

Severed Frenulums Aplenty: Lesbian Circfest in Africa

[Annie and Mary, Part 1]

by Big Billie

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1. In England

My name is Annie Smithers and I am a young nurse in my early twenties employed at a general medical practice in Bournemouth, Dorset, on England's southern coast. This is my first full-time job and when I took it up I was very nervous and unsure of myself. From the day I started I got a lot of help and support from one of my bosses, a female doctor in her early thirties called Mary Scott. Soon I was working almost exclusively for Doctor Scott and she was so pleasant and friendly that we soon became not only colleagues but firm friends.

One day, after I had been working for her for a while, the boss summoned me to her room.

"Annie," she said, "How would you like to go on a mission to Africa for six months?"

"Er, I don't know, boss. I've never thought of it."

"What are you doing tonight?"

"Nothing much."

"Well why not come round to my place for your evening meal and we will talk about it."

"Oh, Doctor Scott. Thank you. I would love to."

"Fine. Oh, and one thing more, Annie. Please stop addressing me as 'boss' and 'Doctor Scott.' We are friends as well as colleagues and I would love you to call me Mary."

At this I grinned with pleasure.

"OK, Mary. Mary it is."

I had never visited Mary at her home before. She lives in west Bournemouth in a large detached house with a long garden that runs down to the sea.

"We doctors are better paid than you nurses, of course," she explained as we sat in her conservatory on that summer evening, sipping aperitifs.

"But, even so, I could never have afforded to buy a place like this. I inherited it from a rich relative and I liked it so much that, instead of selling it, I decided to live here and to move from a practice in south London to one nearby."

Soon Mary had heated up some pre-cooked vegetables and a frozen casserole in the microwave and we were seated in her dining room eating a delicious boeuf bourguignon along with some excellently prepared vegetables.

"I love cooking," said Mary. "I made this meal last weekend."

The food was accompanied by some excellent red wine. It was, Mary explained, from Burgundy in France. "Nuits-Saint-Georges 2009. One of my favourites."

I had come by car and, thinking of the aperitif I had already drunk and of the drive back to my flat on the other side of town, I at first declined a second glass.

"Oh, come on, Annie," urged my hostess. "Drink as much as you like. It's Friday night and neither of us is on duty tomorrow. I have already prepared the guest room for you. You can sleep here and we can enjoy breakfast together tomorrow morning."

So thus it was agreed and soon Mary and I had finished the first bottle of wine and were well into a second.

After dessert we went back into the conservatory for coffee and Mary raised the topic of Africa.

"How much do you know about Aids south of the Sahara?" she enquired.

"Very little," I replied, "except that it has killed an awful lot of people and that its threat has not yet been contained."

"That's right. The United Nations agencies, the US government and the medical charities are doing all that they can, but it is still rampant. What do you know about cures for the disease, and methods of preventing it?"

"Well I have read that palliative drugs, if the sufferers can afford them, are able to treat the symptoms and prolong lives. But the disease itself, as I understand it, cannot be cured. As for prevention, well celibacy and marital fidelity are the most effective safeguards, but human nature being as it is that is not really on the cards. I also seem to remember something about mass circumcision programmes to bring the epidemic under control, but I have never really understood the rationale behind that."

"Oh, circumcision is quite effective as a preventative measure," answered Mary. "It seems to reduce the risk of infection by anything up to seventy per cent or more. The Americans, most of whom are circumcised themselves, are particularly keen on it and President Obama and others in the States

have poured large amounts of money into mass circumcision projects in central and southern Africa."

By now the copious amounts of wine that we had consumed were having an effect on us. We were both relaxed, happy and tipsy.

"Oh, wow, Mary" I giggled. "Have you invited me for dinner to discuss men's tickle tackle?"

"Come on, Annie," smiled Mary, "Don't be shy and twee. The word is 'cocks.' Men's cocks. And we are talking about cutting them."

Well, Mary had never talked dirty to me before, but, under the influence of the wine, when she did I readily entered into the spirit of it all.

"OK, Mary. If you say so. 'Cocks' it is." And I sniggered drunkenly.

After these preliminaries Mary then acquainted me with the gist of her proposition. There had recently been developed by a company (based in Israel, as she recalled) a product, trade-named PrePex, that could be used to perform quick, hygienic, bloodless circumcisions. The device had four components, a grooved plastic inner ring, a plastic placement ring, an elastic ring made of rubber and, inserted through and around the elastic ring, a plastic verification thread.

"Here," said Mary, "Let's go and sit on the sofa in the living room. My laptop has Wi-Fi. I will get PrePex up on the Internet and show you how it works."

And that was exactly what my boss did. You can check it out online for yourself if you wish, dear reader. Particularly enlightening are some of the more explicit of the clips on YouTube that show the actual surgical operation in great detail.

But for those of you who cannot be arsed, here is a summary of the procedure:

1. The girth of the penis is measured with a sizing tool, and a circumcision line is drawn around the stretched, doubled over foreskin just below the glans with a surgical marking pen;
2. The cock is inserted through the placement ring and the rubber ring so that they are positioned at its base;
3. The grooved inner ring is inserted under the foreskin and around the cock shaft;
4. The elastic ring and the placement ring are aligned over the grooved inner ring and around the circumcision line; then, when once the necessary adjustments have been made to align the rubber ring with the circumcision line, the verification thread is cut off and the placement ring is taken off the rubber ring and removed from around the penis;
5. The skin is thus firmly clamped by the rubber ring into the groove of the inner ring; this presses the inner and outer flesh of the foreskin very tightly together to effect a circumcision by crushing;

6. A week later the flesh of the foreskin is dead and is cut off by surgical shears;

7. The elastic ring is teased off with a scalpel and the inner ring is pulled away with fingers or forceps. The result, claim the manufacturers, is a neat, bloodless and hygienic circumcision.

Well, for your information and convenience, dear reader, I have composed that verbal summary; but Mary did not bother with all that. She went straight to the videos, which she watched with great relish. As for me I viewed the footage with her and it made my face wince and my eyes water.

"Ouch!" I exclaimed. "That has just got to hurt. I bet those guys knew all about it. Afterwards they must have been exquisitely raw and sore."

"You bet," replied Mary. "I'll wager that none of them was up to any sexual hanky-panky for a few weeks." And she grinned, slyly and lasciviously.

Mary then went on to tell me that the PrePex device had now been adopted by the big international agencies that were engaged in the fight against Aids in sub-Saharan Africa and that advertisements had appeared in the medical press calling for volunteer doctors and nurses who were prepared to enter the dark continent in order to train up the local nurses in the correct use of the device.

"The beauty of it is," she added, "that it eliminates the need for qualified surgeons. Anyone can use it with a little training. The contracts are for limited 6 month periods and the pay is not very good. But I find the prospect of such work interesting and I am thinking of applying. If we were to apply together and express a strong preference to work together I think that we could both get leave of absence from the practice and be sent out as a two girl team. What do you say?"

It was then that the sheer preposterousness of my boss's proposal hit me.

"But Mary," I cried. "What you are suggesting is that we go out to Africa and chop off a lot of foreskins from men's cocks. It all sounds a bit kinky to me." And, in my semi-inebriated state, I giggled again at the prospect.

"Yes. You are right. It is kinky. And even kinkier is the fact that I would enjoy it. Annie, my father was a bastard to me and when I was eighteen my fiancée deserted me a month before our wedding day. I have had nothing but bad experiences from men. I hate them, the lot of them. I would just love to take every uncircumcised man in the world and cut off the end of his cock for him. It would serve the bastards right."

Well, I was stunned by this diatribe and I sat there for what seemed like several minutes, but was probably a lot less, pondering over it. Then I burst into a broad grin.

"Hey, this may be painful, but it's for their own good isn't it?"

"Oh yes! We will be prolonging life and improving health. The proposal is fully in accord with the Hippocratic oath. And, as a bonus, we will be hitting the bastards right where it hurts. I am convinced by the evidence that I have read up on this that the cutting off of around fifteen square inches of foreskin, which is the amount routinely removed in most adult circumcisions, deprives the cock of loads and loads of sensitive, nerve-enriched tissue and takes away a very significant amount of sexual pleasure."

"Wow! I bet it does!" I replied, and I burst out laughing at what, in my tipsy stupor, seemed to me to be a sexy and amusing outcome for the victim.

After we had finished our coffee we recommenced our attack on our second bottle of wine and, as we sat on the sofa together, we watched Netflix on the television.

"Hey," said Mary, "Have you seen this series Orange is the New Black?" And soon we were into the opening episode.

Well the storyline, as you may well know, dear reader, features a woman in New York who gets retrospectively sent to prison for a crime that she committed when she was a teenager. I must say that the drama is not really to my taste, and neither, I was subsequently to discover, is it to Mary's. To me it is hammed up and overwritten, some of the story lines are highly improbable, and the constant flashbacks from prison scenes to earlier events are irritating.

I must say, however, that the opening sequences are riveting, especially the shower scenes depicting explicit or implied lesbian sex. The first brief sequence features two beautiful young ladies, both stark naked, embracing and making out in the showers while the water cascades down over them. As we watched that Mary, clearly very stimulated, extended her hand and squeezed it into mine. As for me, I too was sexually stimulated by the eroticism of the images, and I squeezed back. And thus we sat, hand in hand, for fifty minutes or so, until the episode was over.

"Wow! That was hot!" said Mary. "I wouldn't mind a bit of that myself. Tell me, Annie, how do you feel about girl on girl action?"

The starkness of Mary's question caught me off guard and sobered me up pronto.

"I don't know," I replied, shocked and embarrassed. "I've never tried it."

Then Mary rose to her feet.

"Come on," she urged. "Stand up."

I did as I was asked and Mary moved face to face in front of me.

"Oh. Then you should give it a go."

And she embraced me and, very gently, pressed her lips against mine.

Well, dear reader, what was I to do? What would you have done? I was sexually stimulated and I was tipsy. It was a long time since I had enjoyed any sort of sexual pleasure with another person and I was very frustrated. Then, I am fond of my boss, and she is a very beautiful lady. Now that she was up close to me, closer than she had ever been before, I was shocked at just how physically alluring, just how sexually desirable, I found her.

"Oh, boss," I murmured, "What are we getting ourselves into?"

"Miss Smithers," replied Mary in a mock serious tone, and she was smiling, and she had a roguish and mischievous gleam in her eye. "I swear that if you ever refer to me again as 'boss' or as 'Doctor Scott' I will put you across my knee, pull up your skirt, tug down your knickers and spank you hard, on your bare bottom, with a gym slipper. Now come on, what is it to be? Are you going to kiss me or not?"

By now I was sexually aroused and throbbing with desire. "Oh, yes, Mary, I thought to myself. I will kiss you all right;" and I embraced my new paramour, and kiss her I did, onto the mouth, at first gently but then more firmly and roughly, insinuating my twitching and probing tongue between her lips for a delicious 'Frenchie.'

That night I did not use the spare room. Mary and I slept together, both of us stark naked, in her big double bed, and in the morning we showered together, rubbing and soaping each other's bodies, luxuriating in the hot cascading water, and getting into the kind of hot girl on girl action of the ladies in the opening sequence of the Netflix prison drama.

2. In Africa, Part 1

There was a beautiful sunset over the bush lands of central southern Africa, and Mary and I were watching it from the verandah of the wooden shack that acted as our field hospital, sipping gin and tonic for the anti-malarial properties of the quinine. We were in the small, isolated African state of Atrabia, nominally a republic but in reality ruled by army generals. Zambia was to our west, Mozambique was to our east, and the river Atrabus flowed a few hundred yards away. Tomorrow two African nurses were due to arrive from Atropolis, the capital city, and it was our job to train them up so that, after our departure, they could continue the mass circumcision programme that had been agreed by the government, and was to be funded and administered by the Global Health Alliance, a consortium of international medical agencies and Aids charities. Soon we were in bed together, stark naked but still sweating behind our mosquito net in the hot, sultry, sticky African night, and wondering what the day, and what the future, would bring.

Our two trainees arrived by army truck the next day around mid-morning. The senior nurse, Rebecca ("Becky") Yaboti, was in her mid-twenties and her assistant, Ruth Zabinga, was in her late teens. They were both

attached to a nursing college in Atropolis that operated under a Global Health Alliance (GHA) licence. Becky had completed her training. Ruth was in her final year, and this was one of the practical components of her course.

Both girls presented Mary with GHA certificates stating that they were free of the Aids virus; in addition, Mary decided that she would like to examine them physically for any other sexual diseases or infections, and to ascertain their general state of health. The medical inspections were intimate and thorough, and Mary enjoyed herself as she conducted them. She told me later that Becky presented as sexually experienced but that she was surprised to discover that Ruth was still a virgin with an intact hymen.

"Wow, what a sumptuous and nubile African maiden," she averred. "Some lucky young man will find incomparable riches there. She certainly stirs up violent, hot Sapphic desires in me."

That afternoon, when our two new recruits had recovered from their journey, Mary started their induction programme. Our makeshift hospital had been kitted out by the GHA. There was a computer with training materials pre-loaded onto it, a projector and projector screen, and a generator to provide the necessary electricity.

Mary first introduced the two girls to the PrePex YouTube video. If you would like to view this for yourself, dear reader, search YouTube using the keyword "PrePex."

"As we have seen," commented Mary when the short video was over, "and as the manufacturer claims, the total amount of nursing time taken in that clip for both stages of the circumcision was less than five minutes. It will take us rather longer than that, however, what with seeing the patients in and out of the surgery and so on. Even so, I would like us to try to work up to an average speed of ten circumcisions an hour over a ten hour day, or one hundred circumcisions daily. If we are slower than that we will just have to work overtime to catch up. Soon, when Becky and Ruth have learnt their stuff, we will be working as two-girl teams, and then, every day, we should be able to clamp a hundred PrePex devices onto the cocks of one batch of patients, and to cut off a hundred foreskins from the cocks of a second batch."

Mary then went on to explain about the arrangements that she had come to with the GHA concerning the delivery and collection of our patients. We would be taking tomorrow, Sunday, as a day of rest. For the first six working days after that one hundred patients would be delivered to us by bus each morning between 07.00 and 07.30 hours. Before and after their surgery the patients would be able to watch TV, get water and so on in the common room. Our work of fitting the rubber rings around the plastic inner rings would start in the surgery at 08.00 hours and would proceed, with a break for lunch, at as brisk a pace as we could manage until all one hundred patients had clamped cocks. There was a rudimentary air conditioning system but Becky and Ruth were used to the stifling heat, and if necessary could probably work through it. The bus would stay

parked nearby and, when they had all had their cocks clamped, it would take the patients back to their villages.

On the second Monday two buses would arrive, bringing the one hundred patients with clamped cocks from the previous Monday, plus one hundred new patients.

After Becky and Ruth had been trained and initiated into the work we would divide into two teams of two, Mary (the qualified doctor) with Ruth (the less experienced nurse) and me with Becky. In the morning, working as two two-girl teams, we would cut off the necrotized and dead foreskins from patients who had been clamped the previous Monday, and remove their rubber rings and the plastic outer rings. It would be no bad thing, and an incentive to greater productivity, explained Mary, for us to engage in a light-hearted race to see which team was the quicker at cutting off foreskins. If the race was close each team would have cut off about fifty foreskins before we took our break for lunch.

In the afternoon, our two two-girl teams would clamp the cocks of the new patients. Here too, suggested Mary, it would be an aid to productivity if we were to engage in another light-hearted race to see which team could clamp the faster, so that, by the end of the working day, each team would have clamped about fifty cocks.

"Now," explained Mary "a word about the positioning of the rubber ring and the plastic inner ring on the doubled over foreskin. The literature is quite clear on this. For uncircumcised men it is the foreskin that is the problem. It is not that the glans, when covered by a foreskin, remains unkeratinised and hence prone to infection. It is that the foreskin itself contains cells that let the Aids virus pass through them. We need, therefore, to draw the circumcision line as far up the penis shaft as we can, and to pull as much of the foreskin as we can beyond the clamp to ensure that it is all cut off. In addition, to make absolutely sure of effective protection against Aids, we need to clamp off not only the foreskin but also a good thick swathe of shaft skin, and the entire frenulum, together with the foreskin. This may seem extreme, but we have to be cruel to be kind. Note particularly my point about the frenulum. This is the triangular patch of stringy, twangy skin that is joined to the glans on the underside of the penis shaft. In each and every circumcision that we perform we must pull and position the whole of the frenulum, or at least as much of it as we can, to the outside of the rubber ring before we clamp it firmly. This is because the frenulum is loose and baggy with flaps and folds of skin in which the Aids virus could nestle. I will show you how to do this when we get to work on our first patients on Monday."

I watched Becky and Ruth intently while they listened to all this. What Mary was saying struck me as preposterous. She was going far beyond the official advice given by the manufacturers of PrePex. She was a fierce, kinky, man-hating Lesbian, and she intended to crush off as many of the pleasurable bits as she could from the cocks of her hapless victims. Yet

Becky and Ruth never batted an eyelid at her words. They merely nodded to indicate that they had understood what she had said.

That night, as we lay in bed together in our usual naked state I raised the matter with Mary.

"Hey, surely we can't go through with this. The poor bastards will be skinned alive. You won't actually do it will you?"

"Won't I? Just watch me! I will!"

2. In Africa, Part 2

On Monday morning a rickety old bus arrived containing a hundred men from a nearby village. Becky and Ruth ushered the men into the waiting room, where there were various distractions such as books, magazines and card games, while Mary and I prepared the surgery.

The first man in for the chop was the village chieftain, who was there to set an example and affirm the circumcision programme to his subjects. He spoke a native dialect and his English was more or less non-existent, which was just as well since Mary did not want him to grasp too clearly exactly what was going on.

We lay the chief flat on his back.

"Right," said Mary. "We will, as I have said, be working in two-girl teams. Annie and I will show you how to go about this. The first member of the team I will refer to as the tugger and the second member as the clamper. In this demonstration I will tug and Annie will clamp.

"Now first the penis needs to be cleaned with surgical spirits. Annie, could you do the necessary, please?"

At which point I took a cotton wool swap, doused it in surgical spirits and thoroughly cleansed the chief's cock, both outside and under the foreskin.

"Now," said Mary, "We need to measure the size of the penis with this sizing tool. As you can see it is a sheet of plastic with five variously sized holes in it. Chief Matinga has a large penis with a wide girth that fits quite nicely through this, the biggest of the five holes. Mary, please fetch me one of the largest of our sets of clamping rings."

I did as Mary asked, and she continued.

"Now you can see from the contours of Chief Matinga's penis that his glans ends about here. The tugger should draw the clamp line about a centimetre further up the shaft."

And Mary, with a black surgical marker, proceeded to do exactly that. Then she flipped the chief's penis up onto his lower stomach with its underside exposed.

"Do not, however, draw a complete clamp line. Here, on the underneath of the penis, and underneath the foreskin, is the frenulum, and, as I have explained, this, as far as is possible, needs to be clamped off in its entirety. So leave a space in your clamp line of about two inches on the underside of the penis to indicate the area where the frenulum needs to be tugged forward before clamping.

"The next thing to do is to lubricate the glans and the inner foreskin with this white antiseptic and disinfectant cream. Could you do the honours again, please, Annie?"

I pulled the chief's foreskin back down his penis shaft and smeared a liberal dose of the cream onto and around his inner mucosa. Then I pulled the foreskin back up the shaft and over the glans.

We then placed the plastic positioning ring with the strong rubber clamping band over the outside of the chief's outer clamping ring. Mary then took Chief Matinga's frenulum between her thumb and forefinger and pulled it hard and tight until it was positioned to the outside of the groove of the inner clamp. Next the strong rubber clamping band was released. The result was that Chief Matinga's foreskin and frenulum were firmly clamped to the outside of the rubber clamping ring, in a position where they were cut off from the circulation of the blood and would soon atrophy and die.

We then went on to clamp the foreskins and frenulums of the other 99 candidates for circumcision in exactly the same way, after which the coach came, collected them, and drove them back to their villages.

"You know," said Mary as we lay in bed together under the mosquito netting that night, "I have been talking to Becky and Ruth about that old goat Chief Matinga. He maintains a small harem into which he recruits all of the most nubile and delectable girls of the village. Becky was under his authority as a girl and she was designated as one of his concubines when she was thirteen years old. He ejected her a few years later, though. Apparently he likes his bedfellows to be in the first flush of youth."

"Well after what we did to him today he won't be getting quite as much pleasure as he got before," I quipped. "As my mother would put it, he's had his corns cut."

"No, Annie," smiled Mary, "Not his corns. His cock. It's his cock that we have cut."

And she rolled over, gently embraced me, and gave me a long, passionate French kiss.

A week later a bus delivered Chief Matinga and the other 99 men from his village back to us and we cut off the necrotized skin from their cocks. Then, later that day, another 100 victims arrived by bus and we clamped their cocks with PrePex circumcision clamps.

And so it went on, week after week, until our six months contract was at an end. Every morning, from Monday to Saturday, 100 men whom we had clamped the previous week would arrive by coach to have their necrotized foreskins, back skins and frenulums cut off with surgical shears. Then, a few hours later, another 100 men would be delivered by coach and, in the afternoon, we would clamp their cocks with the PrePex circumcision kits. This went on for 26 weeks so that about $26 \times 100 = 2,600$ cocks were chopped. Numbers varied from week to week but that final total is, I think, pretty accurate. Mary was ruthless; she was deadly; and she showed her victims absolutely no mercy.

One week a white missionary presented himself for circumcision. He was, he said, prepared to take the chop in solidarity with his flock. I urged Mary to go easy on him. He was a holy man and he did not deserve a brutal mutilation. But my pleas were to no avail. Mary had him clamped, and she had him clamped just as hard and just as brutally as his African followers. A week later it fell to me to cut off his necrotized foreskin, back skin and frenulum with surgical shears. As with all of our other victims, after seven days the circumcision wound was not yet fully healed and scarified. It would take several sore and uncomfortable weeks before his cock was bonking good again. Later Mary commented on the case.

"Did you notice the thick brown ring surrounding the wound?"

"Yes."

"It is quite difficult to see on a black cock, but on a white cock it displays very prominently."

"True. What about it?"

"It is the result of a circumcision by crushing. You get exactly the same effect from the old Gomco clamps. There is a gorgeous thick brown ring or halo permanently stamped onto the cock around the circumcision scar. It is a little unwanted free gift that makes it perfectly clear and obvious to every observer that the cock has taken the chop. The primaeval lust of the cock has been controlled and curtailed. The cock owner has been put in his place. He has been civilised and domesticated. His future is to be a good boy, raise his kids, support his wife and children, and not get up to any hanky panky with other women. He is allowed to shag his wife, but he will never enjoy her perfectly. The Cock Tax has been levied, the Brown Ring of Justice has been stamped onto his cock, and it serves the bastard right."

3. Back Home

In Africa the work was hard, the living conditions were Spartan, and the heat was oppressive. I was glad to get back to England and to my old job.

Mary, however, pursued the work in Africa with fierce dedication, and she sorely missed it when she was back home.

Meanwhile, in Atrabia Becky and Ruth continued the work with the assistance of another infusion of funds from the Global Health Alliance. Becky was promoted to Atrabia's Chief Nurse for the project with a brief to continue and expand it by recruiting and training more circumcisers. In this work she asked for guidance and help from Mary, her former mentor. Soon emails were flying to and from Africa, video links were established, and Mary was having an important influence on the work. Oh, wow! She loved it, particularly the instruction of the new trainees. Over the video link, she would act as surgical consultant. Bare black cocks appeared on the screen and instructions were given.

"No. the clamp is not properly positioned. Pull more of the foreskin to the outside of it. Yes. And there. Underneath. Be sure to pull through all of the frenulum." And so on. Wow! Mary Scott, the kinky lesbian doctor, loved the work, and black cocks way down in the southern hemisphere felt it!