

ORGASMIO

A Parody by Lynn Baptisti Richards and Dr. Harlan Sparer, DC.

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If men were conditioned from early childhood that the loss of control with orgasm was disgusting, would men not be seeking methods of controlling themselves so as not to feel the orgasm?

If men knew that there were protective professional women, Medicas, standing by ready to administer medication as soon as the sensation became unbearable... If every media production depicting orgasm involved emergencies or deaths, and if their own fathers had not only described orgasm as "hell," but were eternally grateful to the Medicas for "knocking them out" for the actual orgasm... how would men begin to look forward to this milestone in their lives?

Imagine this:

At about age 17 when Daniel's hormones were peaking, he was advised to begin his regular yearly visits to the Medica for a thorough history, physical and psychological assessment. During this visit, the size and function of his penis was assessed for adequacy, and any possible disease or dysfunction was screened. All the tests performed by the authoritative Medica were hidden from Daniel's sight. His only clue to the results was to watch the expressions on the Medica's face. All the information written on his chart was kept secretly filed away for his own protection, as he was obviously incapable of understanding such complexities.

As he was being examined, Daniel became frightened and flinched with pain. The Medica spoke disparagingly to him: "If you can't endure this, how will you ever get through orgasm?" His questions about his developing sexuality were reduced to a simple explanation of hormones. Then the Medica maternally patted him on the head while handing him a prescription. "Now, don't worry, honey. You're doing just fine. Take this if things get too bad, and you find

you just can't control yourself. I strongly urge you to attend the hospital classes for orgasm preparation."

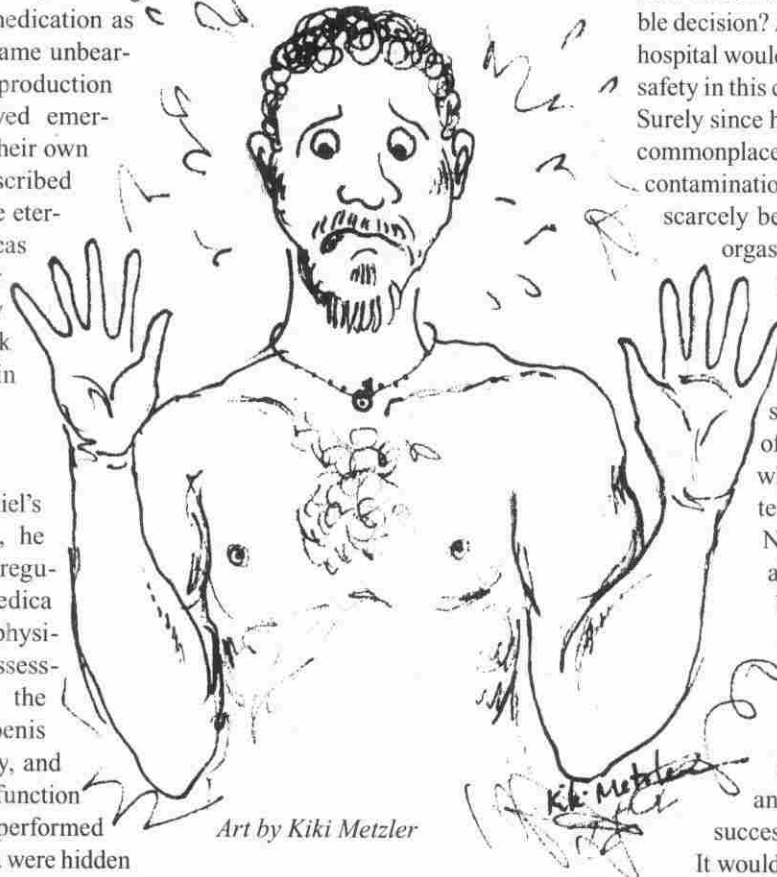
Daniel and his partner, Daisy Lou, decided to attend classes, even though she

noiseless, expressionless, detached from the experience.

After class, one of the men, Jerry, confided to Daniel that he and his wife were planning a home orgasm with a lay assistant for support. Daniel was flabbergasted! How could Jerry make such an irresponsible decision? After all, the Medica and the hospital would assure them every possible safety in this complication-ridden process. Surely since hospital orgasm had become commonplace (removed from the dreaded contamination of the bedroom), there had scarcely been a death associated with orgasm. It is no wonder so many men died in generations past of penile vesicular attrition, enduring such a complicated process at home, to say nothing of the thousands of sperm who died needlessly when orgasms were unattended by certified personnel. Now monitored by experts, almost every couple could be assured of a successful orgasm. Why, with all the modern testing, drugs and surgical techniques, even men with highly inadequate penile dimensions and sperm-count could now successfully achieve orgasm!

It would be important for Daniel to trust his Medica to know what was best for him, especially in case of an emergency, such as penile inertia or sperm distress. Indeed, since the discovery of the advanced surgical procedures, (now used in at least 20 percent of the cases), many men have sacrificed their orgasm experience so that viable "premium" sperm may be surgically extracted. Daniel felt grateful to the Medica profession and their ability to control nature when its course goes unpredictably awry. With all these assurances, he and his wife completed classes, in hopeful expectation of this long-awaited moment.

Daniel spent the next few weeks doing orgasm preparation exercises and waiting for signs of sexual excitement. Finally he



Art by Kiki Metzler

was still not sure if she wanted to be present at his orgasm. At the classes they learned about techniques for coping with orgasm. The techniques were very demanding. They practiced every night.

In the back of Daniel's mind was a lingering doubt that he might not get through this experience without medication and anesthesia. The orgasm educator (certified by the Society of Prophylaxis in Orgasm and approved by the American College of Medicas) reassured him that this was not a class in "natural orgasm," but "prepared orgasm." He should not expect to achieve a totally natural experience and should not feel that he had failed if he felt he needed medication. His goal should be "controlled orgasm," to stay in control—

was awakened from his sleep by a throbbing sensation, which he recognized from class as a sign of prodromal arousal. As he had been instructed, he called his Medica, Md. Wanker, immediately. She directed him to go to the hospital emergency room to be checked and admitted for monitoring.

According to hospital policy, all erections are routinely monitored. There could be no exception to this policy, as the hospital needed to protect itself from liability suits should there ever be a question as to the viability of the sperm at a later date.

Daniel was separated from his wife and forced to lie on his back. His genitals were washed with a cold iodine solution, his pubic hair was shaved, and he was covered with a sterile drape, exposing only the pubic area. He was harshly reminded of perhaps the most important aspect of his orgasm classes: that he was not to touch the "sterile field." This area would be off limits to him and his wife until after the orgasm had been achieved and the Medicas were certain that no complications had occurred.

Next, the Medica attached the external erection monitor. This pressure-sensitive band was wrapped tightly around his frenulum (the most sensitive part of the penis) to ascertain the degree of erection. He was warned that even the slightest movement might alter the accuracy of the monitor. As time passed, Daniel became more and more uncomfortable.

Finally, after waiting what seemed to be an eternity, Daisy Lou was permitted to sit by his side. Daniel felt reassured by his wife's presence. However, the hospital staff was continually taking vital signs. Daisy Lou and Daniel were never left alone. With the monitor electrodes between them, they struggled to touch one another. Holding hands or a mere kiss aroused him. He ached to have her touch his penis. But she had to refrain, as she could not interfere with the Medica's orders that the area should be kept sterile.

Much to Daniel's dismay, what had begun at home as a firm and somewhat powerful erection now "petered out." Md. Wanker ordered immediate administration of IV testostocin (artificial testosterone) to augment his erection, as no time could be wasted once arousal had begun. If a

consistent erection could not be maintained on a low-dose course, then the drip would need to be upped and analgesia would be given routinely to allow the patient to "take the edge off" and maintain control over the increased sensation of arousal.

As the danger of sperm distress is greatly increased by the use of "testo" (testostocin), Medica protocol dictates that an internal monitor be used. Md. Wanker explained that this sensitive electrode would be inserted inside the tip of his penis in order to measure the density and quantity of the sperm, thus ensuring viable "premium" sperm. The procedure would be entirely painless and would not hurt the sperm.

Daniel became fearful of the danger of infection associated with the internal monitor. He had heard from his friend, Jerry, that this procedure could result in a terrible infection and he would possibly never have the chance to have an erection again.

Daisy Lou looked worried. Md. Wanker put her arm around Daisy Lou and walked with her out to the hall. The door closed behind them and Daniel was alone. He could hear the voices out in the hallway but he couldn't understand what they were saying.

A few moments later the two women returned and approached Daniel like a coalition. He had been betrayed. Md. Wanker's gloved hand reached for the catheter. "I really don't want to have the monitor," Daniel pleaded, straining to sit up to discuss the matter on more equal terms. Md. Wanker glanced at him disdainfully as she continued with her routine. "Now, we both have the same goal here, don't we?" she admonished him. Daniel sank back into the bed, defeated like a lost puppy.

After twelve hours of long and painful waiting, Md. Wanker announced that the sperm monitor showed signs of sperm distress. She suggested, "We may need to perform surgery to extract the sperm. We will need to do an internal and external penile assessment to determine if the size of your penis is adequate to accommodate the large quantity of sperm that is building up. I will give you 25 mg. of Demerol and we'll see what happens in an hour."

An hour later Md. Wanker returned. "I'm sorry, Daniel, we're going to have to do a penile section to remove the sperm. I know this isn't the experience you antici-

pated, but your penis is way too small to complete this orgasm." She left them to be completely alone together for the first time.

Daniel was crushed. How could this be happening to him? He was healthy. He ate right. He had practiced all his breathing exercises, and the nurses had said that he and his wife had worked so beautifully together during arousal. He had failed the test of manhood. He burst into tears for the first time in his life. Daisy Lou, stunned by her husband's sudden loss of control, hugged and kissed him, attempting to comfort him. Then it happened! Daniel could feel himself beginning to let go of something deep within him. The feeling was indescribable, the urge so powerful he could no longer control the guttural sounds that exploded from his most inner depths.

Upon hearing the familiar sounds of orgasm, Md. Wanker rushed back to the room. She was concerned that premature orgasm might deliver the sperm without time for the opening of his ureter to be adequately enlarged (thereby damaging millions of otherwise healthy sperm from "head compression"). She reached for her scalpel and gave him a glansotomy. He felt a burning sensation at the tip of his penis. The semen oozed into the sterile basin.

They had done it! They had done it! After all those hours of agony and near-failure, he had endured it all! His test of manhood had been won. Never could he forget the sight of his own semen oozing from his penis.

He winced as the tip of his penis was sutured. Such a small pain compared to the joy of having had a normal orgasm. Lucky—indeed, he had been lucky.



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