

Piercing Fans International Quarterly

HIGHLIGHTS

- Sluts & Goddesses
Photos by
Annie Sprinkle
- Pierce with a Pro,
Part 27:
The Male Nipple —
an Update
- A Feast of
Photography —
work by Todd
Friedman, Charles
Goll, Drew Ward, &
others

No. 40

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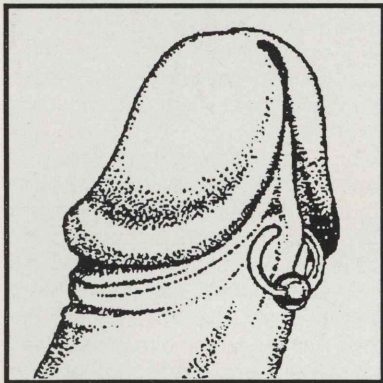
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ViewPoint

by Jim Ward

THE MOST FREQUENTLY MISPLACED PIERCING?



A typical, misplaced frenum piercing. This illustration appears in the *SM Gays Resource Book* published by the SM Gays of London.

When I first got turned on to piercing nearly 25 years ago, my first piercings were of my ear and nipples. What did I know about placement? The nipple piercings, more from luck than anything, turned out quite well. The ear piercing was low on the lobe, but what the hell? I was able to put another hole above it and now wear two rings, one inside the other.

A couple of years passed before I decided to attempt another piercing, this time a frenum. I still had no idea of placement, nor, for that matter,

did I even know that that part of my anatomy even had a name. But as so many of us know, things like that don't stop us when we're hot for a piercing.

Well, I sought out a local jewelry craftsperson and had him make a small white gold abutted ring for me. It was probably about 14 gauge with an inside diameter of about 3/8".

Like many men I had a thin web of tissue on the underside of my penis head connected near the edge of the urethra and further down on the shaft of the penis. Technically speaking this web is part of the frenum, also sometimes called the frenulum. While many circumcised men no longer have one, I have never seen an uncircumcised male who didn't. To my uneducated, inexperienced mind this seemed a perfect place to install my new piece of jewelry.

And so on one of those inspired nights I gathered up my courage and my trusty piercing tools — heaven knows what they were — and proceeded to put a new hole in my penis. The new

— continued on page 36



The properly placed frenum will tolerate rough play and is unlikely to heal out, cut or tear. It also feels good.

PFIQ

Piercing Fans International Quarterly

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Front Cover: Scarlet O. Photo by Efrain Gonzalez.

Back Cover: Dario (0719-OSM).



The frequent result of a misplaced frenum piercing.



Dear PFIQ:

Dear Jim Ward and PFIQ,

Today is the one-week anniversary of my clit-hood piercing, and I was writing to thank you. If it weren't for your magazine, I would never have heard of this beautiful modification of the female genitalia and would never have had the happiness my new piercing has given me already.

I got pierced for two reasons, both of which fill a hole (so to speak) left in me by life in 20th-century America:

First, I got pierced to reward my bravery in giving birth to my son. I've read that childbirth is a hero's journey for mother and baby; however, a Mother's Day card is the most profound acknowledgment this society offers. That didn't even come close to the right commemoration for the shining new soul brought to earth through my body; the piercing does justice to this occasion.

Second, again and again I've felt that society wants women to apologize for their cunts — fish jokes, FDS and deodorant tampons, strangers feeling free to ask me if I'm "on the rag". Obviously the cunt is held in low esteem in America. My beautiful piercing does a lot to remind me that this is bullshit; that my cunt is a wonderful part of the holy thing my body is.

So, thanks — if it weren't for you, I'd have never done this.

Sincerely,
Friend of 4574-NYM

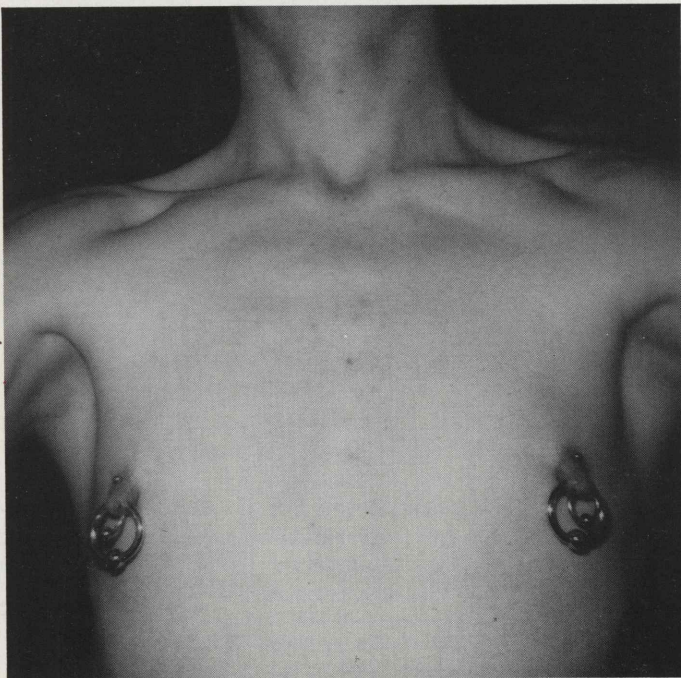
Hello —

I just had an urge to write you to let you and your readers know of some of my piercings. I have currently a PA, 3 piercings per nipple, 2 in the foreskin, and 1 dydoe. My PA is able to accept 2 gauge. Nipples are 16, 10, and 4 gauge; foreskin will take up to 6 gauge. I have future plans for other dydoes, 2 more foreskin piercings, a frenum, Queen Victoria, and maybe my tongue.

I haven't found any people around here interested in piercing. I hope that PFIQ can help me find other piercing fans in my area to write to or maybe meet and exchange experiences and ideas. By the way, my area is South central Kansas.

I'm enclosing a few photos. Use what you like.

Joe S.



Joe S.

The following is part of a letter from a Canadian piercing fan received at Gauntlet mail order:

Dear Tiffany and friends,

I am writing in response to your letter. I was away over the Christmas/holiday season and returned to receive your interesting and colorful catalog on exotic piercing. I must inform you that Canadian customs searched the material quite thoroughly before sending it to me. Although the material looks intact, it is uncertain that all material is there.

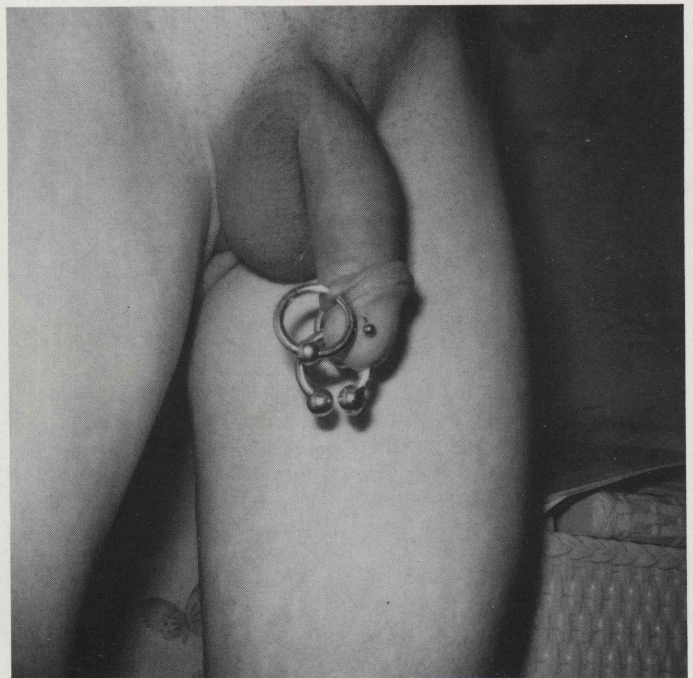
You had a specific inquiry about my nipple piercing. This was my first piercing, and I was inexperienced. I must say that the guys at [name omitted] are a great bunch; however, in my opinion, the guy who pierced me should not be doing piercing procedures. He was informed more than once that I was a diabetic. Diabetes is a micro vascular disorder (as well as an insulin/sugar disorder) that affects the connective tissues of the body, that is it toughens the tissue. The piercer was informed that the piercing may be tough.

I chose a 16 gauge needle to match the beaded rings that were given to me by a friend. He soaked all the implements in rubbing alcohol only. He gave me an ice cube for my nipple and a rum and coke. The drink was a big mistake on my part. I cannot drink rum let alone Coca-Cola. Live and learn!

A forceps with a hollow triangle head was used on the nipple and would have been fine except the skin was not dry enough to hold the clamp secure. When the needle was half way through he realized he needed his bifocal glasses, so he left and returned. When he tried to push the needle through the clamp came off, and he had to push the needle completely through unguided. Once through he could not move the needle by hand and had to go to get some pliers which, I might add, totally destroyed the needle.

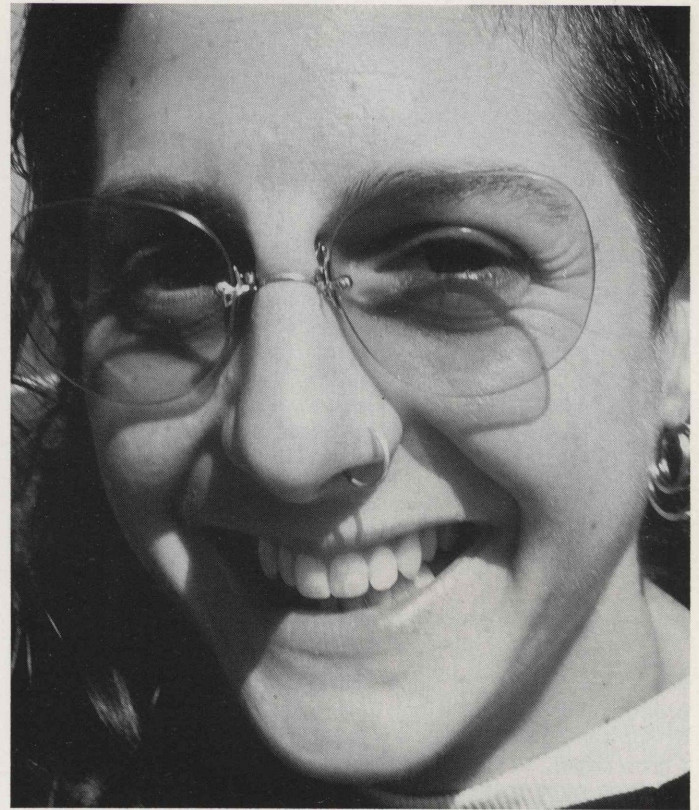
By this time I am somewhat nauseated from the rum (it was the rum because later I had my right nipple pierced at the same store but by a different person and with no problems at all). Once the needle was through he couldn't move it; it had seized. Talk about a tight fit! Two other guys tried and eventually a friend finally moved the needle so that the ring went in with no problem. I went to the drug store to get them some peroxide and isopropyl alcohol as a gift for not killing me or ripping my nipple out of my chest. The piercing was free because I had bought my needles from them. A dear childhood friend who does a fair amount of piercing was not pleased about my episode of first piercing and had no problems letting me know.

I am an extremely sanitary man, yet despite continuous and





Kim. Photos by Gerry T. (0473-MDM)



frequent cleanings with Betadine, peroxide, and alcohol, my left nipple became infected and eventual removal of the ring was necessary. Today I have a very small lump of scar tissue near the pierced hole.

This last summer I had to be hospitalized and had a heart attack. After an X-ray of my lungs the technician thought I had swallowed or inhaled something; she flushed and ran when I showed her the nipple and ring. During this visit I removed the ring, and the hole closed over so quickly that I could not put the ring back in. Again, live and learn! So, presently I have no rings in, much to my sadness.

Again to make you aware, if you are not already so, diabetics, depending on the severity and length of time with the disorder, not only have connective tissue problems, but can also be extremely slow healers depending on the site of the piercing. Diabetics can have real problems with the circulatory system which makes the healing process longer than the average person — almost double. Some diabetics also have lesser resistance to certain bacteria and weaker immune systems. I healed well and am very aware of the risks to myself.

Your magazine on piercing looks interesting, yet I do not know if Canadian customs will allow it to pass or not. Thanks for the information.

Sincerely,
N.M.

(Editor's comment: It's unfortunate but N.M.'s experience is becoming an all too frequent occurrence as incompetent people rush to cash in on the demand for body piercings. It's unfortunate that there is just no way to alert everyone to the horrors they face at the hands of a piercer wannabe.

When performed by a professional the process looks so easy that someone watching is deceived into thinking they can do the same with little or no experience. This misconception is certainly not squelched when a certain well-known piercer will, for a fee, give you a handful of lessons and a certificate saying you are now qualified to start a piercing business. Is it any wonder we hear so many horror stories?

No one becomes a concert pianist overnight — or a hairdresser, or any other professional for that matter. Neither does anyone become a fully qualified piercer without extensive training and hard work. Ask our Gauntlet apprentices and they will unanimously agree that to become fully qualified takes a minimum of between one and two years.

No matter how desperately you want a piercing, don't entrust yourself to someone who isn't fully qualified. At the very least your well-being, if not your life, depends on it.)

Dear Jim,

Herewith my cheque for another year's subscription to *PFIQ*. The older I get (now 77) the more impatient I get waiting for *PFIQ* to arrive.

Number 37 was superb. In my book the best ever. Number 38 was a bit disappointing. The painting on the front cover was beautiful, especially to a high heel lover, but it is a painting, a fantasy. The artist put rings in her nipples. With a flick of his pen he could have put a ring in her nose. We don't want fantasies in *PFIQ*. A long time ago when some fantasy letters appeared in *PFIQ* they were voted down, and I hope the fantasy pictures will also be voted out. The drawing by Bud had little of interest for a piercing fan, and the St. Sebastian bit would be better in a comic book.

I enclose three happy pictures of Kim. Not the Kim you published a picture of in 1953 [*sic*], but another piercing fan who enjoys it and looks like it. Annie Sprinkle always looks happy, and Elayne usually does, even with her tongue sticking out, but apart from those two, smiles are rare in *PFIQ*. I think we should lighten up and show more happy people with piercings. I hope you will be able to use one or more of these pictures.

Wishing you, Gauntlet, and *PFIQ* all the best for the future.

Yours sincerely,
Gerry T. (0473-MDM)

(Editor's comment: It's always nice to have feedback from subscribers, even when the opinions aren't exactly what we'd like to hear. It bothers me a little when you say "We don't want fantasies," instead of "I don't want fantasies." How do you know what other subscribers want? Of all covers the one on issue #38 has received, without question, the greatest amount of positive feedback. I truthfully don't think a little quality fantasy once in a while can hurt PFIQ.

The problem with the letters you refer to is that their author tried to pass them off as reality. That was the reason for reader criticism.

I fully agree with you that a little levity now and then makes PFIQ more well rounded. And that is one of the main reasons for the St. Sebastian piece. It's too bad you missed the point (no pun intended) and took it so seriously.

Differences of opinion aside, thanks for the photos of Kim. I'm sure many readers will enjoy them.)



DLM

Dear *PFIQ*,

My first experience with piercing was seventeen years ago when I pierced my left nipple with a stick pin and clipped off the protruding end. It took a long time to heal, but when it did I placed a hoop earring in it. My nipple was very small, but the piercing made it grow larger. So I pierced the right one with the same technique.

I then gave myself a Prince Albert, and by adding earrings through it made the hole grow to where I could put an eight gauge hoop through it.

One night I snipped the flesh from the Prince Albert and started to open up the urethra. I have since done this three times opening up the underside of my penis head all the way. I now have two triple nipple piercings, and both nipples are getting bigger with each new piercing. I hope to go to a quad pierce on each in a few weeks.

I have 34 piercings total, 8 in the nipples, 1 frenum, 1 penis piercing, and 24 in my scrotum. When I walk the bead rings clang and jingle and my scrotum is starting to stretch out. Wow, what a rush! I love the feel of the piercing needle popping through the skin. My goal is to reach 100 piercings within the next two years and to eventually open the urethra to the base of my penis.

Thanks to Gauntlet for making the jewelry available and of the highest quality.

My wife allows me to do this, but as of yet I have not been able to persuade her to let me pierce her also.

Three photos show the triple nipple effect and the genital piercings and modification.

DLM in Milwaukee, WI

Dear *PFIQ*,

I must say that I am very pleased to be one of your most recent subscribers. The quality of your publication is first rate, and it is a true pleasure to see what other people into piercing are doing. In addition the "Pierce with a Pro" articles from the back issues I ordered have been invaluable in helping me to determine what new piercings I want.

I was introduced to body piercing about two years ago when I became friends with several women who used body piercings as a form of reward for accomplishments they had attained. At that time I was trying to lose quite a bit of weight, and so I decided to reward myself for losing weight. At first I decided to start off slowly and just stretch my 7 and 8 year old ear piercings from high school and college. Working in the corporate headquarters for a large aerospace company, even this caused a bit of a stir. As I lost weight I slowly increased the gauge of my earrings and changed from stainless steel to gold (each change representing another 10 pounds lost). After 40 pounds I decided that it was time for a more radical reward, and on November 18, 1991 I had both of my nipples pierced and 14 gauge gold bead rings installed.



Unfortunately I drifted away from using piercing as a reward method and even took out my ear piercings. I did continue to lose weight but had nothing to tie my progress to. Recently I have strengthened my resolve to lose the last 20 pounds, for a total of 90, and am once again going to use piercings to provide the incentive I need. I am already looking forward to my next piercing, a Prince Albert.

In reading through the "Dear *PFIQ*" letters, I realized how fortunate I am to live here in Southern California. Not only do I have easy access to the trained staff at the Gauntlet, but I also live in an area where I can openly display my nipple piercings. I really enjoy roller blading along the ocean watching people's reaction as they realize what they are seeing. I am definitely an exhibitionist at heart.

Now that I am a *PFIQ* subscriber I have a source of information to share with those people who are curious about body piercing. Hopefully some of them will get turned on to piercing and become subscribers themselves.

Finally, I would like to thank the people involved with *PFIQ* and the Gauntlet for their exceptional work. I would especially like to thank everyone at the L.A. store for their willingness to answer all of my questions. I know that they will continue to provide the fantastic service that I have come to rely on.

Happily Pierced,
Robert (4664-CAM)

Dear *PFIQ*,

Some people can't leave a piercing alone; they just have to make it bigger and bigger. There are valid reasons for this: they are adults, they want to, and they have the right.

Using a standard insertion taper to enlarge a piercing may produce only a tolerable amount of pain when using fine gauges. The serious problem occurs when you want to enlarge a piercing from 10 gauge to 8, 8 to 6, etc., and you do not find a severely painful trauma to be an erotic or desirable experience.

A piercing manufacturer in England made the first curved taper I had seen. It went up from 10 gauge to approximately 7 gauge. Seeking to improve on this, I had a custom 10 gauge to 8 gauge taper made with a screw on the large end so that the jewelry would travel through in one secure pass. This becomes important if you are doing the work to yourself and worry about slipping or stopping half way through.

In practice, the thin end of the taper is coated with an antibiotic ointment (or other suitable lubrication) and slowly inserted into the piercing as far as possible until you feel pain. Back off just a bit and wrap a small rubber band many times around the thin end of the taper sticking out of the piercing. The rubber band prevents the taper from exiting the piercing, and the width of the metal prevents

the taper from advancing quickly.

Leave the piercing alone for several hours, and then try to gently push the taper in further. You should find that it will move a significant amount before you experience pain. Back off a tiny bit and advance the rubber band up to again secure the taper in place.

During the day, approximately every three hours, repeat the stretching procedure, and you will have enlarged your piercing one full step with the only pain being the discomfort you feel as you approach the edge of the stretching tolerance. You may also find, as I did, that the piercing will stretch greatly overnight.

As an example I was able to stretch a nipple piercing from a 10 gauge to a 6 gauge in one day. I also stretched an apadravya from 4 gauge to 2 gauge in a day and a half with no significant pain whatsoever. In contrast when I went from the 6 gauge apadravya to a 4 gauge using only a straight taper, it took me several hours and a severe amount of pain.

I find that a new piercing always becomes a little infected and the more open I can get the exit holes, the faster the piercing is likely to heal. On the theory that you don't want the tissue to shrink around a metal bar and trap matter, I sliced open a lead weight and tape it on the bottom of a 10 gauge 1¼" nipple ring.

The weight was not a great discomfort (though I did learn not to run across the street) and wearing it for six hour stretches with a couple hour break in between worked well. I did not sleep with the weight attached. Within a week there was hardly any discharge whatsoever, and turning the ring was quite easy. I wouldn't try this system with thinner gauge jewelry as the additional weight could potentially rip.

I am sure some veteran piercers would be aghast at adding weight to a piercing thinking that the "delicate" skin should not take the pressure. I can only say that it worked well for me, and each of us take some risk with whatever piercing procedure we attempt.

My best wishes as always,
Mike M. (3225-CAC)

(Editor's comments: You aren't the first person to suggest that a piercing might heal better if one can do something to get more air into it (See "Pointers" feature elsewhere in this issue). For this reason some piercers perform a piercing with a needle thicker than the jewelry they are inserting. We've yet to be able to prove that this approach works. Even people who get two piercings of the same kind at the same time using the same technique and jewelry frequently notice one healing better/faster than the other.

I must voice some concern about using a lead weight as described above primarily because I would be concerned about the possibility of getting lead into the piercing. It seems to me that a weight of a different material might be a better idea. If you do use lead be sure to coat it with something to seal the metal.

The stretching technique sounds reasonable, but I would definitely urge some caution. It is still not a good idea to attempt to push the stretching process too far too fast. Some parts of the body, ears for instance, stretch rather quickly, but it still takes time for the body to catch up between stretching sessions. While it is within reason to maybe jump one gauge, to try pushing beyond that in a few days time is asking for trouble. Never push to the point that tissue tears. If this happens there is a tendency towards scar tissue formation, and since scar tissue is not very elastic, further stretching can be impaired.

Finally, while the curved taper with the threaded end sounds wonderful, I see no reason why Mike's stretching procedure could not be achieved successfully with a straight, unthreaded taper. Depending on location this might not be as easy to wear under clothing. But aside from that it should work fine.)

Hello once again from Ohio,

We had to contribute to your fine publication once more. We were very pleased that you were able to include our letter and two photos of "D" in issue #39. Since then we have been active, in love, very satisfied with our newest piercing. "D" is now the proud owner of a clit ring.

Our newest addition is the one we both really were most anxious about. We did try and read all the articles first. We also placed the forceps to give me a feel several times before the actual event. We also agreed to use the 14 gauge ring with the same needle. "D" took one look at the 12 gauge needle and very nicely said, "Not in your lifetime!" I'll admit that with the size of her clit, position under her hood, and my steadiness, I had some questions. We both agreed to use the 14 gauge needle and try.

On Sunday night, October 11, 1992, we went through our ritual. We decided this was the time because we would both be on vacation for the next week. "D" finished work at 5:00 and we went home so she could change into something sexy for dinner. This would be her last meal before we pierced her most intimate body part. Since I like her legs a short skirt, high heels, garter belt, and stockings were in order. I set up the camera and lights so we wouldn't waste time when we returned.

After a relaxing dinner we both knew now was the time. We left the restaurant hand in hand. Twenty minutes later she was undressed, spread-eagled, and blindfolded on our bed. The music was on, and I remember washing my hands and just watching her. The hesitation of what were the sensations going to be after the piercing was mind-boggling. Were we about ready to damage nerves?

In trying to place the forceps I wasn't happy with how deep the piercing would be if I did it then. We talked a minute and "D" suggested that she would hold the hood back while I got the forceps in place. She did, and I did. We were now ready to go. I was expecting the loudest, blood-curdling scream that I have ever heard, but it was very mild. Her first words were, "That didn't hurt as much as last year's."

I prepared the ring while we talked. I knew the harder part was still in front of us, and my hands still weren't steady. As we talked I slid the ring right in. The feelings of accomplishment, emotional sharing, and the euphoric high just overwhelmed us.

We both knew that the next six to eight weeks were very critical. The first week I cleaned the ring, and the area was tender. "D" slept on her back with her legs apart. No pantyhose or panties either for about two weeks. We are happy to report/share that our efforts have been rewarded. She is still very much experiencing unique, intense, and complete orgasms. It also appears her clit is being stretched from the hood. We haven't really put any weight on it, but we look forward to placing a lock on it in '93.

We want to thank PFIQ and all of the people who have written and enlightened us before our journey. We hope to be able to do the same for others by writing. If you ever decide to open a store in Cleveland, we couldn't quit our day jobs, but would work some nights till 9:00.

Honey Bunny, can we do your nipples next?

Sincerely,
Michael & "D"



"D"

Dear PFIQ,

I first got into piercing about ten years ago when I shocked a local earring shop by going in and asking to have two piercings in one ear. A few years later I pierced my scrotum on either side of my penis. I was still unaware that anyone else had the same fascination that I was discovering within myself. It was about then that I ran across a copy of PFIQ.

Well, to make a long story short, I now have seven ear piercings including a tragus and two 1/4" lobe holes, a septum piercing, and a ring in my right nipple. But my genital piercings are the most exciting. I started with a PA, then a dydoe and two frenums. I last did an apadravya which was the highest experience.

For me the ownership of ones body that results from the piercings is worth any of the pain. Challenging the pain for the reward is even part of it. This willful act of going to the extreme edge of human activities profoundly places one in a position of knowing exactly who "I" am as distinct from "others." I have found that even without planning I have developed a sort of ritual around the act.

Like icing on the cake the responses of my partners has not been without its joys. The intrigue and excitement when they first see my genitals is followed by playful experimentation coupled with the delight of the pleasure that often ensues.

I met my present companion at the "Modern Primitives" opening here in Seattle. She has 32 holes in her ears and a nostril piercing. She was interested in my piercings and had been thinking of some genital decorations. We later got together, and she now has two labia rings, and we are now living together. A very straight friend of mine once said it was a match made in hell. Well, that's his and probably most people's opinion, but for me it is a more sacred place. We are still together after three years, and we are planning to get married and have children.

My fiancée has a very sensitive vagina, and the usual 3/4" barbell that I wore in my apadravya was just too much for her. I was disappointed to remove it because of the closeness that I feel when a lover enjoys my jewelry. Until I decided to enlarge the hole I used a technique that has proven effective and easy in the past.

It consisted of pushing small gauge wire hoops through a piercing. I add one or two hoops through every week or so. there is only a little discomfort at first that quickly subsides. There is very little chance of infection because the skin is not broken but only stretched. So, I was pleased when we discovered that these extra rings didn't irritate my lover, and I was able to share my jewelry with her.

I would be interested in hearing from other readers as to there experiences and sensations with different types of and placement of jewelry. It is my belief that had I made my PA a little further back it would have been more stimulating to me. Maybe a poll of readers is an idea.

A specific question that I have right now is that I would like to do an ampallang. The placement that I feel is aesthetic would require the piercing to go through the urethra. Is there any advantages and/or disadvantage to the placement of this piercing?

An example of a problem is that the larger the holes in my cock get the more like a sprinkler my dick becomes with urine going in all directions including down my pant leg. I got around this by sitting to urinate. Then I started to wear stainless steel rings around my scrotum. Now I can wear as many as sixteen 3/8" rings that extend my balls 6", far enough to hang in the water of most toilets. I'd like to know if anyone has solved the human "sprinkler" problem yet.

Along the same vein, the solution to another problem with my scrotum rings. First, I buy my rings from a marine supply shop. They have a wide selection of good stainless steel stuff. The choice of rings was such that if I use rings large enough to comfortably get my balls through they are also large enough that they inadvertently slip off during normal daily activities. This is embarrassing when a ring would fall out of my pants leg on the bus. I enjoy wearing the rings and feeling their gentle tug as I walk around slowly stretching my scrotum.

My solution was to buy a ring that was just large enough not to go through the other rings. I then cut a 1/4" section out of this ring. I then place this ring one or two rings up from the last by feeding my scrotum through the gap in the smaller ring. this ring then keeps my testicles from squeezing through the larger rings while the bigger ones hold the smaller in place.

So, let's hear from the other folks out there.

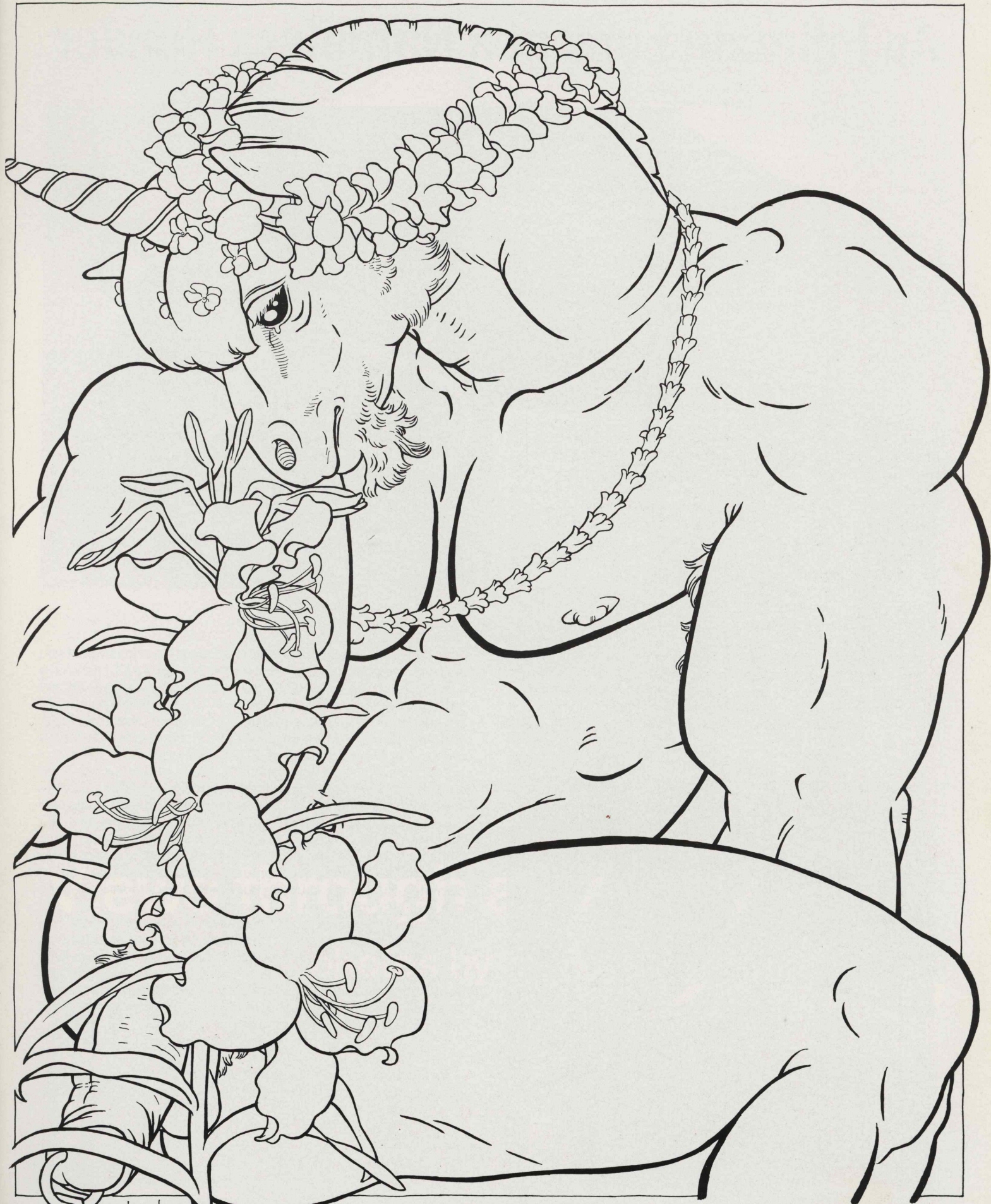
Yours,
Pete

P.S. I almost forgot to mention and thank you for the septum piercing you gave me here a couple of years ago.

(Editor's comment: There is a great deal of latitude in the placement of the ampallang piercing. The anthropological texts I have read on the subject do not even agree. One says the piercing goes through the urethra, another says it doesn't. While we usually try to place the piercing above the urethra, especially if there are already other piercings such as Prince Alberts or apadravyas going through it, it should not present a problem going through the urethra unless it significantly interferes with urination.)

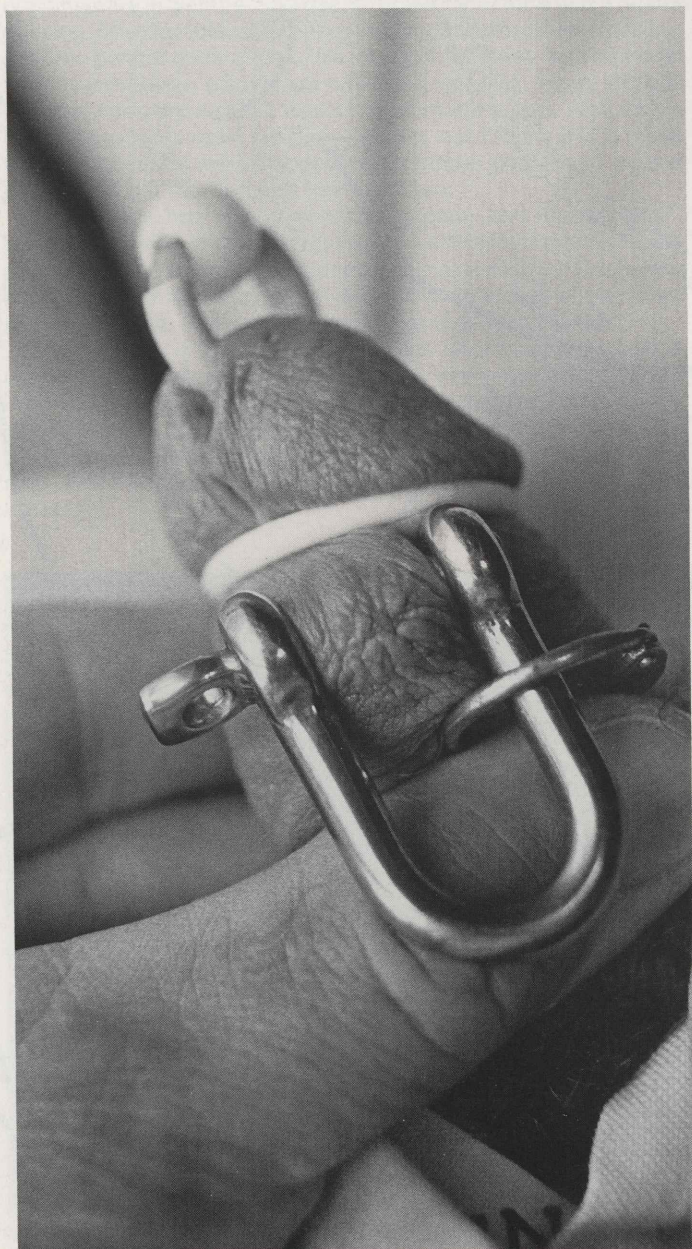
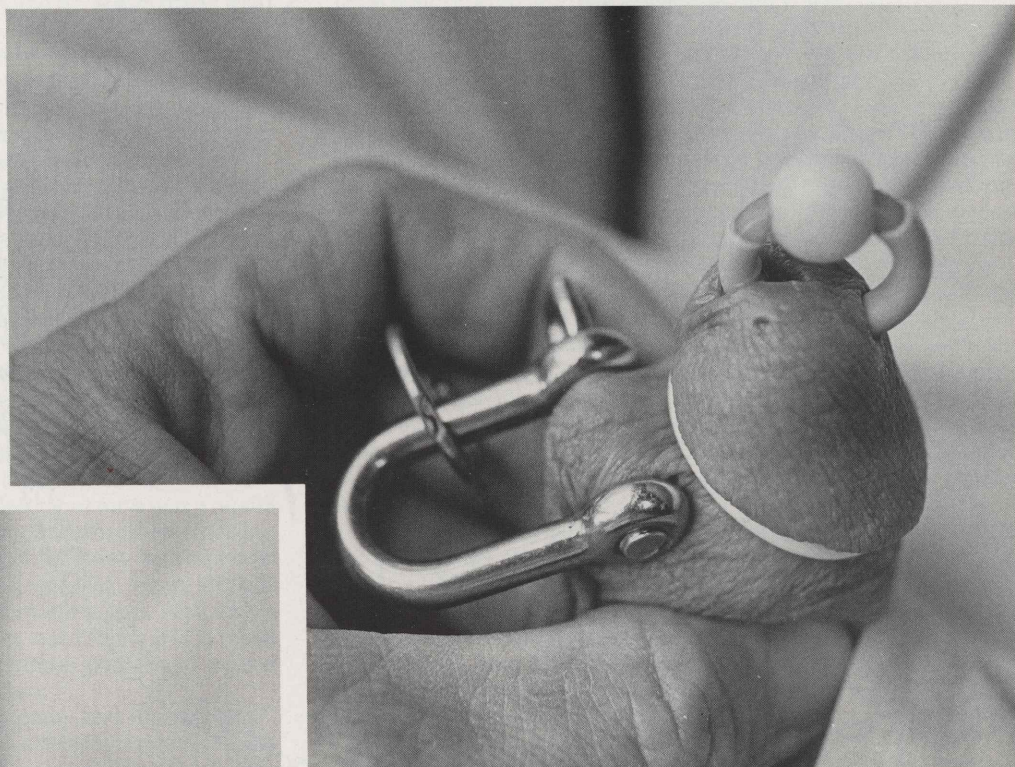


Wife of a Japanese reader.



bud 92

An Intimate Look at a Nameless Reader



Dear Jim,

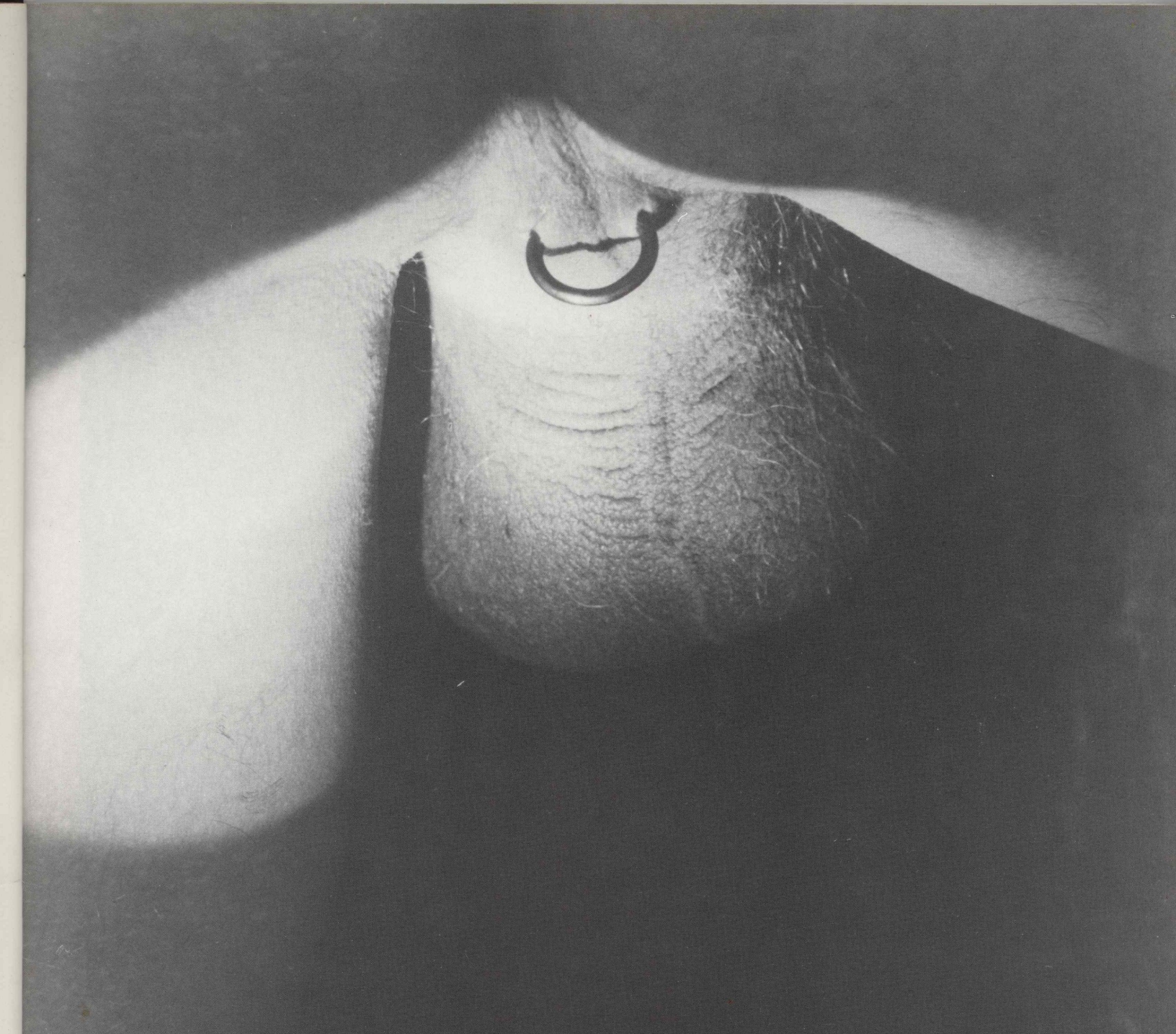
Thought that you might like the enclosed. I previously sent you photos of my cock that you had on page 3 of issue #17. I now have a frenum piercing (relatively new) and one or two of the others I have been enlarged as you can check if you compare photos. All the piercings are still there (a total of eight in the head of the cock now, but I did not include rings in these photos. I apologize for the photos, but it is hard to get good shots of yourself.

Also, one important point for your readers. I know that you often caution against enlarging piercing too rapidly. I would certainly like to second this! The frenum piercing in the enclosed photos was slightly larger, but I forced it too much, almost lost it, had to revert back to much smaller rings, and only now (two months later) have it up to where I can use a $\frac{1}{4}$ " stainless steel boat shackle. It was slightly larger. I hope to eventually get it to about $\frac{1}{2}$ " or $\frac{3}{4}$ " diameter. But please caution your readers about forcing — they can lose a lot more than they can gain.

Thanks again for a great publication. I only wish that it was thicker and came out more frequently. Also, longer articles on lifestyles, etc., would be great. I loved the article on Krystyne Kolorful — I think the combination of extensive piercing and complete bodysuit tattooing on women is wonderful and beautiful. I wish this were all more accepted by the rest of humanity. They are missing so much. Keep up the good work.

Sincerely,
Name withheld

P.S. The ring around my cock head is not a piercing. I wear it to deepen the ridge and separation of the head and body of my cock.



Views through a Camera Lens

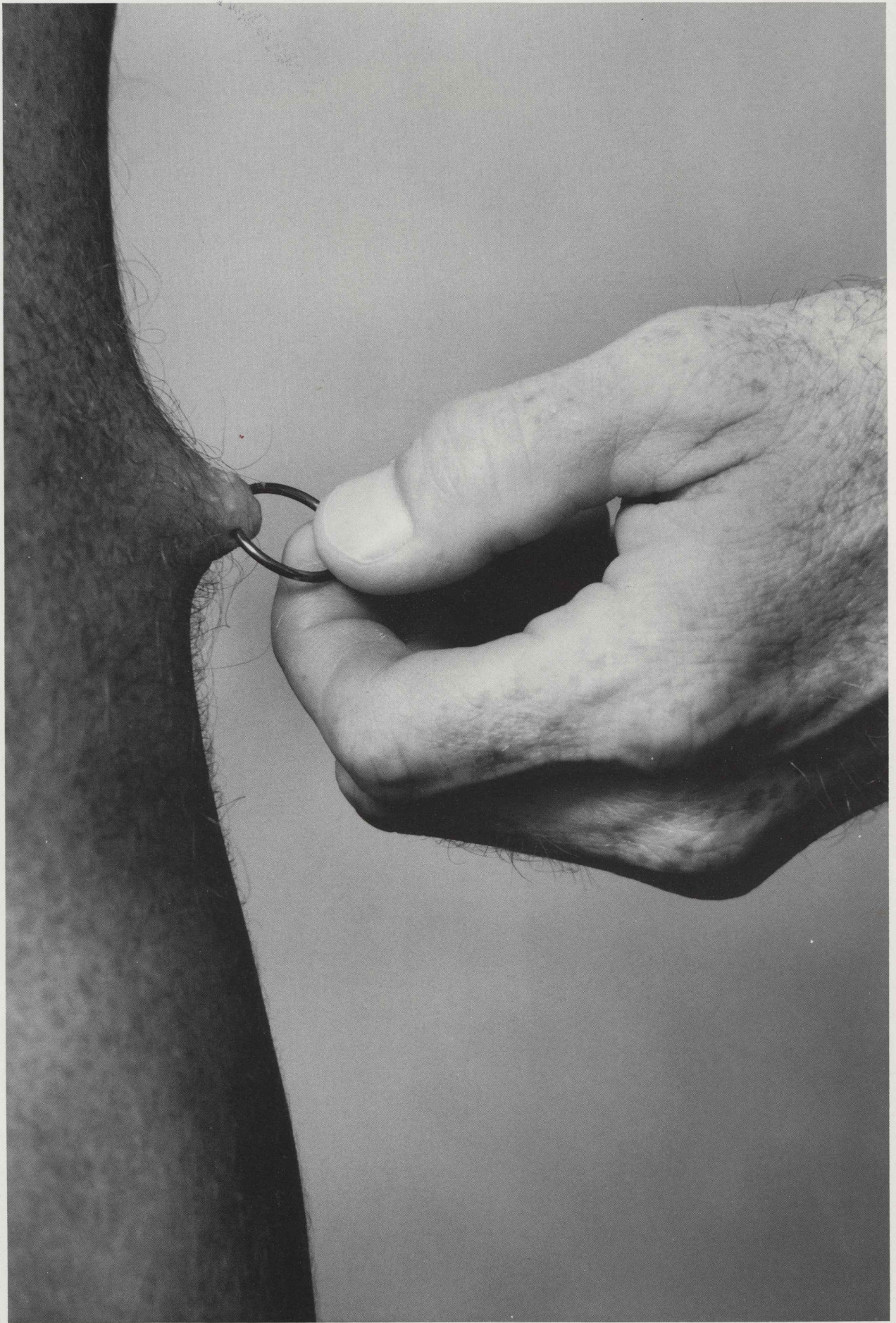
photos by

Charles

Goll

Jan — rare view of a guiche

Views through a Camera Lens



Jack

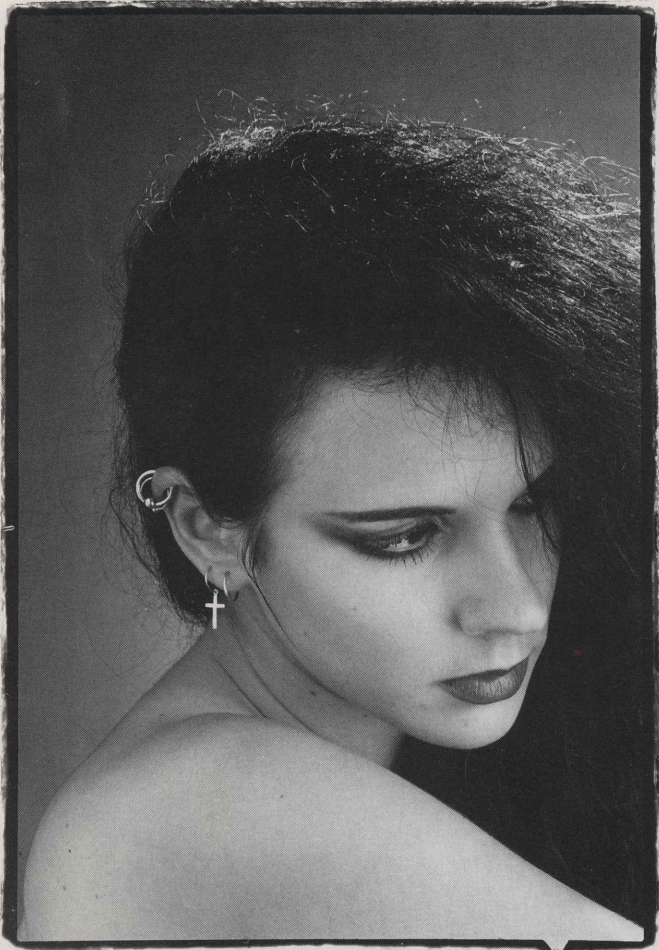


Jack

photos by

Charles

Goll



Julie

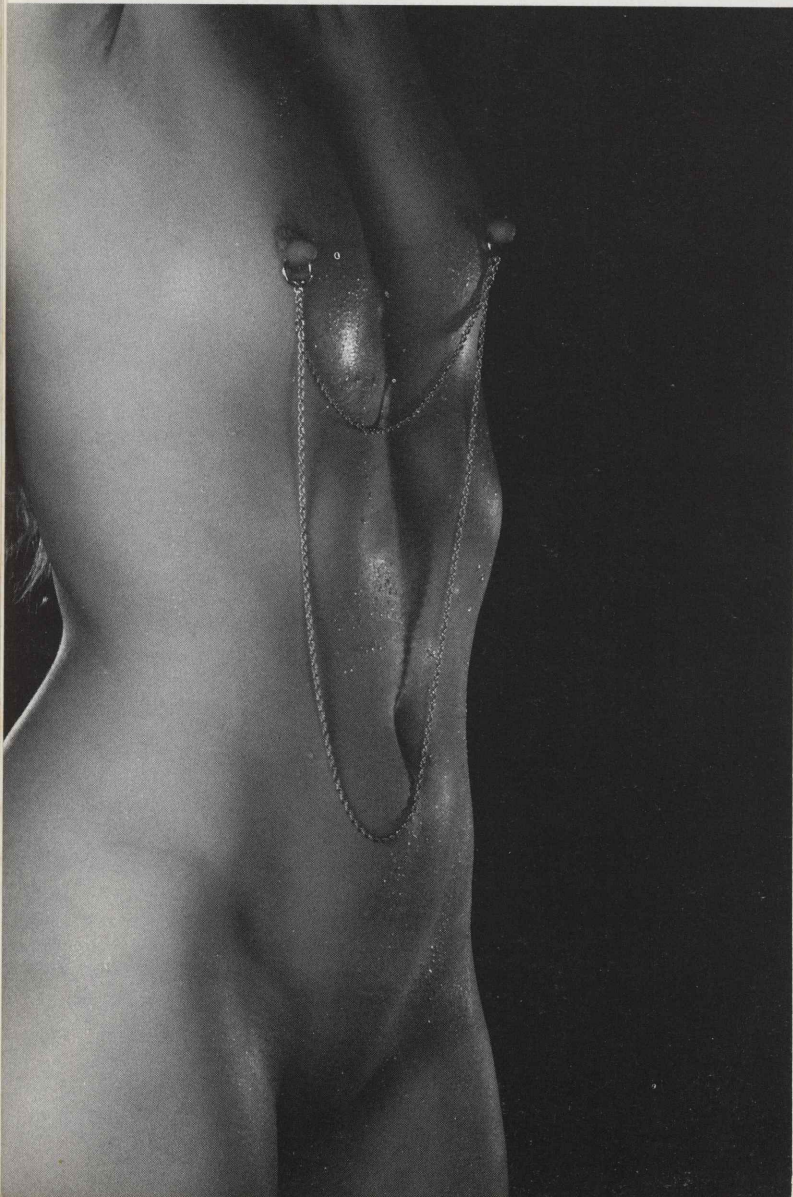
The Todd Friedman Touch



D.D. & Karen



Ejay



Ejay and her pierced strap-on.

The Todd Friedman Touch



KELOIDS: WHAT THEY ARE AND HOW TO DEAL WITH THEM

In some forms of body modification, scarification for example, keloiding of the skin is something desirable since it helps assure that the marks will be permanent and durable. In piercing, however, keloids are anything but desirable. They look like small volcanoes and sometimes even seem to erupt, especially when treated like a pimple or scab. While a keloid may look like other skin blemishes it is important to be able to distinguish the difference.

A keloid results during the healing process when the confines of the wound produce excess connective tissue. Keloids have been medically documented as far back as the 1600's. Strange as it may seem, their nature and cause is still unknown, and there is no definitive treatment.

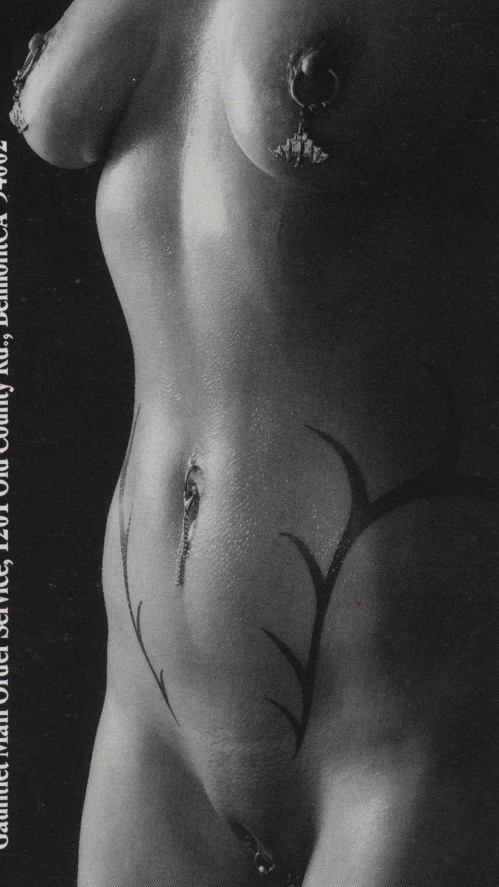
Although there are many ways to attempt to prevent keloids from developing there is no one proven method. And although some people will get them there does not seem to be any danger in a keloid. Mostly, they are just unsightly. Keloids do not tend to cause pain, however they do slow down the healing process. Keloids most often develop during the healing of a new piercing, most frequently in cartilage, specifically ear cartilage and nostril piercings though other body parts can develop keloids as well. If you think you might be developing a keloid and you live near Gauntlet, we encourage visits, but, keep in mind that we are not physicians and can only offer suggestions. Here are a few things you can do to reduce the possibility of a keloid:

- 1) One way we have found to minimize their occurrence, especially in cartilage, is to pierce with a needle one gauge larger than the chosen jewelry. This allows the skin room to heal around the metal.
- 2) If you are going to be wearing a ring be sure that the diameter is large enough for the piercing. For example, if the distance between the point of piercing and the edge of the nostril or ear measures $\frac{1}{4}$ " then the ring's inside diameter should be at least $\frac{5}{16}$ ". A nipple ring should be large enough so it will lie flat against the skin of the chest or breast. That means at least $\frac{1}{16}$ " larger in diameter than the distance between the openings of the piercing.
- 3) Be certain that the jewelry metal you select is body safe (surgical stainless steel, solid gold at least 14k, niobium, platinum, or at very least nylon or teflon) and that you are not allergic to the material. Never use sterling silver in new piercings.
- 4) Do not over clean the piercing. This can lead to irritation and possibly to a keloid. Unless there are signs of an infection twice daily cleaning should be all that is necessary.
- 5) When cleaning make sure that you are using the appropriate solution for that body part. And listen to your body. If you seem to be having problems with one cleaning product, switch to another.
- 6) If you smoke and have a new oral piercing, try to cut down on your tobacco use.

While there are no specific treatments for keloids, here are some which customers have told us helped them:

- 1) A customer with a labret piercing was developing typical keloid symptoms where the piercing exited inside his mouth. A friend of his who is a neurologist suggested placing an aspirin on the keloid and letting it dissolve (approximately 15 minutes). He followed this advice twice daily for three days and the keloid disappeared within that time.
- 2) Many customers look for holistic ways to promote healing. Both tea tree oil and grapefruit seed extract have been used to shrink keloids. Tea tree oil should be used diluted 2:1 with water. Again, twice daily usage is suggested. Yet another favorite is vitamin E oil applied topically to the piercing. Vitamin E is effective in reducing scar tissue and can help minimize keloid growth as well.

— continued on page 37

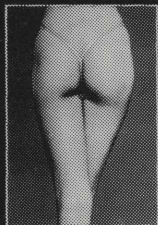


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A Guide to Human Sexual Display

A Guide to Human Sexual Display

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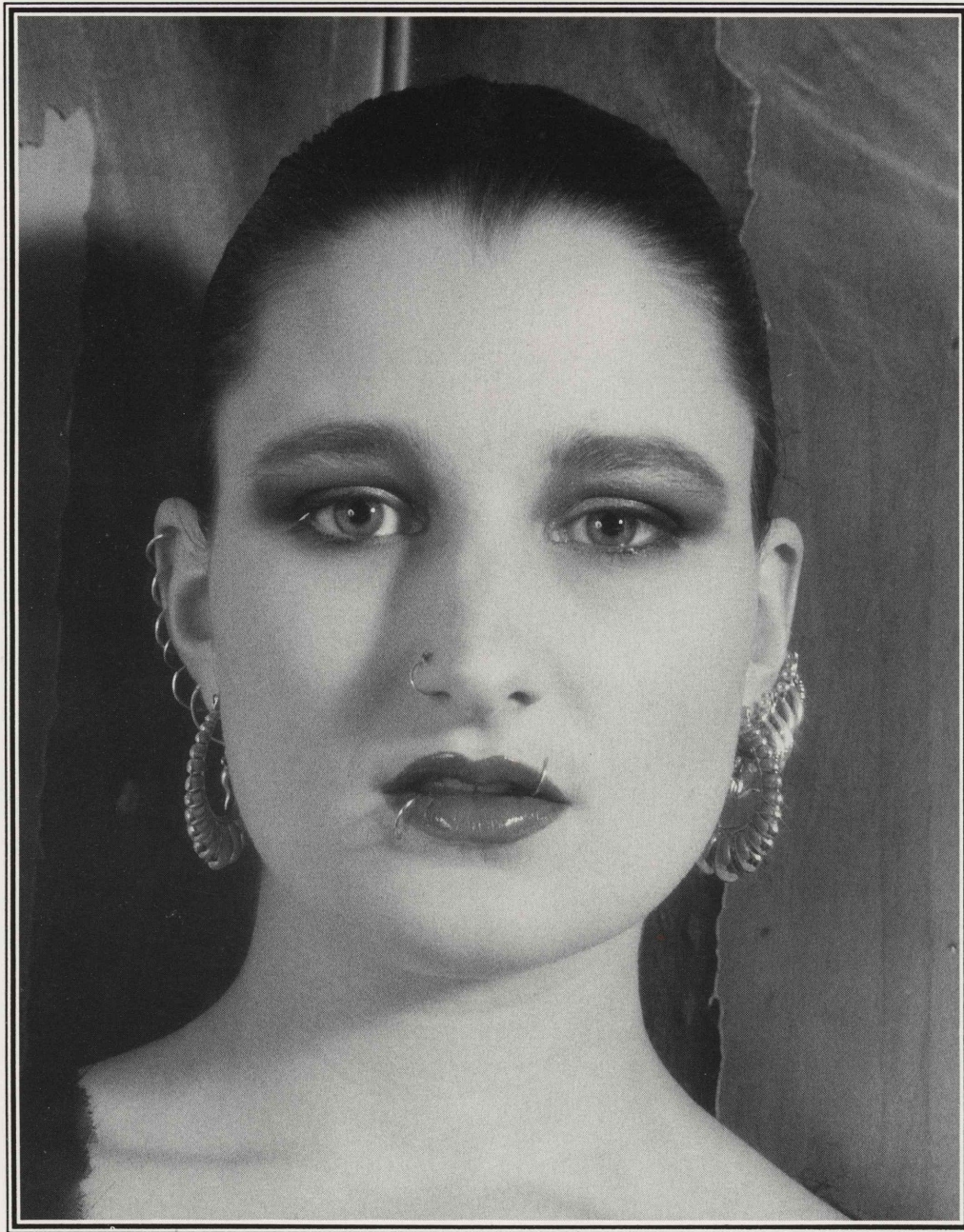
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Sluts & Goddesses

photos by Annie Sprinkle

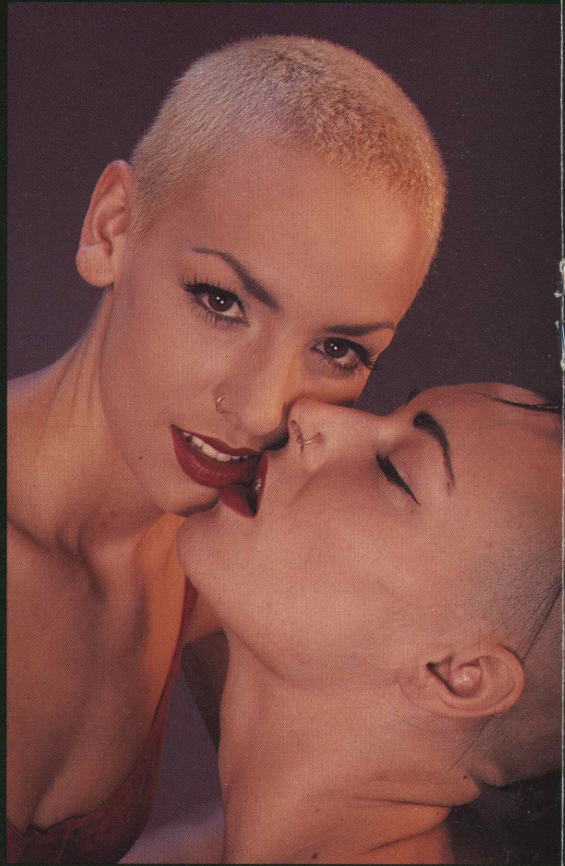


Lily Braindrop

In conjunction with the release of Annie Sprinkle's new video, we'd like to present a few more sluts and goddesses as photographed by the delightful Ms. Sprinkle. The video, *The Sluts & Goddesses Video Workshop or How to Be a Sex Goddess in 101 Easy Steps*, includes many exotic ways to stimulate pleasure including flagellation by oak leaves, genderbending, body shaving, sword dancing, ritual body painting, contortions, menstrual blood, a 5 minute long orgasm, female ejaculation, rhythmic deep breathing, primal screaming, group masturbation, passionate safe sex, and more. The video is available through Maria Beatty, P.O. Box 435, Prince Street Station, New York, NY 10012 for \$40.00 plus \$5.00 for shipping and handling.



Tinisha



Stacey & Pamella



Marcella

Sluts & Goddesses

photos by Annie Sprinkle



Chastity Church



Tinisha



Shana



Jocelyn



Pierce with a Pro

Part 27: The Male Nipple — an update

photos by Drew Ward

P R E L I M I N A R I E S

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. Elsewhere in this issue is a newly updated article on piercing aftercare. Read this article carefully. By conscientiously following the instructions the piercee can do his part to greatly reduce the likelihood of serious problems.

But what about the piercer? Much of the responsibility for a successful, risk-free piercing rests with him/her. 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 s/he showers and dresses in clean clothing. Immediately prior to commencing work s/he scrubs his/her hands again. The surroundings, especially the area in which s/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). 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 should be used only on one person then carefully discarded so that contact with them would be unlikely. Great care is taken at all times to avoid being pricked with a contaminated needle. Items such as forceps which are too expensive to use only once and discard are cleaned and

In 1978 PFIQ launched its "Pierce with a Pro" series with an article on nipple piercing. The original article, which featured a male model, was intended to demonstrate the procedure which could be used to pierce either male or female nipples.

But many readers asked us to redo the presentation with a female model which we did in two subsequent issues, #20 and #34. We also updated the male nipple article in issue #27. Well, once again we return to this ever-popular piercing. And while much of the information remains the same, if you read it closely you will discover little nuggets of new, vital information.

This article is intended for entertainment and educational purposes only. It is primarily intended to provide people desiring piercings the information needed to select a competent piercer and to give them some idea what to expect from the piercing experience. The reader should not infer that this is a "how-to" for would-be piercers. The ability to pierce professionally is not acquired just by reading this article. There are fine points in the technique which simply cannot be conveyed by the printed word. Like learning to play a musical instrument, the skill to pierce comes with practice and is learned by working under the scrutiny and direction of a master piercer. There are no short cuts.

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-seventh 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 information involved.

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 s/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.

Following the initial cleaning phase, a professional piercer usually encloses each implement in a separate sterilization bag, folds the open end at least 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 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. When the bags are wet they can be penetrated by bacteria or other microbes, therefore care must be taken in handling them. 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 s/he pierces, s/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. S/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.

As the popularity of piercing has increased, many amateur piercers have shown up on the scene, some of them ready to pierce anyone anywhere using an ear piercing gun. These piercers should be avoided like the proverbial plague. Ear piercing guns are designed for ears. Period. Don't let anyone near any other part of your anatomy with one. At the very least the experience will be painful, at the worst downright dangerous. This is particularly true in view of the fact that they cannot be properly sterilized between uses.

One easily overlooked area of responsibility has to do with a

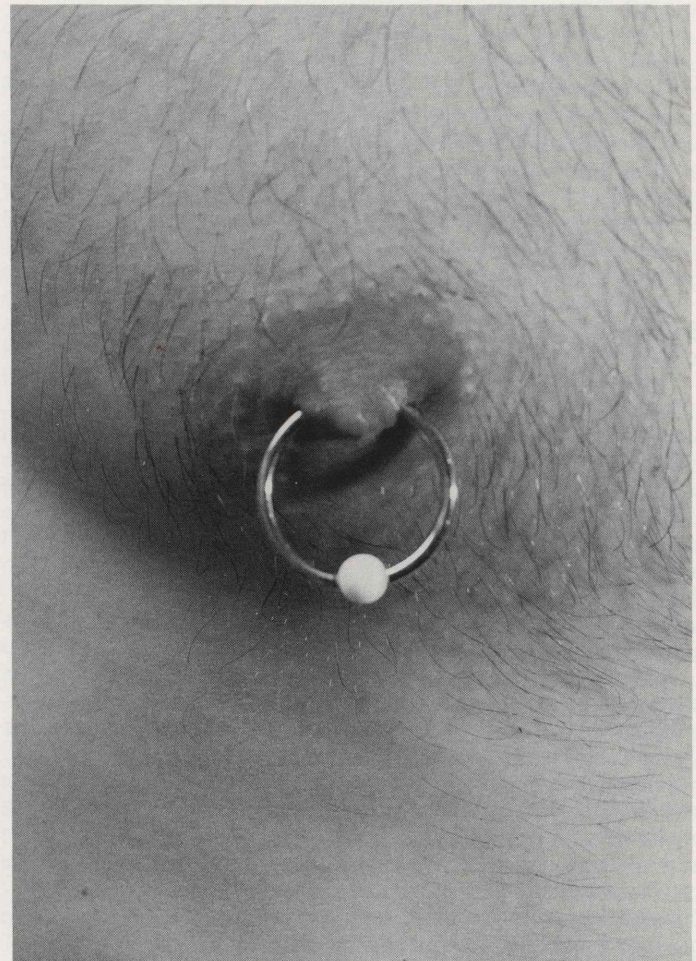




Figure 1.

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. Plated and/or gold filled jewelry should be avoided. 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. S/he must know what s/he is doing and why. S/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.

A few final words of warning: if the piercing bug should bite I strongly urge that you do some extensive homework before you let anyone pierce you. Anyone can hang out a shingle proclaiming themselves professional piercers. Take the time to check them out. Ask lots of questions. Try to talk to people they have pierced and find out what the experience was like. Was it done in a clean environment using properly sterilized equipment? Was it quick and relatively painless? Was the person given clear instructions on aftercare? Did they have any serious problems or complications? Ask how long the piercer has been piercing. Where did they get their training? Remember, a handful of lessons and a certifi-

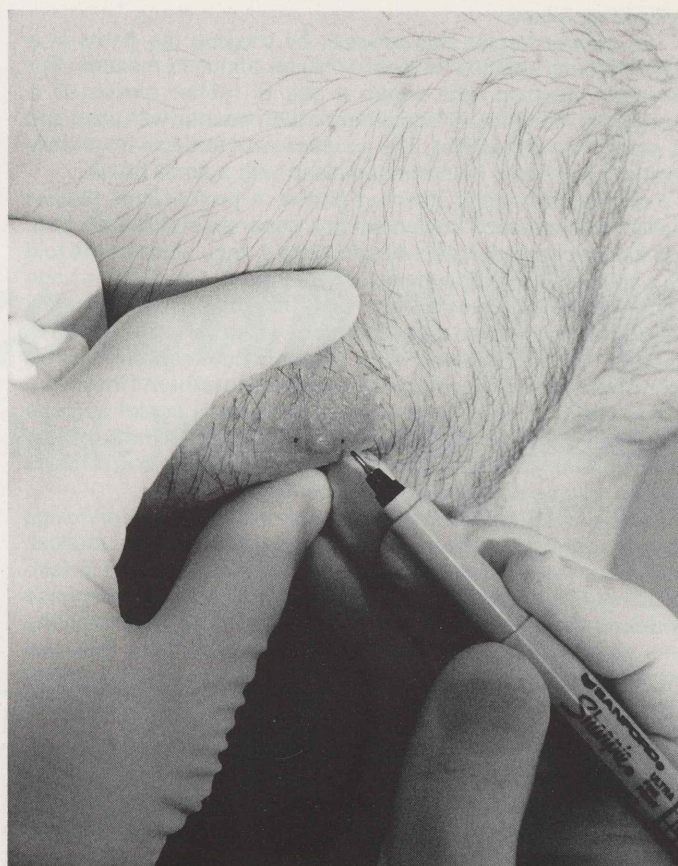


Figure 2.

cate from a piercer, no matter how experienced or well-known, does not make someone a fully qualified piercer in their own right. It takes a minimum of between one and two years as a supervised apprentice before a person can become fully qualified. Ask yourself if you are willing to let an amateur practice on you, especially without the supervision of a professional piercer.

And be aware there are a number of deceitful people who are claiming they are Gauntlet and/or Jim Ward trained piercers. The actual number who are and who do not currently work in a Gauntlet store are very few. If in doubt contact Jim Ward at (415) 552-0505.

If you have questions or need guidance, don't hesitate to contact one of the Gauntlet stores or our mail order department. Our well-trained, courteous staff will be glad to assist in any way they can.

These then are the primary and more important qualities to consider when looking for a competent 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.

P R E P A R A T I O N

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/her hands, spreads a clean towel over the area s/he has chosen, and on it arranges the items to be used. For nipple piercing s/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. A new permanent or water soluble pen may be used. For the piercing shown here a "Sharpie" brand marking pen was 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 many years, they should otherwise be considered standard, essential equipment. The advent of AIDS and its continued spread makes protection from possible contact with the deadly virus absolutely essential. Many people continue to delude themselves that AIDS is a homosexual disease. This is dangerously naive as it is a very real threat to all of us regardless of sexual persuasion.

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 an easily adjustable means of regulating the grip of the forceps.

f) A piercing needle of the same gauge as or one gauge thicker than 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.

So which size needle is best? At this time we don't really know for certain. Using a larger needle makes jewelry insertion easier for someone who is inexperienced. Even some experienced piercers prefer the larger needle because they believe that it allows more air into the piercing, which would aid in healing, and that the additional gap created would help reduce the likelihood of keloid scarring. The downside of this approach is that using an oversize needle often results in very heavy bleeding.

Those from the same-size-needle school maintain that using a larger needle makes no sense since the tissue rapidly shrinks down to the size of the object being worn in the piercing anyway, so why risk the possibility of being exposed to a lot of blood.

It probably makes sense to use a larger needle for piercings through cartilage (such as the upper ear and nostril) since cartilage is less likely to shrink back. For other piercings the larger needle is of questionable benefit. People prone to keloiding might want to try it "just in case."

g) A small, autoclaved 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 men, depending on nipple size, $\frac{1}{2}$ " to $\frac{5}{8}$ " diameter is ideal. In most cases the gauge should be no thinner than 14.

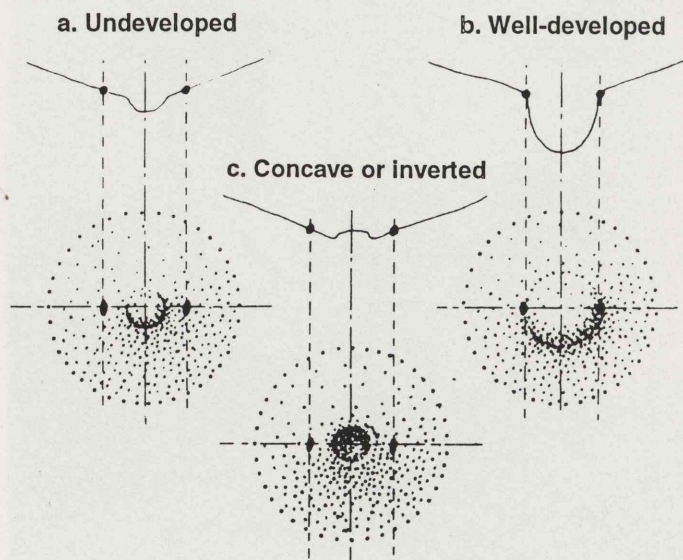


Figure 3.

Jewelry should be made of a material unlikely to cause allergic reactions. The most common materials are: gold (at least 14K, NEVER gold plated or gold filled), surgical stainless steel, or niobium. If you can afford it platinum is great. For people with metal sensitivities nylon or teflon are excellent alternatives. Never use sterling silver in fresh piercings.

And 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-cide, 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 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) Bacitracin ointment. This is used to lubricate needles and jewelry prior to insertion. It is readily available in most pharmacies or drug stores in the U.S. Since it is an antibiotic some individuals may be allergic to it so some caution should be taken in its use. There are other antibiotic ointments readily available on the market, however, they should be avoided, especially those containing neomycin to which many people are allergic.

In many countries outside the U.S., antibiotic ointments are available only by prescription. Consequently, one must depend upon what is locally available. Whatever is used should be 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

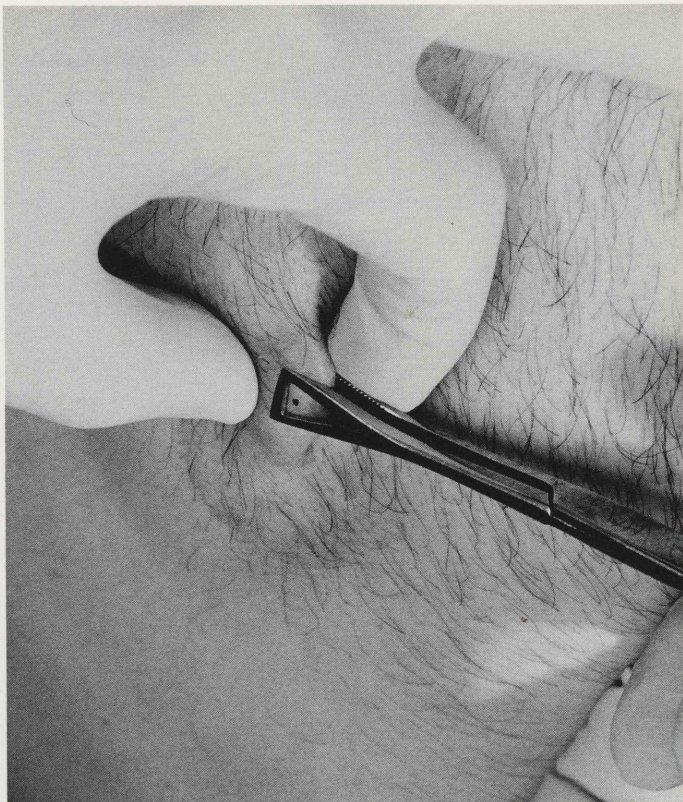


Figure 4.

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 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 s/he scrubs his hands thoroughly using a brush and paying particular attention to the area around the fingernails.

Next the piercer prepares the area that he will be piercing. For the sake of cleanliness, ease of piercing, and the future comfort of the piercee it is advisable that any hair immediately surrounding the nipple be shaved or trimmed very short. Once this is taken care of the piercer should don a fresh pair of latex gloves. The area itself is then cleaned 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. When well-placed the piercing can sensitize the nipple in a very erotic way. And of course it should also be attractive to the eye.

To assure that the piercing will be level, marking is done with

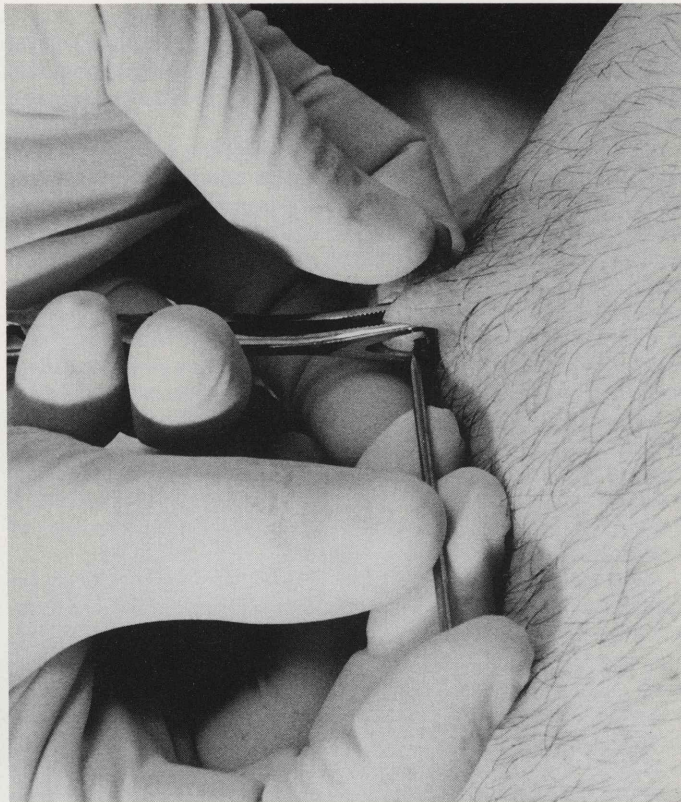


Figure 5.

the piercee standing erect, feet together, arms at the side, eyes straight ahead. The piercer now gently tweaks the nipple, coaxing it to an erect state. Using a marking pen or toothpick dipped in drawing ink the piercer places a small dot on either side of the nipple (Figure 2). The piercer should then wait a few minutes and observe the nipple as it relaxes. Frequently the marks will shift so they are no longer level. Occasionally they will spread so the width between them exceeds the ideal maximum of $\frac{5}{8}$ ". Should this occur make additional dots in the correct position. Then, and only then, remove the unwanted dots using an alcohol-dipped cotton swab or facial tissue formed into a point.

So where should the dots go? Actual placement is determined by the size and shape of the individual nipple. These fall into one of three configurations (Figure 3).

Most men have underdeveloped nipples (Figure 3a), usually under $\frac{3}{16}$ " in diameter and protruding only slightly, if at all. This type of nipple is best marked and pierced into the areola (the brown, pigmented area surrounding the nipple), approximately $\frac{1}{16}$ " to $\frac{1}{8}$ " on either side of the base of the nipple. It is safe to say that under no circumstances should the two marks be closer together than $\frac{3}{8}$ ".

There are three reasons for piercing away from the base of the nipple and into the areola: 1) There is usually an increase in sensitivity. 2) There is less risk of the ring's being torn out or rejected by the body. 3) Over an extended period of time, the tissue in front of the piercing tends to form a well-developed nipple.

The well-developed nipple (Figure 3b), usually characteristic of women, is not uncommon on men who enjoy nipple play. Not only does it protrude noticeably, but it is usually fairly broad, $\frac{1}{4}$ " or more in diameter. It is best marked and pierced at its base.

The concave or inverted nipple (Figure 3c) is somewhat rare. Sometimes this kind of nipple will come out of hiding with a little bit of stimulation or the use of some kind of suction, i.e. cupping or applying the suction cup from a snake bite kit. If the nipple will not come out it is better left unpierced. If it does respond marking and piercing should be done as if the nipple was undeveloped.

If both nipples are being pierced it's wise to measure each using a pair of calipers to assure that the width of the marks is the same.

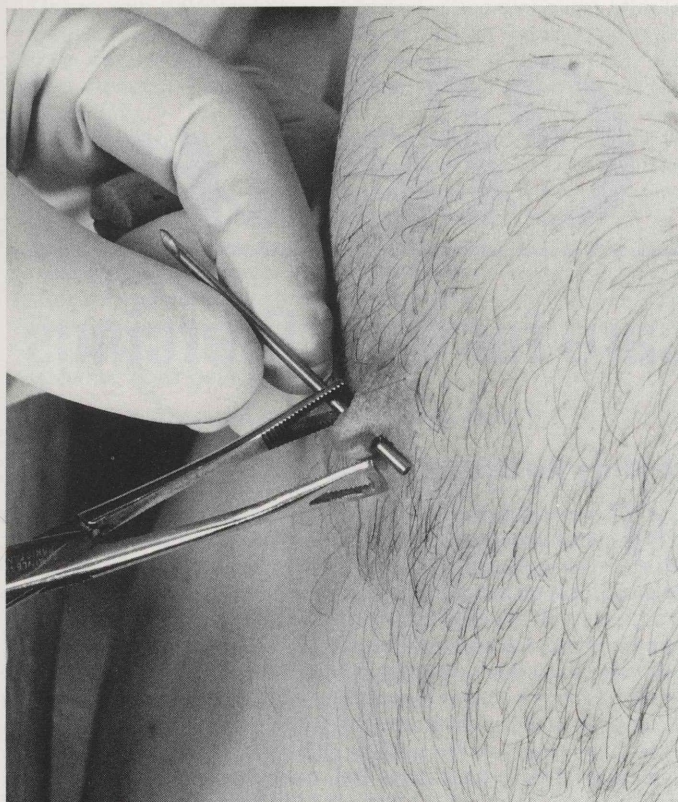


Figure 6.

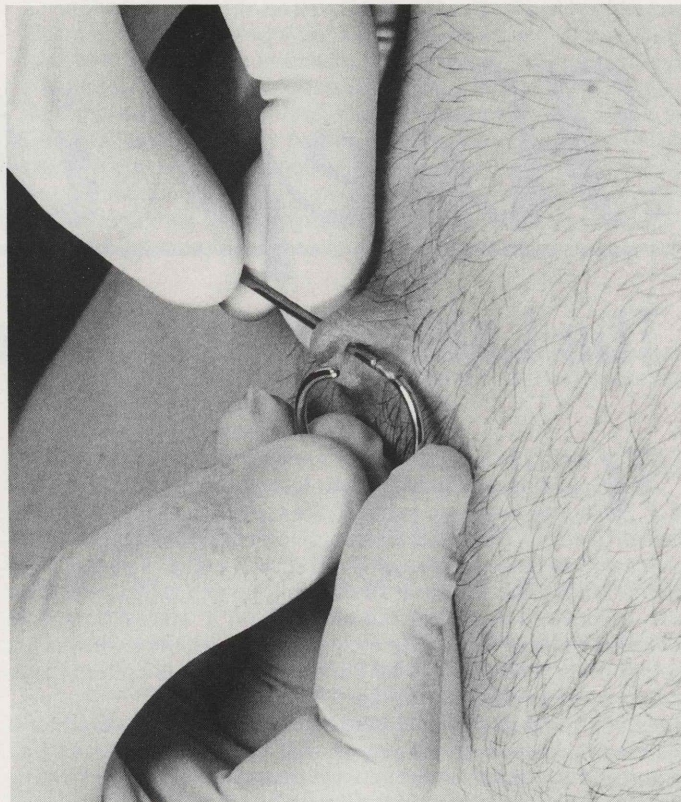


Figure 7.

P R O C E D U R E

Once the piercee has been marked it is no longer necessary for him to stand. It's best he be seated or recline in a comfortable, secure position which serves to minimize jerking.

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 a fresh pair of latex gloves. S/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 flatter and less developed the nipple the tighter the grip will need to be. The tissue is gathered and clamped into the forceps so that the dot is approximately in the center of the triangular openings of the forceps jaws (Figure 4). Great care is taken not to distort the tissue since only the entry point has been marked. Once the tissue is securely clamped, anesthesia using ice or spray freeze can be applied if this is desirable.

At this point it will be helpful for the piercee or a third party to support the forceps while the piercer prepares the needle. Be sure they have washed their hands well before they take part in assisting.

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. A discussion on making the appropriate size choice will be found elsewhere in this issue. 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.

We are now ready to proceed with the piercing. The needle is

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

The piercer now grasps the forceps and pulls the nipple slightly away from the body. Depending on the skill of the piercer, the assistance of an extra clean hand to hold the forceps can be very helpful. The needle is placed in position on one side of the forceps (Figure 5). It is then forced smoothly through the tissue into a 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 (Figure 6) leaving the needle in the piercing.

The jewelry will now be inserted. After removing it from the dish of antiseptic solution, the piercer dries it off and coats the tip end of the ring 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.

The piercer now butts the end of the jewelry against the blunt end of the needle (Figure 7). 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.

A F T E R C A R E

It cannot be stressed enough how important aftercare is to the success of a piercing. Every "Pierce with a Pro" article in the past has featured extensive suggestions for healing a piercing. We are continually searching for ways to make that information more thorough and complete. Gauntlet has recently rewritten and consolidated the aftercare information it gives out to customers, and we feel it would be of benefit to share it with *PFIQ* subscribers as well.

So, turn the page, and treat yourself to the latest, and we think the most complete, aftercare information available anywhere.

Keep it Clean!

The Latest Word in Aftercare for New Piercings

Healing time for piercings varies greatly from piercing to piercing and from person to person. Some people assume they can remove their jewelry at any time and reinsert it easily. This is not the case. Something must be left in the piercing at all times for at least the first six months. A year is even better. While most people are sufficiently healed at this point to be able to leave their jewelry out and reinsert it later with minimal difficulty, a few will lose the piercing altogether if the jewelry is left out for more than the briefest period of time. Caution and some experimentation are suggested.

Even though superficially healed, some time is required for a piercing to season and "toughen up." If the jewelry must be removed for a short period of time during the first few months, clean the piercing as described below and 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 help keep the piercing open until the jewelry can be reinserted. To ease reinsertion use an insertion taper lubricated with a little Betadine ointment or Johnson & Johnson First-Aid Cream.

If your piercing was done properly and you conscientiously attend to the aftercare, your risk of infection is minimal. In our experience most problems are caused by 1) oral contact or handling your piercing with dirty hands, 2) using a cleaning agent which isn't compatible with your body, 3) not cleaning the piercing properly, or 4) wearing jewelry to which you are allergic or which is not appropriate in material, size, or design for your particular piercing. If you have any healing problems please feel free to call or stop by any Gauntlet store. However, please understand we are not physicians. We can only offer suggestions based upon our experience. If those suggestions do not produce a rapid improvement, a physician should be consulted as soon as possible. Itching, a rash, discharge of clear fluid, and/or enlargement of the piercing usually indicate an allergic reaction either to the cleaning agent or the material the jewelry is made of. Signs of an infection are swelling, pain, excessive redness and/or discharge of pus. Removing your 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.

The aftercare you give your piercing will determine how quickly and how well it heals. It's important to do everything possible to avoid an infection. The following information will provide some general guidelines for the care of your new piercing:

◆ Only for Piercings below the Neck

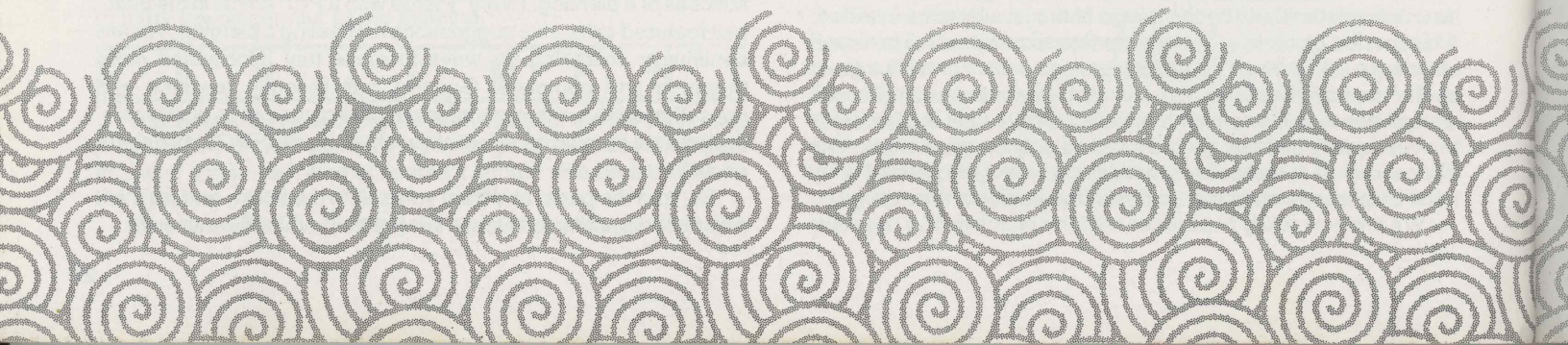
Thoroughly clean your new piercing twice daily. Overcleaning and using too many different cleaning/healing agents at once can create problems, so "If it ain't broke don't fix it." We have yet to discover the perfect cleaning agent, but Hibiclens surgical scrub appears to be the best for piercings below the neck. It can usually be obtained from a good pharmacy. **We suggest diluting it using one part Hibiclens to three or four parts water.** Shake the bottle just prior to using. The first step in cleaning is to wash your hands thoroughly, then remove any matter which may have dried on the jewelry and around the openings of the piercings. This is best done with warm water and, if needed, a cotton swab. Next, pour a little diluted Hibiclens onto the jewelry/piercing, lather it up, then work the jewelry back at least 6 times. Leave the Hibiclens in contact with the skin for about three minutes. Finally, rinse the Hibiclens off **very** thoroughly under running water, again working the jewelry back and forth at least 6 times. Hibiclens is very strong, and unless it is all rinsed off it can cause irritation. If a rash or irritation develop when using the Hibiclens — or any other product, for that matter — try a different cleaning product. A good alternative to Hibiclens is Betadine surgical scrub. Just be aware that Betadine can discolor karat gold jewelry. Other alternatives include Antibacterial Dial, Physoderm, low pH soaps, or a Shaklee product called Basic-H diluted one part Basic-H to five or six parts water. Avoid soaps which are highly perfumed or which contain deodorants, cold cream, etc.

It's a good idea to urinate after cleaning any genital piercing through or near the urethra. This will rinse out any cleaning agent that might have gotten inside. Don't worry; your urine is sterile to your body.

Don't use rubbing alcohol or hydrogen peroxide on your piercings. They don't work very well, and they can slow down your healing.

Never use antibiotic ointments or take oral antibiotics unless they are prescribed by a physician. Many people are allergic to them. The ointments also keep oxygen, a natural healing agent, from reaching the piercing. This is not a problem with Betadine ointment.

To help your body fight infection and heal itself more quickly, eat a nutritious diet and, if possible, take some form of multi-vitamin/mineral supplement. Several medical professionals have suggested taking a zinc supplement (preferably zinc orotate). Daily dosage: one 60mg tablet for women, two tablets for men.



Unless your doctor advises otherwise, discontinue use after four weeks. Also suggested is 3000mg of vitamin C daily. This should be in mineral ascorbate form, not ascorbic acid which can upset your stomach. Emergen-C brand is excellent, one packet three times daily.

To help prevent infections, never touch your new piercing with dirty hands. Even more important, don't let anyone suck on it. Don't let your own saliva or someone else's body fluids come in contact with it especially before it's completely healed.

Genital piercings do not prohibit sexual activity during the healing period. However, for sex men should wear a condom and women consider similar protection to minimize the risk of infection. This applies even to monogamous couples.

Finally, to help your piercing heal faster and without an infection, don't get rough with it.

◆ Most Piercings above the Neck

The preceding suggestions apply to the majority of piercings. They are not practical, however, for ear, nostril, and septum piercings. For these we consider the best product to be one containing the antiseptic benzylkonium chloride. Trade named EarCare (occasionally sold under other names), it is available at Gauntlet and some ear piercing boutiques. If you can't find it, Bactine makes a satisfactory substitute.

Twice daily, after washing your hands, use a cotton swab saturated with the solution to remove any dried matter, then work some of the solution into the piercing.

◆ Special Piercings

Cheek, Labret, and Lip

Healing time: 6-8 weeks.

What you need: EarCare antiseptic or Bactine
Listerine or other antibacterial mouthwash
Gly-Oxide or Peroxyl (check oral medications section of pharmacy)
Ice

Healing plan:

- 1) Wash hands thoroughly before contact with piercing.
- 2) No oral contact of any kind for 6 weeks (no wet kissing, oral sex, ...)
- 3) For the first 24-48 hours, gently suck on ice (or popsicles) to minimize swelling.
- 4) Reduce intake of warm beverages, hot/spicy foods, tobacco, alcohol, and anything which might be irritating to your mouth during healing, especially the first week.
- 5) Rinse with mouthwash for 30-60 seconds after consumption of anything other than water. If Listerine is too harsh either dilute it or use a sea salt and water gargle, 1/4 teaspoon salt to 8 oz. of water. Diluted Betadine (1 part Betadine to 4 parts water) can also be used if the jewelry is not gold.
- 6) Use Gly-Oxide/Peroxyl twice daily, following instructions on the bottle. **DO NOT OMIT THIS STEP.** You might want to rinse with water or salt water after using.
- 7) The outer opening of the piercing is best treated using EarCare or Bactine. Bactine should be diluted slightly with water. Apply liberally with a cotton swab while rotating jewelry. Do this 2-3 times daily.

Continue the above care regimen for 6-8 weeks.

Although a ring can be worn in labret and lip piercings (the inside diameter must be at least 1/16" larger than the length of the piercing) the best jewelry is a stud with a post about 1/4" longer than the thickness of the tissue. As the piercing heals the post can be downsized, however, this should not be attempted too soon. Wait at least several weeks before making the change to a slightly shorter but still roomy length. After six to eight weeks you can wear a stud the length of the piercing. On a regular basis, wash your hands and then check to make sure the stud back/balls have not worked loose.

Tongue

Healing time: 6-8 weeks

What you need: Listerine or other antibacterial mouthwash
Gly-Oxide or Peroxyl (check oral medications section of pharmacy)
Ice

Healing plan:

- 1) Wash hands thoroughly before contact with piercing.
- 2) No oral contact of any kind for 6 weeks (no wet kissing, oral sex, ...)
- 3) For the first 24-48 hours, gently suck on ice (or popsicles) to minimize swelling.
- 4) Reduce intake of warm beverages, hot/spicy foods, tobacco, alcohol, and anything which might be irritating to your mouth during healing, especially the first week.
- 5) Rinse with mouthwash for 30-60 seconds after consumption of anything other than water. If Listerine is too harsh either dilute it or use a sea salt and water gargle, 1/4 teaspoon salt to 8 oz. of water. Diluted Betadine (1 part Betadine to 4 parts water) can also be used if the jewelry is not gold.
- 6) Use Gly-Oxide/Peroxyl twice daily, following instructions on the bottle: 5 drops on top, 5 underneath; let foam, then spit. **DO NOT OMIT THIS STEP.** You might want to rinse with water or salt water after using.

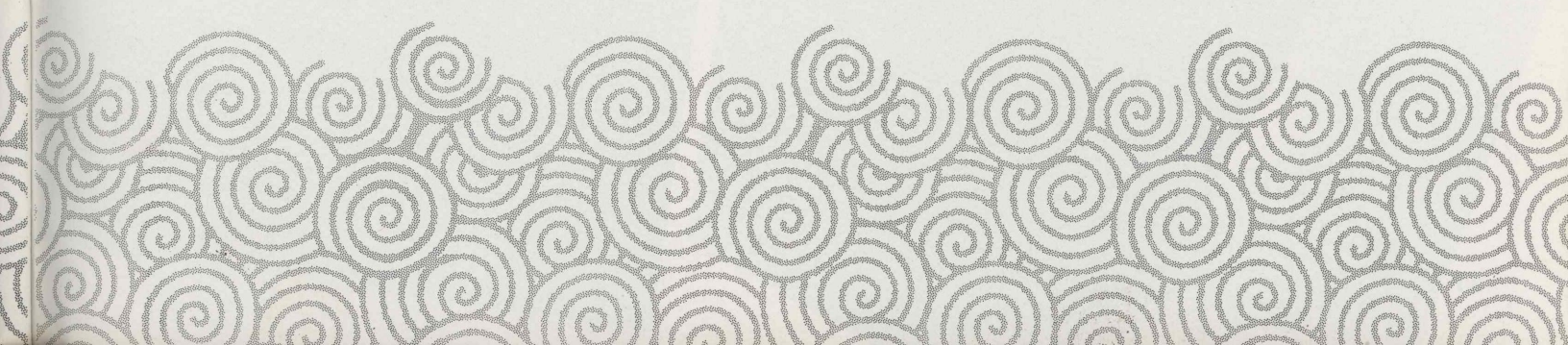
Continue the above care regimen for 6-8 weeks.

Tongue piercings heal best with a post about 1/4" longer than the thickness of the tongue. As the piercing heals the post can be downsized, however, this should not be attempted too soon. Wait at least several weeks before making the change to a slightly shorter but still roomy length. After six to eight weeks you can wear a stud the length of the piercing. On a regular basis, wash your hands and then check to make sure the stud balls have not worked loose.

These aftercare suggestions are the result of extensive feedback from Gauntlet's customers and *PFIQ's* readers, and the continual research of Gauntlet's piercing staff. We would like to acknowledge and thank everyone for their input.

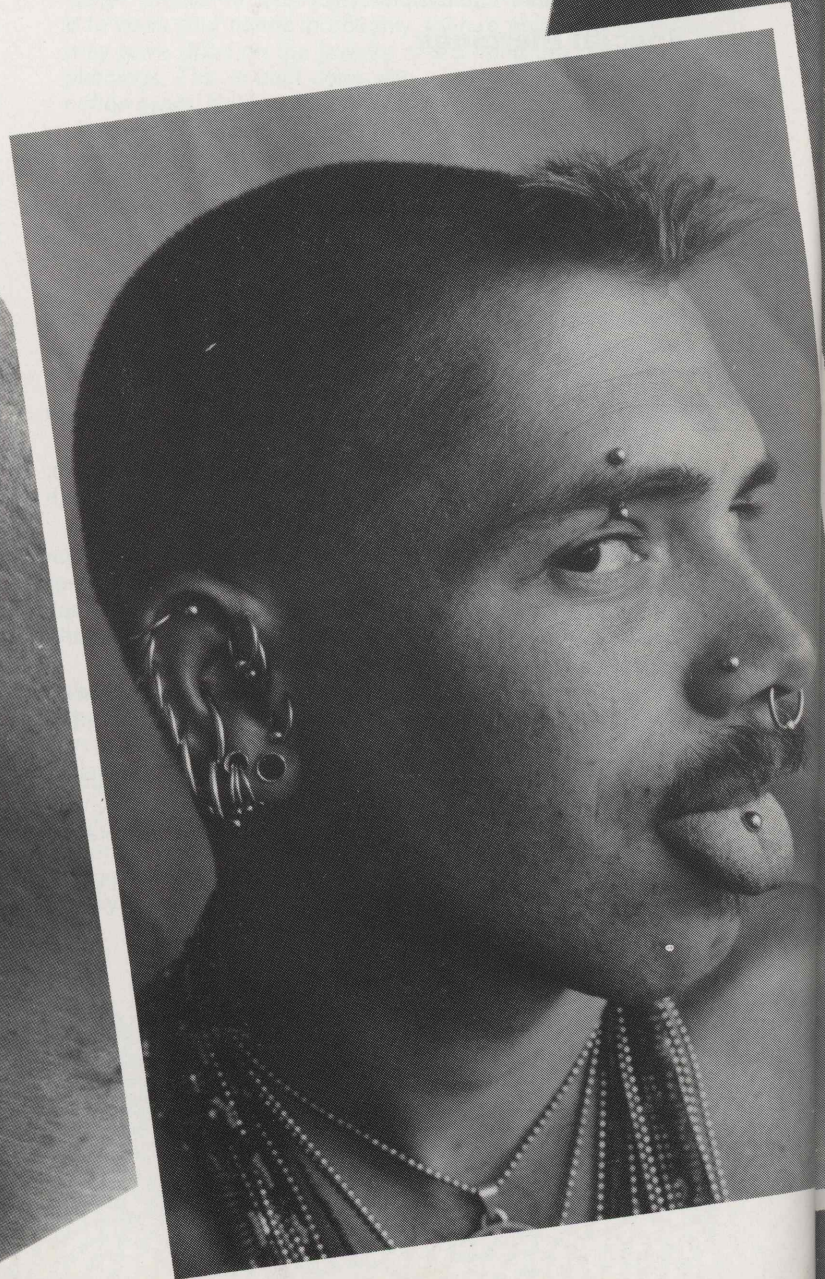
While most of us think of piercing aftercare as basic and unchanging, the reality is that new things are being discovered every day. We will continue to keep you updated on the latest developments on a regular basis.

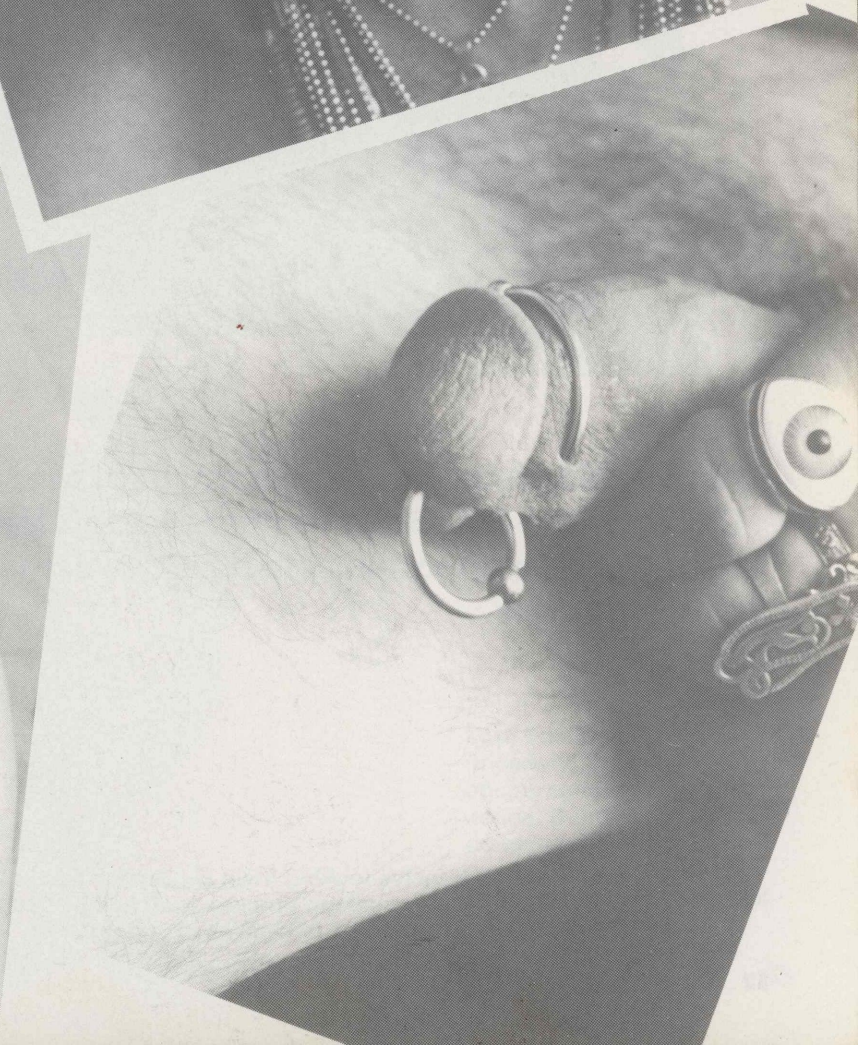
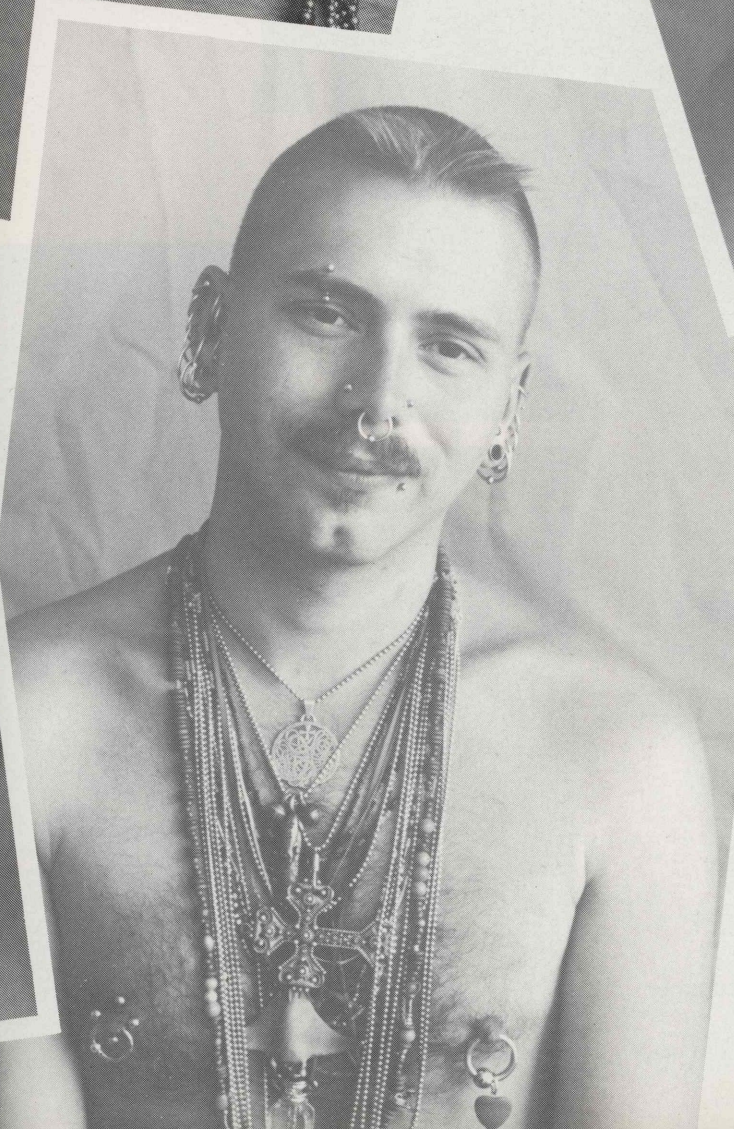
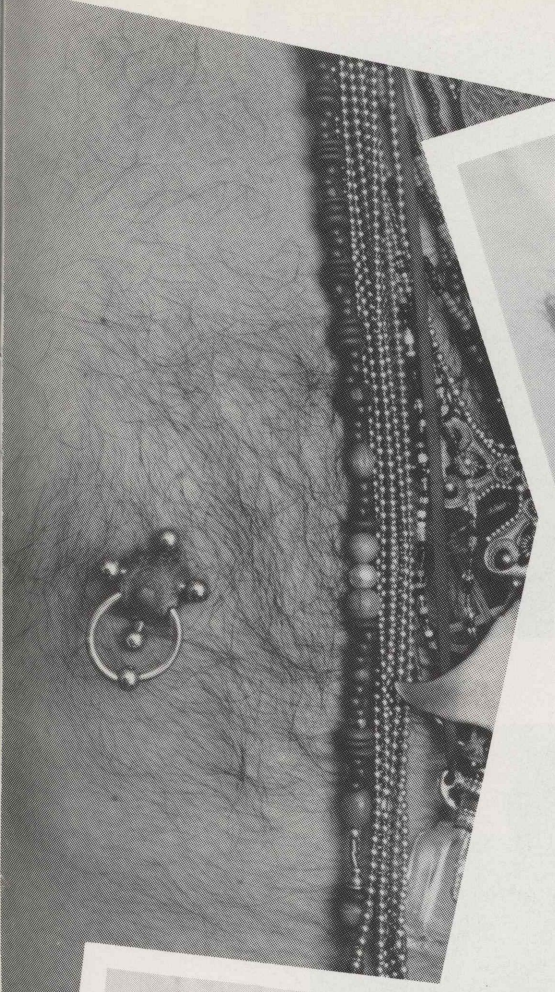
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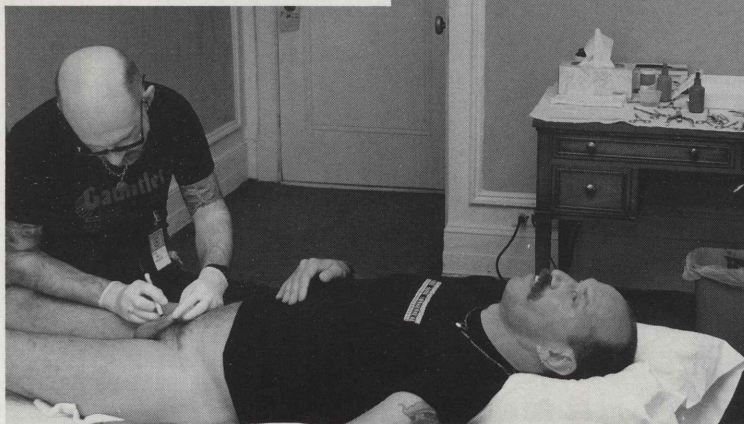
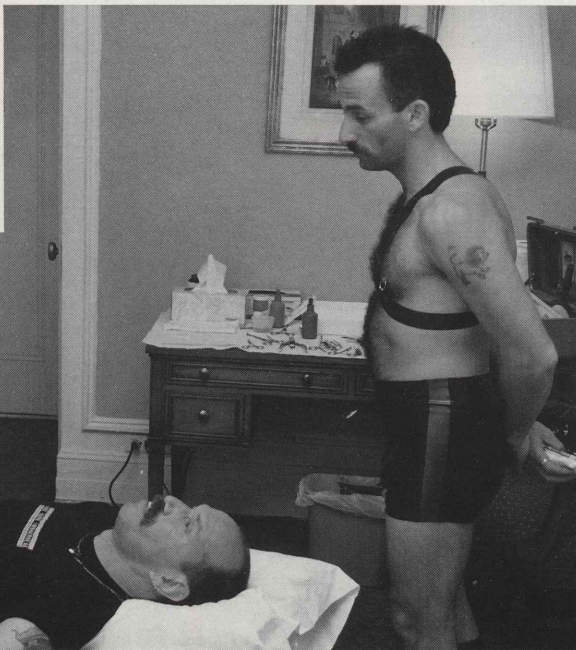
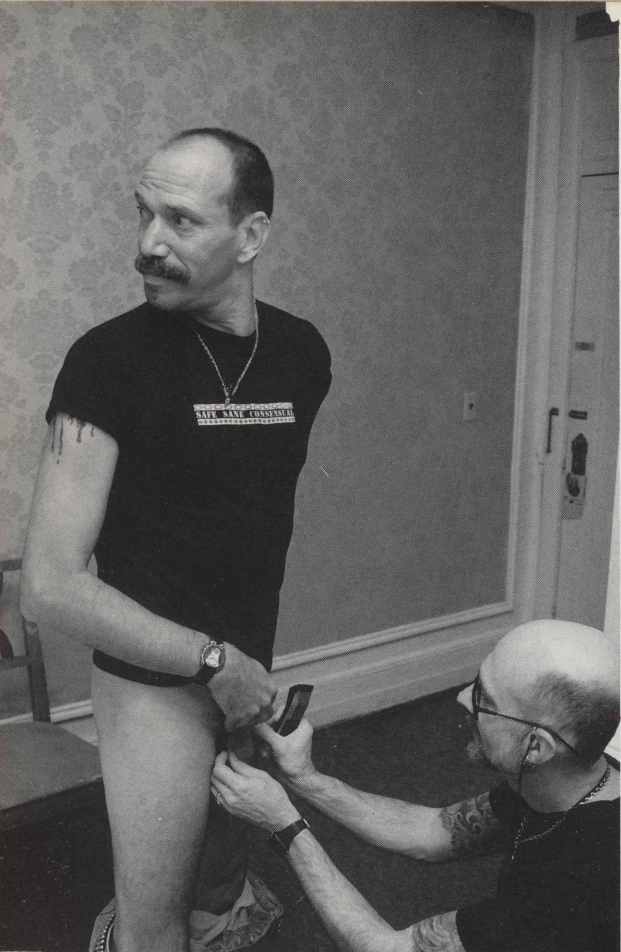
MICHAEL

photos by Drew Ward



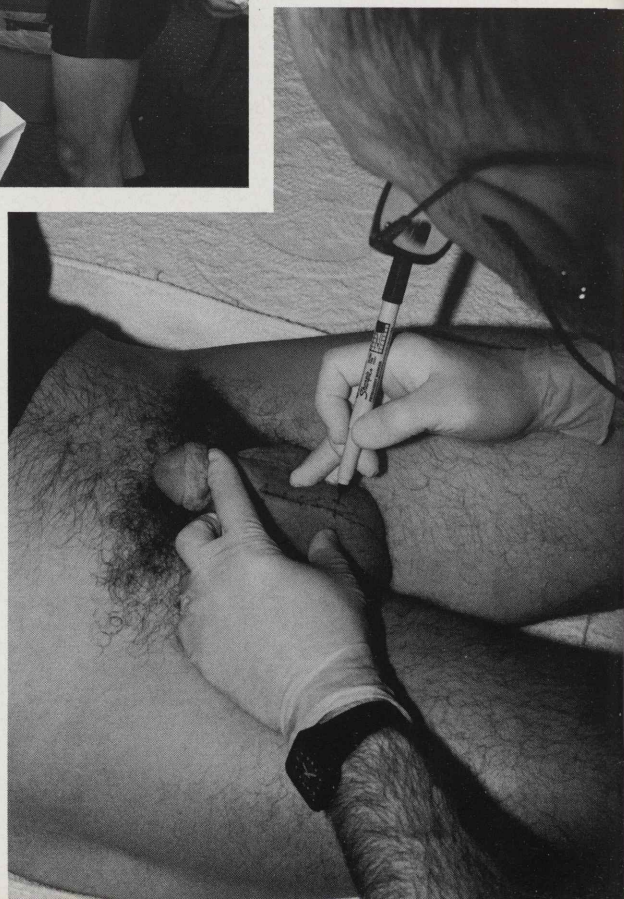


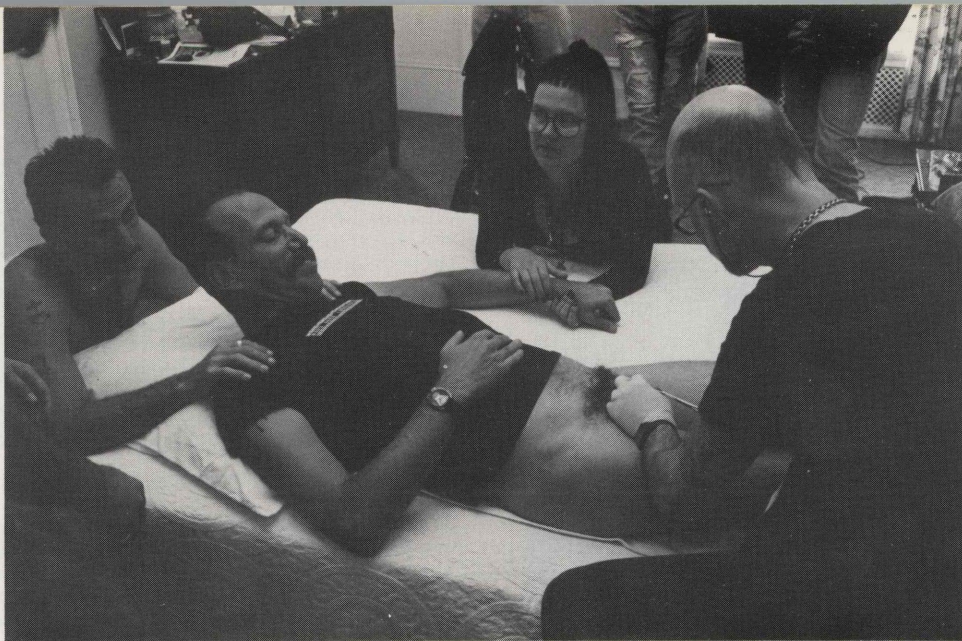
Daddy Irwin



At the 1992 Living in Leather conference in Chicago, San Francisco Leather Daddy X Irwin Kane took the opportunity to have five scrotum piercings done.

Top: A somewhat apprehensive looking Irwin is prepped by Jim Ward. Center: Jim begins the marking process, watched by Drummer Boy 1990 John Siracusa. Bottom: Jim finalizes his marks.



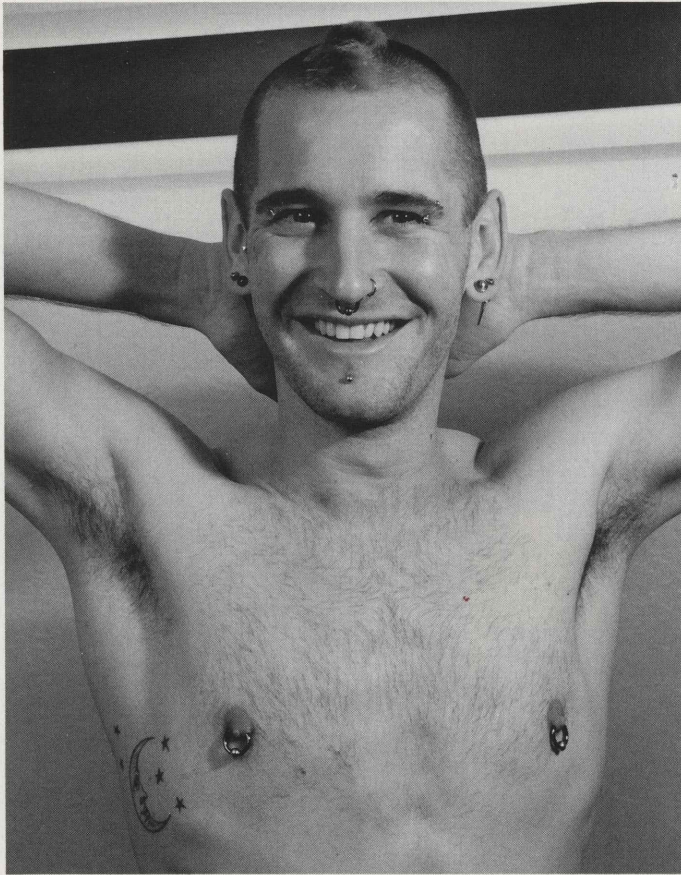


Gets Pierced

photos
by
Drew Ward



Top: The piercing process underway, Irwin is encouraged by John and Jenne. Center: The five completed piercings bring a satisfied grin to Irwin's face. Bottom: The finished piercings.



A smiling Chance and some of his happy piercings.

How I Made My Sad Labret Happy

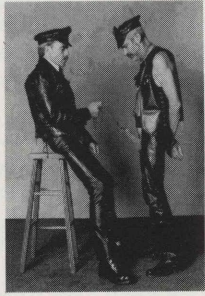
by
Chance

My labret was developing pesky problems a few weeks after it was pierced. When it was first done I put in a standard 14 gauge stud with standard stainless steel labret back and it very quickly developed a tissue ulceration around the labret back. It looked volcano-like and felt tender and irritated. It also secreted pus on a regular basis.

First we tried a white gold dome labret back and that helped the tissue ulceration to shrink considerably, but then the darn thing kept sinking down below the inner tissue of my lip. Every morning I would have to poke it back through to the surface again. Ouch! During all this, to help reduce the volcano I tried the aspirin treatment which worked very efficiently.

The final thing that made it all better was to switch to a yellow gold labret back, the flat disc type. It is just about the biggest back I've seen. The smooth edges and wide coverage worked really well for me and now I have no problems with the tissue there. It also feels really nice to the tongue. Oh yes, one more thing that helped a lot was to give a little extra room on the post length and to choose a good size sphere end, as the other types have sharper edges etc.

The following is my method for aspirin treatment: put a plain wet aspirin inside the lip directly on the affected area and hold it there for about 30 minutes. Then spit, rinse, clean, and disinfect. This will burn away the bad (and some good) tissue. If needed repeat 3 days later. Don't repeat this more than once.



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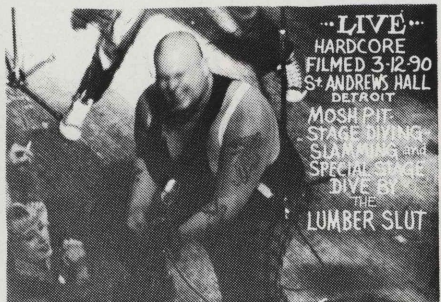
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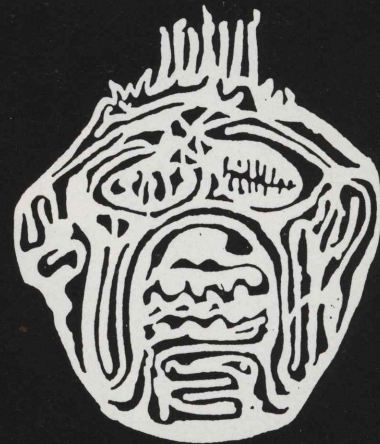
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piercing didn't give me any particular trouble, but within less than two weeks I noticed that the hole was getting bigger, like the one in the photo on page 3.

Over the next couple of weeks the hole continued to enlarge. I was afraid the ring would tear through, so I removed it. Still the hole enlarged, and before long the remaining thin thread of tissue broke putting an end to my first penis piercing.

It was Doug Malloy who showed me what was wrong with that piercing. It was in the wrong place. I learned my lesson, and I've worked very hard through *PFIQ* to share that lesson with the rest of the piercing fans out there. Unfortunately my success at making people aware of the correct placement for the frenum piercing hasn't been much greater than my misguided piercing attempt itself. Either the "Pierce with a Pro" articles and photos have not been seen or read, or they have been ignored. It disturbs me to constantly see educational literature and videos giving out this misinformation. This seems especially true of material coming from Europe.

This may, in part, stem from the fact that so many European men are uncircumcised. A foreskin presents the piercer with some special considerations, however, putting a hole through a fragile and unsuitable piece of tissue is not the answer. From my experience the most important considerations are 1) to make sure that the piercing is placed through sufficient tissue to hold securely, i.e. properly placed, and 2) to select jewelry which will fit under the foreskin at least until the piercing is healed.

Assuming the body doesn't heal it out in the first place, a piercing through the frenum web is of little benefit. The fragile tissue will not tolerate any kind of rough manipulation without discomfort and the likelihood of cutting or tearing. When properly positioned the frenum piercing can be a wonderful source of erotic pleasure.

So if you are desirous of a frenum piercing let me stress again the importance of seeking out a professional who knows what they are doing. And if you are a piercer seeking to perfect your craft I urge you to get out your back issues of *PFIQ* and make sure you understand the correct placement for the frenum piercing. Taking the time to do your homework is definitely worth the effort.

I just got a call today from a man in Alaska. Some local woman is claiming that she is a Gauntlet trained and certified piercer who actually studied under Jim Ward. There seem to be a lot of these people around these days. If I could line them up end to end they'd probably reach from San Francisco to Keokuk, Iowa at least.

It would seem that for some people studying under Jim Ward from Gauntlet means watching him do a piercing demonstration, or reading a few issues of *PFIQ*, or seeing a copy of the "Pierce with a Pro" video. It sure as hell doesn't mean a hands on, personally supervised, hard working, year or two apprenticeship.

If I cared to look at it one way I suppose it could be flattering. Isn't it wonderful that "Jim Ward and Gauntlet" have become the names meaning quality in the world of piercing? Unfortunately, I can't help thinking of all those "designer" watches peddled on street corners for \$20.00 and claimed to be the real thing.

Let me set the record straight. At this time I can only think of about one and three-eighths piercers not currently working at Gauntlet who are genuinely Gauntlet trained. A "quarter" and "eighth" apprenticed for a very short time and then went out on their own. The fully qualified piercer is Elayne Binnie who previously managed the Los Angeles Gauntlet store.

Gauntlet is currently in the process of implementing a formal piercer training and certification program. Within the near future it is planned that all piercers will receive certificates as they master various skill levels. As of this writing only one certificate has been issued. It went to Elayne Binnie.

art magazine

body

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body art

body art

body jewellery

CATALOGUE

This glossy 32 page catalogue, packed with information and tips about piercing and photographs of the very best body jewellery you can buy, is **NOW AVAILABLE.**

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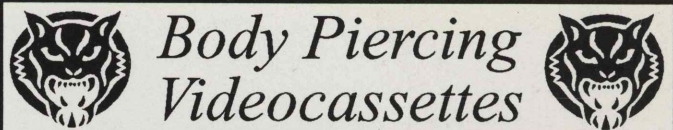
body jewellery, Dept 36, Blake House Studios, Blake End, Rayne, Braintree, Essex, CM7 8SH, England.



3) Gauntlet's release form indicates that for cartilage and nostril piercings using Pierced EarCare solution twice daily and taking a zinc supplement regularly will help promote healing. By continuing with this regimen, one might also find the keloid shrinking.

Keep in mind that all products used to clean a piercing or to encourage healing should be used individually. For example if you are using Tea tree oil discontinue the Pierced EarCare solution. Using too many different treatments at the same time can lead to problems.

Again, we welcome any questions or comments you might have. Send them to: Scott Shatsky c/o PFIQ.



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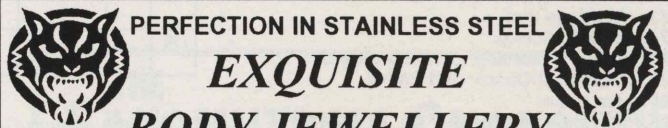
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Solution to puzzle on page 38

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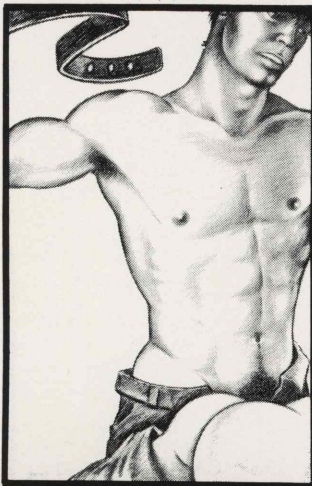
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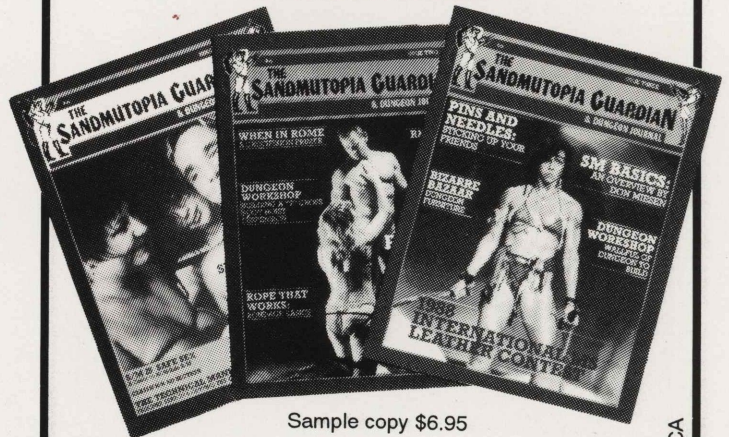
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