would resume their twitching and cackling and go on with the parade.

"Some of these people had pretty delicate situations with their pierces i.e. bicycles, portable tape decks, 8 to 10 foot poles, etc. all through their cheeks and tongues. While they paraded through the streets the Thai spectators would drape them with 500 piece strings of firecrackers, but I never saw anyone jump or fall or rip their cheek."

QUARTERLY QUOTES

Submitted by Roger K. (1984-WAM)

"In the late 1890s the 'bosom ring' came into fashion briefly and sold in expensive Parisian jewelry shops. These 'anneaux de sein' were inserted through the nipple, and some women wore one on either side linked with a delicate chain. The rings enlarged the breasts and kept them in a state of constant excitement . . . The medical community was outraged by these cosmetic procedures, for they represented a rejection of traditional conceptions of the purpose of a woman's body."

Stephen Kern,
Anatomy and Destiny,
Bobbs-Merrill, 1974, p. 97

"No more perfect example of Victorian extremism can be found than the unbelievable breast piercing craze that swept London in the 1890s. This barbaric practice achieved fantastic popularity among seemingly sane, civilized English-women, who submitted to the excruciating pain of having their nipples pierced in order to insert decorative gold and jeweled rings. In an attempt to explain what had driven so many females to embrace such a crackpot fad, a fashionable London modiste wrote a letter to a popular magazine, which stated in part, "For a long time I could not understand why I should consent to such a painful operation without sufficient reason. I soon, however, came to the conclusion that many ladies are ready to bear the passing pain for the sake of love. I found that the breasts of those who wore rings were incomparably rounder and fuller developed than those who did not. My doubts were now at an end. . . . So I had my nipples pierced, and when the wounds healed, I had rings inserted. . . . With regard to the experience of wearing these rings, I can only say that they are not in the least uncomfortable or painful. On the contrary, the slight rubbing and slipping of the rings causes in me an extremely titillating feeling, and all my colleagues to whom I have spoken on this subject have confirmed my opinion."

Bernhardt Harwood,
The Golden Age of Erotica,
Paperback Library, 1968, p. 264

"The *mot juste* has been replaced by a 'Can you top this?' brand of sexual repartee.

"I am thinking of having my nipples pierced," a woman with martini in her hand will say challengingly to a man she's just met. "Good idea," he'll say. "I just bought a new cock ring yesterday myself."

Cynthia Heimel,
Sex Tips for Girls,
S & S, 1983, p. 179

"David Carruth (guitar), Betsy (vocals), Robby Settles (drums), and Ron Cordy (bass and costumes — who said the age of Beau Brummel was dead? Ron's nipple rings made his the first costume yet to freak out an otherwise unflappable member of the art crew who listens to neither metal nor punk; she almost lost it doing Typhoon's saran wrap ensembles, but Ron finally put her over the edge. Way to go sport. Now if we can just get her down off the ceiling . . .)"

caption under a photo of the
rock group "Bitch"
in *Bitch: The Women's Rock
Mag, with Bite*, #17, p. 10

(Another notable who's been photographed with a discreet nipple ring is novelist John Irving, author of *The World According to Garp*, *The Hotel New Hampshire*, etc. He was shown in advertisements publicizing the first (March 1983) issue of *Vanity Fair*, wearing a maroon wrestling uniform.)

"Having pierced ears is less permanent than a tattoo but seems to require almost the same amount of daring. Maybe the idea of pierced flesh still holds some atavistic thrill for us. If you change your mind later, the hole will grow over, leaving just a tiny scar. And pierced ears are actually sensible: earrings are easier to wear with pierced ears because they can't squeeze and pinch the ear lobe like snap-back clips. Should you go on to have two, three, four, or more holes pierced in each ear, you need never wear anything more creative than the basic uniform: people will always remember you."

C. Milinaire & Carol Troy,
Cheap Chic, Harmony Books,
1985

Good Housekeeping's Woman's Almanac says: "Engagement and wedding rings began as shackles used to subdue the abducted woman. Later the ring was placed on the left hand — rather than around her ankle or through her nose — because the hand was considered weaker. The third finger was chosen because it was thought a vein ran from it directly to the heart."

Scripps-Howard News Service,
Dec. 29, 1982

"In a study of the heights of different groups of people around the world, anthropologists Thomas Landauer and John Whiting found unusual tallness to be correlated with two societal traits: to a lesser extent with the keeping of dairy herds, and to a greater extent with stressful child-rearing practices. These practices included the scarring of young bodies, piercing of the skin, and the molding of newborns' heads. The men of tribes that engage in such practices, the researchers found, average 2.5" taller than the men of tribes that don't. . . . The anthropologists claim that all such evidence 'leaves little room for doubt that early stress leads to accelerated growth'."

Ralph Keyes,
The Height of Your Life,
Little-Brown, 1980, p. 33

"The ritual habit of some savage tribes in inserting heavy metal rings into the nipple at the time of a virgin's debut party celebrating her adolescence can hardly be characterized as a sex perversion."

Else K. LaRoe, M.D.,
Care of the Breast
Froben Press, 1947, pp. 90-91



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Glenda H, manager of a major Southern California camera store. Photo by Todd Friedman.

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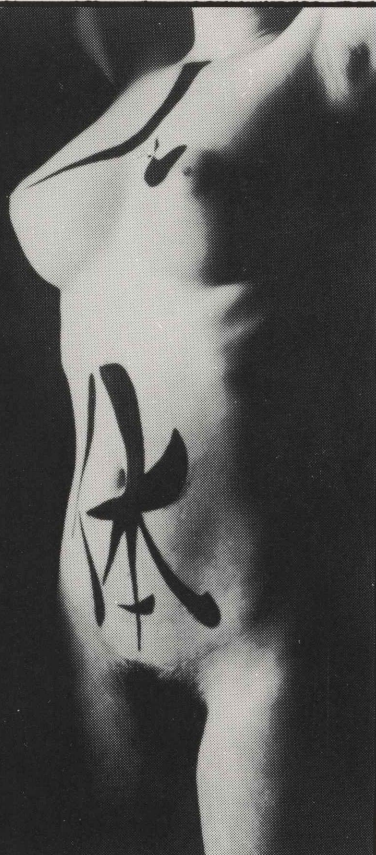
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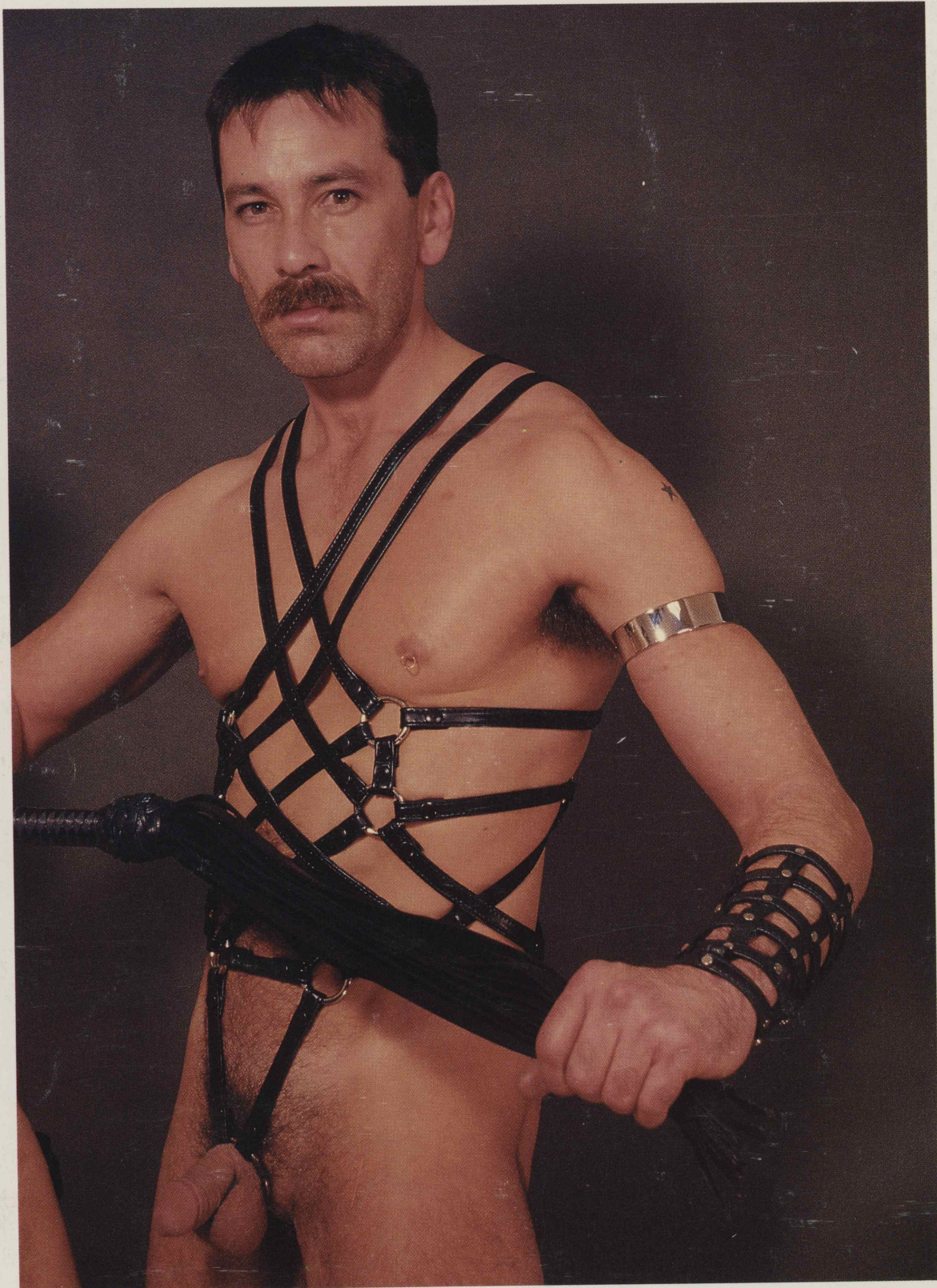


Photo by Droux Photo