



## Piercing Fans International Quarterly



### HIGHLIGHTS

- Photographs by Jerry Rosen
- Pierce with a Pro, Part 28: The Horizontal Clit Hood
- A Physician's Perspective on Piercing Care
- Three Piercing Pioneers Remembered
- From the Mailroom: Body Piercing — Self-Adornment or Self-Abuse?

**No. 41**

**\$12.95**



Since 1975  
Safety, Quality,  
& Service

The Piercing Professionals

**Gauntlet**, Inc.

- Los Angeles (310) 657-6677
- San Francisco (415) 431-3133
- New York City (212) 229-0180
- Mail Order Service

2215-R Market St., Box 801P, San Francisco, CA 94114  
Phone: 1-800-RINGS-2-U or (415) 252-1404.  
FAX: (415) 252-1407.  
Color Catalog: \$5.00 (refundable with jewelry purchase).  
Signed statement of age (21+) required.

One of the questions asked most frequently by Gauntlet customers is whether or not we use an anesthetic. The answer is usually NO. This answer is often met with shock, particularly by those individuals pierced in the UK where anesthetics are often administered. Our non-use of anesthetics, among other things, has led to some debate over a "British" school of piercing versus an "American" school. In the most recent issue of the British magazine *Body Art*, many questions were raised in regard to the differences in technique. There were some questions as to why Gauntlet uses no anesthetic for the majority of piercings that we perform; the implication was made that we might even enjoy causing pain to our piercees.

The methods that we have developed over nearly twenty years, and are continuing to develop, place special emphasis on maximum comfort for every piercee. To this end we utilize breathing techniques, patience, and a soothing bedside manner. While we take as much time and care as is necessary to properly place and install jewelry, the piercings themselves rarely last longer than a second. However desirable an anesthetic might be, our first priority is sterility and accuracy, both of which can be sorely compromised with the introduction of a numbing agent. Unlike many operations in both Europe and the United States, Gauntlet is a legitimate, clean, public, and accessible environment; we are very proud of our techniques and our cleanliness.

The story of the two "schools of thought" can be traced back nearly twenty years. The "European" school traces its roots to England's Mr. Sebastian and the "American" to Doug Malloy and his primary protégé Jim Ward (Gauntlet's founder). Inevitably there has been a degree of crossover of information and technique between the two schools, but each maintains many unique features.

Gauntlet began as a humble one-man operation and gathered momentum to become a three-store and mail order, bi-coastal company with over thirty on staff, nearly twenty of them piercers or piercers-in-training. One of the wonderful things about Gauntlet is that we are a group of knowledgeable people who are able to progress by consensus rather than a single individual plugging along alone.

It is true that at Gauntlet no anesthetics are regularly employed. One noteworthy exception to this is the Prince Albert piercing; since it is a mucous membrane, we are able to use a topical agent inside the urethra. Over-the-counter topical anesthetics are available and quite legal for use. This piercing is responsive to topical anesthetic. So why wouldn't we be able to use it with all piercings?

A topical anesthetic will have little to no effect on the actual sensation of a piercing since it cannot penetrate to the nerves deeper under the skin. Furthermore, the use of topical anesthetics will often cause the area to swell, making an accurate marking almost impossible. The area will also now be greasy and slippery, so how will the forceps stay on securely?

Some people use ice as a numbing agent. I am sure this process would be far more uncomfortable than a properly performed piercing. And once again the area becomes swollen and

— continued on page 37

# PFIQ

## Piercing Fans International Quarterly #41

### • C O N T E N T S •

- 3 **Viewpoint** — In a guest editorial Gauntlet piercer Michaela Grey addresses the anesthesia debate.
- 5 **Dear PFIQ:** — Letters and photos from readers.
- 9 **Three Piercing Pioneers Remembered** — PFIQ pays tribute to a trio of unique individuals.
- 4 **From the Mailroom** — The debut of a new feature. Several mental health professionals address the question, "Body piercing: self adornment or self abuse?"
- 16 **A Physician's Perspective on Piercing Care.** — Dr. Flash Gordon takes on a timely topic.
- 19 **Photographs by Jerry Rosen**
- 22 **Angels of Steel** — the calendar girls of Skip Williams.
- 24 **Pierce with a Pro, part 28** — PFIQ documents a horizontal clit hood piercing.
- 38 **The PFIQ Crossword.**

Editor & Publisher: Jim Ward

Assistant Editors: Debbie Wertheim & Drew Ward

Frequent Contributors: Annie Sprinkle, Todd Friedman, Efrain Gonzalez, Scott Shatsky.

Copyright © 1993 by Gauntlet, Inc. All rights reserved. Reproduction without permission is strictly prohibited. PFIQ is published by Gauntlet, Inc. Editorial offices and mailing address is 537 Castro St., San Francisco, CA 94114. Phone: (415) 552-0505. FAX: (415) 552-0874.

Direct subscriptions, back issues, and changes of address to: Gauntlet, Inc., Mail Order Service, 2215-R Market St., Box 801, San Francisco, CA 94114 Phone: 1-800-RINGS-2-U or (415) 252-1404. FAX: (415) 252-1407.

Current subscription rates: \$40.00 United States; \$48.00 Canada, Latin America, Europe, and Africa; \$52.00 Pacific Rim and Asia. All foreign subscriptions are payable in U.S. funds. Signed statement of age (21) required.

PFIQ has been seized in the British Isles, Australia, New Zealand, and Japan. While every effort is made to facilitate receipt by all subscribers, neither Gauntlet, Inc. nor PFIQ can guarantee delivery, particularly within those countries.

Front Cover: Kristi. Photo by Skip Williams.

Back Cover: "Relativity" — Airbrush by Daimon Rowanchilde

# YOUR OWN SPECIAL CREATION

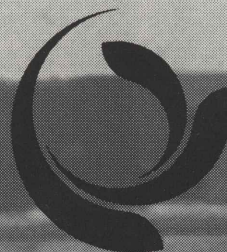
**YOU'RE A PERSON, NOT A STATISTIC. ISN'T IT ABOUT TIME YOU HAD A DOCTOR WHO REALIZES THAT?**

**KEITH MEDICAL GROUP AND HOLLYWOOD COMMUNITY HOSPITAL OFFER THE BEST IN INDIVIDUALIZED HIV CARE.**



**KEITH**  
*Medical Group*

*Affiliated with*



**HOLLYWOOD  
COMMUNITY  
HOSPITAL**

**YOU ARE SPECIAL TO US.**

**6200 WILSHIRE BOULEVARD • SUITE 1510 • LOS ANGELES • (213) 964-1440**

**Paul E. Keith III, MD, Director, Immune Suppressed Unit, Hollywood Community Hospital  
Elaine R. Feraru, MD   Emmanuel R. Lim, MD   Erik Fleischman, DO   Philip K. Stenquist, PhD**



## Dear PFIQ:

Dear Jim,

I had a hafada piercing (located in the center of the sac) at your New York City store last August. Afterwards I was in a dilemma. How could I effectively keep someone else's bodily fluids off my fresh piercing while having sex? Condoms only cover so much of the penis shaft, never protecting the sac.

I found the solution in Frankfurt, Germany while traveling. In a sex shop was a condom for sale that not only covers the shaft, but also has a molded pouch to accommodate the testicle sac. It would appear to be a very simple barrier type of device to keep a fresh piercing clean. I have not seen this product for sale in the States, but hopefully it is already available or soon to be. I think this condom should be part of after-piercing care until a piercing heals.

It is true that Gauntlet was one of the main reasons for the piercing revolution. Since Gauntlet is one of the pioneers, it should produce the first comprehensive jewelry buyers guide. In every advertisement for piercing supplies, companies boast of their expert craftsmanship and high grade materials. The reality is, without paying \$40 to \$50 for a ring, one will never know.

I have seen rings from companies other than Gauntlet, and at first their price makes them seem like a good buy. After careful examination though, defects stand out like scratched or poorly finished surfaces or ring ends filed to a point so they will fit in a bead designed for necklaces! Not having experience like that of Gauntlet's, I am sure that I missed some imperfections.

What I foresee is a *Consumer's Report* style of unbiased comparison to point out defects that are unacceptable to just plain unsafe. The piercing community needs to know what companies make good, high quality jewelry. Further, expose the companies that produce poor quality or unsafe jewelry for the safety of everyone!

I hope you continue to assure piercing safety by: 1. Recommending a pouch condom for aftercare of a fresh scrotum piercing. If the condoms are not available for sale in the States yet, sell them through your Gauntlet stores. 2. Purchase jewelry anonymously from different companies, examine it, produce a list of common defects, compare quality, then report your findings in PFIQ.

I hope you have found my suggestions helpful and look forward to a reply.

Sincerely,  
Patrick G. (4571-NYM)

*(Editor's response: Thank you for sending the literature on the unique Lavetra Universal Safety Condom. It is definitely an idea that is long overdue. I have taken this information to our local branch of Condomania, a store which specializes in condoms of every type and description. They have outlets in Hollywood, Los Angeles, San Francisco, New York, and Miami. The manager is forwarding your information to the company buyer, and hopefully Condomania will be able to acquire it for their already extensive condom line. Readers not near a Condomania location can contact the main Hollywood store for information or to make a purchase by mail. Contact Condomania, 7021 Hollywood Blvd., Suite O, Hollywood, Ca 90028, (213) 962-7800.*

And while I'm on the subject, I strongly urge men with penis piercings to try the Pleasure Plus condom. It is sturdy and made with extra room at the tip which readily accommodates all but the largest of Prince Albert rings. Check it out.

I can't begin to tell you how much I would love to be able to evaluate at least some piercing products from non-Gauntlet suppliers. But there is no way I could give an unbiased opinion. Sure it's easy to censure a vendor that made "stainless" steel jewelry that turned black in people's bodies or alert readers not to patronize someone who wants to insert gold-plated, gold-filled, or sterling silver jewelry into a piercing, especially a new one. But many criticisms are far less clear-cut reflecting a matter of personal preference. Like Patrick I don't like captive bead rings with pointed ends, but there are people who do. And there are other people who are willing to trade off quality for price, something which is beyond my comprehension especially when one's well-being is at stake.

The precautions one takes when buying piercing jewelry are not significantly different from those taken when buying any other product. 1. Before making a purchase take the time to learn what goes into a comfortable, safe, durable, and reliable piece of body jewelry. This information is readily available in PFIQ (particularly the "Pierce with a Pro" articles) and in "The Gauntlet Guide to Body Piercing Jewelry" pamphlet included in Gauntlet's jewelry catalog. 2. Buy from a reputable company. 3. Remember the old saying, "If it sounds too good to be true it probably is."

Dear PFIQ:

As a longtime piercee, PFIQ reader, and professional piercing artist, I am always happy to see changes and improvements in the



Lydia of Adelaide

photo by Ted V. (0469-PCM)



**Nicki**

— Photo and piercing by Angelique

techniques and aesthetics of body piercing, and congratulate *PFIQ* for being the harbinger of so many of those positive changes.

However, the “Keep It Clean” aftercare article in the number 40 issue of the magazine calls, I think, for some constructive criticism on several points.

Re the instruction to “pour a little diluted Hibiclens onto the jewelry/piercing, lather it up, then work the jewelry back and forth at least six times”: I cannot imagine anything other than an exercise in frustration for a piercee to attempt to lather Hibiclens at all, since the product is intrinsically and notoriously unlatherable. Furthermore, in Hibiclens or in any surgical scrub, the antimicrobial action is in no way related to the product’s lathering.

The admonition to “never use antibiotic ointments” is one which personal and professional experience have qualified greatly in my opinion. The timely and *sparing* application (in small quantities per package directions, for no more than a week) can, I suggest, nip a potentially more severe infection in the bud. In hot, humid climates like the one in which our body art studio is located (Gulf Coast Florida), the slight moisture-repellent quality of antibiotic ointments can — apart from the anti-bacterial function — ameliorate the effects of heat and perspiration on a new piercing.

With regard to substituting the product Bactine for other above-the-neck aftercare products: I would hesitate to recommend this product very especially, since, while it does contain benzylkonium chloride, it *also* contains potential irritants and allergens such as topical anesthetic and fragrance. The bottom line is that Bactine is *not* an equivalent product to EarCare or

Super Septic.

Under “Special Piercings” the instruction to “rinse with mouthwash for 30 to 60 seconds after consumption of anything other than water” is not, in my opinion, as strong or as advisable as might be. The usual recommendation is to use Listerine full strength — not dilute, as the article suggests — and for 60 seconds *at least*. Some commercial mouthwashes are loaded with irritants, sweeteners, and coloring agents and are minimally effective as disinfectants to boot. Nor is the instruction to substitute Betadine, in dilute form, as a mouth rinse universally safe or recommendable. In a thankfully small portion of the population who are highly sensitive to iodine-bearing products (and who may be unaware of their own sensitivity) the introduction of Betadine into a fresh piercing in the mouth may produce severe and possibly fatal anaphylactic shock. Such sensitives may be able to use iodine products in ointment or scrub on skin surfaces with predictable safety, but would be very ill-served by anyone advising them to introduce an iodine-carrying product into the mouth.

Apart from these points, I applaud *PFIQ* for its attractive and constantly improving format and content. As a Respiratory Therapist whose medical background has proved to be a valuable assist in professional piercing, and as a great fan and *aficionado* of body art in all its many forms, I look forward to reading and learning from the best that *PFIQ* has to offer in the future.

Sincerely,

Doug Shelton

Leather Tiger Body Art Studio

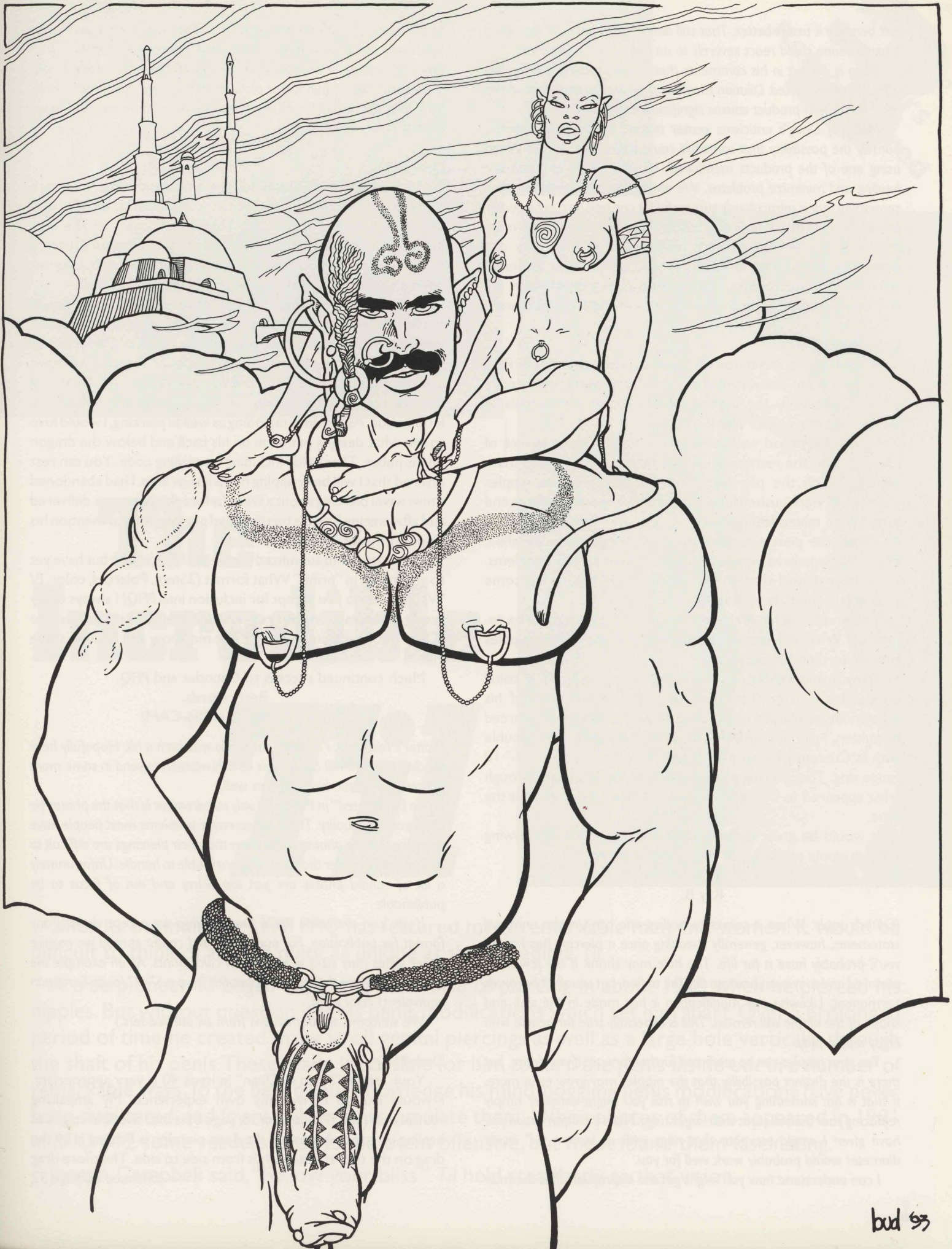
*(Editor’s comments: It’s always great to have constructive criticism from readers. These will definitely be taken into consideration when we update the “Keep It Clean” information.*

*I can understand how someone might be frustrated if they were expecting Hibiclens to lather. Fortunately we recently discovered another, more gentle cleaning product which uses the same active antiseptic, and which makes a really nice lather. This one is called BrianCare. The people who have tried it like it as well, often better, than Hibiclens. It’s less irritating than Hibiclens, and doesn’t need to be diluted. BrianCare is not as widely available, but can be purchased through Gauntlet stores or mail order.*

*In the “Keep It Clean” article, the phrase “never use antibiotic ointments” was followed with the words “unless they are prescribed by a physician.” I am well aware that when used properly antibiotic ointments can be beneficial. Unfortunately, the majority of people think of antibiotic ointments as the cure for an infected piercing. In his article “A Physician’s Perspective on Piercing Care” (elsewhere in this issue), doctor Flash Gordon makes it very clear that over-the-counter ointments can be used to prevent an infection but are ineffective at curing one.*

*Antibiotics are powerful drugs. There are many of them, and each is effective only against certain organisms. They are not something to be used indiscriminately. Consequently, I will personally continue to discourage people from using antibiotics in any form **unless** prescribed by a physician and/or used under the supervision of a health care professional.*

*The diluted Betadine suggestion for piercings in and around the mouth was made by an oral surgeon who recommends it to his patients. Like any other substance, there is always the possibility that someone may have a serious reaction to it, although the risk is minimal for the vast majority. I would personally choose Listerine over Betadine*



just because it tastes better. That still doesn't eliminate the possibility that someone could react severely to an ingredient in Listerine.

Doug is correct in his comments that many products are far less effective when diluted. Dilution should only be used in situations where the full-strength product causes significant irritation.

Many of Doug's criticisms center around one mutual concern, namely the possibility that someone could suffer serious harm from using one of the products mentioned. We both want to maximize healing and minimize problems. We always have to remember that something that is miraculously successful for one person can be deadly for another. Perhaps future "Keep It Clean" updates need more emphasis and detailed guidance on tuning in to one's body and monitoring its response to various products. This might ultimately eliminate, or at least reduce, many of the problems people have, not only with antiseptics, but with other substances and products as well.)

Dear PFIQ:

After studying the article on the male nipple piercing in PFIQ Issue #40, I am convinced that my nipples were incorrectly pierced. Specifically, the piercing was done through the areola, as for an underdeveloped nipple.

I have always had well-developed nipples, a great source of pleasure over the years and the chief reason why I wanted them pierced. With the piercings done as they are, the nipples themselves were pushed forward and now appear very large and long. I have mixed feelings about this, as you might imagine!

When the piercings were done,  $\frac{5}{8}$ " rings were installed. These I now believe were too small and led to many problems. I now have barbell studs in the piercings, and healing has come at long last. Studs fit well at  $\frac{5}{8}$ ".

The problem is I love the look of rings. Can my nipples be pierced? What will happen to the first piercings? Will my nipples subside to their former size?

Many thanks for PFIQ #40. It was great to see Jim A. in color on the back cover. Too bad you didn't show more of his outstanding genital piercing and tattoo work. Concerning pierced frenulums, I pierced my own a long time ago and had no trouble with it. Currently I wear a 10 gauge  $\frac{3}{8}$ " barbell stud or a  $\frac{3}{4}$ " 10 gauge ring. The piercing was well back of the frenulum through what appeared to be a pore in the skin that I discovered at the time.

It would be great to have some full-page spreads showing various nipple piercings, or penile piercings, etc.

Yours warmly,  
Ray B.

*(Editor's reply: When it comes to bodies one can't make universal statements, however, generally speaking once a piercing has healed you'll probably have it for life. The hole may shrink if the jewelry is removed and may even become difficult to find, but usually it becomes permanent. Likewise any modification it has made in the size and shape of the nipple will remain. This is especially true for people who enjoy nipple play.*

Yes, your nipples can be repierced further forward if you desire, but there is the distinct possibility that the nipples may grow even more. If that is not something you wish to risk you might consider simply replacing your barbell studs with larger rings. From the information you have given I would estimate that rings with at least a  $\frac{3}{4}$ " inside diameter would probably work well for you.

I can understand how you might get the impression that the man

on the back cover of issue #40 was Jim A. The tattoos in the pubic area are nearly identical. Unfortunately Jim A. passed away in May (see tribute elsewhere in this issue). Our issue #40 cover model was Dario, a European subscriber. Other pictures of him have appeared in issue #35. We, too, would like to see more of him in future issues. And we are not alone. Read on.)

Dear PFIQ,

After reviewing PFIQ #40 for the umpteenth time, I just had to sit down and offer some feedback. Impressive, terrific, well done, oh, hell, you're the tops. That about covers it! The only downside of PFIQ is that it isn't PFIM (monthly!). I'm sure that it's not easy to put out such an outstanding publication, but you've done a superb job. Keep up the good work!

The piece de resistance for this issue was your back cover model. What a great way to end an issue! It sure kept me wanting to continue turning pages to see more of Dario. But to no avail; I had to let my imagination take over. Please don't leave us all wondering how the rest of his body is decorated. I'm hoping that an interview and photo spread on Dario will follow in a future issue. As I am into tattooing as well as piercing, I would love to see what designs continue on his back and below the dragon on his pubes. Thanks for including his mailing code. You can rest assured that I will be dropping him a line or two. I had abandoned a new navel piercing about a week before this issue was delivered and after seeing Dario's terrific navel piercing (not to mention his nipples!) I want it back!

I've written and submitted photos to PFIQ before but have yet to see myself in "print." What format (35mm, Polaroid, color, B/W) pictures do you accept for inclusion into PFIQ? I always enjoy seeing pictures from the readers and feel that these give the "Dear PFIQ" section a great lift. Let me know and I'll send some in!

Much continued success to Gauntlet and PFIQ.

Best regards,  
Jim R. (1386-CAM)

*(Editor's response: I'm glad that Dario was such a hit. Hopefully he is reading this and will accept this as an invitation to send in some more photos and a little biography as well.*

To be "printed" in PFIQ the only requirement is that the photos be of reasonable quality. The most common problems most people have are either taking photos so far away that their piercings are difficult to see, or getting closer that their camera is able to handle. Unfortunately a lot of candid photos are just too blurry and out of focus to be publishable.

If you can overcome these shortcomings we accept virtually any format for publication. For our covers and center spread we require either slides (any size) or very clean color prints. As an example the photo of Dario on the cover was printed from a 5"x7" (or its European equivalent) color print.

We welcome all submissions from all our readers.)

Dear PFIQ:

Your article "Keep It Clean" in issue 40 is very appropriate. I would like to convey my own experience. My ampallang reinsertion (see PFIQ issue #38, page 8) is into the final stages of healing. A good way to tell if a deep piercing is healing is by the drag on the skin as you push it from side to side. The more drag

— continued on page 32



# The Incredible *Til*

Since its beginning in 1977 *PFIQ* has featured many remarkable men and women. It would be difficult to think of anyone quite as unique as the incredible *Til*.

A true pioneer, *Til* began exploring the world of piercing in about 1925 when he pierced his nipples. But without question it is his penis modifications which set him apart. Over a prolonged period of time he created many small genital piercings as well as a large hole vertically through the shaft of his penis. These made it possible for him to turn the penis inside out in a number of remarkable ways. To the best of our knowledge his mind-boggling penis modifications have never been duplicated, and few would wish to emulate them. When photos of them appeared in 1981 in *PFIQ* #12 some readers even found them offensive, but most found them fascinating.

Joseph Campbell said, "Follow your bliss." *Til* held steadfastly to that vision.



# Hans of Denmark

## One of a Kind

Photos by Fakir Musafar

Dear PFIQ and readers!

I wish to inform you that Hans (of Copenhagen) died on July 1st at the age of 70. Thus a fantastic and creative life ended.

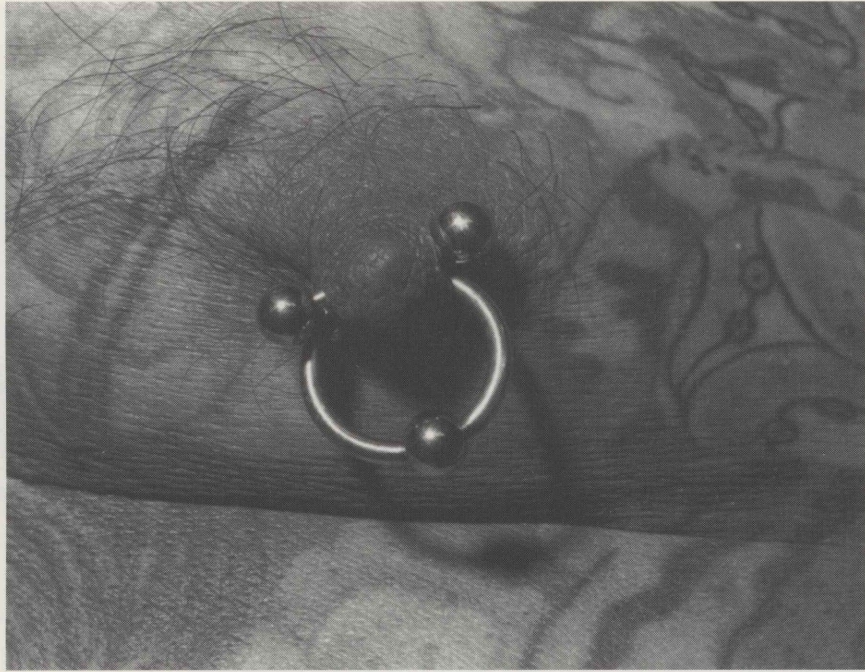
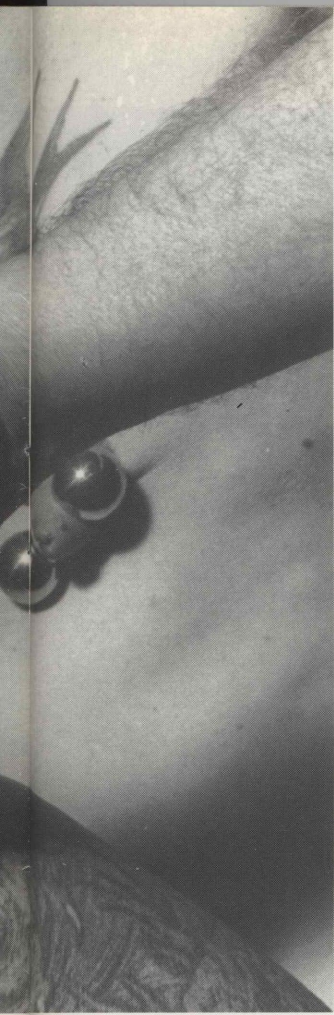
Only a year and a half ago my friendship with Hans started, and the occasion was the production of the video *Mistress of the Rings*. During that time we became very close because of our common interests. Hans taught me much about life in general and piercing in particular. We pierced each other, and shortly before his death I had the honor of doing a special Prince Albert for him. Imagine! He was 70 years old and had planned several other piercings.

After his death I visited Hans in the hospital where he was neatly prepared. I checked that his jewelry was still there and found it arranged with respect and dignity. His tattoos appeared bright and beautiful, and he himself looked satisfied.

I'm happy to be so lucky that I learned to know such a great personality and feel that we have lost an important member of our special world of body art and, also, a very dear friend.

Hans, I will miss you.

Mette Hintze



**The inimitable Hans as he appeared  
in 1983 in *PFIQ* #19.**



# Jim A.

## a Rare Individual



Gauntlet was still an infant when I first met Jim A. He was visiting Hollywood getting tattooed and wanted to get pierced as well. Arrangements were made, and one evening Doug Malloy and I went to his hotel room where I performed one of my first Prince Albert piercings.

Jim became an avid piercing and tattooing enthusiast and a wonderful friend as well. We visited each other regularly, and with nearly every visit he acquired more piercings.

In 1981 he was prominently featured in *PFIQ* issue #11 showing his collection of piercings. As was typical his interview sparkled with characteristic wit and humor.

Jim was also a great crossword enthusiast. He was one of those bright people who could work *The New York Times* Sunday crossword puzzle in a couple of hours or less in ink. The themes for several of the *PFIQ* crosswords were devised by Jim.

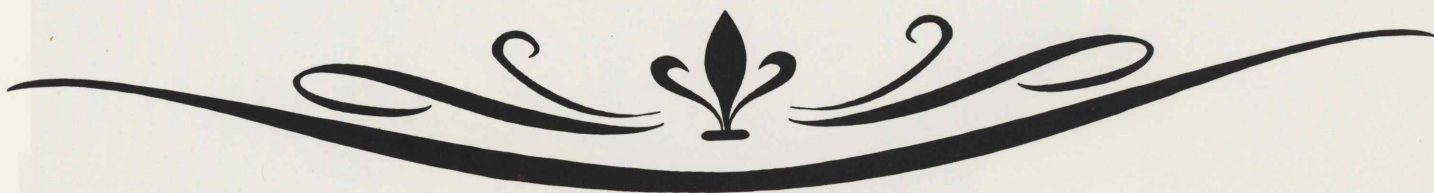
At the end of his interview Jim was asked, "Did all that hurt?" to which he replied, "Only when you ask that question." If I were asked the same question I'd have to reply, "It was nothing compared to the loss of a dear friend."

Jim Ward



# BODY PIERCING

## SELF-ADORNMENT OR SELF-ABUSE?



PFIQ is happy to present a new column compiled from the correspondence and phone calls received by Gauntlet's Mail Order Department. In it you'll find a wide variety of piercing-related news and information, amusing anecdotes, and up-to-the-minute changes in Gauntlet policy, products, and procedures. All this is made possible by the generous contributions of Gauntlet's mail order staff.

For our debut we thought you might be interested in a letter received in early June. The implications which it contains are so insidious that we sent copies to and solicited responses from three psychotherapists we know to be supportive of people with interests in piercing, tattooing, and other forms of personal expression.

Here, then, is the original, controversial letter and the responses it has provoked:

To the Editor:

I am a candidate for the Ph.D. in clinical social work at New York University, where the Human Subjects Committee has approved my study. I am studying the relationship between binge-purge and self-mutilating [sic] behaviors, and would like to submit a notice regarding my study for publication in your next issue. The text of the notice as I would like it printed is:

.....

### STUDY ON BULIMIA AND SELF-INJURY

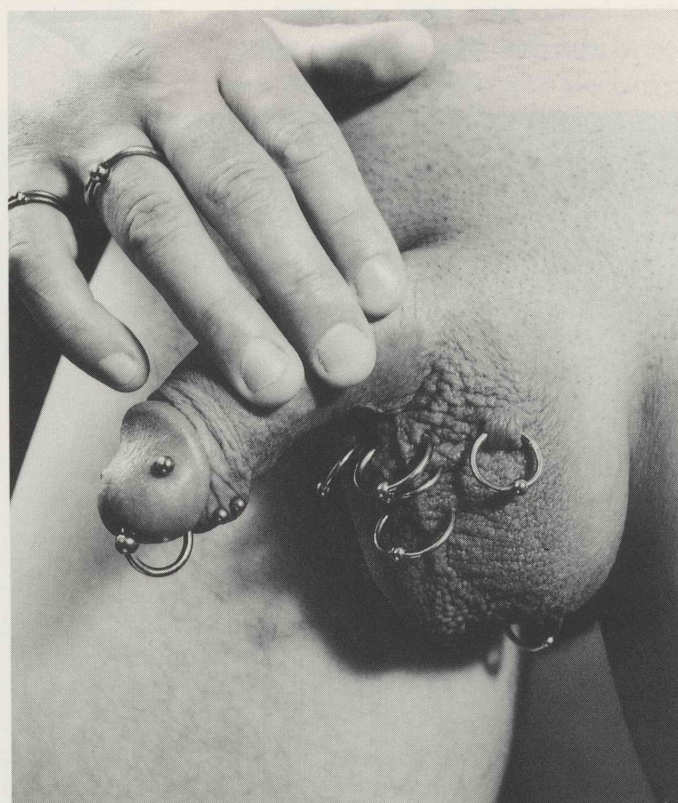
Volunteers are needed to participate in a study on the relationship between binge-purging and self-mutilation. It is being conducted at New York University School of Social Work by Ph.D. candidate Sharon Farber, M.S.W.

I am looking for people who EITHER binge and purge (or have done so regularly within the past year) OR binge and purge and also deliberately harm themselves (or have done so within the past year) by cutting, scratching, or burning themselves, or pulling out their hair, or otherwise hurting themselves, or by allowing others to pierce, tattoo, burn, or scar their bodies for purposes of body decoration or any other reason.

**YOU DO NOT NEED TO HAVE DONE BOTH (binge-purging and other deliberate self-harm) TO PARTICIPATE IN THE STUDY; THE BINGE-PURGING IS SUFFICIENT.**

The questionnaire takes around 45 minutes to fill out.

— Continued on page 34



**Mutilation or Decoration? To quote Sigmund Freud, "Sometimes a cigar is just a cigar."**

# THREE PSYCHOTHERAPISTS SPEAK OUT:

## Guy Baldwin:

The following letter was sent by Mr. Baldwin to the dean of the School of Social Work of New York University:

Dear Dean Ehrenkranz,

The proposed doctoral research project of one of your candidates, a Ms. Sharon Farber, M.S.W., which purports to investigate any relationship between binge-purge behaviors and self-mutilation has come to my attention, and I write to comment on it.

It is my understanding that Ms. Farber has contacted Gauntlet, Inc., a business which makes body piercing services, along with related jewelry and appliances, available to the public and requested that a notice concerning her "research" effort be included in that company's quarterly publication. Her notice (I have a copy) requests volunteer participation and indicates that qualified individuals must either engage in binge-purge behavior or in deliberate "harm to themselves." I am certain that someone on your faculty can provide you with related documentation should you care to examine it personally.

And well you might care to examine it because Ms. Farber solicits for participation in her research persons with interests in "cutting, scratching, or burning themselves, or pulling out their hair, or otherwise hurting themselves, or by allowing others to pierce, tattoo, burn, or scar their bodies for purposes of body decoration or any other reason."

As a person who has done original research, I must tell you that I am frankly surprised and appalled that any doctoral committee connected with any institution of higher learning specifically concerned with the training of mental health professionals could allow one of its candidates to insinuate such a toxic association into the minds of any population of potential research participants. Is she trying to arouse a suspicion or fear of psycho pathology in people interested in getting their ear pierced? I should think that the Human Subjects Committee would have spotted this glaring oversight on Ms. Farber's part. For her to suggest to her potential research participants that body decoration is "self-injury" is pa-

— Continued on page 34

## Dossie Easton:

Sharon Farber, M.S.W., is doing her doctoral thesis for New York University on bulimia, self-harm, and body modification (which she includes in self-harm) and is advertising for respondents in body modification publications. As a therapist to our community I have serious concerns about this project. Misinformation published as scientific fact which defines piercing and tattooing as pathological can lead to increased prejudice and oppression and could ultimately result in people being incarcerated in jails or mental hospitals.

To check on this study I acquired a copy of the questionnaire and spoke with Ms. Farber on the telephone.

The survey approaches body modification as a form of direct self-harm, equivalent to eating disorders, substance abuse and suicide attempts. There are no questions which would differentiate piercing, tattooing, etc., from self-destructive acts, nor are there any responses wherein you could indicate what you thought was healthy and positive about body modification.

Only persons with binge/purge bulimia are invited to participate in this study, leading to a biased study sample of people whose behavior is defined from the start as pathological. A non judgmental study of modern primitives would involve an attempt to represent everyone in the community.

When I spoke with Ms. Farber she felt my fears were unfounded, but I found her responses to be deceptive. She points out that she invited people to send additional information in narrative form, but I know that only the multiple choice questions will be quantifiable enough to wind up in her final statistics. Ms. Farber has read body modification magazines, but has not gone to the trouble of meeting with any practitioners. She claims to be an open-minded researcher, but, in fact, refuses to listen to the very people she wants to learn about. She ended our conversation by hanging up on me.

I would not encourage anyone who practices piercing, branding, tattooing, scarification, cutting or other body modifi-

— Continued on page 35

## Bill Henkin:

I read Sharon Farber's request with interest, since I've had my own experiences soliciting research subjects; and I read Bear's reply with equal interest, since she addresses so eloquently many of the common body modification practices that go unrecognized for what they are in our society simply because they're part of our mainstream culture.

For starters I think it's useful to acknowledge an assumption that underlies Ms. Farber's query. As I learned working in an acute care mental health facility for nearly six years, there are people who injure themselves, and who intend to injure themselves, by cutting, burning, scratching, pulling out their hair, and so forth. Some people in communities where S/M and body modification take place share these sorts of intentions, and it serves no one to pretend otherwise.

It is also possible that Ms. Farber does not assume that *everyone* who cuts, pierces, tattoos, brands, or otherwise modifies her or his body intends to do self-injury. She says she is looking for people who "deliberately harm themselves" in these ways, so *PFIQ* readers who modify their bodies for other reasons might well be excluded from her search.

On the other hand if Ms. Farber assumes that *anyone* who engages in these activities has self-destructive motives — as she seems to do by referring repeatedly to the activities as "self-mutilation," "self-injury," and "deliberate self-harm," — then it sounds to me as if she is pathologizing behavior on its face, without examining or truly seeking to understand it.

Even people who call their cutting activities "self-inflicted violence," and regard these activities as undesirable, do not agree on the reasons for their behavior. An editorial in the Spring, 1993 issue of *The Cutting Edge* pointed out that:

"Often, people who do not live with self-inflicted violence presuppose our intentions and develop theories of varying complexity and believability to explain our behavior. Some people believe that we self injure to gain the negative

— Continued on page 35



flash gordon, m.d., f.a.c.e.p.

# A Physician's Perspective on Piercing Care

## Rubor, tumor, dolor, calor

Memorize these 4 words. They're Latin for redness, swelling, pain, and heat. They're the cardinal signs of an infection, and if the area around a piercing starts to get red, warm, swollen, and tender a day or more later; well, that's what you've got. The bigger the red area, the worse the infection.

Don't confuse a millimeter or so of pink granulation tissue around the edge of a piercing with an infection. Granulation tissue is your body's way of reacting to an injury: it's producing new tissue, which is what you're seeing. Granulation tissue won't be particularly warm or tender, either.

Local heat is a pretty reliable sign of infection. There's a trick to feeling how hot something is: first, DON'T use your fingertips. Use the skin on the back of the middle phalanx. The distal phalanx is the part of the finger containing the fingertip; the proximal phalanx attaches to your knuckles; the middle phalanx is the one in between.

Don't just hold the back of your fingers on the same spot. Leave them on the area you're testing for about a half-second, then quickly move them to an area of skin that's OK: just count ONE one-THOUSand, TWO one-THOUSand, THREE one-THOUSand to yourself, moving your hand on the capitalized syllable. You can detect a very small amount of heat with this method, and detecting an infection is the first step in curing it.

## What is an infection?

An infection is what happens when an outside organism (like a bacterium, virus, or fungus) decides to start living off your body. Fungus infections on the skin are usually pretty mild, and don't typically cause serious health problems: athlete's foot is a typical fungus infection. By the way: athlete's foot NEVER HURTS. If it does, you've got a secondary bacterial infection that should be treated.

A common viral infection of the skin is herpes simplex: however, viruses rarely cause infections after piercings. Of course, if you get pierced and the person doing the piercing has an active herpes lesion (that might look like a cold sore on their lip), be careful. The herpes virus is one of the most infectious agents known: it can even penetrate intact skin and infect you. If you got some herpes virus on skin that was then pierced, you'd be much more likely to get a herpes infection.

Bacteria are the real bad guys when it comes to skin infections, and in most cases streptococci or staphylococci are to blame. Staph aureus is the usual culprit. Though there are a number of species of staph, from now on if I say "staph," I mean staph aureus.

Staph germs are everywhere. Though your skin is an excellent barrier against them, once it's been cut, burned, scraped, or punctured, the germs can really go to town. It doesn't take much of a hole in the skin to let staph in: I commonly see bee stings, splinters, and even puncture wounds by pins or needles that get infected. Of course, not every injury becomes infected. The chance of getting an infection due to a specific exposure are due to only three things:

- the number of the germs that you get exposed to. Getting stuck with a big, dirty nail would carry more germs through your skin than a clean sewing needle. Also, if your skin doesn't have germs on it, they're not going to get carried in.
- how virulent the germs are
- how much resistance you have.

Your resistance to infection depends on a few things:

- how well your immune system is working
- how much the tissue is damaged
- how good the blood supply is to the tissue

Your immune system function can vary significantly. If you've got AIDS and a low T-cell count, or if you've got diabetes and your blood sugar is over 200, or if you're malnourished, or if you're taking immunosuppressants, your immune system may not be working well. Getting a piercing in one of these situations might be more likely to cause an infection.

The amount of tissue damage is important, too. Infections after surgical procedures aren't common, since in addition to removing bacteria from the skin before starting, good surgeons are careful to minimize the amount of tissue they damage. Damage isn't just cutting: clamping is a problem, too. Though clamping may be needed for certain piercings in order to maintain alignment, keeping clamping time to a minimum will help reduce subsequent swelling with the associated decrease in infection-fighting ability of the tissues.

The blood supply to the tissue is very important in preventing and recovering from infection. The face and scalp have a good blood supply, and are pretty resistant to infections. The extrem-

ities are less well supplied with blood: that's why we see more infections there. One cautionary note; some parts of the face are made of cartilage; the middle plate of the nose and the ears are two. Cartilage has a pretty poor blood supply when compared to skin or muscle; consequently, infections there are more dangerous. An infection in the cartilage of the ear or nose that goes untreated can cause that part to collapse permanently.

### **Infections and your body**

Your body has several means of preventing infections from getting out of control. The first and most important is prevention: remember that "an ounce of prevention is worth a pound of cure." Preventing infections means keeping germs from getting through the skin. This means:

- all instruments used in a piercing should be germ-free
- skin should be de-germed before piercing (this takes at least one full minute of alcohol; much less time for Betadine)
- jewelry used should be germ-free
- germs should be denied access to your piercing until your body has had a chance to make the area germ-proof

The best way to make instruments germ free is with an autoclave (a device like a pressure cooker, that steams the instruments at high temperature and pressure) or with special antiseptic instrument sterilizing solutions, that are used AFTER the instruments are cleaned. To be kept sterile, the instruments could be kept soaking in a dilute antiseptic solution, or wrapped in cloth or paper before being autoclaved.

Skin has lots of germs. The common practice of a quick swipe with a little rubbing alcohol doesn't kill all of them, though it helps. It's better to use at least a full minute's scrubbing with alcohol to get most of the germs. However, substances like povidone-iodine (Betadine) are much quicker and more effective. You should not use them, though, if you're allergic to iodine or to shellfish (which is usually iodine sensitivity).

Needless to say, jewelry used for piercings should be germ-free also. Soaking clean jewelry in antiseptic solution is effective ONLY if the jewelry is clean to begin with. If you are trying to use jewelry that's been worn by another person in their piercing, you MUST remove any material from their body that's sticking to it; otherwise, the antiseptic solution won't do much good. In fact, if you don't have access to an autoclave, a half-hour or so in a pressure cooker at high pressure would tend to help. I can't say if this is as good as an autoclave, but it sure won't be much fun for the germs or viruses.

Keeping germs out AFTER the piercing is just as important as keeping them out BEFORE the piercing. When I take care of a patient with a skin injury, I have them use an antibiotic ointment (Neosporin, Polysporin, and Betadine Ointment are all effective) until their skin has a chance to get its defenses back in order. With a piercing, you've got an opening that you're intentionally preventing from healing, and you've got a foreign body (no, I'm not talking about people from another country: I mean you've got a ring or barbell or whatever that's not typically found in the human body) that serves as a place germs can hide.

I recommend using antibiotic ointment for at least a few weeks after a piercing. This will lubricate it, and by keeping the germs out, let the body work at growing new skin through the piercing. Lubrication is very important in piercings (as in many things in life). Be sure to use an antibiotic OINTMENT, not a

cream. The difference is that ointments are petrolatum (Vaseline) based; they won't absorb into your skin, as creams do. Think of creams as vanishing creams — they'll sting more and won't last.

Most all antibiotic ointments are good at killing germs. Popular ones include triple antibiotic ointment, Neosporin ointment, Bacitracin ointment and Betadine ointment. I'd lean more towards using one of the first two if I needed it for more than a day or so: iodine allergy is not uncommon. Also, the neomycin in triple antibiotic and Neosporin ointments can cause allergy in some people.

Cleaning jewelry regularly after piercings is important, too. The gunk that you see when you turn your rings is just dead germs, tissue juice, and other bodily secretions, all of which are good food for germs. Keep it clean.

### **If you get an infection**

So: you've done everything as well as you can, and a few days after the piercing, the area starts to get red, warm, swollen, and tender. What do you do?

First of all, putting more antibiotic ointment on the area after you've got an infection won't do squat. It's like trying to kill rats in the basement by putting poison on the roof of your house. Even if the ointment gets into the piercing as the ring is rotated, it DOESN'T get into the tissue itself, which is where the problem is. Now's the time for more vigorous measures.

The first thing I recommend is trying hot soaks. Heat, as you know, opens up blood vessels. That's why your hands turn red after they've been in hot water. More blood flow tells your body (which knows what's going on through messages carried by blood cells) that there's a problem, and that it should get on the stick and start working at fighting this infection.

The extra blood flow from hot soaks also brings more white blood cells to the area, which are what your body uses to fight infections. The heat speeds up all the processes (just like a lizard on a hot day moves a lot faster than one on a cold day) and so your body does a "fast-forward" of the healing process, hopefully resolving the infection sooner. And, importantly, the hot soaks will bring more of whatever antibiotic you're taking to the infection. The heat will also speed up the bacteria, making them suck up the antibiotic faster, which will kill them more rapidly.

I strongly believe that oral antibiotics are needed for infected piercings. First, you've got at least some tissue damage (hopefully minimal, if it was done well by a professional). You've also got a piece of metal in your body that's not normally there. Germs can "hide" around the metal, making it harder for your body to fight 'em off. Also, the physical pressure of the barbell or ring is squeezing the tissue around it, preventing good blood flow and keeping your body's germ-fighting white blood cells from getting in and killing the germs.

### **Antibiotics**

Not all antibiotics are created equal. Antibiotics that are good for a bladder infection aren't necessarily good for skin infections. Medicine you've taken for a sore throat or for bronchitis won't always kill the staph that are infecting your skin. There are some superb antibiotics out there for treating skin infections, but you really need to see a health care delivery person to get the right ones. Don't try using ampicillin, or tetracycline, or sulfa drugs: they're not likely to work.

Some of the drugs that I've found very effective for skin

# Angels of Steel



## 1994 Calendar

Jan.



Feb.



Mar.



May



Apr.



June



Aug.



July



Sept.



Oct.



Nov.



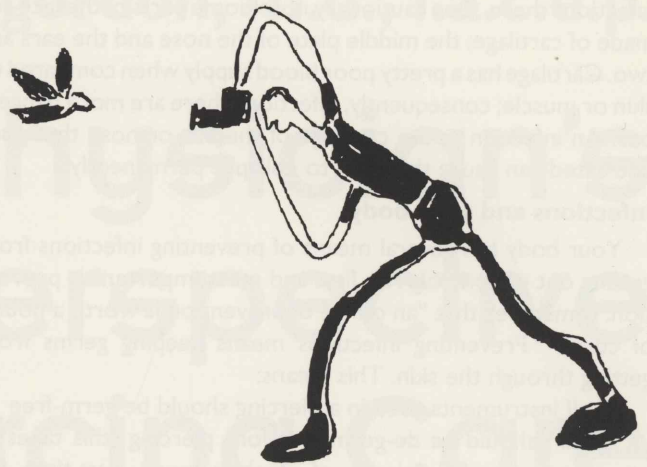
Dec.



SEND \$20.00 Check or  
Visa Card Number an Expiration to:

Skip Williams  
1101 SW Washington St., Suite 133  
Portland, OR 97205

Calendar 9"X 17", Spiral Binding  
Allow 4 to 6 weeks for delivery



Jerry Rosen

PHOTOGRAPHY

310•398•1341

infections are Duricef, Cefzil, Biaxin, and Zithromax. None of these are available in generic form, and they're pretty expensive. On the other hand, they're the "big guns" in fighting staph.

Dicloxacillen and cephalexin (generic Keflex) are pretty good for skin infections, and are a lot cheaper than the ones mentioned above. Erythromycin sometimes works, but often causes an upset stomach. Still, I don't recommend you treat yourself with leftover antibiotics or with antibiotics from a friend: see a doctor.

### Removing/replacing the jewelry

Removing the jewelry will ALWAYS help the infection, but isn't always mandatory. If you want to try healing without losing the piercing, there are a few things you can do.

Remember that you want to reduce pressure on the sides of the piercing, to allow better blood flow. One way to do this is to reduce the size of the "keeper" that's keeping the piercing open. When I've treated patients for infected piercings, I'll sometimes take a monofilament nylon suture and put it through the hole, using the blunt end of the attached needle. This is smaller and may provide less "hiding places" for the germs, and sometimes allows healing. For bigger piercings, I've known folks to take "weed-eater" line and use that as a keeper. As far as I know, the "weed-eater" line is just thicker monofilament nylon. However, putting in a line that's the same size as the jewelry defeats the purpose. You want MINIMAL pressure on the sides of the piercing to allow healing of the infection.

If the infection doesn't heal despite hot soaks, antibiotics, and a smaller keeper, it's probably time to remove the jewelry. Chances are it'll heal quickly when you do so, but will heal from the inside out, meaning you won't have a piercing when the infection's gone. But look at the bright side: think of all the endorphins you'll get when you get pierced again!

© copyright 1993 flash gordon, md

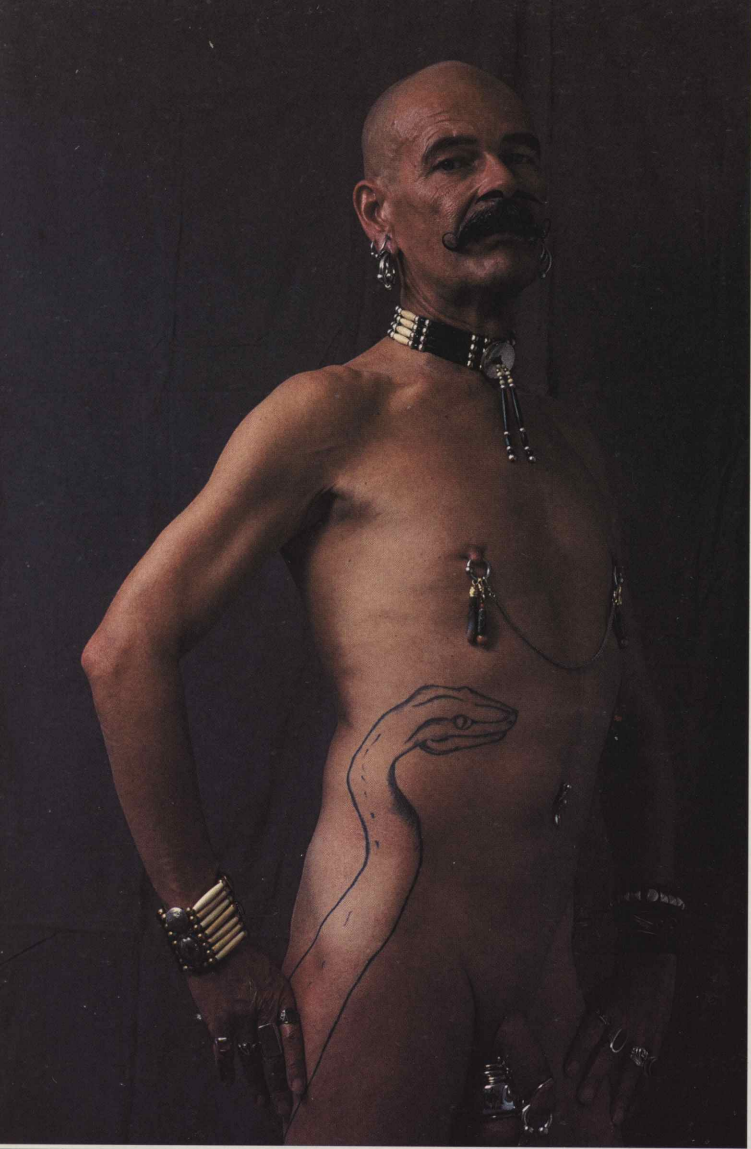
Jerry Rosen is a photographer and writer who publishes extensively on body adornment topics in newspapers, books, and magazines like *PFIQ* and *Body Art*. He is perpetually interested in how people use their bodies as a vehicle to reveal their secret fantasies and desires, their most voluptuous dreams.



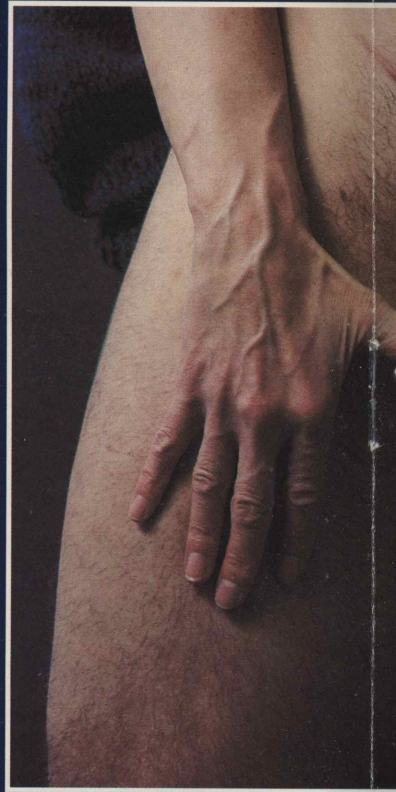
Jessica Daguerre

**Photographs by**

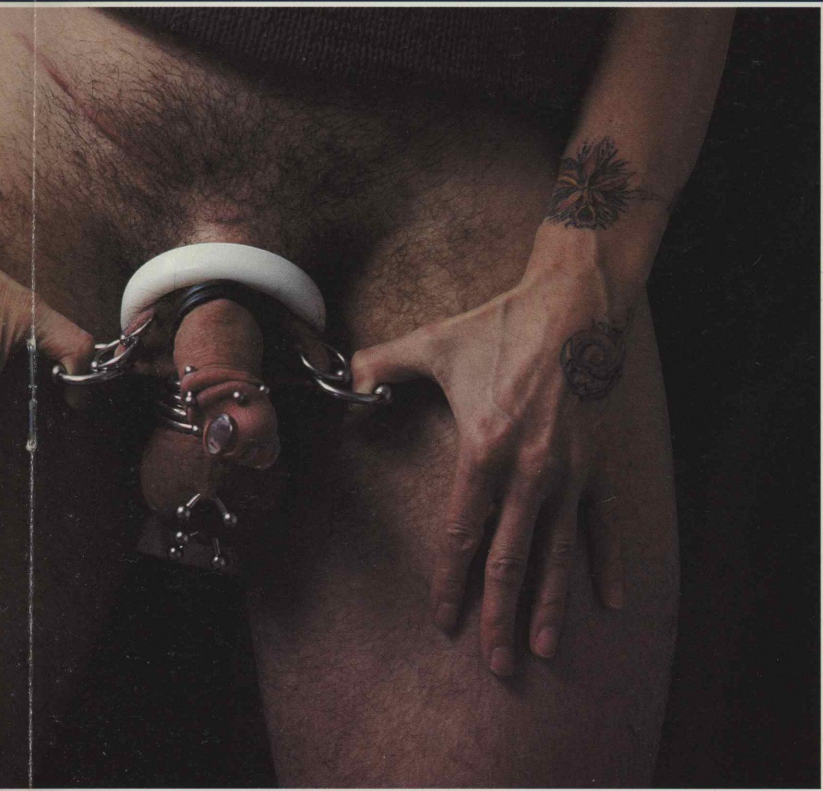
**JERRY ROSEN**



Mahesh Cummins



Lauren Pine



Bill Harrington (and Friend)



Vayena Moon

Photographs by

JERRY ROSEN



*Angels of Steel*  
*the Calendar Girls*  
*of Skip Williams*

Immediately prior to commencing work the operator must scrub  
his/her hands again.

The surroundings, especially the area in which the work  
and all equipment that will be used must be scrupulously clean.  
For the latter the limit properly marked. All equipment,  
unless the piercing needles, they are on location pre-sterilized  
and packaged, must be sterilized prior to use. This applies  
to all of the tools used in the procedure.

ce with a Pro

the Horizontal CH-1500

known in view of reducing the number of work in hand  
and the risk of infection.

Photo: Jim Ward

Photo: Jim Ward

Photo: Jim Ward

Photo: Jim Ward

Photo: Jim Ward



PFIQ is pleased to provide our readers a sneak preview of "Angels of Steel" a 1994 calendar featuring a handful of pierced Portland beauties in images by photographer Skip Williams.

The calendar is available directly from the photographer. Send \$20.00 check or Visa card number and expiration to:

Skip Williams

1101 SW Washington St., Suite 133

Portland, Oregon 97205

Allow four to six weeks for delivery.



# Pierce with a Pro

## Part 28: The Horizontal Clit Hood

Piercer: Scott Shatsky  
Photos: Jim Ward

---

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

---

In PFIQ #35 "Pierce with a Pro" featured the vertical clit hood piercing. In this issue you will see how the horizontal alternative is performed. To even call this a clit hood piercing may, in actuality, be something of a misnomer since it more accurately passes through the ridge of tissue rising vertically above the clitoris. In fact unless this ridge is present the individual might be wise to consider a different piercing. On the other hand those women with an exposed clitoris or a very narrow hood could find this particular piercing ideal for them.

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. In our experience at Gauntlet, it generally takes a minimum of a year and a half to two years for an individual to acquire the skills required to merit the title of senior piercer. To become a master piercer usually takes even longer. Despite what anyone may tell you, there are no short cuts.

This is the twenty-eighth in a series of articles documenting the actual piercing procedures and techniques developed and used by Gauntlet piercers. The description of any procedure or mention of any product in the course of this article is not to be implied as a recommendation or endorsement by either PFIQ, Gauntlet, or their staffs, nor can they assume responsibility for any misfortune, mishap, or accident which might arise from application of this information.

At the risk of appearing redundant, the editor has chosen to make each article in this 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.

Any time a piercing is done a certain amount of risk is involved. The risk can be great or small depending upon 1) the area of the body being pierced, 2) the skill, experience, and competence of the piercer, and 3) the attention to aftercare given by the piercee. Except for the fact that they vary widely in the time they take to heal, most of the *traditional* piercings involve about the same minimal degree of risk. Piercings of the nose and around the mouth do involve a somewhat higher possibility for serious problems. However, if an individual strays from the traditional path she could find herself in extremely risky territory. Experimentation is not something one undertakes lightly and should NEVER be done without first consulting a master piercer. The horizontal clit hood piercing is one of the traditional ones and has demonstrated over a long period of time that, assuming the other two criteria are met, the risk is minimal.

The significance of items two and three should be fairly obvious. A traditional piercing done on a healthy person by a skilled, well-trained, and experienced piercer in a clean environment using properly sterilized equipment and the correct jewelry, AND given properly care by the piercee has a very low risk factor.

At the end of this article is a section outlining the proper piercing care of a new piercing. By following this list conscientiously the piercee can do her part to greatly reduce the risk factor.

So, 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, take a few moments to consider what it takes to make 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 MUST be foremost in the mind of both the piercer and the piercee. Both should come to the piercing session showered and dressed in clean clothing.

Immediately prior to commencing work the piercer must scrub his/her hands again.

The surroundings, especially the area in which s/he works, and all implements that will be used must be scrupulously clean. For the latter this means properly sterilized. All implements, unless, like piercing needles, they arrive on location pre sterilized and packaged, must be sterilized prior to use. This applies to both new and old implements, 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, this is of vital importance. Needless to say we are all concerned about AIDS and the organism which causes it. This organism is known to be transmitted in body fluids, and is especially concentrated in blood and semen. Current research suggests that it is a fragile organism which can be destroyed in a number of ways including soaking contaminated implements in alcohol or a 10% chlorine bleach solution, or by simply boiling them. This might be quite adequate against this particular organism, however, considering its deadly nature no responsible piercer would rely solely upon this method of sterilization. The virus which causes hepatitis, a disease which can be just as deadly, is NOT so easily destroyed. ONLY the correct type of sterilization utilizing high pressure and/or intense heat will destroy this particular virus.

Wherever possible disposable materials should be used. Piercing needles are so inexpensive they can be used on one person only, then carefully discarded to prevent accidental needle sticks. Items such as forceps which are too expensive to use only once and discard can be reused indefinitely, but they must be properly cleaned and sterilized between each and every piercee.

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. Great care must always be taken to avoid being pricked with a contaminated needle.

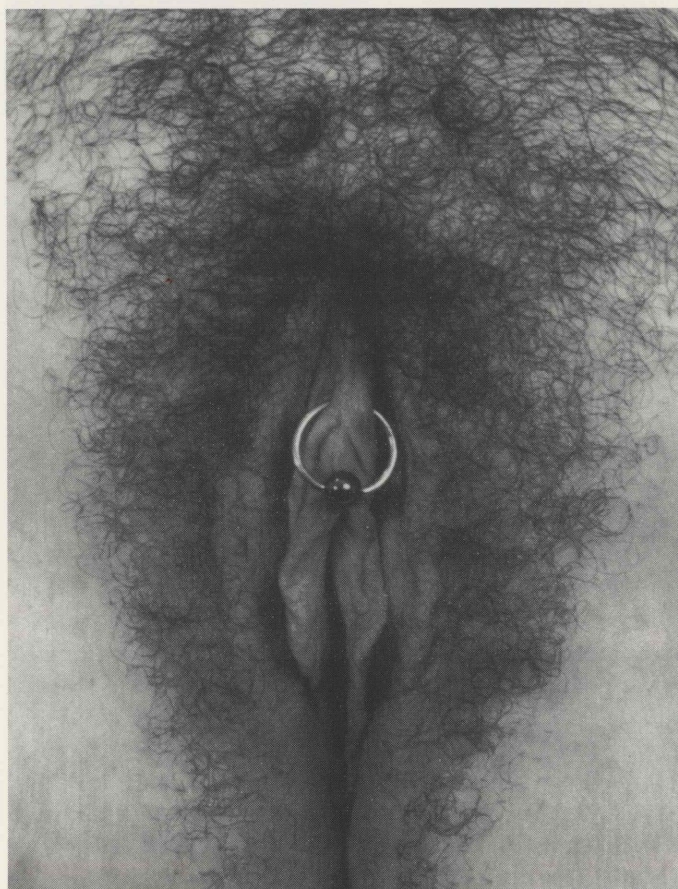
Following the initial cleaning phase, a professional piercer usually encloses each implement in a separate sterilization bag, folds the open end at least twice to close it, then secures the fold with a special kind of tape made for the purpose. Sterilization bags (which are available in a variety of 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.

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.

When piercings are done infrequently bagging and storing implements is probably impractical. But the necessity still remains to see that they are sterilized 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, dry them and wrap them in several layers of clean fabric such as muslin. They can then be set aside until shortly before they will be needed. At that time they can be sterilized as will be described shortly. This will help assure they are sterile when they are ready 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 for 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 great care must be taken in handling them. Unbagged items should be transferred to an antiseptic solution to await use.



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 could 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, even some prescription ones.

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. This is a situation which must be approached with the greatest respect and caution. Lighting is frequently inadequate for doing good accurate work, and the surroundings are often less than hygienic. A responsible piercer is aware of these pitfalls and proceeds with extreme care and caution.

As the popularity of piercing continues to increase, 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.

One easily overlooked area of responsibility has to do with a piercer's choice of device for insertion into the piercing. If the piercer you are considering wants to insert some jerry-built contrivance into your contemplated pierce, look elsewhere for someone to do the job. No responsible piercer will consider using potentially harmful objects such as safety pins or twisted bits of wire. Plated and/or gold filled jewelry can almost be guaranteed to cause serious problems, especially in fresh piercings. Jewelry/insertables must be inert and non toxic (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 or thin wires which can cause irritation or damage and even cut or tear a piercing.

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.

So, 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, you are strongly urged to do some extensive homework before you let anyone pierce you. Anyone can claim to be a professional piercer, but before you entrust your well-being to anyone, 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? Did the piercer use disposable needles? Was the piercing quick and relatively painless? Did the piercer provide clear instructions on aftercare? Were there 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 certificate 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. There are NO shortcuts. 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. Ask to see their certification, and 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 Gauntlet's mail order department. Their well-trained, courteous staff will be glad to assist in any way they can.

---

## 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 the horizontal clit hood 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, and the product usually used in hospitals to prepare a person for

surgery. Betadine solution is specified as the manufacturer also markets a surgical scrub and an ointment under the same trade name.

The active ingredient in Betadine is iodine to which a few individuals are allergic. These should be prepared using Hibiclens or BrianCare according to the instructions on the label.

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 non toxic 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) Disposable, latex gloves. At Gauntlet two pair are usually used, one during the cleaning and marking and a second just for the piercing and jewelry insertion. While gloves might be optional where the two individuals, piercer and piercee, have been involved in a monogamous sexual relationship for many years, to pierce without them should otherwise be unthinkable. The advent of AIDS and its continued spread makes protection from possible contact with the deadly organism 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.

There is an ongoing debate as to which size is best. Using a larger needle makes jewelry insertion easier for someone who is inexperienced. But 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 space created would help reduce the likelihood of keloid scarring. The downside of this approach is that using an oversize needle often results in moderate to 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. Without question a ring of some type is the easiest to clean and care for. The jewelry shown here and the style most often used is a bead ring or captive bead ring. The most common sizes are 14 gauge with an inside diameter of  $1/2$ " or  $5/8$ ". The diameter is determined by a couple of factors. The first is the width of the ridge through which the piercing will be done. It is important that the diameter be at least  $1/8$ " greater than the width of the piercing. The diameter should also be chosen so that the bead of the ring will rest against the clitoris whether exposed or hooded. A pair of calipers helps get an accurate measurement (Figure 1).

As stated previously jewelry should be made of material unlikely to cause problems of any kind, allergic or otherwise. The most common, accessible choices are: gold (at least 14K, NEVER gold plated or gold filled), surgical stainless steel, or niobium. If you can afford it platinum is difficult to beat. 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. And all too



Figure 1.



**Figure 2.**

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

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

k) An anesthetic. This is optional and dependent upon availability. The only truly effective anesthetics are, of course, the



**Figure 3.**

injectable ones available only on prescription and administered by a physician or nurse. Few piercers have access to these, nor are they licensed to administer them. Topical anesthetics, those applied to the skin, do not penetrate deeply enough to have much effect, so in this application they are nearly worthless.

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

Gauntlet piercers have been accused of being barbaric and enjoying inflicting pain on people (see "ViewPoint" on page 3 of this issue) because they do not, and legally cannot, administer anesthetics. The truth is that when a piercing is performed by a skilled, experienced piercer it is over so quickly that the amount of pain involved is usually less than that of an anesthetic injection.

The piercer is now ready to proceed. Before starting to work



Figure 4.

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 s/he will be piercing. For the sake of cleanliness, ease of piercing, and the future comfort of the piercee it is advisable that hair in the surrounding pubic area be shaved or trimmed very short. The area is then cleaned using Betadine solution with gauze pads, facial tissue, or cotton swabs (Figure 2). 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. If the piercee is allergic to iodine Hibiclens or BrianCare should be used according to the instructions on the label. The piercer is now ready to mark the placement of the piercing.

## P L A C E M E N T

The placement of a horizontal clit hood piercing is through the ridge of tissue which rises vertically from the clitoris. Using a marking pen or toothpick dipped in Pelikan brand drawing ink, the piercer places a dot on each side of this ridge usually between  $\frac{1}{2}$ " and  $\frac{5}{8}$ " above the clitoris itself (Figure 3). S/he takes care to assure that the distance will allow the bead of the ring to rest on the clitoris. It is important that there be sufficient distance so the piercer does not inadvertently pierce into the exposed space under the clitoral hood. Equal care is given to assure that the piercing will be done in front of the thick nerve cord which angles



Figure 5.

from the clitoris back up inside the body. Should any of the marks be slightly askew they can easily be removed with alcohol, then re drawn.

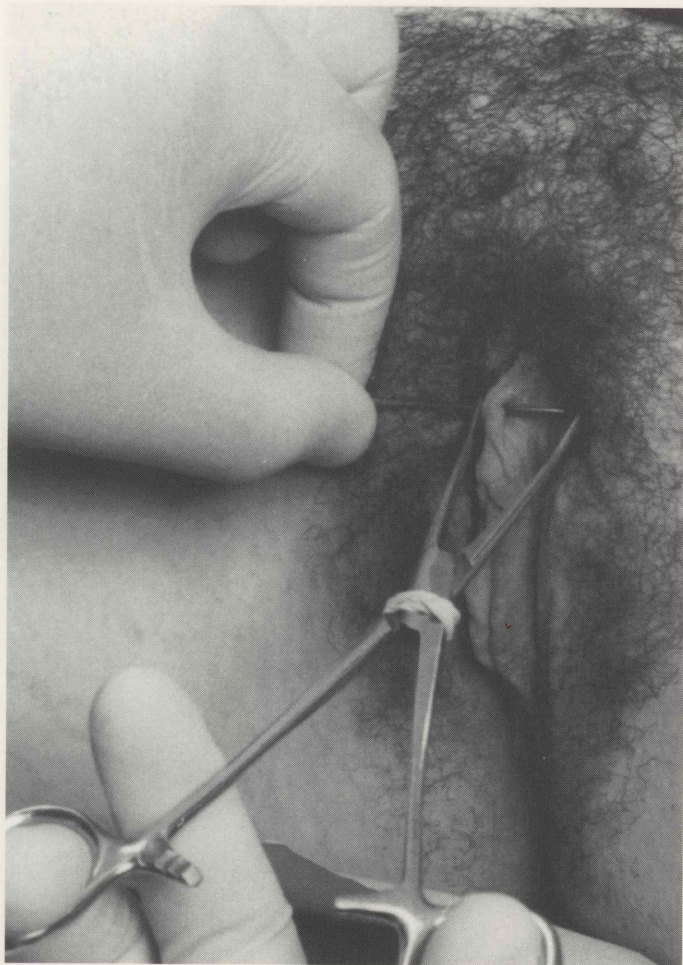
## P R O C E D U R E

Once the piercee has been marked we are ready to proceed to the piercing itself. 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 must be done after marking or there can be no assurance that the piercing will be placed properly.

The piercer now dons rubber 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 tissue is gathered and clamped into the forceps so that the dots fall approximately in the center of the triangular openings of the forceps jaws (Figure 4). Great care is taken to assure that the tissue is not gathered and that it is pulled away from the clitoral nerve cord. Once the tissue is securely clamped, anesthesia using ice or spray freeze can be applied if the individual so chooses.

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

We cannot stress sufficiently how important it is to use a



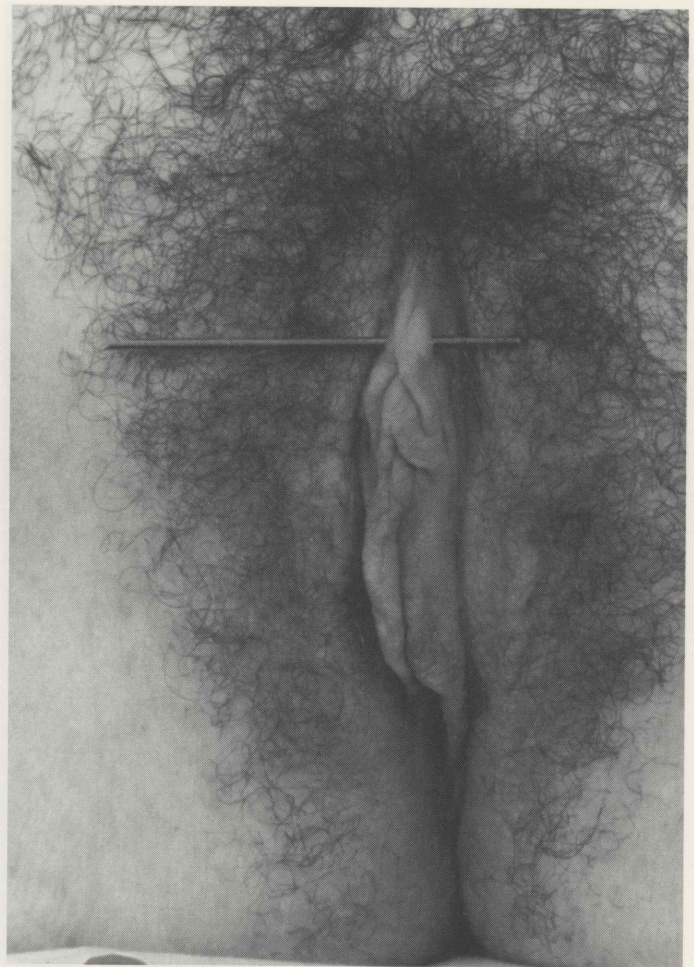
**Figure 6.**

properly sterilized needle, preferably a disposable one. Gauntlet piercing needles provide a great deal of convenience for the piercer as they come presterilized in a small paper packet which maintains sterility until the packet is broken. As mentioned before 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.

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

The piercer now grasps the forceps and gently pulls the tissue a little away from the body. If available, an extra hand to hold the forceps can be very helpful, especially for a novice piercer. 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 simultaneously being pressed firmly against the opposite side. The cork is removed then the needle is pushed further through the piercing until about 1/4 of the blunt end of the needle protrudes. The forceps are then removed (Figure 6) leaving the needle in the piercing (Figure 7).

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



**Figure 7.**

The piercer now butts the end of the jewelry against the blunt end of the needle (Figure 8). Holding the two tightly together he applies pressure to the jewelry and in one smooth motion pushes the needle through and out of the piercing and the jewelry into it (Figure 9). The jewelry is closed, and the piercing is now complete.

## **A F T E R C A R E**

Basic healing time for a horizontal clit hood piercing is usually between two and three months, but varies a great deal 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 should 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 most brief period of time. Caution and some experimentation are suggested.

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



Figure 8.

particular piercing. If you have any healing problems we will be happy to help in any way we can. 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:

Thoroughly clean your new piercing twice daily. Overcleaning and using too many different cleaning/healing agents at once can create problems, so "If it aint broke don't fix it." We have yet to discover the perfect cleaning agent, but BrianCare or Hibiclens surgical scrub appear to be the best for piercings *below the neck*. BrianCare is available from Gauntlet or Hibiclens can usually be obtained from a good pharmacy. If you are using Hibiclens we suggest diluting it using one part Hibiclens to three or four parts



Figure 9.

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 BrianCare or diluted Hibiclens onto the jewelry/piercing, lather it up (Hibiclens is notorious for not lathering), then work the jewelry back at least 6 times. Leave in contact with the skin for about three minutes. Finally, rinse **very** thoroughly under running water, again working the jewelry back and forth at least 6 times. Both products can cause irritation if they are not rinsed completely off, but this is usually more a problem with Hibiclens because it is particularly strong. If a rash or irritation should develop try a different cleaning product. Unless you are allergic to iodine a good alternative 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 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. They don't work very well, and they can slow down your healing.

— continued on page 36

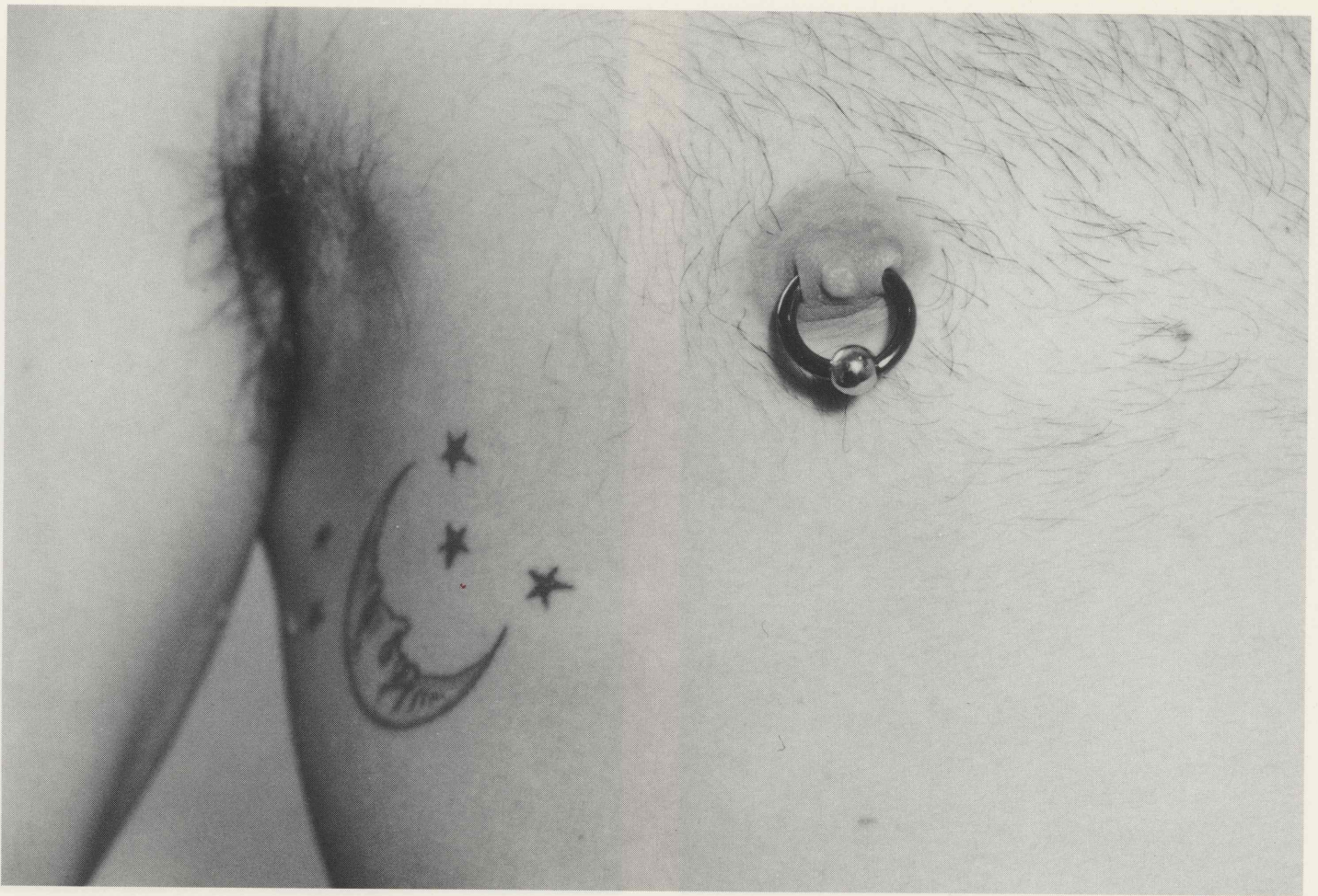


photo by Drew Ward

**Dear PFIQ:**

— continued from page 8

the more it has healed. I cannot push my frenum piercing without a rotating motion on the barbell stud which happens to be 4 gauge. My ampallang has periods, particularly on the right side, when it becomes sensitive to touch, becomes a little red and secretes matter. When this starts I remove the jewelry and wipe it thoroughly with a tissue saturated in alcohol. A word of caution — don't remove the jewelry from fresh piercings as you will probably lose the hole. An ampallang, the mother of all piercings, is not one you particularly want to do a second time. I store my Betadine in a plastic squeeze bottle with a dropper top. This allows a more precise application of antiseptic. I got the bottle from REI Sporting Goods. It holds 2 oz. When I have removed the jewelry I gently squeeze a small amount of Betadine into the hole so that it comes out the other side. I then reinsert the jewelry. Excess Betadine is removed with a tissue. This procedure is done in the morning and evening. I find that the inflammation is usually gone in 3 or 4 days.

I clean the hole for my 4 gauge frenum piercing with a cotton swab dipped in alcohol. Jewelry is cleaned with a tissue saturated in alcohol. I have to apply a very thin layer of Vaseline to the barbell stud in order to reinsert it.

I would like to close by saying that Elayne Binnie is a great piercer. She did a number of piercings on me that turned out perfect with minimum discomfort. Her first apadravya was on me.

Best Wishes,  
D.J.

**Dear PFIQ:**

I can't help that this comes across as a "can you top this" letter. It isn't meant that way. Your "Point of View" article on page 3 of issue #37 mentions that you started the business in 1975. That brought back vivid memories.

In the early summer of 1963 I had lost the final argument and agreed to pierce my wife and two daughter's ears. I still considered piercing ears somewhat barbaric. our doctor wasn't a lot of help. He wouldn't do it, but he did give me three bits of good advise: 1.) Keep everything clean; 2.) Use a big needle — no ice picks; 3.) Use only gold or, if an allergy developed, surgical stainless steel. Clean and gold were easy. What though was I to do about big needle?

A lady at a fabric store solved that. I didn't tell her, of course, what I was going to use it for. She showed me three sizes of leather needles with a triangular cross section. The smallest didn't seem to fit the doctor's "use big needles" dictum, so I bought three each of the larger two sizes.

We had agreed that I would pierce my wife first, and if that went well, do the girls later. Late on a Friday evening, after the girls were in bed, my wife, stripped to the waist because we expected a good deal of bleeding, perched herself on a kitchen stool. We waited a few minutes while she held ice cubes on both sides of her earlobes before I pushed one of the smaller size needles through my mark and into a small block of balsa wood from a model kit.

We still laugh about our reactions. It was the most sexual

**DAIMON**  
URBAN PRIMITIVE DESIGN STUDIO

BLACK INK DESIGN  
BODY PIERCING  
BRANDING  
CUTTING  
RITUAL

110 SPADINA AVENUE  
2ND FLOOR, TORONTO  
ONT, CANADA, M5V 2K4

(416) 777-1145

PHOTO BY CASSIS

**TATTOO**

Custom-designed, one-of-a-kind.  
Blackwork and color.  
By appointment only.

**mad dog tattoo**  
san francisco  
415 552-1297

excitement either of us had felt in a long time. I was erect, her nipples were erect. We couldn't breathe right. We both knew I'd have to pierce her nipples too. The problem, we decided, was not piercing them but finding a suitable ring to put in them. As I finished her other ear I thought about what the doctor had said — stainless steel.

I had a new box of Mustad 810 stainless steel fish hooks in my tackle box. The box said, "Made of the finest surgical steel. Product of Norway." I cut the points off a pair just below the barb, dressed the tips with a file and emery cloth, and, with padded pliers, re-arched them so that the new stubs would, with one further squeeze, go through the eyes.

In spite of the care we had to take of her new piercings, neither of us could leave the other alone. She didn't have the slightest problem with them. We didn't replace them with gold for several years, and she has kept them in her jewel box to this date.

Does everyone get that carried away? I'd have pierced her big toes if she had asked. It's been almost thirty years and they still excite me at 66.

B.J.

Dear PFIQ:

When I met my wife she had a clit hood piercing except I didn't know it the first six weeks we dated because she always secretly removed it every time prior to sex. She wasn't sure how I would take it. To make a long story short, I took it well! Eventually she felt comfortable leaving the ring in, in addition to shaving her

pubic hair. I eventually took over her shaving duties, but she never allowed me to shave the hair below her perineum and between the cheeks. She claimed that when she shaved there before the friction between her cheeks caused an awful rash and pin when she walked. Of course I didn't understand since, after all, we see women in many mags and movies who don't seem to have that problem.

Well, now I understand! After my guiche healed I had my wife shave me last weekend. What an excruciating week it was! Not because of the itching but because of the damn rash between my cheeks. Now I beg you, please address this problem and share any secrets to shaving. We would both very much enjoy keeping that area shaved.

Thanks,  
Jack & Sandy

P.S. Sandy wants a guiche. Ever heard of such a thing?

*(Editor's reply: Since shaving is a bit outside our area of expertise I consulted one of our local enthusiasts. According to him the secret to preventing, or at least minimizing, irritation and rashes is to dust the shaved area, as needed, with corn starch. Hopefully this will solve you problems.*

*As to your other question, it has been my experience that women are not anatomically suited to a guiche piercing. Because of the length of the vaginal opening a "guiche" would have to be placed too close to the anus for it to be safe. As an alternative Sandy might wish to consider a fourchette (see the article in PFIQ issue #37). The few women who have them seem to enjoy them a great deal.)*

Most of the questions concern how you experience binge-purging and other forms of self-harm, and some questions about past experiences, including physical or sexual abuse, and physical illness. If such questions are likely to upset you, it may be better for you not to participate. If you are in therapy, before you decide about participation you might want to consider the decision with your therapist.

To participate in the study, please call Sharon Farber, M.S.W. from a touch-tone phone at (914) 633-3469 or write to her at P.O. Box 320, Hastings-on-Hudson, NY 10706-0320 with your name and mailing address. A questionnaire and a return stamped envelope without identifying information on it will be sent to you. To further protect your privacy your name is not needed on the questionnaire and will not be kept after it is sent to you.

Thank you so much for your help. When you publish the issue of the newsletter that includes my notice, please send me a copy so that I can acknowledge your cooperation in the dissertation when it is completed.

Sincerely,  
Sharon Farber, M.S.W.  
Board Certified  
Diplomate in Clinical Social Work

.....

I have no idea how Ms. Farber came about submitting this letter to *PFIQ*, but as the proud owner of several piercings, brandings, and tattoos, I find the tone of her request self-righteous and insulting. In it Ms. Farber combines, under a single, extremely negative heading, all forms of what she perceives as "self-injury." These include Bulimia/Binge-Purge behavior (a group of psychologically-produced eating disorders which involve "episodic binge eating terminated by abdominal pain, sleep, social interruption, or induced vomiting"), deliberate self-harm (i.e. scratching, and pulling out ones hair), AND the acts of being pierced and/or tattooed.

I don't claim to be an authority on eating disorders, but I have learned that they are, in general, brought about by an individual's self-perception, not based in fact, that they are detrimentally too thin or too heavy. People with eating disorders are normally aware of their behavior, and after binge/purge episodes frequently become depressed and disapproving of and secretive about their actions. Never have I felt depressed or disapproving after a tattoo or a piercing. I wholeheartedly chose to have these modifications done, fully aware of the consequences they would produce. I was happy with my body before they were done, and I am even more so now. I was not coerced, pressured, or otherwise negatively influenced to have these things done, nor do I have any regrets about them. I also do not hide them, and when asked about them, I freely give out any insights and information I can.

Upon reading and rereading her request (with constant concern for remaining open and unbiased) it seems clear that Ms. Farber considers (among other things) body modifications such as piercing, tattooing, branding, and decorative scarification to be a form of detrimental expression i.e. "self-harm." At the same time she completely ignores other extreme, but no doubt more

socially acceptable, body modifications such as corsetting, plastic surgery, breast enlargement or reduction, liposuction, circumcision, and penis enlargement. And what about the women who regularly have themselves waxed (go to a beauty salon and having their body hair pulled out with sticky wax)?

Ultimately, Ms. Farber's thesis is either poorly reasoned or poorly expressed; hopefully it is only the latter. In any case I strongly urge *PFIQ* readers to respond to her and let her know your feelings and views, whether or not you agree. I would also like to hear your opinions. Drop me a line or a copy of your response.

.....

*Bear is the manager of Gauntlet's mail order department. Write to her at: 2215R Market St., Box 801, San Francisco, CA 94114.*

### Guy Baldwin

— continued from page 15

tently irresponsible as a researcher for at least two reasons: first, the insinuation of a toxic and wholly unfounded association into the consciousness of the population under study, and second, the obvious skewing effect such an association will have on the respondent answers.

Your candidate omits from her list of self-mutilating behaviors a woman's trip to the beauty parlor for "body decoration" where she might request toxic and irritating chemicals to be applied to her scalp and then bake her head in a small oven specially designed for that purpose. By Ms. Farber's own definition ("...or for any other reason"), persons who had warts medically burned off would qualify for inclusion in her research population, as would cosmetic surgery, liposuction, breast reduction/enlargement — these all include cutting, but they, too, are omitted.

These arbitrary omissions on her part along with the fact that her committee didn't spot them either, suggest a worrisome interpretation to me as I hope they will to you: I suggest that at least some members of your faculty harbor an (unconscious?) agenda that obligates them to enforce social norms. Unless this also describes you, that possibility should be alarming because that is not, should not be the goal of psychotherapy.

For whom are the behaviors of tattooing and piercing a problem anyway? I know of no reports by patients presenting with a complaint about unwanted tattoos or piercings yet they will commonly complain about cutting, burning, or scalding themselves. For your candidate and her committee to suggest an association between exotic self-expression as manifest in tattooing and piercing on the one hand and "self-hurting" on the other may be an effort to marginalize the former by association with the latter. Any attempt to do so would be unscientific as well as mean spirited — ignorant at the very least.

I might be a bit more understanding of such an oversight were it to have originated in some out-of-the-way university, but for this to have come from New York, a city teeming with social diversity and famous for its tolerance of exotic people, practices, religions and erotic orientations, is a shock.

At the very least, I fear that all this may be an outgrowth of the social isolation in which academic pursuits (sadly) take place. I urge you to give this matter some serious attention for if there is even a small chance that I may have a valid point to make here,

then there is a real possibility that your faculty may be unknowingly suffering from some social blind spots — a serious condition when it comes to the training of psychotherapists.

Most sincerely,  
Guy Baldwin, M.S.

•••••

*Guy Baldwin is a psychotherapist practicing in Los Angeles. Many of his clients engage in S/M, leather, and fetish erotic play, subjects on which he is well versed. These topics are discussed with intelligence, understanding, and sympathy in his recently published book Ties That Bind.*

---

## Bill Henkin

— continued from page 15

attention of mental health professionals. Others think that we experience an endorphin high... Often, answers remain hidden in repressed memories of abuse. It is critical that we allow ourselves the opportunity to search within to each find our own reasons.”\*

Among people who do *not* regard their body modifications in a pejorative light, as I'm sure is true for the great majority of *PFIQ* readers, the reasons are greatly various. As Jim Ward said in his *Re/Search* interview for *Modern Primitives*, many people get a piercing — and the same holds true for cuttings, tattoos, and brands — for the aesthetics: they like the way it looks, or they like the social statement it makes. Some people modify their bodies for spiritual reasons, in the belief that the site of the modification or the modification itself attracts, dispels, or in some other way, directs energy to promote a good effect (such as Healing) or to dispel a bad one (such as illness).

Aesthetics, of course, are idiosyncratic. Beauty is in the eye of the beholder. But a concern with all sorts of energy underlies most spiritual belief systems, including nearly all religions. And since body modification seems to have caught Ms. Farber's attention, people who are pierced, cut, etc. might, for mystical reasons, say they have successfully attracted her energy, for better or for worse.

I don't know Ms. Farber's position on acupuncture, but this form of piercing is also based on moving energy. While most Western studies have not indicated that acupuncture is the cure-all it was touted to be 20 years ago, others have found it effective in relieving some kinds of distress for reasons that remain unclear to Western medicine. People experienced with acupuncture assert that when they pierce the body at specific points along energy meridians that correspond to different organs of the body and their functions, they rebalance a person's energy centers. It is this energy rebalancing, they say, that effects relief, and some people wear tattoos, cuttings, and piercing jewelry for the same sort of reason.

The mystical belief in channeling energy underlies shamanic body modifications and the movement that favors them, which Fakir Musafar named “Modern Primitive.” Here, modifications are not only emblems by which members of a sub-cultural tribe can recognize one another, they also have the symbolic and energetic meanings of claiming some part or aspect of a person's life. For instance, a tongue piercing may remind the wearer of her relationship to sustenance (eating) or to communication (talking). Some people get genital piercings or tattoos for similar

reasons: to reclaim a sexuality they feel was stolen from them by molestation, rape, or bashing, or simply by growing up in a society that denied their sexuality. Genital modification can be a way of saying this part of my body is *mine* again. Genital piercings also appear in parts of the S/M community, where some Masters and Mistresses may pierce their slaves (or have them pierced by more knowledgeable piercers) to demonstrate ownership of their property. And many people with genital, nipple, and perineal piercings claim the piercings greatly enhance their feelings of erotic stimulation.

Both shamanic and claiming or reclaiming body modifications may be highly spiritual, and may involve a process of associating with a god, goddess, or other higher power, Raelyn Gallina, a professional piercer and cutter in the San Francisco area, says most of her clients come to her for spiritual reasons, to engage in rituals of transformation as they move from one stage of their lives to another.

Certainly, as I said at the start of this letter, there are people who modify their bodies for less lofty reasons than the ones I've mentioned. But even the forms of piercing, cutting, and otherwise marking the body that Western psychiatry usually regards as self-mutilation may not be what they seem. Several people I knew in a psychiatric milieu, for example, told me that when they cut, burned, or pierced themselves they felt great relief from inner pressures that had built up. Psychiatrists had been unable to do as much, and they were using their own methods to feel better, not to feel worse. They did not practice body modification for the usual aesthetic, shamanic, or erotic reasons, and they may well have been emotionally troubled; yet sometimes these people, too, saw that modifying their flesh could represent a rite of passage from one plateau in life to another.

As usual, there can be many reasons for one behavior, and anyone has the right to find some appealing and others appalling. But everyone who modifies her or his body has an individual reason for doing it. I take enormous pleasure in acquiring information and knowledge, and doing the research necessary for a graduate degree is a wonderful way to indulge that kind of fetish. I hope that in the course of her dissertation study Ms. Farber learns something useful about body modification and that when the time comes she will share it with the people who have a real interest in the subject.

\**The Cutting Edge: A Newsletter for Women Living with Self-Inflicted Violence*. P.O. Box 20819, Cleveland, OH 44120

•••••

*William Henkin, Ph.D., MFCC practices in San Francisco. He is a board certified sex therapist and a fellow of the American Academy of Clinical Sexologists.*

---

## Dossie Easton

— continued from page 15

cation to participate in this study as it is my opinion that Ms. Farber's approach is most likely to result in serious disservice to the community she purports to be studying.

•••••

*Dossie Easton, M.A., M.F.C.C. practices psychotherapy in San Francisco.*

•••••

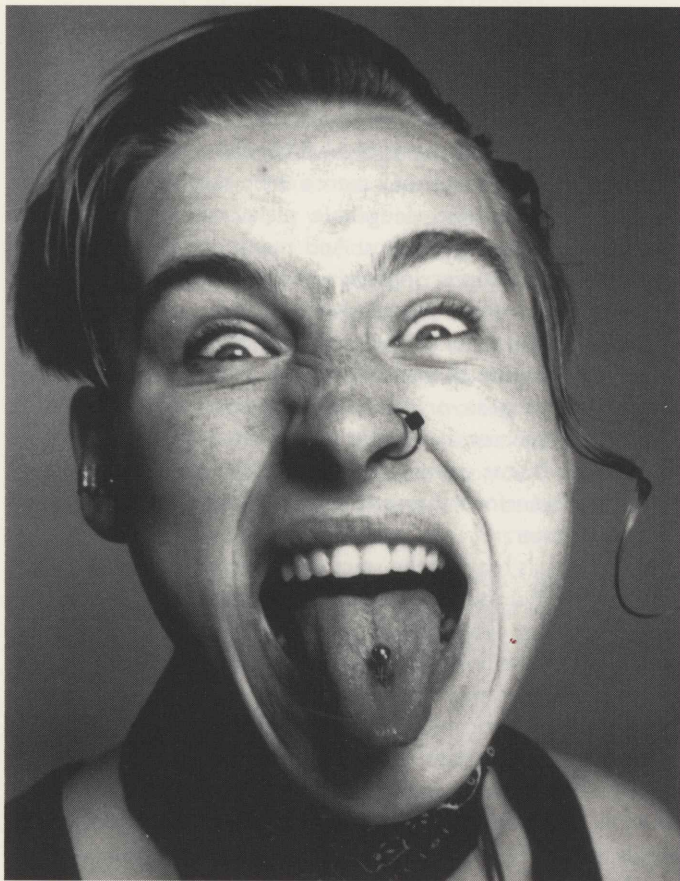


photo by Drew Ward

## Pierce with a Pro

— continued from page 31

An antibiotic ointment used for the first week to ten days may help prevent an infection, but it will NOT cure one already in progress. NEVER use an antibiotic ointment more than ten days after a new piercing or take oral antibiotics UNLESS they are specifically prescribed for you by a physician. Many people are allergic to them, especially those ointments containing neomycin.

To help your body fight infection and heal itself more quickly, eat a nutritious diet and, if possible, take some form of multivitamin/mineral supplement. Several medical professionals have suggested taking a zinc supplement. 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.

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, a condom for men and similar protection for women should be used to minimize the risk of infection. This applies even to monogamous couples.

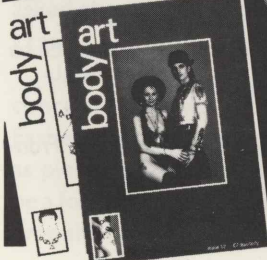
Finally, to help your piercing heal faster and without an infection, don't get rough with it.

If you follow these guidelines your likelihood of a successful piercing is almost assured.

## body art magazine

body

Tattooing, body jewellery, body painting and modification — **body art** is the world's only magazine devoted to these fascinating subjects. Collectable top quality, unmissable — 54 pages, packed with colour and black & white photographs, news, interviews, articles, reviews and readers' experiences, with free subscribers contact advertisement sheet. Price: 1 issue: £7 UK; £8 Europe/worldwide surface mail; £10.50 worldwide air mail; \$30 US air mail. 4 issue subscription: £26 UK; £30 Europe/worldwide surface mail; £40 worldwide air mail; \$90; US air mail. Send your cheque, PO, Eurocheque, cash, bank draft or Visa Access/Eurocard/MasterCard details (in £ sterling or US dollars), made payable to Publications Ltd. and send to: Dept 46, Publications Ltd, Blake House Studios, Blake End, Rayne, Braintree, Essex, CM7 8SH, England. (Tel. 0376 550020)





## 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.**

Our gold jewellery range includes finely crafted barbells, plain stirrups, fringed stirrups, arrow barbells, discrete nipple rods, ball-closure rings, smooth rings, nipple extenders, curved barbells and other specialist items.

In addition, we now have three ranges of superbly engineered stainless steel jewellery including straight barbells, curved barbells and ball-closure rings in an amazing variety of sizes and thicknesses.

More unusual items are also available.

The £4.50 cost of this catalogue is refundable with your first order for jewellery to the value of £25 or more.

To obtain your copy please send a cheque, money order, postal order or MasterCard/Eurocard details, made payable to Publications Limited, for £4.50 (overseas £5.00 or \$15 U.S. Dollars) to:

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



slippery. It is now also no longer clean enough to pierce, unless you have discovered how to sterilize ice cubes. And while it is theoretically possible to work around the shortcomings of using either topical anesthetic or ice, their numbing effect is of such short duration that they would have worn off by the time one was ready to pierce.

Given the none-too-sterile techniques of some piercers, a non-sterile ice cube would be your least danger. One Gauntlet-trained piercer, traveling recently in Britain, was horrified to observe piercings being performed without latex gloves, needles being reused, and a general lack of concern around basic hygiene.

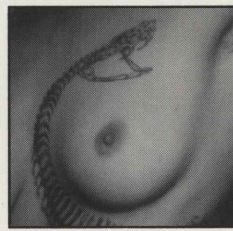
People often ask us if they can use alcohol or drugs to take their focus away from the experience. The answer is a resounding NO! A chemically altered piercee is a danger not only to him/herself but to the piercer. He/she is inclined to sudden movements, drastically increased bleeding, vomiting, fainting and an inability to communicate vital information to the piercer. Need I say more?

So why doesn't Gauntlet use injectable anesthetics? Put plainly and simply, it is completely illegal for non-medical personnel to inject anyone. This is true both in the US AND the UK., and at least one well-known British piercer has already run afoul of the law by ignoring this inescapable fact. Perhaps few piercers have had problems because law enforcement agencies in Britain are more willing to look the other way unless there is a complaint or they wish to make trouble for a particular piercer. But in the US we would be shut down immediately and face criminal prosecution if we attempted to inject anyone.

Beyond that, an injection will greatly inflate and distort the area to be pierced. I have seen many piercings that were performed under local anesthetic. They are almost all, without exception, placed far too deeply for the jewelry that was used, and they are usually quite crooked. There is also the unforeseeable possibility of the piercee having a potentially fatal allergic reaction to the anesthetic. The piercee will also have thinner blood; bleeding is more likely to occur in an area where normally there would be none. Finally, our experience with injections has led us to conclude that not only is the injection itself frequently more painful than a skillfully performed piercing, but that more pain is likely to ensue as the anesthetic wears off. I have had the opportunity to pierce nurses and surgeons who had previously pierced themselves under anesthetic. The overwhelming response has been that their experience with me was far less intense.

After nearly twenty years, constantly seeking to make the piercing experience as easy and painless as possible, Gauntlet has arrived at our present techniques. It has been our experience that too many self-proclaimed "professional piercers" who rely heavily on anesthetics do so in an attempt to mask their own incompetence. A piercee who is drugged is much less likely to realize that the piercing has taken minutes rather than moments to accomplish.

I am not trying to downplay the often intense sensations that piercees can undergo. However, many things can be done to make the experience less stressful and less intense. A person who is nervous about their upcoming piercing can do much to transform the process. Know your piercer! This will do so much to reduce your stress level. Does s/he utilize sterile technique?



# PIERCING VIDEOS!



Complete your collection with these sizzling documentaries!

**EROTIC TATTOOING AND BODY PIERCING**  
 Volumes 1-4 \$59.95 each

**Mr. Sebastian's PAINLESS STEEL**  
 (Banned in Britain) \$59.95

**Special! All 5 videos only \$199.95**

Flash Video • Box 410052-P • San Francisco, CA 94141

Are they re-using equipment or needles? Are they using fresh gloves for each customer? Do they throw you "piercing attitude"? Are they willing to answer even the most minute questions you may have about your piercing? Will they provide follow-up care if you experience any problems? How comfortable do you feel with this person? Once you feel secure in your choice of piercer, consider what kind of music or incense, which friends holding your hand, might make your piercing more special. Be sure to eat a little food before your piercing, and don't leap up off the table immediately after the piercing. All of these preparations will insure that even without anesthetic, even the most nervous, sensitive person can have an easy, positive piercing experience.

### Solutions to this issue's crossword

R	O	A	M		I	T	S	A		A	C	H	E	S		A	B	C	S				
I	L	S	A		S	W	I	M		D	R	A	K	E		S	H	A	R	P			
G	L	O	R	Y	H	O	L	E		L	A	T	E	X		L	A	T	E	R			
H	I	N	T	A	T		O	N	T	I	M	E		U	F	O		T	O	E			
T	E	E		N	A	G		D	E	B		B	A	R	B	E	L	L	A				
				A	K	R	O	N		A	S	S	H	O	L	E		W	E	E	D		
T	E	S	T	S		N	E	T		T	A	O		E	V	E							
R	A	P	E		P	E	W	S		M	A	N	M	A	D	E		C	O	Y			
U	S	E		L	I	B	Y	A	R	I	N	G		F	O	X	H	O	L	E			
E	E	L		E	E	Y	O	R	E	S		A	T	M		E	N	D	S				
				L	A	I	R		R	S	T		L	A	S		R	E	N	T			
P	R	I	V		C	L	K			W	E	I	G	H	I	N		R	A	T			
R	I	N	G	L	E	T		B	R	A	S	S	R	I	N	G		O	B	I			
E	G	G		G	A	R	B	L	E	D		L	A	N	G		B	L	E	D			
				P	E	R		I	A	N			E	S	T		D	U	S	T	Y		
P	A	N	E		R	A	T	H	O	L	E		S	E	A	R	S						
L	O	O	P	H	O	L	E			O	N	S		D	B	A		F	D	A			
A	R	S		A	W	L		V	I	S	T	A	S		A	N	T	L	E	R			
I	T	A	L	Y				U	N	I	T	E			B	L	A	C	K	H	O	L	E
T	A	L	E	S				R	I	V	E	R			L	U	A	U		R	U	I	N
S	E	E	D					E	X	A	M	S			E	R	A	S		U	R	S	A

# Name-the-Piercing Contest III

by Jim Ward & Jim Anderson

## ACROSS

1. Wander
5. "\_\_\_ long way to Tipperary."
9. Pains
14. Fundamentals
18. Rick's sweetheart
19. What you'll have to do or sink
20. Sir Francis
21. Like a good knife
22. Name a piercing for a miner
24. Rubber fetishist's turn-on
25. In the future
26. "to \_\_\_ any little delicate thing to drink and it came like magic in a pint bottle." *Dickens*
27. Arrived when due
29. Alien spacecraft
31. \_\_\_ the line
32. Athletic shirt
33. The old gray mare, i.e.
35. A coming-out girl
36. Name a piercing for Jane Fonda
38. Ohio city
40. Name a piercing for Jesse Helms
43. Grass (the smoking kind)
44. SAT and IQ
47. Butterfly or hair
49. Oriental philosophy
50. Actress Arden
52. Sex by force
53. Church seats
54. Not a product of Mother Nature
56. Coquettish
59. Indulge in drugs
60. Name a piercing for Mrs. Qaddafi
62. Name a piercing for Michael J.
64. Lamprey, i.e.
65. Pooh's donkey friend and namesakes
66. Money machine
67. It's sometimes a challenge to make them meet
68. Animal den
70. Q-U connection
71. Before Vegas or Cruces
73. Torn
75. Not pub.
77. Sales person, for short
79. Verify a boxer or jockey's size
81. Before tan, tail, or chet
84. Name a piercing for Vidal Sassoon
86. Name a piercing for a military bigwig
88. Kimono sash
89. *The \_\_\_ and I*, '47 Colbert/MacMurray Classic
90. Like mixed-up language
92. Between auld and syne
93. Applied leeches
94. Before cent or capita
95. Scottish for John
96. Founded, for short
97. Springfield or miller
98. Glass panel
101. Name a piercing for a stool pigeon
105. Scorches
107. Name a piercing for Melvin Belli
109. Light switch positions
111. Alias for a bus.
112. Gov. pure-food bureaucracy
115. Art to Aurelius
116. Pointed anagram of LAW
117. Panoramic views
120. Deer horn
122. Home of Da Vinci and Verdi
124. Join together
126. Name a piercing for actress Karen
128. \_\_\_ of Vienna Woods
129. Mississippi or Missouri
130. Hawaiian barbecue
131. Destroy a reputation
132. Plant or sow
133. Tests
134. Geological periods
135. It means bear

## DOWN

1. \_\_\_ of way
2. Comedian Hardy, for short
3. Closely wedded
4. K or Wal
5. Babylonian goddess
6. Some bicycles are built for them
7. Grain storage facility

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
18				19				20					21					
22			23					24					25					
26					27		28				29	30			31			
32			33		34		35				36				37			
			38			39		40		41	42				43			
44	45	46			47		48			49			50	51				
52				53				54				55			56	57	58	
59				60				61				62			63			
64				65							66				67			
			68	69			70			71	72		73	74				
75	76				77	78			79			80				81	82	83
84				85			86	87									88	
89				90			91				92					93		
				94			95				96				97			
98	99	100			101	102			103	104		105		106				
107				108					109		110		111			112	113	114
115				116			117	118				119		120		121		
122			123			124	125				126		127					
128						129					130					131		
132						133					134					135		

8. Correct the error of ones way
9. Actor's improvisations
10. Bone up for an exam
11. Despise
12. Scratch out a subsistence
13. Erotic
14. Voila!
15. Before axe or ground
16. An ethnic Louisiana cuisine
17. Butter or margarine
21. Unkempt and slovenly person
23. Jerks
28. Beverage with crumpets
30. Name a piercing for a patriot
34. Certain days
36. Before town or box
37. Ram's mate
38. Dined
39. The Big Apple
41. 2 down' sidekick
42. Before town and glider
44. Constant
45. Leisure
46. One kind of bee
48. Those old-time Russian rulers
51. Irritate
53. Name a piercing for Capt. Hawkeye
54. They come after dos and res
55. Boat's back end
56. Airplane instruments
57. Aged
58. "\_\_\_, we have no bananas."
60. Flower garland
61. Over 65 and no longer working, briefly
63. Bit player in 89 across?
66. "All flesh is \_\_\_," *Peter 1:24*
69. Not spec. or unique
71. \_\_\_ *Miserables*
72. Path between 53 across
74. British and Amer. lang.
75. Before serve, side or vent
76. Fit out, equip
78. P.O. missive
79. Crumple into a ball
80. Subtly suggested
82. Aid and \_\_\_
83. Neat
85. Not sm. or med.
86. Feeling out of sorts
87. Where one can get married and divorced the same day
91. It's not as bad as a bark, frequently
93. Clean off a restaurant table
94. Vim
97. Put away the booze
98. Braids
99. Arteries of the heart
100. "Virtue has its own reward, but \_\_\_ at the box office." *Mae West*
102. Tempt or entice
103. The ones that didn't make it in Vegas
104. A Tolkien tree being
106. Chinese calculator
108. Bovine feeds
110. Classy fur
112. The stuff that bread is made of
113. Sandwich shops
114. The Colosseum, i.e.
117. \_\_\_ *Zapata!* 1952 Academy Award winner
118. News story
119. Cathy remark
121. In one end and out the other, briefly
123. Watch or calculator face nowadays
125. Veto
127. Car and drivers' org.

Answers appear on page 37

By Appointment Only  
Ph. (513) 322-0877  
After 4:00 P.M.

Erotic Body  
Jewelry

*Piercings  
Unlimited*

MAX E. NAVE  
Pierceologist

2211 Scioto Dr.  
Springfield, Ohio 45506

## Radical Sex Photos



by Michael Rosen. High quality soft-cover books of fine art photographs. Individuals and couples of all genders and persuasions. Revealing interviews with the participants.

**Sexual Magic:** High energy, impressionistic photos of actual sadomasochistic sex scenes – not models – safe, non-exploitative, and consensual.

**Sexual Portraits:** Real people, S/M, erotic piercings and tattoos, leather, leather and lace, rubber, Master/slave, gender play ... (see photo at left)

"I have the greatest admiration for both books and recommend them highly." — Debbie Wertheim, PFI #36.

Each book \$25, both for \$44. Shipping \$3 per order. CA residents tax: \$2 for one, \$3.50 both. New address: Shaynew Press, Dept PFI, POB 425221, S. F. CA 94142.

## THIS COULD BE YOUR AD!

For information or ad rates contact:

**PFIQ**

537 Castro St.

San Francisco, CA 94114

Phone: (415)552-0505 FAX: (415)552-0874

## PIERCED ?

Photo book about piercing in the works.

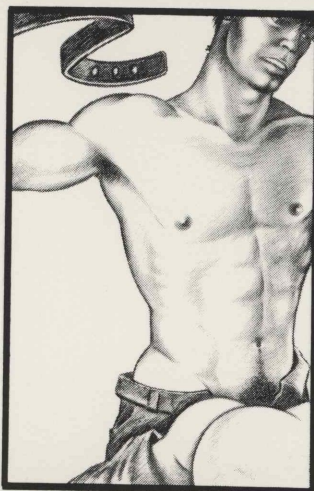
People needed to be photographed.

For more info call:

Charles Goll (212) 628-4881

## LARRY TOWNSEND

AUTHOR OF THE LEATHERMAN'S HANDBOOK  
OFFERS THE MOST COMPLETE AND DEPENDABLE MAIL ORDER  
SERVICE FOR THE LEATHER-SM-ORIENTED MAN.



**BOOKS . MAGAZINES . TOYS**

(IN LEATHER, LATEX, ETC.) OTHER SPECIALTIES  
FOR INFO AND CATALOGUES SEND \$2  
(REFUNDABLE ON FIRST ORDER)  
AND 21 STATEMENT TO:

**LARRY TOWNSEND**

P.O. BOX 302, BEVERLY HILLS, CA 90213

## THE SANDMUTOPIA GUARDIAN

& DUNGEON JOURNAL

The S&M Publication for men and women  
of all sexual orientation



Sample copy \$6.95

\$24.00 6 issues by First Class Mail (US & Canada)

\$35.00 6 issues by air printed matter, elsewhere

**Desmodus, Inc.**

P. O. Box 410390, San Francisco, CA 94141-0390

24 Shotwell, SF CA

