

ASSTR 31 Sex Tips for Ladies with Circumcised Lovers

by Big Billie

Dave Henderson writes:

Greetings, Ladies! I am Dave Henderson, a retired police officer. I am married to Sally Trubshawe Henderson, formerly the headmistress of a select girls' boarding school in the southern counties of England.

I was born in early January, 1935, four and a half years before the outbreak of the Second World War. No sooner was I out of my mother's womb than I was circumcised, very tightly and messily, by our family GP (General Practitioner).

Here is the story behind my disfiguring mutilation.

Our doctor was named Mary Kelling. She qualified in the early 1930s as one of England's early female GPs. She was also a fierce and kinky lesbian; she hated men and she spitefully and drastically circumcised every baby boy whose cock she could get her knife into.

Worse still, Mary Kelling knew exactly which bits of a man's cock are the most sensitive and erogenous, and she always made sure that she excised these completely. She invariably cut her victims very tightly so that their adult cocks had very little of their original shaft skin remaining. The frenulum, the stringy, twangy triangle of deliciously sensitive skin, the folds of which should be gathered and harnessed to the penile sulcus--the concave, dimpling hollow on the underneath of the cock head--she completely excavated and stripped out. Not a vestige of it remained, with the result that the underneath of the cock shaft between the annular circumcision scar and the glans was completely smooth.

Oh yes! The frenulum was a particular target for Mary's depredations. She was pitiless and remorseless, and she chopped it all off neatly and exactly, with wicked precision. Also completely expunged was the ridged band, the thick strip of skin on the underside of the shaft, packed with sensitive nerves and pleasure receptors, which the broad, fanned out end of the frenulum merges into.

Mary also excavated almost all the sensitive pink inner foreskin; she cut her cocks very low and tight, so that there was never more than a thin strip of inner mucosa between the circumcision scar and the corona at the thick bell end of the cock head. The erect penis also seemed a lot shorter than it was; this was because Mary cut off so much skin that the hairy scrotal bag was pulled up the cock shaft.

Oh yes! Mary Kelling wreaked havoc on the cocks, and on the future sexual pleasure, of every single one of the baby boys entrusted to her care. I remember at secondary school I once surprised two of my fellow students masturbating together in the showers. They were both stiff and hot, and I was stunned at the sight of their engorged members. They were local lads, and when I enquired of them later they confirmed my suspicions: Mary Kelling was their GP—and she had clearly gotten her knife into the pair of them. She had hacked away two very significant pieces of their manhood. The skin on their stiffened shafts was pulled so tight that the upper part glistened and the lower part was scrotal skin. Furthermore, the undersides of their hard cocks were perfectly displayed to me. They were both completely smooth just beneath the tips, and I could see 2 scars stretching up to the underside of their two cock heads where Mary, with that wicked precision that I have already alluded to, had neatly snipped off their frenulums for them, leaving no vestiges at all behind.

Ouch! I thought to myself; and then I ruefully recalled that my own erect member looked worse than theirs, having suffered even more drastic mutilation.

As I have explained, dear reader, Mary Kelling hated men; but there was one man whom she hated above all others. This was my father, Brian Henderson. You see, Mary Kelling had a strong and at that time unrequited passion for my mother.

When I was born my father's employers, the US multinational company World Oil Inc., had sent him abroad on an extended foreign mission. By the time that he returned in 1938 Mary Kelling and his wife were locked into a passionate love affair. This affair stuttered on in secret for eighteen months or so, and blossomed again when my father joined the RAF on the outbreak of war in September 1939. In August 1940, during the Battle of Britain, my father died a hero's death fighting the Luftwaffe in the skies above Kent, and the relationship between my mother and Doctor Kelling became exclusive and permanent.

In the meantime, as I have said, my mother's lover had performed on me a classic problem circumcision.

Firstly, she cut me very tightly, after the fashion that I have described above, so that my adult cock, to this day, has very little of its original shaft skin remaining, and my erect cock appears to be smaller than it is because scrotal skin is pulled far up the shaft.

In addition, Mary made me pay a punitive surcharge because I was the son of her rival in love. She could not bear it that my mother had

pleasured my father at my conception. I was the product of that pleasure, and for that her knife exacted a vindictive revenge. My median raphe (the dark line on the underside of my penis running down the midline from my frenulum and continuing down to my scrotum) has been twisted more than 30 degrees anti-clockwise because Mary deliberately and perversely rotated the two cut edges of skin out of alignment before she stitched them up. Then the removal of virtually all of my shaft skin has pulled hair-bearing skin up my cock shaft, even when it is not erect. This hair is unsightly, and it interferes with comfort during intercourse. The precise extent, nature and location of this hair-bearing skin could not have been judged at the time I was circumcised but, if it could have been, I bet that Mary Kelling would have been well triumphant and well amused!

In addition, I suffer from all the other disadvantages of the circumcision victim. I have included in an Appendix below an excerpt from the excellent website at

<http://www.cirp.org/pages/parents/lostlist.html>

and from a devastating article posted there; it is by L. Harryman and entitled "What is lost at circumcision." In eighteen points this article lists exactly what is chopped off the cock by the circumciser's knife, and it itemises the permanent and irreparable damage that is done.

Ouch! How informative! But how frustrating and maddening! I particularly resent three things.

The first is what has happened to my glans; it has been permanently exposed by circumcision and is pink, keratinised, thick and leathery rather than purple, moist and sensitive, as it should be.

The second is the exact and meticulous snipping off of my frenulum. It is so neat and so wickedly precise that it makes my blood boil! In her youth Mary was a bubbly and effervescent girl, and I can imagine her, brisk, vivacious, lively, and with the devil in her eye, pertly snipping me right where it mattered, and then giving a broad, lascivious, impish grin.

Thirdly, what maddens me even more is that my circumcision would not be considered a "complication" by the medical establishment. The only complications covered in the literature are those occurring in the period immediately after the procedure. The full extent of my problems was not evident until sexual maturity. I am not alone in this respect; there are many other circumcised men who are not even aware that the sexual problems they experience are the direct result of their disfiguring snip.

Such then, dear reader, was my fate. But I would like to end on a more positive note; I would like to inform you of the lessons that I have learned about how the disfigurement of circumcision can best be managed. I am addressing my advice to all you ladies out there, but especially to you ladies in the USA. Because the sad fact is that in your country a large majority of men have suffered the disfigurement and mutilation of neonatal circumcision; and, in addition, many US surgeons circumcise very tightly. This means, for example, that lots of American husbands have either a vestigial frenulum or no frenulum at all; also, when the cocks of many US males are erect, what is left of the shaft skin is pulled as tight as a drum skin up their denuded shafts. The mutilation reduces the husband's pleasure during marital coitus, and makes it more difficult for the husband to give optimal sexual pleasure to his wife.

So, what can be done to counteract these problems? Well the answers to that question lie in your hands, ladies of the United States of America. I have observed that many of you are beautiful and sexually desirable, but, in themselves, those qualities are not enough; you also need to develop your amatory skills. You must learn and practice how to titillate and excite your partner, how to tease him, how to drive him to distraction, and how to stir him up and goad him into violent, explosive orgasm; and if your husband is circumcised this will take all of your skill and cunning. To overcome your husband's sexual impairment you will need to work harder, and to labor more skillfully than the ladies of other nations. French wives, for example, usually have uncircumcised husbands with extra-sensitive, unkeratinised purple cock heads, luxuriant frenulums, all stringy and twangy, and entire, bulky foreskins to slide up and down their stiffened cock shafts. It is all too easy for the ladies of France, with dexterous fingers, wet lips, and pert, darting tongues, to stimulate their partners to enter them in violent, explosive orgasm. But fear not, nieces of Uncle Sam! You are citizens of a nation that is, perhaps, the most resourceful and innovative in the world, and you are more than up to the task!

So, after that initial encouragement, and whether you are in the USA or elsewhere, if you are a lady who is married to a circumcised man what should you do about it? To enable you to follow my advice more easily I had arranged it into 6 handy sections. These, ladies, are the six principles for the correct sexual management of a man with a cut cock. Note them well. They cost me many a sore pussy truncheon before I managed to work them all out.

There are six general principles. Here they are. I have attempted to make my advice more memorable by expressing some of this in doggerel verse, which you may find irritating since I am no John Dryden or Alexander Pope. So, if you wish, please feel free to ignore the rhymes

and just concentrate on the message which is, I think, far better than the poetry.

First Principle

***Learn the damage that's been clocked.
Study his cock and how it's docked.***

Ladies, when you acquire a new lover brief yourself on the condition of his wedding tackle. Is he circumcised at all? If he is not consider yourself very fortunate and prepare for a life of excellent sex after you have trained him up for it.

If he is circumcised you can tell from the annular scar surrounding the circumference of his penis shaft. Study this scar carefully. Is it thin and white, the hallmark of a freehand circumcision? Or is it thick and brown, signifying that your lover has suffered a circumcision in which his foreskin was crushed in a Gomco clamp or similar surgical implement?

Next, look where the scar is positioned. Is it low down the shaft with a thick strip of inner foreskin located between the scar and the penis head? Or is it high up the penis shaft with only a thin strip of inner mucosa between the scar and the corona or glans? The former cut is high, whereas the latter cut is low.

Then observe your lover's cock when it is erect. Is the skin that is stretched up the stiffened shaft tight or loose? If it is tight a lot of skin has been cut off and the cut is a drastic one. If it is loose less skin has been cut off and the cut is less severe. If the cut is tight skin from the scrotum may be pulled part way up the shaft. Check to see if this is the case, and, if it is, how far up the stiffened shaft this scrotal skin has been tugged.

Pay particular attention to the frenulum. This is a triangular patch of stringy, twangy sensitive skin. Its apex is at the dimpled ridge under the corona (known as the penile sulcus) and it spreads out from there to form an equilateral triangle the base of which is the section of the annular circumcision scar located on the underside of the cock shaft. How much frenulum is there and how stringy, twangy and loose is it? It will not have survived the mutilation of circumcision in its entirety, but there may be a small patch that has been spared from the surgeon's knife. Alternatively, there may be no visible frenulum at all, and the skin on the underside of the cock shaft may be pulled as tight and smooth as a drum skin when the penis is erect.

Also study whether your lover's circumcision was performed neatly, or whether it was a messy job. Is the scar in a neat circular ring, or is it jagged and uneven? Can you see skin flaps and stitch tunnels? And what about the median rafe, the visible line that stretches from the scrotum to the dimpled sulcus of the glans at the upper tip of the frenulum (if there is a frenulum). That line should be straight and continuous above and below the circumcision scar. Is it, or has the skin been rotated either clockwise or anticlockwise? In my own case, for example, as I have explained above, my median raphe has been twisted out of alignment by more than 30 degrees anticlockwise.

Do not make this inspection of your lover's cock a one off affair. Continue to monitor the situation throughout your relationship. A good opportunity for close and meticulous inspection is provided during a session of *soixante-neuf* or *fellatio*. But if you are on intimate terms with a man plenty of other chances will present themselves to you. Seize all of them eagerly, carry on the research assiduously, and never give up in your quest for the truth.

At the same time that you are studying your lover's penis be sure to compare it continually with other penises. How similar or different is it from the cocks of your previous lovers? If you get the chance, look at pictures of naked cocks, circumcised and uncircumcised, on the Internet, all the time comparing and contrasting them with the cock of your lover. Do this surreptitiously if you think your man would object. Develop your own opinions and your own interpretations of your lover's cock.

Study also the information from the Internet on circumcision and its effects. Where do you stand on the issues raised in the various debates on circumcision? And what do you think of your lover's cock? Do you prefer it to the cocks of other men? Do you like the way it has been cut or do you wish that it had been cut differently, or not cut at all?

Never, ladies, think that it does not matter, that it is the man and not his penis that is important. Believe me, if your man's cock is cut it *is* important, and it *does* matter. You are deluding yourself if you think otherwise. It is also important, and it does matter, that you carry out this ongoing research. Knowledge is power, and your studies will help you to optimize your sexual pleasure, and that of your partner. A significant reason for the high levels of sexual dissatisfaction in the USA is that many of you US ladies never give a thought to the fact that your lovers are circumcised, and you never think through what you ought to do about it.

Second Principle

***Now his prepuce has been binned
Work him where he's not been skinned.***

Gear your lovemaking to the following four things: the frenulum, the inner mucosa, the glans, and the scrotum (especially the back of the scrotal bag just below where it joins the perineum).

The Frenulum If there is a frenulum, even a vestigial one or a small patch, consider yourself lucky. It will be your lover's most sensitive and erogenous zone so be sure to work on it assiduously in your lovemaking. In oral sex, in particular, suck, lick and flick at it with your tongue. This is the first of the four epicenters of your sexual assaults.

The Inner Mucosa If the penile scar is a long way down the shaft of the erect penis, so that there is a good thick swathe of inner mucosa, that also is good news. This inner mucosa is far more sensitive than the shaft skin, so work on it with your fingers, your lips and your tongue. Tickle it, scratch it, gently bite it, and so on. Thick (high cut) or thin (low cut) there is bound to be some of it between the circumcision scar and the glans, so make it the second of the four epicenters for your amatory advances.

The Glans The glans or cock head of the uncut man, when his foreskin is rolled back over it and up the cock shaft, is purple or plum colored, and exquisitely sensitive. In contrast, the circumcised cock head is exposed and loses much of its sensitivity. It is pink in color and its skin hardens, thickens and becomes keratinized. It is still more sensitive than the shaft skin, however, so be sure to make it the third of the four epicenters for your predatory tickles, licks, sucks and bites.

The Scrotum This is the fourth and final epicenter for your amatory attention. The scrotum is surprisingly sensitive to gentle scratching and tickling with your finger nails, especially the back of the scrotum, and, more particularly, the back of the center where the scrotum meets the perineum. The sensitive prostate gland can be massaged and stimulated via the perineum, but remember that deep pressure is needed since the prostate is on the other side of the muscles of the pelvic floor. So push your fingers hard and deep along and into your lover's perineum and carefully observe his reactions. Be sure, however, to work at least one of the other three epicenters of pleasure at the same time as you are working the scrotum. Another feature of the scrotum is that it is deliciously sensitive to cold, a sensitivity that you should exploit to the full. (See the Third Principle immediately below.)

By the way, a side thought on the prostate. As your man gets older one or both of two problems may arise. Firstly, the prostate tends to get

larger with age and this can cause a number of health problems. Secondly, and much worse, prostate cancer is one of the commonest types of cancer in men. So, if you want to keep your man healthy and alive into old age be sure to follow competent medical advice concerning tests and screening procedures. If you consult web pages make sure that they are reliable. I have found Britain's NHS (National Health Service) website of great value: <https://www.nhs.uk/conditions/> This gets you to "Health A-Z." Then click on "P" and scroll down to "prostate". There are 4 entries: Prostate cancer; Prostate enlargement; Prostate problems; and Prostatitis.

My personal tip is to give your man's prostate lots of action and exercise by keeping him sexually excited and sexually active. In support of my advice see here:

<https://www.health.harvard.edu/mens-health/ejaculation-frequency-and-prostate-cancer>

Here is the summary of the findings of the Harvard study:

High ejaculation frequency was linked to a decreased risk (of prostate cancer). Compared to men who reported 4–7 ejaculations per month across their lifetimes, men who ejaculated 21 or more times a month enjoyed a 31% lower risk of prostate cancer. And the results held up to rigorous statistical evaluation even after other lifestyle factors and the frequency of PSA testing were taken into account.

So there you have it, ladies: a well-used prostate is in better shape, and likely to stay in better health, than one that is underused or inactive. That has certainly been Sally's approach with me, and thus far it works fine, and most pleurably.

**Third Principle *His Foreskin's Lopped, His Fun is stopped.
Now Pleasure's Dead, Use Pain Instead.***

Following on from my advice about the scrotum above, try this, if your man has got the bottle:

If his stiffness level falls, Slap an ice-pack on his balls.

Any kind of ice-pack will do such as a pack of frozen peas. Begin to fuck in the missionary position, man on top variation. Excite and stimulate your man and bring him to the brink of orgasm. Then, as he is about to go over the edge, position your ice-pack above the tops of his legs, and firmly slap it onto the back of his scrotum.

But be warned: this is a fairly violent sport and your man may not be up for it, or he may wish to reserve it for special occasions.

There are gentler variants of the same thing. Anything that is colder than the scrotum can be tried, such as a ceramic or metal object. Gently stroke it or hold it against the back of your man's ball bag. You can then substitute an ice-pack if preferred, but apply it gently and teasingly at first.

Other forms of pain turn some couples on. During fellatio find out if your man responds to teasing little nips and bites from your teeth. When you are fucking does he like to be slapped on the bottom? Do you respond to being slapped on the bottom, and does slapping your bottom turn on your man? Are either or both of you into spanking?

Fourth Principle *Talk It Through Between Him and You?*

Note the question mark that ends this principle. As I explain below, sometimes silence on these matters is golden.

Study carefully the attitude of your lover himself towards his circumcision. Does he prefer his cut state? Does he resent it? Or does he pay it no attention? How do you think your man would react if you made jokes, or teased him, about his circumcision? I find it maddening but sexy, and my wife Sally's kinky teases, taunts and goads really turn me on. But other men might not like it at all. If your husband is hurt or offended by humor and ridicule, respect his feelings and do not tease him. Instead, if you feel it is appropriate, comfort him and express your sympathy. You might also tell him that you prefer cut cocks, and go on to describe what you particularly like about his chopped member. Alternatively, if your man is shy and embarrassed by his circumcision, or is in denial of it, or is resentful and just wants to put it to the back of his mind, forget it ever happened, and get on with his life, you do not need to mention or discuss it at all. But remember that your feelings are as important as his. If you have an interest or concern that you wish to discuss you have a right to raise it with your partner.

Fourth Principle *To make him squirt, Talk dirt.*

Find out what turns your man on and use it in your pillow talk. Your man, like most males, is probably turned on by young, scantily clad ladies. If he is try to empathise rather than judge and criticise him. Better still, talk about them, describe them, ask him about them, etc. You should allow him his fantasies, and he should allow you yours. This is true into old age because

**If you're old and past your best
Fantasy can do the rest**

Fifth Principle *For a fuck that's great, Make him wait.*

For ladies with a circumcised lover this may not always be possible, especially if your man is old. I have some special words for you under the Sixth Principle below. For the younger man, however, one advantage of circumcision is that, by reducing the sensitivity of the cock, it may prevent premature ejaculation. Certainly, whether they are circumcised or not, most men in the prime of life find little difficulty in ejaculating and in consummating intercourse. But do not make it too easy for your lover or it will be over too quickly. Tease and titillate him to distraction but keep him hanging on. Make him hover on the brink of Nirvana for as long as you can before allowing him to enter you in violent delight.

**Sixth Principle *Older folk, Stiffen your bloke
Then Go for Broke with a swift sharp poke.***

Ladies, this advice is specifically aimed at those of you with older lovers. All men suffer a reduction of sexual stamina as they age, and the loss of sensitivity caused by circumcision can make the achievement of orgasm particularly difficult for the older cut man.

So how can you bring off your lover? Well Viagra, Cialis and similar drugs can help. But remember, a stiff cock is not the same thing as an ejaculating cock. It is possible for a limp cock to ejaculate and for a stiff cock to fail to ejaculate. They are two different bodily processes. I often find that I can ejaculate while limp. You may find that your lover cannot ejaculate while stiff. But that, American lady, is where you come in. Use all of your physical charms, and all of your amatory skills, to bring your man off. You may fail, but if you have given it your best shot--well, that is all you can do.

Your man is likely to be at his most sexually receptive first thing in the morning, as soon as he wakes up. Try groping his cock at this time of day and you have a very good chance of finding it engorged or, at the very least, at "half-mast." Well, do not wait around if you find any signs of tumescence. Unless he is desperate try to stop him from urinating since a full bladder is probably one reason why his cock is hard. Launch your assault and launch it fast, so that he does not know what has hit him. Be brisk and firm rather than gentle and romantic, and, unless he objects (which most men most certainly will not) make it clear that you are in charge and that you are calling the shots. Rest your thumb on his circumcision scar at the back of his cock and your middle finger on his circumcision scar underneath the cleft in his glans with your index and ring fingers resting on the penis shaft to either side of the scar. Then

begin a sharp, firm, tugging motion, up and down, with your one hand while, if possible, scratching and tickling at the area between his scrotum and his perineum with the fingernails of your other hand. And start talking dirty. You will know better than me what turns your man on, so sock it to him, and sock it to him good and hard. Here is some persiflage typical of that with which Sally regularly regales me: "You dirty old bastard, why is your cock so hard in the mornings? I bet it's all the filthy thoughts and dreams that you have been having." And so on. It may not work every time, or even most times. But it is certainly worth a try.

APPENDIX: Excerpt from "What is Lost at Circumcision" by L. Harryman

Link: <http://www.cirp.org/pages/parents/lostlist.html>

(Excerpt starts)

When a baby boy's natural and intact penis is "circumcised," this is what is lost *forever*:

1. The frenar band of soft ridges--the single most pleasure-producing zone on the male body. Loss of this densely innervated and reactive belt of tissue reduces the sensitivity of the remaining penis to about that of ordinary skin.

2. Approximately half of the temperature reactive smooth muscle sheath called the dartos fascia.

3. Specialized epithelial Langerhans cells, a component of the immune system.

4. An estimated 240 feet of microscopic nerves, including branches of the dorsal nerve.

5. Between 10,000 to 20,000 specialized erotogenic nerve endings of several types, which can discern slight motion, subtle changes in temperature, and fine gradations in texture. This loss includes thousands of coiled fine-touch receptors called the Meissner's corpuscles - the most important sensory component in the foreskin.

6. Estrogen receptors the purpose and value of which are not yet fully understood.

7. More than 50% of the mobile penile skin, the multi-purpose covering of the glans, that shields all of the specialized penile skin from abrasion, drying, and callusing (by keratin cell layering), and protects it from dirt and other contaminants. The debilitating sexual consequences of keratinizing the glans have never been studied.

8. The immunological defense system of the soft mucosa, which may produce antibacterial and antiviral proteins such as lysozyme, also found in mothers milk, and plasma cells, which secrete immunoglobulin antibodies.

9. Lymphatic vessels, the loss of which interrupts the lymph flow within a part of the body's immune system.

10. The frenulum, the very sensitive "V" shaped web-like tethering

structure on the underside of the glans; usually amputated along with the foreskin, or severed, which destroys its functionality.

11. The apocrine glands of the inner foreskin, which produce pheromones--natures powerful, silent, invisible behavioral signals to potential sexual partners. They contribute significantly to sexuality. Their loss is unstudied.

12. Ectopic sebaceous glands, which lubricate and moisturize.

13. The essential "gliding" mechanism. If unfolded and spread out flat, the average adult foreskin measures about 15 square inches, the size of a postcard. This abundance of specialized, self-lubricating mobile skin gives the natural penis its unique hallmark ability to smoothly "glide" in and out within itself--permitting natural non-abrasive masturbation and intercourse, without drying out the vagina or requiring artificial lubricants.

14. The pink to red to dark purple natural coloration of the glans, normally an internal organ--like the tongue.

15. A significant amount of the penis circumference because its double layered wrapping of loose foreskin is now missing making the circumcised penis defectively thinner than a full-sized intact penis.

16. As much as one inch of the erect penis length due to amputation when the connective tissue is torn apart during "circumcision." This shared membrane tightly fuses the foreskin and the glans together while the penis develops. Ripping it apart wounds the glans, leaving it raw and subject to infection, scarring, and shrinkage.

17. Several feet of blood vessels, including the frenular artery and branches of the dorsal artery. The loss of this dense vascularity interrupts normal blood flow to the shaft and glans of the penis, obviously damaging its natural function and possibly stunting its complete and healthy development.

18. Although not yet proved scientifically, there is considerable new evidence that an incomplete penis loses its capacity for the subtle electromagnetic "cross-communication" that occurs only during contact between two mucous membranes, and which contributes to the perception of sexual ecstasy. In other words, medically unjustified foreskin amputation of boys ultimately diminishes the intensity of orgasms for both men and women!

(Excerpt ends.)