

• SPECIAL CONFERENCE ISSUE •

The Legend & Legacy of Doug Malloy

by Jim Ward

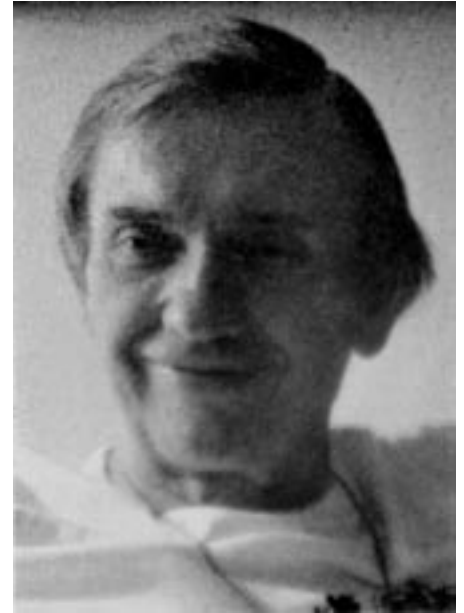
It's hard for me to envision what today's piercing "scene" might look like had it not been for the influence of Doug Malloy. It's even harder for me when I encounter piercing enthusiasts today who have never even heard his name much less realize the tremendous impact he has had on their lives.

Perhaps he is less well-known than he deserves to be because he was very closeted about his interest in piercing and sadly died before he could see his passion become a mainstream phenomenon. It was his influence on me that greatly impacted the work I have done interpreting his vision in America. I think Fakir might acknowledge a similar debt. Doug's acquaintance with Alan Oversby, better known as Mr. Sebastian, and Tattoo Samy in Germany had much to do with the direction piercing took in Europe. But while others may have spread the word, the lore and legend that have become the world of modern piercing continues to bear Doug's uniquely colorful and indelible stamp.

There is little question that people have pierced themselves since before the dawn of recorded history. Ear, nostril, and septum piercings are familiar to everyone. You'll find them readily enough in magazines such as *The National Geographic* and *Smithsonian* and almost any anthro-

pological text. But the more exotic piercings have proven extremely difficult to document. Many that we have come to accept as "traditional" may never, in fact, have existed in the past. Of those that did, either no record was ever made of them or the accounts were destroyed by zealous missionaries intent on "civilizing" native cultures, stamping out their "heathen" ways. What little information we have been able to glean often comes from casual, passing references. In-depth, detailed descriptions of many piercings are few.

Since Doug's death in 1979 I've had time to reflect, research, and critically examine the history of piercing which he passed on to me. He gathered information from whatever written sources he was able to lay hands on. It is my firm belief that he supplemented this scarcity of material, making assumptions—not always accurate ones—based on dubious resources, observations, and, in some cases, "inventing" history as well as piercings themselves. To me



this in no way discredits the man. The fact that piercing has become so incredibly popular says much about his ability to capture peoples imaginations and awaken in them the excitement and romance of piercing.

While they have become quite popular over the last couple of decades, nipple piercings have little traceable, historical precedent. In several books lacking any reference to source material, there is passing mention of nipple piercings having been done by society women during the reigns of Louis XIV and Queen Victoria for the purpose of enhancing the size and shape of the nipples. Likewise it is said that the Kabyle, a

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PRESIDENT'S CORNER

Bad Press

The APP is continually confronted with negative press about body piercing. The media is fraught with quoting of outdated, inaccurate studies related to the field. The misquoting of piercers and piercing-friendly healthcare providers is par for the course. Headlines will include words like “danger” and “agony.” Although sometimes well-meaning, most of these articles are quite negative and detrimental, relying on prurient interest and scare tactics rather than reliable, accurate, useful information.

The APP has worked hard to defend piercing with the establishment of sound guidelines for piercers and brochures directed towards educating consumers and medical and dental professionals. Fortunately we have garnered several wonderful allies in these areas. But for the most part, health care workers have approached us as adversaries, particularly in print.

However, the APP has recently taken a more aggressive approach to bad press. Our first step has been to check on the research quoted within published articles. If the study or health care provider appears to have been misquoted we contact the person or agency for clarification and to make them aware of the discrepancy. The second step has been to formally address specific inaccuracies within the publication and provide appropriate information.

In response to the negative and inaccurate brochure distributed by Patterson Dental Supply Company, the APP printed a highly informative brochure entitled “Oral Piercing Risks and Safety Measures.” This brochure is now being widely distributed, in particular to the medical/dental community.

Yahoo recently posted a lengthy, negative article on dangers of piercing. The APP has responded to them with our own lengthy point-by-point reply in which we addressed their issues and provided information when their article was off base or lacking in facts.

Clearly the APP is likely to do very little about anti-piercing agendas based on bias, or the wide release of these perspectives to the public through the media. People are still going to print negative views about body piercing. But, to counteract the impact, we are working hard to promote the dissemination of accurate information in the mass media.

And you can help. If you read a negative or inaccurate article, don't just let it make you angry. Write a letter to the editor to set the facts straight. Be courteous and professional, and put forth the facts. Or contact the APP so that we can make a reply. By just letting the other guys have their say, we are doing an injustice to our profession.

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As always those of you without computer access or who prefer the old-fashioned approach can call, FAX, or write. Our friendly office elf will be happy to assist you. The address and phone numbers are to the right.

Thanks for your ongoing support.

— Bethra Szumski

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Special thanks to Sky Renfro for the donation of the printing services voucher used for this edition of *The Point*. Your support is truly appreciated!



Misconceptions, Myths, & Care of Gold Jewelry

by James Green

It seems there are many misconceptions regarding the use and care of gold jewelry for body piercing. I hope to dispel the rumors and shed some light on the proper care of gold as well as answer some of the more common questions that arise. As you learn more about this fascinating metal I believe you will come to appreciate the extraordinary properties and intrinsic value that this precious metal offers. With a little care, gold jewelry can provide a lifetime of pleasure and pride.

When we talk about gold we need a point of reference on which to base our comparisons since gold is available in many different karats and colors. The most logical starting point would be pure gold or 24 karat, which is the purest form of the metal after it has been refined to 999.9% purity. In this state the gold is quite soft and not really practical for use in jewelry. You should also note that the color of this pure gold is a deep yellow. In this refined, pure state gold has excellent chemical stability and so is resistant to corrosion and oxidation which are major concerns if we are to use this metal for body piercing.

Since pure gold is very soft, alloys are added to increase strength and durability. Alloys are simply other metals that when mixed with pure gold add desired characteristics such as color and resistance to wear. So if pure gold is 24 karat or 24/24ths, any alloy we add reduces the purity. So, 18 karat gold is 18 parts pure gold and 6 parts other metal, and 14 karat is 14 parts pure gold and 10 parts other metal.

It is important to note most metals are alloyed to achieve specific characteristics. Stainless steel is a good example since it is the most common metal used for body piercing. There are many different grades of stainless steel, all manufactured for specific purposes. The grade used for body piercing is 316L F-138. Stainless

steels are alloys of iron with at least 10% chromium added; type 316 has nickel and molybdenum as well. You should ask for a material safety data sheet (better known as a MSDS) from your supplier to see what is in your jewelry. (Editor's note: this may be called a Mill Cert or Mill Certificate).

The most common alloys used in gold are silver and copper used in combination, with silver making up the largest percentage. White gold is made with combinations of copper, nickel and zinc or palladium. The use of palladium for white gold alloys is preferable for body jewelry since it contains no nickel, to which some people are allergic. Other colors such as rose, green and even purple (very difficult to manufacture) are simply different combinations of metals added to pure gold. The thing to remember is 14 karat is still 14 parts fine gold and 10 parts other metals in different combinations to achieve a desired color or characteristics.

Since we now know pure gold is highly resistant to corrosion and oxidation wouldn't this be the ideal metal to use for body piercing? The answer is yes, however there are other factors to consider. Cost of the pure material would be at the top of the list. When you add other metals that are less expensive and lower the karat you make the product more affordable. In 14 karat gold the alloys make up about 42% of the finished product, and in 18 karat gold 25% of the finished product is composed of alloys.

The other factors to consider are strength and durability. I have a 22 karat ring that over the years has deformed to the exact shape of my finger (no one has round fingers) because of how soft 22 karat gold is, even with 2 parts alloy. So you can imagine the problems associated with many of the products used for body piercing such as anything that uses screw threads. The threads or

the post could easily become stripped and the threaded end could unscrew and fall out. Or a gold ball used inside the mouth could easily become dented and rough.

This discussion of alloys and the reasons they are used is important because it is the alloys in gold that have caused the greatest misunderstanding about using gold for body piercing. We know that silver and copper are the most common metals used for alloying and both are prone to oxidation and corrosion, but to a much lesser extent when combined with pure gold. The higher the karat gold, the less likely this is to happen. Also white gold with nickel as the alloy can cause an allergy in some people. How one's body reacts depends on several factors including diet, environmental conditions, and sensitivity.

Most people have no problem wearing 14 karat yellow gold, and in fact that has been the standard in the United States for years. Everything from wedding bands to earrings have been made in this grade of gold. The benefits are a lower cost to the consumer, and greater strength. This is desirable especially for products like bracelets and chains with movable parts which are subject to wear and tear. Many people prefer the color of 14k yellow gold since it's a lighter shade of yellow than 18k. The down side is that it can tarnish over time. Some of the factors that cause tarnish are air pollution, cosmetics, and chemicals such as bleach. The body's chemical balance can also cause the alloys in gold to tarnish.

Years ago I worked for a silversmith and at that time I was taking large doses of vitamin C. The silver would tarnish as soon as I touched it. This chemical reaction results when high levels of acidity or other chemicals in the body react with the alloys in the gold. I had taken so much vitamin C I actually sweated citric acid. The discoloration on the metal can easily be removed by using a polishing cloth then washing with a mild soap. Then rinse and dry. In a pinch you can use non-abrasive toothpaste on a soft cloth.

Chlorine and bromine are chemicals that are commonly found in swimming pools and hot tubs. Both of these can cause chemical corrosion and cracking depending on your exposure to them. Take care to wash and rinse your jewelry as soon as possible after swimming or submerging in a jacuzzi.

Another factor to consider is metal stress, which starts to occur when the product is manufactured. When a ring is formed the grain structure becomes compacted and this results in a work-hardened piece. This happens to all metals and is exacerbated when the ring is opened and closed repeatedly. In the manufacture of high-quality body jewelry an extra step is taken to anneal or soften the metal. It should be noted that the higher the karat gold the softer the metal will be.

Most metal allergies (actually hypersensitivities) appear to be caused by the body's reaction to nickel. Nickel is used as an alloy in white gold and stainless steel. The

body can break down the nickel in the jewelry and cause the immune system to react to a perceived infection. In severe cases this can lead to a generalized metal sensitivity in that any metal contact with the skin will trigger an "allergic" reaction. According to the Academy of Dermatology, nickel allergies affect 6 in every 100 people and are more common during the summer months. This is because the condition is often triggered by perspiration, which can corrode the metal releasing the nickel.

As mentioned earlier, white gold can be alloyed with nickel or with palladium to achieve the white color. If nickel sensitivity is a concern you can choose white gold that is alloyed with palladium since there is no nickel in this mix. Be prepared for "sticker shock" because palladium costs have sky rocketed over the past few years. In fact, this alloy can cost as much as \$800 an ounce, making this an expensive option depending on market prices. There is a myth circulating that yellow gold has nickel in it. This is a fallacy; there is no nickel in yellow gold. This also makes it a good choice for anyone sensitive to nickel.

Sterilizing gold body jewelry has been problematic for some people and has led to the myth that it can't be done. With care and attention to details you can sterilize gold with no problems. According to Sky Renfro of Professional Piercing Information Systems, an educator and trainer to the body arts industry, autoclaving gold should present no problems if done correctly. Sky recommends the following procedures; using autoclave tubing place the jewelry in the tube and seal the ends with a heat impulse sealer. Autoclave as usual allowing the machine to go through the complete dry cycle. It is very important that the water chamber be cleaned once a week, and that you avoid autoclave bags that have indicator strips, which cause the gold to tarnish. Madacide #1 may also be used according to the manufacture's recommendation. Betadine should not be used, as this will cause the gold to stain. When autoclaving jewelry with stones care should be taken with heat sensitive stones such as opal, and soft stones such as malachite.

In conclusion, even though we have covered a lot of ground, much more could be said on many of the issues raised. I would encourage you to do further research the topics we have broached. The sources I used for this article are provided for your convenience below. Hopefully I have dispelled some of the myths and given you options regarding your choices of gold jewelry.

Metal sensitivity is a very real issue and you are now aware that any metal containing nickel can cause this condition, but that does not imply that everyone is susceptible to this problem. Things like diet and the environment (i.e.: sulfides in the air and humidity) can affect the jewelry you wear, as well as cosmetics (very abrasive) and chlorine. Gold is a viable metal for body piercing and can be custom-made into almost any design you can

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Female Nipple Piercing

My article in the previous issue of the POINT discussed the history of the male nipple piercing. As you may know, I enjoy setting the record straight, debunking myths and providing well-documented facts. I thought this time I'd do the same thing. Instead, once again, I've gotten another of life's lessons on expectations. Things are not always as simple as they would seem. What I've done this time is uncovered a quagmire of dead-end trails, that shed some new light on the history of female nipple piercing, but much is still remaining in the dark.

Perhaps the oldest attribution of female nipple piercing comes from Eduard Fuchs. He was a German scholar, "sexologist" and writer from the early 1900's. To the best of my knowledge his work has never been translated to English. Unfortunately my understanding of the German language is beyond rusty, it's non-existent. So I have to rely on quotes from his works that appear in various books and documents. It has been mentioned on www.rec.arts.bodyart.com, that Fuch as well as an author named Pelham¹, "made extensive use of the same English source, one article in *Society*, a journal unavailable to me."² I too, have been unable to find any record of this journal from the turn of the century. Perhaps some inquisitive and persistent English readers could help with further research through their local libraries.

Quoting Fuch's writing as the source, Hans Peter Duerr's book, *Dreamtime*³, traces the earliest known practice of female nipple piercing to perhaps the Court of Queen Isabella of Bavaria. Her rule (1385 to 1417) though extravagant was rather short lived.

"Queen Isabella...introduced the 'garments of the grand neckline,' where the dress was open to the navel.⁴ This fashion eventually led to the application of rouge⁵ to freely display nipples, those 'little apples of paradise' to placing diamond-studded rings or small caps on them, even piercing them and passing gold chains through them decorated with diamonds, possibly to demonstrate the youthful resilience of the bosom."⁶

I have included the entire section of text here with footnotes not normally quoted from *Dreamtime* in order to illustrate that though piercing of female nipples may have occurred during the Court of Queen Isabella, we can not draw that conclusion from this passage as written. The paragraph was patched together by Mr. Duerr using three sources, some written over 60 years apart and in different languages. Until more research is done, one can only deduce that the fashion of the time led to a trend of piercing nipples at some unspecified later time, perhaps months or even years later. Some may say I'm splitting hairs here, but I would hate to see the female nipple piercing renamed the "Queen Isabella," follow me?

Eduard Fuch is again quoted by author Stephen Kern, in *Anatomy and Destiny*. This time the reference is much later and from a different source. "In the late 1890's the "bosom ring" came into fashion briefly and sold in expensive Parisian jewelry shops. These "anneaux de sein" were inserted through the nipple, and some women wore one on either side linked with a delicate chain. The rings enlarged the breasts and kept them in a state of constant excitation.⁷ This provocative ornamentation was rare..."

Unfortunately things get even murkier from here. D.W. Jones, who seems to have done a fair amount of research, posts on rec.arts.bodyart.com, "In 1898 a single Bond Street jeweler is supposed to have performed the nipple-boring operation on forty English ladies and young girls...In fact many ladies, instead of rings, had small chains fastened from breast to breast, and a celebrated actress of the Gaiety Theatre wore a pearl chain with a bow at the end."⁸ Unfortunately, this is not footnoted and as such will have to be treated as an urban myth until the source is traced. If anyone knows how to track down D.W. Jones, please tell him I'm looking for him...

The 20th century brought a flurry of sensational books on Erotica. Unfortunately most authors' intent was more to titillate than to educate. It's hard to find facts not steeped in the authors' opinions, usually running to extreme. The necessity for footnotes or bibliographies was usually overlooked in these quasi-scientific books.

A strong support for D.W. Jones' post may be found in this following passage from a book of this lurid genre:

“No more perfect example of Victorian extremism can be found than the unbelievable breast piercing craze that swept London in the 1890’s. This barbaric practice achieved fantastic popularity among seemingly sane, civilized Englishwomen, who submitted to the excruciating pain of having their nipples, pierced in order to insert decorative gold and jeweled rings. In an attempt to explain what had driven so many females to embrace such a crackpot fad, a fashionable London modeste wrote a letter to a popular magazine⁹, which said in part ‘For a long time I could not understand why I should consent to such a painful operation without sufficient reason. I soon, however, came to the conclusion that many ladies are ready to bare the passing passion for the sake of love. I found the breast that the ladies who wore rings were incomparably rounder and fuller developed than those who did not. My doubts were now at an end.. So I had my nipples pierced, and when the wounds healed, I had rings inserted...With regard to the experience of wearing these rings, I can only say that they are not in the least uncomfortable or painful. On the contrary, the slight rubbing and slipping of the rings causes in me a titillating feeling, and all my colleagues to whom I have spoken on this subject have confirmed my opinion.’”¹⁰

Fuch’s French references joined with Jones’ and Hurwood’s English references of the same period seem to support the notion of a brief but extraordinary fashion trend. It would be wonderful to someday discover in which country the trend started and by whom.

A piece of folklore I feel compelled to share was passed on to me by Jim Ward. However, please understand none of my research, in any way substantiates this information appearing in *World Medicine*. “In the France of Louis XIV [1638-1715], the church condoned the extreme *décolleté* of ladies’ fashions only because the wearing of gold rings through the exposed nipples made them “dressed,” not bare. The fashion spread across the Channel and a few haut ton [*hauteur?*] had gold rings inserted in their nipples. But as far as I can find out, the regular wearing of nipple rings has been common only among the Berber tribe of northern Algeria known in the mountains as the Kabyle.”¹¹

Researching the Kabyle, I could find no anthropological references to female nipple piercing. It is near impossible to believe the women of the Kabyle-Berber society, would have nipple piercings when one considers:

- a) religiously, they’re fairly strict Muslim,
- b) culturally, they’re extremely subjugated and sexually repressed by Kabyle men and
- c) materially, they’re almost exclusively limited to silver and coral for jewelry adornment. Trying to heal a nipple piercing with silver seems rather hindering, if even possible.

It’s surprising that such a sensational article could appear in a medical journal without any annotation. But

to quote Doug Malloy, “It makes for an interesting story anyways, doesn’t it?” If any reader has documentation to support any statements from the medical journal article, please come forth. I have been unable to track the article’s author.

After the 1890’s the Female Nipple Piercing seems to go completely underground. I have been unable to trace any references or photos until the quite remarkable piercing legend, Ethel Granger. For those readers unfamiliar with Ms. Granger, she appeared in the first edition of Guinness Book of World Records. She was entered as the Smallest Waist in the World.¹² With strong encouragement from her husband, Ethel started modifying her body when she got married in the 1920’s. By World War II, she had both her nipples pierced and over ten ear piercings in each ear many of them stretched and or punched, including her Conch. She had one piercing in each nostril and one in her septum and she could connect them by running a knitting needle through these three piercings.¹³ Certainly there were more women with secretly adorned nipples, however material remains elusive.

In closing, having read both nipple articles, the reader will notice from the 1890’s onward both men and women of European and American societies were having their nipples pierced. However it appears very early on, female nipple piercing was performed within the fashion-conscious affluent classes while male nipple piercing was practiced by the working class fringe, mostly sailors and carnies. While the stylish quickly dropped the practice, those finding significance in the ritual or ornamentation in their lifestyle, carried on the tradition. In the later half of the 20th century, it appears not much has changed.

My usual disclaimer: I am not an anthropologist. From time to time, there will be errors. Please be understanding and forthcoming if you have any information you would like to share.

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¹I am not familiar with the author Pelham or his work.

²A website hosted by Anne Greenblat, <http://www.faqs.org/faqs/bodyart/piercing-faq/historical/>, “Article: Titrings, a bit of History by D.W. Jones,” posting date May, 2000

³*Dreamtime, Concerning the Boundary between Wilderness and Civilization*, by Hans Peter Duerr, 1978, translated by Felicitas Goodman, 1985.

⁴*Dreamtime*, pg 54, original text footnote #62, author K. Weinhold, *Die deutschen Frauen in dem Mittelalter II*, (Wein, 1882), pg. 276

⁵*Dreamtime*, pg 54, original text footnote #63, author M. Garland, *The Changing Face of Beauty*, (London 1957), pg. 71

⁶*Dreamtime*, pg. 55, original text footnote #64, author Eduard Fuchs, *Die Frau in der Karikatur*, (Muchen, 1925), pg. 179.

⁷*Anatomy & Destiny*, Stephen Kern, (New York 1975), pg. 97, original text footnote #8, author Eduard Fuchs, *Illustrierte Sittengeschichte*

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SURFACE PIERCING

By Phish — Slave to the Needle, Seattle

(Editor's Note: The opinions expressed in this article are those of the author and do not necessarily represent the views of the APP. We recognize that piercers use a variety of techniques and we respect piercers' rights to differ, within the bounds of safety and hygiene. Also, for the reason this author stated below, the APP does have standardized care guidelines, available at www.safepiercing.org)

Five years ago if you walked into a piercing studio and asked them to perform a surface piercing you probably would have heard something like, “We don’t do those types of piercings because they have too much of a chance of rejection.”

They may have even quoted some off-the-top-of-their-head statistic like, “Ninety-three percent of all surface piercing reject.” There are even piercers today who will quote arbitrary statistics and say that piercers who do these types of piercings and are reckless hacks.

Fortunately, there are piercers who, despite the negative words of others in the business, decided to push the envelope. It is because of these piercers that surface piercing has evolved into a more acceptable and more

commonly practiced body modification.

The popularity of surface piercing has grown quickly over the last few years. New concepts in jewelry and the understanding of how to properly place them has brought surface piercing to a somewhat mainstream crowd.

In order to get where it is today surface piercing went through an evolution of sorts. In 1992, on a trip to pick up an order of piercing jewelry I saw a man working at the shop with 3 straight barbells running down the back of his neck. Right then and there I knew that I had to have one. Two days later I was back to get my own, and my love of surface piercing started.

The 12 gauge barbell that was put in the back of my neck rejected in about 6 months. That was the event that made me really start searching for a way to make my surface piercing (which I was now talking everyone I knew into) successful.

I shifted from straight barbells to curved barbells, then onto monofilament. None of those seem to work so I tried others material like PTFE and Tygon which yielded much of the same unpredictable results. A few years later I read an article about surface bars which would

change the way I viewed surface piercing all together.

After experimenting with lots of different styles and sizes of surface bars I finally figured out a way to get almost total success with surface piercing.

There are several factors that lead to success in surface piercing. The single most important factor is the jewelry. Without the proper jewelry the piercing is pretty much doomed before you even start. The second is the marking and placement of the piercing(s). After all that, there's the aftercare; proper aftercare is the insurance policy. A properly placed piercing with the perfect jewelry won't last very long with poor aftercare.

THE JEWELRY

It is most important for a surface piercing to have the proper jewelry. This is the foundation upon which the entire piercing is based. The jewelry should be a properly-bent, internally-threaded surface bar, with 90-degree angled legs. There are a few exceptions to the angle of the bend, but usually 90 degrees seems not only to work the best, but it is also the most aesthetically pleasing after the piercing is done. The idea behind a properly bent surface bar is to take away the outward pressure that tends to push the jewelry to the surface. The leg length should be based on the thickness of the layers of skin in the particular area that you are piercing. I use is about 3/32" as an average length.

The balls should be small so as not to put unnecessary weight on the piercing that could cause it to start reject-



ing. Lately, instead of balls I have been using flat disks and having a lot of success with them. They tend to get caught less than balls, and they eliminate the downward pull.

I see a lot of surface piercing being done with tygon. Tygon is a type of flexible surgical tubing that many piercers believe heals surface piercings well based on its pliability. The reason I believe that Tygon doesn't work is because, even though it is flexible, there is still that outward pressure that would be caused by a straight or curved barbell. With as much flack as I catch over this opinion I have yet to see a nicely healed tygon surface piercing that can compare to one healed with a surface bar.

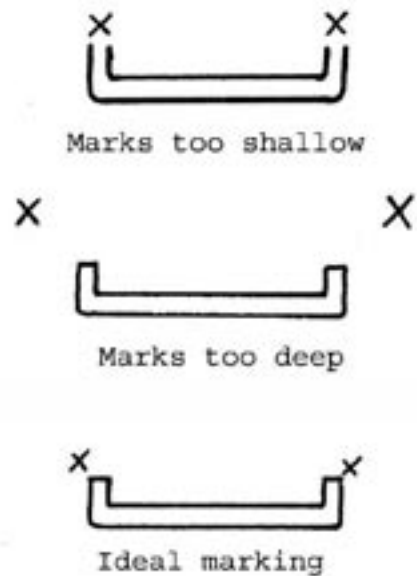
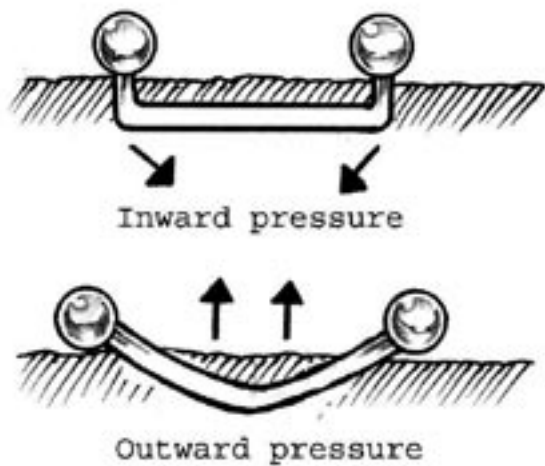
THE PLACEMENT

After you have selected your piece of jewelry it is very important that the jewelry be placed properly in the skin. I see a lot of piercers with the right type of jewelry but placement is too deep, or more often, too shallow. By using a surface bar you are trying not only to eliminate outward pressure, but also to create a slight inward pressure at the center of the jewelry. This does several things. First it pulls the jewelry flush against the skin, which helps hold it in place. Secondly, by creating an inward pressure, the jewelry would have to fight to reject (rather than having to fight not to, which is the case with piercings that are done at improper depths).

In order to get the proper depth and create this inward pressure, the marking of your piercing must be spaced perfectly, and not be too deep, nor too shallow. I suggest marking on the outside of the legs and not directly on top of them which is the common way of doing it. At first glance the marks may seem a little deep, however, this is necessary to create the inward pressure.

If the piercings are too deep, it is going to cause too much pressure and eventually nesting of the beads. If





your beads are nesting more often than not, then you should back off your marks just a little to get more desirable results.

If the piercing is too shallow and you are seeing a lot of extra leg, either your marks need to be a little wider, or you need to reduce your leg length and/or angle. It takes a lot of practice and a little trial and error to figure out what the proper depth should be for each piercing.

THE PIERCING

As far as the actual procedure goes, it can be done numerous different ways. I find it seems to swell very little and sit nicely with a freehand technique. Whatever your technique, you may need to make a few revisions to do this type of piercing with proper jewelry. It also seems to a lot easier if you massage the area with your fingers to loosen up the tissue and separate the layers of skin.

Unfortunately there's only so much that I can share in print, so it is important to have your basic technique down before attempting any of the other things that are described here.

THE AFTERCARE

If you ask 100 different piercers about aftercare you are likely to get at least 50 different answers, if not more. Here's what I suggest to my clients for all piercings, including surface piercing. I recommend sea salt soaks 2-4 times daily using 1/4 teaspoon to a cup (8 oz.) of water. I tell my clients to stay away from antibacterial soaps and BZK products for various reasons. When soaking try to stay away from cotton products as they can cause problems with your piercing.

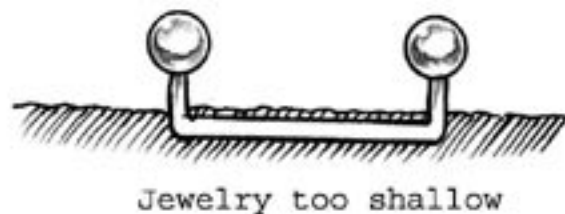
IN CONCLUSION

It is very difficult to teach something to someone who isn't standing right in front of me, let alone not having spent an entire apprenticeship with me. Surface piercings are never cut and dry. There are always many variables and each one has to be dealt with in a different way. I see

a lot of surface work that is being done by new piercers who should be concentrating on mastering the basics first.

Advanced piercing really should be left to those who have taken the time and energy to learn everything about them. I'm not saying that these are piercings that shouldn't be or can't be done; I'm merely reminding you that you should walk before you run. If you are really interested in doing these types of piercings and you feel like you have developed your skill level, you should contact someone experienced who can provide some one-on-one training.

Happy piercing!



CLASSIFIED ADS

Dedicated 21-year-old Maine native, willing and able to travel anywhere for an apprenticeship. I take the business very seriously, and look forward to returning to Maine to open my own studio eventually.

I have one year of experience in producing hand crafted body jewelry for a piercing studio (Miraculous Creations) and a lot of exposure to professional piercing, though no actual piercing training as yet.

Matthew McAfee
24 Harlow Street Apt. G
Bangor, ME 04401
207-945-5474
nu_tunes@yahoo.com

Cold Steel America is a fun and professional piercing and tattoo studio, with two locations in San Francisco, CA

Currently we are looking for a fully trained Body Piercer. Please send a VHS video recording of yourself performing at least 2 piercings, starting from set-up through clean-up, including full aftercare, along with any resume, portfolio and references. For the right person there is definite opportunity for advancement. Sorry we are not hiring apprentices at this time.

We are looking for individuals with an open and friendly demeanor who want to live in San Francisco. Individuals must be professional, punctual, self-sufficient, responsible, comfortable with diverse cultures and have good communication skills.

Please address questions to Tam Sherman (415) 621-7233. If she is not available, please tell the Counterperson that the call is regarding possible employment.

Mail to: Cold Steel America
Attn: Tam
2377 Market St
San Francisco, CA 94114

Now Hear This!

The APP now has a Job Board on our web site!
See it at: www.safepiercing.org

You can find the following categories there in which to post or answer an ad.

- Apprentices seeking Apprenticeships
- Experienced Piercers seeking Employment
- Studios seeing Experienced Piercers
- Studios seeking Apprentice Piercers

TRANSITIONS



Remembering Sharon Nickle

Sharon Nickle, in her late twenties, voluntarily passed into the unseen world in June of 2002. She was one of us: a devoted body modifier, Master Piercer and spiritual seeker in the Sufi tradition.

I first met Sharon after she moved from Houston, Texas in the mid 90's to attend the Fakir piercing school and settle in the San Francisco area to do professional body piercing in Santa Cruz. Sharon was a remarkable woman. She was super intelligent, bold and experimental. As a protege of Erik Dakota, Sharon did pioneering work in the development of many original body piercings and piercing techniques. A corset devotee, she also reduced her waist from 27" to 17" in a mere ten month period.

Sharon wanted to become a medical doctor, studied medical texts and contributed valuable information to professional body piercing manuals. For a number of years, Sharon was an instructor at Fakir Intensives and later toured as Aziza with the Torture King Show. At the time of her passing, Sharon was piercing at Anubis Warpis in San Francisco, was studying Arabic and planned on finding "peace" at the Sufi mosque in Marin County, California. We miss you Sharon and wish you well on your journey.

— Fakir

NOMAD

Precision Body Adornment & Tribal Art Museum

Bend, Oregon



In 1988, Blake Perlingieri was piercing his friends in San Diego using needles and barbells purchased from Gauntlet, Los Angeles. Professionally, Blake began his career as a piercer at San Francisco's Body Manipulations in 1990. In 1993 Blake and Kristian White (formerly of Los Angeles Gauntlet) collaborated and conceived of Nomad, the first tribal studio in the nation.

Nomad has been profiled in early piercing publications including *PFIQ*, *Quest for Human Beauty*, *Body Play*, *In The Flesh*, and *Tattoo Savage*. It has appeared on television features including CNN, HBO, MTV, Discovery Channel, and National Geographic

Explorer. This placed Nomad amongst the most recognized of piercing studios.

Nomad was an APP original founding member studio along with Gauntlet, Body Manipulations, Venus, Obscurities, and Primeval Body. In 1995, Nomad opened Australia's first piercing studio, Nomad, Melbourne. Today Polymorph continues in its place.

In 1996 Blake relocated to New York to operate Venus Modern Body Arts with Maria Tashjian. In 1998 Blake returned to the West Coast to re-open the new Nomad Museum in Bend, Oregon.

In 2000, Nomad was featured in *Body Play #19*, the last printed issue

of the legendary publication.

Now, in 2003, Nomad nears its 10 year anniversary and Blake is still preaching the tribal gospel. Blake also teaches anthropology at the Nomad museum, which houses one of the world's most extensive traditional jewelry collections. This is accentuated by a collection of tribal art, totem poles, and carvings that have been in Blake's family for over a hundred years.

I met Blake in New York in 1996 at Venus; we shared stories and our love for traditional jewelry and anthropology. We began to correspond until I visited the Nomad Museum in Bend, in 2001; Blake's collection had

Opposite: The Front Counter
Right: New Guinea Display
Below: The Museum



Below: Mike & Blake



doubled in size and was displayed in a beautiful state-recognized museum, which was also a state-of-the-art piercing studio. I spent three days walking through, taking in the beauty and enjoying the commitment that Blake has put into his collection and his piercing studio.

I took the opportunity to get pierced and was overwhelmed with his precision and speed, and the spiritual awareness surrounding my piercing.

Growing up in the piercing community, there are a few piercers that stick out for setting a trend and continuing to set the pace. Blake is one of those people, with his love for indigenous peoples and their traditions. He continues to pave the path for young piercing and stretching enthusiasts, and piercers alike.

If you ever visit the Northwest it would be worth your time to make it to Bend, Oregon. The original Nomad has finally grown roots with Blake's beautiful wife Leah, and his daughter Maya Grace.

— Alicia Cardenas
Twisted Sol, Denver

Smallpox Vaccine Issues

According to the CDC, healthcare workers who have received the Smallpox vaccine do not need to be placed on leave or refrain from patient contact after vaccination. The smallpox vaccine does not produce any airborne particles and should not pose a risk to anyone not in intimate contact with the vaccinee. However, the vaccinia virus will remain active on the surface skin of the entry site, and should remain covered with gauze until the scab falls off on its own (2–3 weeks). Those engaging in intimate contact with a vaccinee will need to take appropriate precautions. This should not affect our industry provided:

- 1) Every piercer uses universal precautions and disposes of all contaminated equipment, including gauze, properly;
- 2) Piercers do not handle the clothing or personal items of a vaccinated client if there may have been contact with the vaccine site;
- 3) The client does not handle the vaccine site and uses proper hand washing protocol;
- 4) The client does not attempt to have the vaccine site pierced during the healing period.

Piercers should also beware of any skin on a recently vaccinated client with a visible rash, or of clients with swollen or irritated eyes. Both of these conditions indicate possible self-contamination of other body areas.

As for the three week waiting period we heard cited in one city, there is no CDC requirement or recommendation for mandatory leave from patient contact after vaccination of a health care worker. However, individual states, cities, counties, hospitals and clinics are free to designate their own protocol on this issue. Therefore, piercers should check with local health officials if they believe there is an enforced leave policy in their area.

From the CDC site: “The main concern for people who have close, physical contact with someone who has gotten the vaccine is that the vaccinia virus can be spread from the vaccination site, causing rash (mild to severe), fever, and head and body aches. Vaccinia is spread by touching a vaccination site before it has healed or by touching bandages, clothing, or other material contaminated with live virus from the vaccination site and then touching another part of the body or touching someone else. The vaccination site often becomes itchy, which may lead to scratching, rubbing, or touching the site.

“In the past, when vaccinated persons spread vaccinia to other parts of their body, it often was to their eyes or their genitals. Vaccinated persons also can spread vaccinia to other individuals. In the past, this was reported to occur between 20 and 60 times out of 1 million people vaccinated for the first time and often involved children. Most of the time, this took place in situations of close

contact, such as happens in a household, or in similar situations involving close physical contact where careful hand hygiene and site care may not be followed.”

Further information is available at www.bt.cdc.gov. Click on “smallpox.”

— Megg Mass

Editor’s Note: This information was confirmed by Brian Halpern, RN BSN CCRN, Nurse Manager, American Medical Response, Infection Control Officer

Female Nipple Piercing — continued from page 7

vom Mittelalter bis zur Gegenwart, Ergänzungsband, (Munich 1912) pg. 68. Fuchs refers to an original article in *Geschlecht und Gesellschaft*, Bd. II, Heft. 3.

⁸From the website hosted by Anne Greenblat, <http://www.faqs.org/faqs/bodyart/piercing-faq/historical/>, “Article: Titrings, a bit of History by D.W. Jones,” posting date May, 2000

⁹Unfortunately no magazine title is given! Could this also be the elusive *Society* magazine?

¹⁰*The Golden Age of Erotica*. Hurwood. 1965. pg. 305-306.

¹¹“Those Little Perforations.” Tim Healey, Radiologist. Article in *World Medicine* November 15, 1978.

¹²Guinness has since changed the category to Smallest Waist on a Living Person. So unfortunately, Ethel has been displaced by a living, though larger, waist!

¹³*Piercing Fans International Quarterly(PFIQ)*, Issue#15, Interview by Fakir Musafar, Editor Jim Ward (photos of E. Granger also appearing in issue #'s 3, 7 and 8)

Gold Jewelry — continued from page 5

imagine. You are not limited to the standard machine-shop products that must conform to the limitations of metals such as stainless steel or titanium. Gold can be used in conjunction with these metals to add interest such as gem ends for curved barbells. In the event the gold does discolor, using non-abrasive toothpaste on a soft cloth or soft toothbrush works very well to bring back the shine.

Resources:

<http://aic.stanford.edu/treasures/metals> — “Caring for your metal objects.”

<http://www.simplywhispers.com> — “Excerpts from Academy of Dermatology news releases.”

<http://www.ambient.on.ca/bodmod/nickel> — “On Nickel” also see (/allergy) “Q and A on sensitivity to metals.”

<http://antoine.fsu.umd.edu/chem/senese/101/misc/faq/gold-spots> — “General chemistry online, gold darkening the skin.”

<http://www.hooverandstrong.com/asktorry/chemical> — “Do chemicals affect your gold?”

James Green is the owner of Clayton Limited Editions a manufacturer of gold body piercing jewelry. James has been in the jewelry business for 28 years. He is the former Gauntlet gold manufacturing manager and has been producing gold body jewelry for 8 years. You can reach James at www.claytonlimited.com

CONTINUING EDUCATION

We are often asked where additional training can be obtained that is applicable to the field of Body Piercing. This is a web site that specializes in continuing education for nurses, however some of the courses appear to be relevant to the field of body piercing.

I have not taken any of the courses personally, but in my brief introduction to the web site, some of the titles struck me as potentially useful information for the conscientious, professional piercer.

The Free Directory of Online Continuing Education for Nurses: <http://www.nurseceu.com>

Some of the titles found on their web site are listed below:

- Care and Maintenance of Surgical Instruments
- Cost of Sterilization: Process Cost Reduction
- Creutzfeldt-Jakob Disease
- Decontaminating the Indestructible Prion
- Drug Resistant Microorganisms
- Gluteraldehyde: The High Level Disinfectant of Choice
- Reuse of Single-Use Medical Devices

The courses started for as little as \$15.00 each. If you happen to be a nurse, they count for .2 CEU (Continuing Education Unit credits).

If anyone takes a course from this site, and you have some feedback about whether it would be useful for other piercers or not, please let us know.

— *Elayne Angel*

ADVERTISING IN THE YELLOW PAGES

The Yellow Pages is probably one of the most frequently utilized mediums that body piercing studios use to market their businesses. There is also a common misconception that if you want to be the best studio in town you must have the largest ad in the phonebook. While having a presence in the Yellow Pages is an important part of marketing your business, careful consideration should be given to how many of your marketing dollars you spend there.

In order to determine the effectiveness of this type of advertising, it will help to find out how many of your clients are finding you as a result of the Yellow Pages now. There are a few ways to go about this. You could ask how your clients heard about you on your release forms, or you could ask them verbally and keep track on a checklist behind your counter. I like the idea of having a drawing for a free gift certificate every month, and have clients fill out a survey to register for it. This is a good way to find out other things as well, such as what radio stations, TV shows and magazines are they interested in. If a large percentage of your business is coming from the Yellow Pages, by all means, keep it up! If, on the other hand, the Yellow Pages are hardly mentioned on your surveys, there may be better places to spend some of that advertising budget.

Things the Yellow Pages ad rep isn't likely to tell you:

- Word of mouth is quite likely the way you gain the most clients. If people know your business' name, they will often look it up in the business (white) pages.
- When looking in the Yellow Pages, people are more likely to gravitate towards a name that they recognize, rather than the largest ad.
- Many people who use the yellow pages are price shopping. If you are the cheapest business in town, the Yellow Pages might get you a lot of new customers. If

your prices are the highest in town, you will need to consider how to win over the customers that are price shopping. You will have to be extra friendly, exceptionally professional, and educate callers on what to look for when shopping around (besides price). There will always be callers who care only about your prices, but there are some who simply don't realize that their extra dollars are paying for experience, safety and exceptional service.

- When marketing your business, you are not only competing with your competitors. You are competing for the expendable income people have. If Spring Break is coming up, Flo Schmoie may get her navel pierced (rather unwisely, true), or she may buy a new Calvin Klein bathing suit, depending upon which idea comes into her conscious mind first. People who go to the phone book already have body piercing on their mind. If you want to be thought of before swimwear (or sporting goods... or stereo equipment...), you will need to find another medium.

Choosing a size:

When deciding what size ad you will purchase in the yellow pages, there are a few things to consider. For example, what size ad can you afford? How many clients will you have to bring in from this ad to make up for its cost? Are there other advertising mediums that could bring more sales for the same amount of money? If you have a slow year, will you be able to pay for this ad (unlike other forms of advertising, you are pretty much committed with this one).

Another thing to consider is what your competitors are doing. If the largest ad under "Body Piercing" in your phone book is 2 inches big, you probably don't need a full-page ad to get noticed.

— *continued on page 20*

CALL FOR STATISTICS

According to a recent Yahoo.com/news story, “research has revealed a 45 percent infection rate from navel piercing.”

MSN Health reported “One in 10 will have a bleeding complication. One in 15 will have a large scar or reaction at the site. There’s also the possibility of toxic shock syndrome.”

For those of us in the industry, ill-conceived statistics like these run the gamut from comic to infuriating. Most of us assume they are yet another attempt on the part of uneducated researchers and the alarmist media to hype a public interest story with gore appeal. And, after the occasional futile attempt to set the local paper straight, most of us give up trying to educate newsmongers and concentrate instead on our customers. After all, apart from their absolute rarity in our practice, we don’t actually know the exact statistics on navel infections or “major complications” from tongue piercing.

But what we don’t know can hurt us. While we are tackling the daily business of making our shops and our procedures as clean and safe as possible, those who do not know our industry are collecting numbers. Some of them are actively trying to cause trouble; others are simply misdirected and looking to study the “phenomenon” of body art. In both cases, we are the ones who stand to lose.

The problem is that, apart from a few brave and open-minded individualists, doctors, dentists and healthcare workers do not listen to us. Until proven otherwise, we are the health risk. Instead, they read scholarly (and popular) articles. In fact, some studies have shown that the average overworked doctor in the HMO system rarely does any research after completing medical school. The findings they do read or hear about then take on an exaggerated truth value, at least until disproven by the next round of published research.

The articles doctors are reading quote university studies and numerous statistics. Whether or not the statistics and the methods used to collect them are valid is seldom questioned. Indeed, even in high profile medical research, study results are only investigated when another highly funded study comes along to reexamine and debunk them. Many doctors decide their approach toward body art based upon what little they have read and, often, how they already feel.

Legislators also read these articles. And they listen to doctors. Ultimately, it is they who will be deciding the fate of our industry. When legislators are being pressured by doctors to outlaw oral or genital piercing, for instance, they want to know the facts. They need to know exactly how many piercings are performed and their rates of complication. How many are done? How many get infected? With which bacteria? What treatment is required and what are the outcomes? If the only numbers available to them are those of a local doctor who has seen only four patients with piercings, all of whom came in because of

serious problems, obviously their opinions will be swayed against us. The data support that conclusion.

So what can we do? Actually, that’s easy. We need to start counting. We are the largest organization of piercers and studios in the world. What better group to gather data on body piercing? We see clients all day, every day, and we participate in their care from initial consultation through full healing. We need to keep track.

Many of you are thinking that you haven’t got time to be involved in a project like this, particularly given all the other paperwork required in our shops. But the process need not be complicated. We can use whatever statistics you can collect. It can be as simple as keeping track of how many piercings your shop does in a month, or six months. You could track how many of these were women versus men, what their age range was, and even their apparent race/ethnicity. Or you could check your daily log book or release forms to see how many navels, nostrils or tongues you do in the average week.

And absolutely, you can keep track of how many “adverse events” report to your shop. These would be cases of infection, hypertrophic scarring, embedding, tearing, numbness, and other complications. In some places this is already required by law. If you are already using a form to log adverse events as they happen, you need only to count them up by category and send us the total.

Not only would the gathering of these statistics help our collective cause immeasurably, but you may find them helpful in your business approach. You might discover that your clientele are not who you thought they were. When we compared gender numbers at Infinite, we were surprised to see that our clientele was 80% women. We knew we saw more women than men, but we thought they were roughly equal. Like many of you, we also noticed widespread piercing in the Black and Hispanic communities, which I’ve yet to see mentioned in the press. And we’ve definitely seen the much-heralded rise in middle-aged soccer mom piercing.

Collecting these numbers need not be tedious. It can be a once a month slow-day job. Or something for the counterperson who is peopled-out and wants to hang out in the back room. Heck, it can even be a punishment for the person who mouthed off to a client. There are plenty of ways to get the goods. Again, any amount of information on any topic is more than we have now. We only ask that you be consistent with whatever you begin tracking, and that you explain what it was and how you gathered the info, so we can file it appropriately. The form on the facing page should help.

So number crunching can actually be good for us. If we begin to collect our own stats, we will have verifiable ammunition with which to counter off-base studies. We will have numbers to present to legislators to underline

the credibility of our industry. We will be able to hand the news magazine reporters proof to back up our first-hand experience of the shifting trends in American body art. And we may also be able to target advertising and

marketing approaches more specifically to our actual demographics. In any case, it's time to stand up and count. If we don't do it, someone else will.

— *Megg Mass*

Statistics Log Sheet

Please fill in the Basic Info first so we can use your numbers. Then collect numbers on any or all of the topics, or something else that strikes you. The important thing is to be consistent about whatever you choose to count.

Basic Info (Necessary):

City _____ State _____

Number of Piercers _____

Total Piercings per Week _____ per Month _____

Specifics:

Number of Piercings per Week or Month (Specify): _____

Facial: _____ Ear: _____

Tongue: _____ Other Oral: _____

Male Nipple: _____ Female Nipple: _____

Navel: _____

Male Genital: _____ Female Genital: _____

Other (specify): _____

Percentage of Clients Who Are:

(To get a percentage, divide the number of, say, female piercees by the total number of piercees)

Male: _____ Female: _____

White: _____ African American: _____

Hispanic: _____ Asian: _____ Other: _____

Age: 16–18: _____ 19–25: _____ 26–35: _____ 36–49: _____ over 50 : _____

Number of Complications (per Week, Month or Ever — Specify):

This includes both your own clients and those that come in with problems from elsewhere.

Please be honest. We are trying to get accurate counts.

Total Infections

Navel Infections: _____ Tongue Infections: _____

Genital Infections: _____ Nostril and Ear Infections: _____

Total Infections: _____

Excessive Scar Tissue

Navel: _____ Ear Cartilage: _____ Tongue: _____

Excessive Bleeding (more than 24 hours): _____

Tongue: _____ Other: _____

Other Problems: (embedding, tearing, etc., specify):

Complications Requiring Medical Attention

Please give details (use additional sheets as necessary).

Gave Him "The Gay"

It was a typical Saturday night. We had been very busy all day and I was tired. My last piercing of the day was an earlobe on a gentleman in his mid forties. He was with his wife and daughter. When he came into the piercing room, he let me know that he was not gay. He also wanted me to pierce the ear that signified to others that he was not gay. I let the client know that there was no longer any social significance associated with ear piercing, and that either ear would be fine. After some discussion with his family, he decided on his left ear. Being the tired piercer that I was, I went to my left instead of his. I cleaned the area, marked placement, and placed a ring on his ear so he could preview what it would look like. I finally pierced him and he left a happy customer.

A couple of days later, we received a call from a very angry man. He said that I had given him "The GAY!"

He was screaming it over and over. Apparently his co workers had been teasing him, telling him that he was, in fact, a full-fledged fag and there was nothing he could do. The funny thing is that he really believed them! Maybe there are some other issues going on there?

Right away we offered to remove the ring and pierce the other side for free and apologized profusely. This guy was having none of it. He said that I was an angry lesbian that hated men and that I had made him gay on purpose. How was he going to go on living his life? I had given him "The Gay..."

— Michelle McClellan
Salt Lake City, UT

Be Careful What You Ask For

These are some fun requests for piercings we've been asked to perform:

| They mean: | They ask for: |
|----------------|--|
| Guiche | quiche, "gweechee" |
| Septum | speculum, sternum, sputum |
| Eyebrow | eyeball, eye, eyelash |
| Labret | chin |
| Tragus | trachea |
| Female genital | click, clint, Lybia, nirobium, geritol, "cookie," "flower" |
| Prince Albert | Prince Charles, Prince Edward |
| Ear cartilage | cartridge |

— Rings of Desire
New Orleans, LA



The Accidental Ampallang

This happened to my piercer, Jen Dunham at Gauntlet in Los Angeles many years ago:

A gentleman in his 30's came and without hesitation he requested an Ampallang. He filled out his release form and picked out the gauge and size of balls for it.

Jen cleaned and marked for the piercing and then asked the customer to look at the placement for his approval. He replied that he trusted her and didn't need to look. She said she really wanted him to see where it was going to be, but he didn't want to look. They went back and forth this way for a little while and she almost went ahead and just did the piercing. He finally agreed to look at the marks then exclaimed, "OH, NO! I don't want it THERE. I want it here (pointing to where a Frenum goes). Ooh, that was a close one.

After hearing that story I ALWAYS insist that my clients see the marks before I pierce them.

— Elayne Angel
Rings of Desire
New Orleans

PRODUCT REVIEWS:



J-Bars (or J-Curves)

This is one of the few new jewelry designs I've seen in recent years that is practical, comfortable and functional. As the name implies, the post of this specialty barbell resembles the letter "J" which does serve a purpose.

They are designed to wear in vertical piercings, specifically in navels.

When in place in a navel they look exactly like a traditionally shaped "El-Bar" (also called "Bent Bar" or "Banana Bar"). There are several particularly positive attributes to this style:

Visibility

When using the J-Bar with traditional back-threaded gemstones (threads on the back of the stone setting) the gems will both face forward, being highly visible when the jewelry is placed in a navel piercing. If two back-threaded gemstones are worn on a traditional "El-Bar" then the bottom stone faces downward and cannot be seen well, if at all.

Versatility

Unlike a Jeweled Navel Curve in which the bottom gemstone is permanently affixed to the bar, these allow for the changing of both threaded ends. A customer can purchase two (or more) gemstones or other threaded ends, and interchange both ends at will, even during the healing period. So, the new style provides for a maximum of versatility that is notably absent in the Jeweled Navel Curve.

To see both stones on a Jeweled Navel Curve in a navel piercing, the underside must be pierced fairly close to the edge of the bottom of the navel. If the bottom of the piercing is seated back from the edge, then the bottom stone will be hidden inside the navel. Starting new piercings with Jeweled Navel curves results in piercings that are placed shallower than would be desirable for wearing a ring on other occasions. But, when putting a J-Curve (as compared to a Jeweled Navel Curve) in a navel piercing, if the bottom is placed somewhat deeper into the underside of the navel the stones will both show. The advantage is that if this piercee should later desire to wear ring-style jewelry, it will hug the body more and a ring will not stick out as far.

Inventory Reduction

If you stock the J-bar posts and separate threaded gem-

stone ends, this will result in many more possible combinations of jewelry than with the Jeweled Navel Curves. Because on Jeweled Navel Curves the bottom gem is attached, they have to be stocked in each post length AND in each gemstone color. This necessitates carrying MANY more pieces of stock to maintain the same quantity of options.

Safety

On the J-Curve style there is a little extra room on the post (which is good for cleaning and circulation during healing) without being awkward or irritating.

To insert one in a new piercing, it is easier to do the jewelry transfer from the bottom up. This allows the leading end of the jewelry being inserted to be the long part of the "J" shape. This is more comfortable for the piercee than the sharp angle bend of the other end of the bar.

All in all, they are a very useful, versatile style of jewelry and I am happy to provide them in my studio.

— Elayne Angel

Rings of Desire, New Orleans

H2Ocean

Product

Since their formulation, the APP Aftercare Guidelines (released in January of 2000, due for review and revision June, 2003) have included warm saline soaks (1/4 tsp. non-iodized Sea Salt per 8 oz. warm water). Home mixing has been suggested due to the limited availability of prepared sterile saline solution for non-medical personnel. Since the initial care guidelines were produced, a number of saline products have hit the market. H2Ocean is one such product.

Contents:

H2Ocean literature lists ingredients as: Reverse Osmosis Water, Lysozyme, derived from egg whites is a protective enzyme found in human tears and mucus. Particularly effective against gram-positive bacteria, this ingredient is also widely used as a food preservative. And Coral Reef Sea Salt. The benefits and uses of salt, and in particular of Sea Salt (vs. refined Sodium Chloride) have been well-researched and documented by the company. The exact ratio of salt to water is not listed on the product or product literature. The exact mixture is considered by the company to be a trade secret. (Though a .9% sterile isotonic solution is widely accepted in the health care community for medical use).

Packaging:

This product was originally packaged in a non-aerosol, plastic, air pump bottle. These white containers are no

— continued on page 20

Yellow Pages Advertising — *continued from page 15*

Designing your ad:

Some of us (OK, some of you) are amazing layout artists and can design ads with ease. If you are not artistically inclined in this way (or don't work with anyone who is), I highly suggest hiring a professional to design your ad for you. Sure the phone company will do it for free, but in my experience, they don't put much time or thought into it. I want the professionalism of my business to be reflected in my ad.

There are some experts who say that the name of your business isn't as important as showcasing what potential clients are looking for that your competitors may not offer. I only partly agree with this. I think the name of your studio is important (especially if you are using other forms of advertising to keep that "top-of-the-mind awareness"), but I do agree that you should try to highlight some aspects of your business that may not appear in other ads. Look in your phone book. I'll bet every shop in town offers "hospital sterilization." So, what do you offer that's different?

This is probably a good time to mention that people seldom read the Yellow Pages like a novel. If you clutter your ad with too much information, it may get skipped

over for one that has less going on (and is therefore easier to read).

If you are going to use pictures, choose them carefully. The resolution is not going to be the greatest here, so close-up pictures are obviously better. Most importantly, make sure the picture you use reflects the image you want to portray. A picture of your suspension is not likely to attract the conservative mother who has just been talked into allowing her 17-year-old daughter to get her tragus pierced.

Plan Ahead!

I know... it's only June, but believe me, your Yellow Pages ad rep will be calling on you for next year's ad before you know it. I take out a display ad in the Yellow Pages every year, but after surveying many clients, I have found that the percentage of sales the Yellow Pages brings us has stayed about the same regardless of ad size. Depending upon how many studios are in your area, you may or may not find this to be the case. Do your own research, and make an educated decision about your advertising this year.

— *Crystal Sims*
Evolution Body Piercing,
New Mexico

Product Reviews — *continued from page 19*

longer in production, but are still in circulation. The manufacturer estimates the shelf life of the product, unused in this packaging to be one to three years. Once opened and the pump initially used, the shelf-life is uncertain, as the product inside of the container will then be exposed to airborne contaminants.

The product currently in production is packaged using a "bag in can" delivery system. The outer container (dark blue) is metal containing a pressurized bag filled with the product. Delivery system is still non-aerosol but without return airflow into the product. This system should significantly extend the shelf life and safety of H2Ocean.

Packaging and shipping environmental controls are well documented by the company.

Labeling:

This product initially came to the attention of the APP due to verbiage on packaging and literature stating: "Purified Ocean Salt Water is approved by the A.P.P. and is the only aftercare product that is safe for all skin types." This statement clearly implies APP endorsement for this specific product. Upon our request, the verbiage has been changed on bottles currently in production. However, an extensive advertising campaign has been launched by the company using literature that still contains the original wording, which was not approved by the APP.

To Clarify:

The APP does not endorse any specific product. A mild sea salt water soak with 1/4 tsp. of non iodized sea salt to 8 oz. of warm water, or with normal saline (.9% sterile isotonic solution) is, however, a part of our aftercare suggestions. Actually soaking the piercing is needed, as the reverse-osmosis draining effect will not take place from merely spraying a product; submersion is required.

Aftercare suggestions:

The company has expressed an interest in assisting the APP in "educating studios and consumers worldwide about piercing aftercare." While we certainly appreciate assistance in the dissemination of piercing-related information, the company's aftercare suggestions do not specifically reflect the APP Aftercare Guidelines.

Additional information:

The company is currently seeking FDA approval for this product.

When used as directed, a bottle is expected to last a piercee approximately two weeks.

H2Ocean will be vending at the upcoming Las Vegas Conference. Eddie Kolos, the company representative will be available for questions at that time.

— *Bethra Szumski*
Virtue & Vice, Atlanta

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Berber tribe of northern Algeria, and some unidentified Native American tribe from what is now Texas similarly adorned themselves.

Stories have circulated for years about sailors who got nipple piercings the first time they crossed the equator. This at least has been confirmed by men who were actually in the navy.

Based on his observation of a Baroque statue in Versailles, Doug claimed that Roman Centurions wore their short capes attached to nipple rings. While the image is certainly romantic, the reality suggests that such a dress code would be risky to the wearer. When Doug showed me a snapshot he had taken of this statue I pointed out to him the fact that in actuality the capes were probably attached to rings in a metal breast plate sculpted to resemble a muscular male chest. After a momentary pause he replied, “Well, it makes a good story.”

Doug believed in reincarnation and said he remembered a past life as a member of ancient Egyptian royalty and claimed that navel piercings were worn by the nobility and denied to commoners. As proof he offered a photograph of a Pharaonic statue in which he insisted he could perceive an indentation above the navel that was a piercing. Try as I might, I was unable to see it. Since the days of Napoleon an abundance of research has been done into the life of the ancient Egyptians, but to date I have never found any reference to navel piercing being practiced by these people.

Of the male genital piercings, one of the most common and sensuous is the Prince Albert, also called, according to Doug, a Dressing Ring by Victorian haberdashers. As he told the story the piercing was supposed to have been devised by Beau Brummell (1778–1840), a famous dandy and fashion trendsetter of the early 1800s. The purpose of the piercing was allegedly to strap the penis tight against the leg, thus minimizing any “unsightly” bulge in the extremely tight trousers popular at the time. The story goes that Prince Albert had such a piercing which served the additional purpose of keeping his foreskin retracted and thus, to quote Doug, “keeping his member sweet-smelling so as not to offend the Queen.”

All my efforts to produce actual documentation of this piercing have been fruitless. Some years ago I met a British costume designer whom I asked about this custom. Though he was well acquainted with the dress of the period, he said he had never heard of such a thing being done.

Doug wrote an article on this piercing for an early issue of Piercing Fans International Quarterly (PFIQ). In it he made some extravagant, undocumented claims:

- The piercing was popular in New York until the outbreak of the Civil War.
- Male Russian ballet dancers, including Nijinsky, used the piercing to minimize their endowment while on stage.

- The sole costume of the male dancers in a nude Parisian revue that toured the burlesque houses of the early 1900s was a fig leaf which was secured to a PA.

- An unnamed Mr. Universe titlist attached a weight to his Prince Albert in order to stretch and enlarge his penis.
- Fondling your PA can help you lose weight or stop smoking.

I first met Doug in the summer of 1975. At the time he had just published a lurid little “autobiography” entitled *The Adventures of a Piercing Freak*. In it he described how he’d obtained his own Prince Albert during summer break while he was in college studying marine biology. He discovered that the divers he was working with had had Prince Alberts installed to which they attached a rubber hose that would conduct their urine outside their primitive wet suits and thus allow them to remain in the water for a longer period of time. Of course Doug couldn’t wait to follow their lead and soon had a Prince Albert of his own.

Doug claimed the frenum piercing was of European origin and could be used to enhance or prohibit sex. Supposedly a device called a Franey cage could be locked over the penis using a frenum piercing on one end and a second piercing (which has acquired the name “Lorum” or lower frenum, a piercing at the base of the penis) on the other. With only a drawing as a guide, we did some experimentation in order to recreate one, however, wearing it for any length of time proved impossible.

Doing a little free associating on the word “gizmo,” and with the trade names Kodak and Muzak bouncing around in his consciousness, Doug coined the name for the dydoe piercing. There is a good possibility that he also invented it. Although he credits a couple of nameless Jewish medical students who wished to recover some of the sensation which they felt they had lost through circumcision, once again all efforts to document his claims have proven futile.

In the opinion of piercer Paul King, the ampallang and apadravya are in fact the same piercings and that vertical or horizontal placement was a matter of personal choice. The ampallang is the most extensively documented of all exotic body piercings and was frequently shown as horizontal. The apadravya is referenced only in the *Kama Sutra*, and there is no mention of its orientation. Whether out of ignorance or whim, Doug chose to differentiate the two based on the direction of their placement, a choice that has become the standard definitions of these piercings.

The scrotum is another area which is sometimes chosen as a piercing site. Doug claimed that in some Arabic cultures—he mentioned Kuwait—the scrotums of boys were pierced when they reach puberty. The piercing was said to be done as a rite of passage and was called a “Hafada.” It was placed relatively high on the side of the scrotum near the base of the penis and was allegedly done to prevent

the testes from reascending. Again no documentation has been found to substantiate this practice.

Another unauthenticated piercing is the guiche (pronounced "geesh"), said to be indigenous to the South Pacific, primarily Tahiti. According to Doug the piercing was performed by a transvestite shaman called a Mahu as part of a puberty rite. Supposedly the piercing was done by making a slit with a knife and inserting a thong of raw pigskin. Once the piercing healed, bangles would be attached which would bang pleasantly against the back of the scrotum when the man walked naked.

According to Doug, in ancient Greece and Rome it was common to pierce the foreskins of male slaves and insert a locking device called a fibula. The practice was thus called infibulation. How widespread the practice actually was, I don't know. There is evidence that the practice was done to young singers and actors to postpone the onset of puberty and to athletes to enhance performance.

Women too have been infibulated by piercing the labia and inserting some kind of locking device. This is said to have been done in many locales Ethiopia, Rome, Indian and Persia, to name a few. The purpose, of course, was to assure that the woman didn't dally with a man other than her husband, or, in the case of slaves, a man not approved by her owner.

In my possession are two rare documents which Doug

left me which substantiate the practice of infibulation. One is a small booklet from 1947 entitled Chastity Safeguards by A. F. Niemoeller. The other, even rarer, is a photocopy of Male Infibulation by Eric John Dingwall, copyright 1925. These at least tell us that Doug was on solid footing.

Aside from labia piercings as a means of infibulation there is scant information on their use as aids to sensual enhancement. Interestingly, I don't remember Doug's having much to say on female genital piercings, including clitoris piercings. Off hand I don't even remember ever hearing him mention clit hood piercings. Since his wife wasn't interested in piercing, he didn't have, to the best of my knowledge, any woman to experiment on. Perhaps that would explain why he had so little to say on the subject.




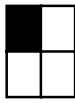
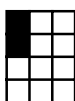
I think that Doug would be amazed not only at the tremendous popularity of piercing today, but at which piercings have become wildly popular and at the number of "new" piercings that have been "invented" over the last number of years. He was aware of tongue and labret piercings, but like all those above the neck, they held no more than a casual interest for him.

Doug was an amazing man. We owe him a tremendous debt, for, had it not been for him, our world of piercing might well have been a lot less colorful. Thanks, Doug! You changed our lives.

ATTENTION Manufacturers & Businesses

The Point is a quarterly newsletter. It is the only newsletter dedicated to the piercing industry. We print 2500 copies of each issue, have a direct mailing list of over 2000, which consist mainly of piercing, tattoo studios and health departments. The newsletters are also distributed to potential members or anyone who is interested. With the new 3-hole-punch format, it will continue to be a viable resource and should be part of your advertising budget. The POINT can also be viewed as PDF files on our website, increasing the visibility of your company. Nowhere else can you hit the specialized piercing market.

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| Inside Back Cover | | | \$400 | \$350 |
| Full Page | | | \$350 | \$325 |
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| Half Page—horizontal |  | 7.25" X 4.75"H | \$200 | \$180 |
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