

# Prologue

The punishment: the chopping off of my balls, a literal castration. The crime: none, at least none I am aware of. I am not a rapist, let alone a serial rapist. I am not a pedophile. I am not a sex addict. Yes, I do enjoy sex. I am not the greatest lover but I am not the worst. I am good enough.

It is December 1989 and this self-appointed executioner of my love life is talking to me over the phone from New York City. I am in Washington, DC. He is telling me what any self-respecting man would dread to hear: “You need to have your testicles removed. It will save your life. You will die a quick and painful death if you do not undergo a castration.” But, wait—what about my very essence, my very spirit as a man, as a human being? Is this a new concept -- cut off your balls to save your face?

Your testicles or your life. Not unlike the choice given to Jack Benny by a mugger. “Your money or your life,” shouted the mugger to the notoriously cheapskate comedian. Benny stood there paralyzed, unable to choose. Likewise my own paralysis: Doesn’t existence lay too much on us? Can existence burden us with any more stark a choice?

I can easily imagine the potential executioners of my orgasms sitting at rounds at a hospital in Manhattan discussing my case. “The patient is a forty-one-year-old white married male psychiatrist living in Washington, DC. He was diagnosed with prostate cancer five years ago and underwent a radical prostatectomy here at our hospital on October 5, 1984. We thought we got it all, every bit of cancerous tissue. To be on the safe side, we had the patient go through six weeks of radiation to the prostate bed in order to eliminate any remaining cancer cells in that area. Unfortunately, there is evidence the cancer has returned. A new test, the ‘prostate-specific antigen,’ available at this hospital for the past eighteen months, has shown a gradual rise, from 0.6 in 1988 to 2.1 this December. The only source of this antigen has to be cancer cells since his prostate has been completely removed. In a relatively young man like this, with a terribly aggressive disease, the only option is castration.

As all of you in this room know, testosterone fuels the growth of these prostate cancer cells. It is urgent and essential that we eliminate all testosterone from this man's body as quickly as possible, and the most expeditious way to do so is by surgical castration."

Over my dead body. Those facts do not tell the full story. They leave out a ton of desire. Where are the yearnings, the struggles and strivings in this doctorly narrative? Where is the mere mention of the orgasm?

Yes, the orgasm. Can there be any more pleasurable experience in a man's or woman's life? Admittedly food and other pleasures can approach the orgasmic, but there is nothing like the real thing. Lust, libido, orgasm: The gods have set it up so that our most vital function—procreation, the survival of the species, the passing on of our genes—is suffused with the most unsubtle of pleasures. As if our instinct to replicate ourselves were not enough, the gods lured us with the promise of an exultant explosion of ecstasy, a momentary pleasure certainly, but one that, with the prospect of repeated paroxysms, can give us a self-assuredness that lasts a seeming lifetime.

Back in the early and mid-twentieth century, the German psychiatrist Wilhelm Reich claimed that without the orgasm, we would all get cancer and would shrivel up and die. On some level this former protégé of Sigmund Freud was simply trying to overcome the sexual repressiveness of Europe and the United States in the nineteenth and early twentieth centuries. Accused of fraud for the promotion of his seemingly useless orgone box, Reich was even willing to go to prison. In fact, he died in the Lewisburg, Pennsylvania, penitentiary attempting to promote the worth of the orgasm.

So here I was, facing the executioner of my orgasms. Although he delivered my sentence in a somber tone, I could not help but wonder how much unacknowledged sadism was involved in this pronouncement. As a physician myself, I knew all too well how much sadism exists in the helping professions. Just as there is a thin line between love and hate, there is also a thin line between helping and hurting, between public safety and public endangerment. Cops and criminals, doctors and patients, lovers and haters—sometimes, it is difficult to tell the difference.

In medical training, the dividing point takes place early in the first clinical rotation during the third year of medical school. The class separates almost in half—the skittish and squeamish versus the unaffected and undaunted. The first two years of medical school are not unlike the previous sixteen years of schooling—lots of book learning, studying, and more studying. Even the limited clinical training, the non-book learning, in the first two years of medical school is rather benign, concentrating on learning how to listen to heart sounds and lung sounds, how to look at blood vessels in the eyes, and most importantly, how to interview people and get a history of their current problems. But this all changes with the onset of rotations in pediatrics, internal medicine, surgery, and obstetrics and gynecology. Suddenly we are asked to poke and prod, stick and stab our patients whether they are infants or octogenarians.

By the second day of whatever clinical rotation we have been assigned to, we can see the impact of that first day of orientation. Half the class strides confidently off the elevator, unable to contain their enthusiasm for the opportunity to poke and prod. The other half leaves the elevator cautiously, wondering what the hell they've gotten themselves into. Somehow they—or I should say we, since I was one of this group—thought we were going to be helping people. Instead, we were using fellow human beings as experimental fodder, stabbing them with needles ten or twenty times in order to take blood or insert IVs.

As students we could easily pick out the supersadists, the ones who immediately volunteered to do the lumbar punctures and any other invasive procedures. The spinal tap requires that you insert a needle the size of an ice pick into someone's back. A slight change in context and for that same act you're sitting in a courtroom facing a sentence of at least three to five years. Tubes put into people's urethras, cold hard speculums up vaginas, sigmoidoscopes up rectums into descending colons. In the early 1970s, before the advent of flexible fiber-optic instruments, we had only rigid instruments, all the better to inflict pain and discomfort. Soon enough we lost track of our humanity. Even those of us who had started out skittish and squeamish became detached from the impact of what we were doing.

Is this what had happened to the urologist in New York City who was matter-of-factly sentencing me to castration? “Come up to New York City, and we’ll cut off your balls.” Was this a playground threat or trash-talking or bluster from a Mafia hit man? I told myself there had to be another way to contain and control metastatic prostate cancer.