

Bare Blades

Heresy, or the ultimate power play? Why more clinicians than ever are performing castrations and penectomies nude

by Chloe Wilson

In small, windowless room deep in the Sisters of Charity Hospital's Male Care Ward, Dr. Leah Brooks, MD, and Alicia Taylor, RN, are going about their usual workday. Their patient, a 20-something young male, struggles ineffectively against the full body restraints immobilizing him in medical stirrups. Alicia smiles reassuringly as she installs the patient's gag, while Leah splays his legs open even wider to calmly cup his scrotum and explain how, in the next few minutes, she will be surgically detaching it from his body.

This is a standard castration, no different from the thousands of others carried every out day by female professionals and volunteers in hospitals, school and neighbourhood clinics, and suburban kitchens across the nation. The tied down male is, of course, fully naked. But in this case, his beauteous castratrices are as well.

Obviously, experience with the female body is not a privilege afforded lightly to uncorrected males. Most schools of thought agree that knowledge of female anatomy, even theoretical, should be kept from boys until they are safely committed to a physically-secured chastity regimen. Even then, "practical" experience and even photos are often carefully withheld in order to serve as motivational tool; one day, if he's very good, a male might be treated to a glimpse of the mythical female breasts or vulva. Until then, the girls and women in his life adhere to the doctrine of "teasing, not pleasing" as a key tool for behavioural control.

So why, then, would consummate professionals like Leah and Alicia (and a growing contingent of like-minded practitioners) knowingly give up that feminine power, and shamelessly gratify their lusty patients' gross male fantasies instead?

"It may seem counterintuitive, but performing removals nude isn't a matter of giving up power, but rather gaining it," explains Dr. Elizabeth Russell, PhD, MD, a Clinical Research Professor in male psychosexual control at Wellesley College.

"The traditional tease-and-denial control paradigm involves an implicit acknowledgement of the raw destructive power of male sexuality. As a male, when your doctor walks in wearing nothing but surgical gloves, the message is clear: that sexual power is vanquished. You know that while she (on behalf of women more generally) may have always had control of your manhood, today she's going to remove it entirely, and there's nothing you can do to stop her."

"She can show you her most intimate female form, maybe even milk you and let you enjoy it, because at this point it doesn't matter: your toxic masculinity is permanently over. She's in complete control, she knows it, and she wants to make sure you know it too."

It turns out that this "naked terror" strategy is anything but a new tactic for womankind. Prehistoric all-female warrior tribes would send out nude raiding parties when plundering enemy villages for male breeding stock, as a means of asserting dominance and instilling a fear of the female form in their involuntary sperm donors to-be. In early civilizations, public nudity played an important role in the ritual castrations carried out by temple priestesses, sending a message designed to keep the male underclass in line. In medieval

Dr. Leah Brooks (right) and nurse Alicia Taylor (far right) work in the Male Reduction Unit at Sisters of Charity Hospital, where they perform many of their surgical procedures naked.



times, the queendom's fairest maidens would be selected to serve as court castratrices, tasked with fixing any males the queen deemed worthy of punishment. They carried out their procedures - you guessed it - fully unclothed.

Of course, with advances in gender equality, castration is no longer ordered on a whim as a means of cruel and unusual punishment, but instead timed strategically and performed with compassion and care, in the manner deemed best for the male by his genital custodians. That's not to say that modern medicine has forgotten the importance of linking fear to the female form: a healthily-submissive boy sees arousal and female domination as one-and-the-same, after all, and any responsible custodian is always seeking to strengthen that association. Contemporary medical professionals understand this well: even the most conservative male care clinics count curve-hugging fitted scrubs and one-piece bodysuits among their standard-issue staff uniforms.

"It's important that the patient understands the gendered nature of his treatment," explains Dr. Ingrid Moore, MD, founder and medical director of The Moore Clinic. "He's here because he's a boy. We get to do these things to him because we're girls. Males are visual creatures, and so while we're continuously delivering these messages verbally, we also need to use our appearance to remind him that he's the only one in the room

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without a vagina - strategic clothing choices that accentuate curves accomplish that very effectively."

She draws the line at clinician nudity, however, even for removal procedures. "We wear white latex catsuits for surgical procedures, which gives him plenty to think about without actually revealing anything. I certainly understand the motivation to go nude: it's the ultimate reminder to him of our femininity. But often the patient has never experienced female anatomy before, and I don't think it's our place to grant that gift (and frankly, if his sponsor's requested a removal, it's unlikely he deserves it)."

Ingrid takes her work seriously, and worries that introducing nudity into the process may weaken its long-term impact. "The act of taking some or all of his manhood presents a uniquely powerful opportunity for behavioural conditioning - from research we know that the memory of the procedure is likely to stay with him for the rest of his life. It's my job to make sure that memory is one of inescapable feminine authority, and, as I see it, simultaneously granting him a wish he's lusted after since puberty undermines that goal."

Some see it more pragmatically, however: you can't manipulate a male's psyche without getting him in the door first. Dr. Julia Fisher, MD, sees the prospect of a peek at the feminine divine, no matter how distant or vague, as a potent weapon in her male control arsenal, with power that extends outside the walls of her private clinic, A

Accentuating castratrix femininity during removal procedures has a long history. Left, an illustration from a 1953 medical handbook depicting a physician directing a removal while wearing a tight-fitting rubberized leotard.

Dr. Ingrid Moore (right) isn't convinced of the value of nude removals: staff in her clinic dress provocatively, but remain fully clothed for all procedures.



Place for Him.

"I like to say we work hard to make it a poorly-kept secret," she explains with a laugh. "The 'whispered' discussion with the sponsor that the patient overhears... a conversation between staff that 'accidentally' drifts out into the waiting room. Casually asking which nurse he thinks would have the prettiest vulva. And more directly, telling him he might earn a secret 'treat' sometime if he's compliant and well behaved. Before long, the word gets around: the ladies here get naked sometimes. They fall for it so much harder than if we just told them ourselves."

Julia's unorthodox strategy is as much about marketing as it is about control. "We get sponsors all the time telling us 'I thought it would be a pain to get him to his appointments, but he's always so eager! I'm recommending you to all my sisters and girlfriends.' So referrals are definitely an important part of our business."

So do Julia's patients ever actually see what they've been dreaming of? "Sometimes," she explains. "We mainly lean on it for procedures that require enhanced immobilization - you know, castrations, penectomies, that kind of thing. Setting up all those straps and stirrups tends to

spook a boy... So the nurses and I will come in wearing silk bathrobes, and tell him we're doing something special today, but for it to happen we need to get him tied down tight. At that point he'll be practically fastening the restraints himself... I can only imagine what he thinks he's getting in to!"

"Once he's fully locked in, we take off robes. Whether we're wearing anything underneath is determined based on his sponsor's wishes and our own professional judgement of what will be most effective for his long-term conditioning. Obviously, having his genitals removed by a collection of beautiful naked women leaves quite the impression, so we often go that route, but not always. If we're not, I have to assume he's a bit let down when we undress, only to reveal surgical suits... although I also imagine he loses focus pretty quickly once we explain what we're about to do to him."

Of course, not all removals happen at the clinic: for castrations in particular, women at home have been taking matters into their own hands since long before the advent of professional medicine. In many families it's a cherished tradition, which sisters, mothers, cousins and aunts all coming together to collectively correct a male who's time has come. Does nudity come into the picture there?

It did for Anne Myers. "I remember when I got my first boyfriend with testicles, and my mother and I argued about the best way to remove them. She was a bit more traditional and wanted all the girls to keep their clothes on - but I wanted to make it special. Eventually we reached a compromise where my sisters - all clothed - held him down on his back on the dining room table while I straddled his chest in just a negligee, blocking his view of mom and her burdizzo. Sure, treating him to that

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Dr. Julia Fisher (left) uses the "hidden" promise of clinician nudity to encourage cooperation in existing patients while also attracting new ones.



Anne Myers helps women plan and execute custom castration ceremonies, and frequently carries out the procedure herself, in many cases fully nude.



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view in that moment was important for establishing dominance in the long run, but I also really did care about him, and wanted to be able to make him happy during what can be a stressful situation. Having that intimacy, baring myself to him and looking deep into eyes while his cords were crushed... It was really special."

It's obvious the experience left an impact. Anne went on to spend six years as a castration nurse, before returning to her roots and starting her own consulting business, The Custom Cut, that helps women plan and carry out tailored removals.

"The actual medical procedure - we call it 'the snip' - usually isn't that complicated, but there's a lot of room for creativity in designing the ceremony and theatrics around it, in order to maximize the impact it has on him," she explains. "Of course it depends on the sponsor and the subject, but this isn't your grandma gelding out behind the barn - sensual nudity definitely has a role to play. I've found it most effective when it's focused and selective: most ladies keeping their clothes on, but one or two undressed to really drive home the contrast. So it turns out I definitely owe my mother's modesty for helping me get it right on my own first try."

Does she still get nude herself? "All the time! Many women leave 'the snip' up to me, just to be safe, and in those cases we'll often do some variation on the 'scary stranger' - surrounding him with familiar and clothed ladies offering comfort, and then me, someone he's never met before, stunningly naked and prepping all this intimidating removal equipment. It mixes into this glorious combination of humiliation, arousal, and fear."

Back in the Sisters of Charity Male Care Ward, Leah and Alicia are finishing up their work. The patient's been moved to the recovery ward: his testicles are being preserved as a keepsake for his sponsor, while the excess scrotal tissue will be recycled for skin grafts down in the ER. As they

reset their workspace with practised efficiency - the ladies have three more castrations and a penectomy to get through this afternoon - Alicia takes a moment to reflect on their state of undress.

"Of course, we do this because it's best for the patient's conditioning, but I'd be lying if I said I didn't get something out of it too. Knowing that your naked body is the last he'll ever be able to appreciate in that deep, primal way... It's really exciting."

Leah nods in agreement. "Everyone in this line of work gets a little... 'moist' from time to time, if you know what I mean. It's normal. But since I've started doing removals bare, I have to work a lot harder at keeping the humidity in check down there... and not just because you can tell now! I suspect I'm not the only doctor here who feels that way, I see a lot of suppressed smiles when I ask others who try it what they think."

Given their rich history and that perceived magical combination - better for the male's submissiveness and the cutter's own pleasure - should we expect to see nude reduction procedures become the norm everywhere? Even Ingrid, the nudity skeptic, sees it as a distinct possibility. "Both sponsors and nurses ask about it all the time. It won't be right for every patient, and not every castratrix will be willing to... but a future where it's at least an option anywhere you go? That definitely seems realistic."

So to any uncorrected males reading, take heart - while it's only a matter of time before we ladies decide to take your boy parts, there's a chance we may at least give you something nice to look at while we do it.

Chloe Wilson is a staff writer for Gynarch Magazine, covering stories on male health and wellness.