

BENT BUT NOT BROKEN

A Memoir

Don Cummings



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CONTENTS

1. THE ORIGINAL SIN	13
2. PROFESSIONAL OPINION	23
3. THE CHALLENGE	32
4. SURE, GO HOME AGAIN	40
5. WAR	48
6. THE SECOND AND THIRD REGIMENS	55
7. POETRY OF THE PENIS TRIUMPHANT	68
8. THE LIBERATION OF FRANCE	88
9. THE MOUSE THAT DID NOT ROAR	107
10. PRISON WITHOUT ESCAPE	125
11. THE PACIFIC THEATER	137
12. LOSING OSAMA BIN LADEN	151
AND ADAM LECOMPTE WARING	
13. NURSES CAN TAKE THE PRESSURE	159
14. THE THINKING MAN'S PENIS	167
15. ACCEPTANCE	190
16. THE NATURE OF OUR NATURE	197
17. WRAPPING IT UP	210
Acknowledgements	212

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THE ORIGINAL SIN

Men Are from Penis

I thought it might go away on its own. I had been having painful nighttime erections for six weeks. There was a grabbing sensation, an extra pressure just below the head on the right side of my penis. Sometimes the pain was mixed with more than the usual erectile pleasure because of the extra tightening, but only at half-staff. At first, I thought it was a good sign. My erections felt much stiffer than they had been our last few years in Los Angeles and our most recent year, in New York City. I thought it could be possible that my midlife hormone levels were on the rise. That was early February. By March, my tube steak, which had always been sizzling straight during erections, bent to the right about twenty degrees just below the glans whenever I came to attention. When my erection was at full capacity, it hurt. It was a piercing pain. I took pictures.

My boyfriend of sixteen years, Adam, and I had sex, but it was painful and difficult. It required contortions. One night early on, after he got home from work, I showed him one of the pictures.

“Look at this,” I said.

“What is it?”

“My penis is not getting any better. It hurts almost all the

time now.”

He smiled, slightly supportively, somewhat derisively, as he always did when presented with any frailty, especially my frailties, which I made known at a moderate pace. Adam has an angelic sweetness mixed with a cool distance, like so many angels. The love, in its unique form, no matter the behavior, had always been there.

Before this discovery, we had been having great sex, having recently marooned ourselves in the borough of Queens, New York in our very inexpensive, three hundred and sixty-eight square foot studio apartment. Adam was in a career transition from television writing to digital marketing for a major cable network. I had followed my playwriting career, which was gang-busting, to New York. The most talented actress on earth, the one who once had serious dingo problems, performed a reading of my play at The Public Theater. A heady experience for sure, watching this genius act the antagonist of my life story as my loving but complicated mother. This character is on all sorts of pills, mostly painkillers, but she turns out to be the hero, the savior of a baby that is failing to thrive. Addiction and children and movie stars—I was guaranteed enormous success.

With few friends around and a tight, recession-proof budget, we were excited that we had the good sense to rent out the yellow 1924 bungalow we owned in Hollywood so we could be free and easy in our tiny Queens apartment during the worst financial disaster we had ever witnessed in the United States of America, land of endless opportunity. The used but new-to-us olive-green leatherette ottoman, practically stolen from our friend’s house during an Oscar party in Mar Vista, right off the 405, for sixty-five dollars, then shipped to New York to become our foot rest and coffee table, was at a great height for most of our sexual menu choices. Being in such close quarters in Queens, “the sports and transportation borough,” had made us more horny than cranky. Still attracted to each other, we enjoyed ourselves. Adam is blond and wispy and I am brown-haired and muscled. He is two inches taller. I am twenty pounds heavier. We are the

same age, with midlife paunches. As for our worst personality traits, I am more volatile and he is more passive-aggressive. Neither one of us is entirely crazy. Our temperaments are nothing alike—if he's the bottom, I'm the top.

I pushed the picture closer to his face.

"I used your hand cream. Ignore the greasy white stripes and look at that bend."

"It's bent."

"Yeah. It's upsetting. It isn't getting any better."

He patted me on the shoulder.

"I hate when you pat me. Don't pat me." This had been going on for years.

"Sorry."

Adam pulled his hand far away from hostile territory. Automatically, I lifted my chin toward him, the worry expanding all the musculature around my eyes and forehead. Sadness drooped my lower lip, and my small jowls had no life in them. Something here from Boobsie? I waited. Then my whole face fell, and like I had during a million other moments of invisibility, I walked away to do some stupid chore, like finally picking up that dropped staple that had been sticking into my bare calloused heel whenever I walked on it. My colon tightened. Softness, with a craving for closeness, was replaced by resentment. I could have ripped up my used desk from a Palm Springs thrift store into well-varnished kindling and then lit the whole thing on fire. An older man with a reliable car who I briefly dated in college warned me years ago that affection and homosexuality were a tough mix.

Adam does not like to face problems head on. I face every problem like it will never go away. I had a feeling I would be on my own to solve this, as Adam would not even give visitors from Europe directions into town from the airport. He always said, "They're smart. They'll figure it out."

"Really? All the way from Gothenburg and you give them nothing?"

I have always been drawn to distant men. My father was a thin, pale, shy child of a drunk who learned early to disappear.

My mother was pregnant again a few days after I was born so she was preoccupied—with that and other things. I like people who don't care too much about me at first glance. I'm used to it. But I also hate it.

The sex with Adam had truly been great for the last few months and this made us feel closer. As some wise Italians repeat, "It is more important to have someone to hate than someone to love," and we had done our years of hatred, which kept the spark alive. We were reliant upon each other during this time of transition in Jackson Heights, Queens. But my erectile display threw us a curve and I grew anxious about abandonment. I had always used my penis as a connector. What if I lost this ability? If my penis were to cease to function, would I have regrets about how I had used it? Did I give Adam the best sex of his life? Did I give pleasure to enough other people along the way? Was my penis pressed into service too little? Was I being punished for having overused it?

By the third week, the pain at night was getting much worse. It woke me up. The pleasure of the extra pressure was completely gone, leaving me with nothing but vise-grip pain. I did not take any more pictures of my penis in its erect state. It was too difficult to manage the masturbation cream followed by the quick snapping with the camera—I did not want to mess up my cute aqua-faced Canon Powershot. I like to preserve things. My shirts last over ten years because I won't put them in the dryer.

I had always had a fear of Peyronie's disease. I had slept with men with curved penises and I had looked, long ago, into what could be the source. Being an undergraduate biology major, a pre-medical student, a curious sort, and fearful of deformities, I reached into my memory for a fast diagnosis. I had always been happy about the shape of my average-sized rocket. Not extra-long, but definitely thick—a 6×5 , to be precise (the five being the circumference, not the diameter). I had been a welcome addition to many wanting dark spaces over the years. My Adam, legs over his head, never complained. He loved a sweet pounding. As I plowed through the field of life with its fecund and

fallow seasons, I had at least had this decent tuber to hold on to. But blight was setting in, famine most likely soon to follow. Death felt more real. I was concerned that depression would take me over. It did—but not for long. His sharper cousin, anxiety, grabbed the wheel of the tractor. I had work to do.

What is the cause of this Peyronie's disease? I began to Google, like you do but shouldn't when you need answers to calm yourself down. Peyronie's disease is scar tissue, or plaque, made of naturally occurring fibrin that builds up in a disadvantageous location. It sandwiches between the outer layer of the two parallel dorsal (top) erectile tubes—remembered to me in Tufts pre-medical college classes as the Corpora Cavernosa—and the outer, reptilian, plate-like coating called the Tunica Albuginea, something I had never heard of before. This was interesting news to me—that there are these movable scales right underneath the penis skin, which expand and contract with the filling and draining of blood. The plaque can also build up underneath the single tube, the Corpus Spongiosum, which runs ventrally (underneath) and surrounds and protects most of the urethra—but this is less common. My buildup was surely on top. Every site gave the same explanation of how Peyronie's disease gets you: when your erection tubes, these Corpora Cavernosa, fill up with blood and there is obstructing scar tissue in the outer Tunica Albuginea, your penis bends in that direction. The plaque can eventually calcify. A solidified, wretched boomerang was possibly what I had to look forward to.

Fresh hell. —Remain calm. You can do this. Don't drive your man crazy with fear. He's at work. Figure it out. He scares easily.

I continued to read. Peyronie's disease, depending upon its severity, can lead to complete sexual dysfunction, with its visiting companions hopelessness, anxiety and depression. Peyronie's disease is most common in white, middle-aged men, especially men of Northern European heritage, so there is a genetic component. It is related to another condition, Dupuytren's contracture, a similar disorder in which scar tissue builds up at the inside base of fingers, which causes them to bend toward the palm of

the hand, especially affecting the ring and smallest fingers. Peyronie's disease can be caused by an injury sustained while engaging in rough sex, especially if the penis is sharply bent at an angle, acute or obtuse. The thought and sound of that made me think back to the one time I had eaten jellyfish soup. The cool sliced body parts of that tasteless coelenterate between my teeth made a hard, crunching sound I felt as much as heard. Finally, I read that Peyronie's disease might be the result of an inflammatory auto-immune response and that alcohol only makes things worse.

I was perfectly positioned to have my penis repositioned into a painful bend. I was over forty-five years old upon discovery. My father is Scots-Irish-American with some German and Scandinavian thrown in. His father had Dupuytren's contracture of his right ring finger, but because he was a comedic alcoholic he had always told us grandchildren that his funky finger was from a wound he had sustained during World War I—that the doctors at that time couldn't do anything but sew his finger into that position. I had had rough sex with someone a few times over a period of a few months when Adam was still in Los Angeles packing up our house—I was lonely and needy in New York waiting for his arrival—but I had never heard the crunching jellyfish sound. Though I did use my member vigorously in and around this Broadway dancer guy who lived down the street, there was not much resistance and, truly, no pain on my part. In fact, the only thing that really hurt were my hands because he liked his ass to be slapped so hard. Though I felt mildly guilty about the sex—because even though Adam let me prowls, I am still culturally if not religiously Catholic—I did not think this new and rough action caused my new and rough reality. But who knew?

I was also kicked squarely in my plaid groin in the seventh grade. This scuffed the tip of my penis. The kicker was an eighth-grade girl who had colored the front strands of her hair bright green for St. Patrick's Day. When I asked her, "Hey Paula, what'd you do? Blow your nose in your hair?" she promptly went at my crotch with her mad work boot, sending me to the nurse's office

and then home to see a doctor for the bleeding head that had scraped all along my zippered fly. I was not erect and was very young when this happened so that was probably not the cause. I have terrible allergies and get inflamed at almost everything. We had just endured this two-tiered move, me followed by Adam, across our economically-recessed country, with Adam thankfully changing careers and my writing projects all up in the air, being scrutinized for marketability, so I was drinking like a sailor.

The wise portion of my brain accepted that my dirty DNA was simply on the make, but also lurking was the self-punishing/delusional-controller part of me that believes I cause all the bad things that come into my life. I beat myself up thinking I willed this thing to happen by an accretion of shoddy actions, overuse, and roughness, including choosing to be born with less-than-perfect nucleic acids, the molecules that make up our DNA. Plus, in the 1980s, everyone I knew was a poor artist. We all read too many self-help books that told us we were the creators of our own realities. I hated that I had to take care of a new negative. I hated how it hurt all the time, now. I hated how it looked. The vain joke is, I had always wanted to be phenotypically expressed in the lighter, half-Irish mode over the thicker, darker half-Italian chunkiness that is the true cast of my face, brought upon me by my mother's side of the family. And now the wish had been granted, but in the wrong spot—a case of the Celtic tiger growling between my legs.

Adam was more supportive than I had hoped for but also self-protective and distant, like he did not want to be associated with something so terrible. He was tender with me after I finished having sex with him—first on the convenient ottoman and then on the edge of the bed, me standing. When I asked, “Was that okay? Did it feel okay? Is it real ugly?”

He said, “It's fine. It's fine.”

When we had sex, I had to straddle one of his legs and move him to one side to slide my head into his anus. It was sex and it felt good but it also hurt, especially just before orgasm when my penis was at its hardest. In early sessions, Adam said he barely

noticed it—but he was being nice and is a very untalented liar. When he glanced at one of my sideways-curved erections he got a look in his eye like someone who had just seen a two-headed mouse. I was getting more and more uptight and needed to fix this thing. I developed what felt like a bladder infection, that constant need to urinate, and a general burning sensation around the head of my penis, deep through my taint right up into my anus, like a hot brick had been dumped in what would be my uterus if I had one.

I began to think I had so much more wrong with me.

When I was eleven years old and my penis was still perfect, child-sized and not yet orgasmic, we moved five miles, from a white high ranch house in Spring Valley, New York to a hideous, three-story saltbox house in Suffern. The saltbox was built in the 1970s, the front of the lowest floor faced in barely-fired red bricks, some of them chalky white, the upper floors in cedar shakes, with the sides and back clad in light, butter-yellow shingles. It was on a corner lot and my mother swept the streets all around it every few weeks. She wanted something beautiful. What we had was something financially solid in a good school district. But no mistake could be made—our neighborhood was in the blue-collar section, scrappy and townie, near the ball fields with the summer carnivals, the water treatment works, the Ford plant, a dog food factory, a brake shoe manufacturer and Avon. The sound of freight trains slamming into each other at night as they coupled together, loaded with Fords for points north, south and west, was our lullaby. At Christmas season, our high school choir sang for the factory workers at Avon. I remember well the lipstick conveyer belt. I shared a bedroom with my brother. We had orange-and-brown striped, wall-to-wall shag carpeting. We picked it out.

We rented out the apartment on the very top floor, identical to our top floor except that it had a little balcony. If I was home sick from school I would go out our front door, take a three-foot walk to the door next to ours, climb the straight stairs, and

visit the fun lady tenant, a mother of two, the same age as my mother. She was loud and alive, Mrs. Franzer. Like my mother, she worked at a doctor's office, but different hours, and wore a sort of white nurse outfit. And like my mother, she was an urban New Yorker—short, feisty, caring and a bit of a showgirl. It was easy to experience her as a surrogate parent on a sick Wednesday in February. I liked her, she liked me. We were both improvisational and enjoyed making things. She painted animal pictures and made flower arrangements. Her greatest work was a two-dimensional rooster made from an assortment of dried beans of different colors, shellacked for preservation. She could sew, too. She helped me understand how to make hand puppets.

In my sick child mind, I hated to suffer and wanted out. But what was the way out? How could a person stop suffering? Could a deal be struck? I was a wanting boy and pretended my thoughts were super powerful. I gave myself an ethical question to ponder. I felt guilty because it arose from a dark impulse. If I had a choice between being sick forever and Mrs. Franzer having to die, which would I choose? I imagined how awkward it would be to be super healthy while Mrs. Franzer had become a corpse and how guilty I would feel if that were to happen by my secret wishing. I was not a beast like Damien in *The Omen*. I knew I would have to choose being sick forever over her death, but I also knew it would be a very long and awful haul to be sick for eternity.

No endless pain for me, please. I continued to devour information online—the Peyronie's disease forums, institutes, chat rooms, the P.D. Wiki and other medical and historical sites about Peyronie's disease. There was one man's name that kept showing up on all the sites: Dr. Hellman (no real names of private citizens, except for Adam and me). For or against him, all these comments were a great advertisement. I looked up his website. He was, at the time, associated with the Sloan-Kettering urology department and was one of the premier Peyronie's doctors in the country, and this being New York City and me being parochial

in that annoying Big Apple way, I figured he was probably the best on earth. Clearly he was the guy I had to call, since my pain and my curve were only getting worse. I could not do this on my own by obsessing online. Action, with the assistance of a trained professional, was what my pained penis needed.

I had to wait two weeks to make an appointment because we were switching our insurance from a COBRA situation, which, thank expensive-goodness, had been available to us after Adam was let go from Hollywood's stable of working television writers who were over forty, to employer-paid almost-free healthcare covered by Adam's temp agency. In the meantime, based on my online research (and do not take notes yet), I started to take extra vitamin E and bought Acetyl L-Carnitine for improved circulation and Neprinol, a scar tissue eater. These last two made me speedy, fuzzy and shaky, but until I could see the doctor there was not much else I could do. I tried to keep it light. I told Adam, "I've named my scar tissue Roberta Plaque."

"All your references are from the Seventies," he said.

This is often true.

We continued to have sex, but it became necessary to mostly stick with hands and mouths. It was very difficult to get the correct angle for anal insertion. Plus, I could end up puncturing a kidney with my right hook. Adam loved me being top man. Now, I was the underdog. I wondered if he would be able to survive in this relationship without getting what he mostly liked. Or if I could face being the source of his and my daily disappointment.

Patience. Breathe.

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PROFESSIONAL OPINION

It's a Stretch

After two weeks, I went in to see Dr. Hellman. I had to check in at the desk in the street-level lobby of a nice building on a brownstone street in the East Sixties. Tony neighborhood for a midlife penis problem. The officious man at the desk, young and shut down, someone I could have easily become since I am good with paperwork and orderliness, took all my information. I tried to be friendly, looking for a human connection, compassionate that he was stuck in an administrative job that was most likely a monstrous bore. I smiled and chatted and fluttered. He remained professional and uninterested. Here I was, finally at the entrance to Dr. Hellman's altar, and the guard would not celebrate my arrival. I was concerned that Adam's new temp agency health insurance would not work because I am concerned that most things in our country do not work. The desk man looked it up and told me, "We are in contract with them." His *froideur* made me nervous, which always shuts down my comprehension as my cognition scrambles with anxiety. I did not understand exactly what *in contract with them* meant.

"Do you take this insurance?" I asked.

“Yes, we are in contract with them,” he said coldly, emphatically, again.

“So that means you take this insurance?”

“Yes.”

—Goodbye, jerk. I mean, really. I have a curved penis that no longer works properly and I am so happy to finally *be* here at Sloan Kettering to get this taken care of and you stick to the script? In contract could mean almost anything. I’ve never heard that before. Okay. I’m ramped up. In contract. In contract. I’ll let this poor guy go about his day. I’ll just head down the elevator. It’s not his fault I feel lonely and vulnerable, unattractive and unwanted. Time, that nasty fourth dimension, did what it did to me.

Back when we were living with Reagonomics, I was the guy who would walk into my college cafeteria strategically exposing a freshly worked out chest in a ripped, maroon, medium weight, double weave, loose-fitting T-shirt that was a little too short—okay, girly—and hung above my belt line that said, in white, embossed, hard, cotton letters: *Impale Yale, Harvard-Yale, the Game*, in a grungy swipe at the Ivy League. This well-traveled, floppy shirt was aspirational—I was attending neither Harvard, down the street, nor Yale—but more importantly, it was sexually strategic. Because it was ripped at one armpit and just below the opposite nipple, and because of its lacking length, showing a decent section of my navel love trail, it telegraphed the ironic tone that I had actually been mauled in a football game, impaled, something an arty annoyance like me would have never experienced unless there was a lot of alcohol and porn involved. It flaunted that I was proud to be from a lower class than most of these precious egg-munching toffs on this side of the Medford, Massachusetts hill. If anyone had any objection to my trashy getup, I was never told about it.

We all just had to face it—Yale and Harvard only existed so this T-shirt could be made, worn into soft attraction, lost by someone unknown, found or stolen by me in the laundry room, and then donned so I could look good walking down the steps

into MacPhie Dining Hall, with my meal card and my bouncing confidence. I enjoyed the adrenaline and serotonin rush as I watched the coeds and the interested boys pretend they were not tilting their heads upward toward the *Brady Bunch* slatted stairway to surreptitiously stare at my fat-free abs and heaving, hard tits. It was a tacky move, but like my lively mother, I knew how to get attention. Mousey as a boy and anything-but later on, with loose gold and auburn curls down to my shoulder framing the intact, chiseled skull of my energized late-adolescence, I pretty much wanted to go fuck myself.

Leaving the desk man behind, now that we were in contract, I crossed to the elevator and hit the C for Concourse, which was really the basement of the building—but nicely, it was an atrium, since the ceiling had a huge cutout to the first floor above. Lots of natural light. Magazines. Almost like a college student center with its blond wood. But I was not a student now. I was a weird grown man, not so sexy, in a large waiting room, surrounded by mostly older men with their caring wives. I thought how nice it would be one day, when Adam and I were old, to go to doctor’s appointments together. Until then, I would soldier on, in this basement aerie, and get this penis fixed. Alone. I could do it.

I emailed Adam.

Nice waiting room.

Pause.

I don’t know how long I’ll have to wait.

Pause.

—He’s busy, he’s busy. Thank God he got this gig. Damn recession. Okay.

The insurance worked. I was so grateful that Adam was toiling and we were safe from financial ruin. How do single people live? How can you face the horror of decay and ruin all alone? Like a housewife in a black-and-white sitcom, nailing down security has always been my essential motivation. When this is in full force I can push against it in controlled rebellion and really enjoy the day. —Thank the ever-loving savior for working boyfriends.

Thank you, God, who I don't even know at all, for the energy of possibility. This is bigger than my atheist self.

I went in to speak to this upbeat man, this Dr. Hellman, about a quick look-see at my penis-horrible. He resembled the actor who played Murray on *The Mary Tyler Moore Show*, Gavin MacLeod. He had very good, clipped diction.

"Hello."

"Hi."

"When did you start to notice the bending?"

"Two months ago."

"Is there pain?"

"Yes."

"On a scale of one to ten, how strong is the pain?"

"Oh, just a two or three, but it never really goes away."

"We do not know what causes Peyronie's disease. We believe there is a genetic component. Your name is Cummings, so I assume Northern European ancestry?"

"My father, yes. Irish, some Scottish and German ..."

"You see, it runs in families."

"My grandfather had a completely bent ring finger."

Dr. Hellman did not show that he cared that my grandfather had a bent finger.

Dr. Hellman told me what he must have told so many upset men before me. He remained upbeat and compassionate. He spoke quickly, in the way you do when you have to say something you've already said a thousand times. He did not talk down to me, though. I was all ears, all attention.

"Some think it might be caused by a virus, but we have not been able to find a virus. Some say it can be caused by injury, but most people who come in here do not remember being injured. It's genetic. We really believe it is genetic."

"Great."

"How much is it bending? And where is it? Show me."

With that, he handed over a four-inch, skinny rubber dildo in the shape (and with the veiny-ness) of a penis. Perhaps he presented such a small phallus so no one would feel less-than or

intimidated? I showed him the spot where it was bent. He asked me, “How much does it bend?”

“About like this.” I pulled the rubber penis head to the right about twenty-two degrees.

He asked me, “Can you still have sex?”

“It bends to the right at the top, not too much, but enough so that I have to maneuver in order to get it correctly input. But it hurts. So sort of. Not really. We’re not having much sex right now.”

“How are your erections?”

“My erections are strong.”

“That’s good.”

—Great.

“And you came in early. Most men wait to come in until it’s too late. Most gay men come in sooner than straight men since they are more identified with their penises.”

—Well, there’s an advantage to the gay thing, finally.

Dr. Hellman told me to go to the desk in the waiting area to set up an appointment for a curvature assessment. He explained that this would involve injecting my penis to bring it to a full erection so they could measure the curvature and also take an ultrasound to examine the shaft for plaque. If the test showed that I needed Verapamil injections—and I had a strong feeling the test would because he was in the Verapamil business—I would have to come in six times over a period of twelve weeks to be numbed and injected. He said, “Set up the six appointments so you’ll be on the books because the schedule gets full, and if the assessment test shows that you do not need Verapamil injections, you can cancel them.”

“Right.”

I also had to make an appointment to have my blood drawn before arriving at any of these appointments, to measure my testosterone levels, so Dr. Hellman gave me a preapproval for a phlebotomist, a person who draws your blood. Dr. Hellman said, “I assume your testosterone is going to be fine, though. You are young.”

“Okay. Are you going to examine my penis?”

“Yes, right now.”

I dropped my drawers. He felt around, probing for nodules.

—Go for it, Dr. Hellman.

“Yes, I do feel something. It will be good to look. Okay. Good. Now I’m going to stretch it. Are you ready?”

Dr. Hellman took the tip of my penis, just about a centimeter at the end, between his thumb and his pointer finger and stretched it about as long as I have ever seen it flaccid. It resembled what I have seen in a microscope lens of a planarian, a flatworm, the simplest bilateral animal. And then he let it go, not unlike a slingshot. He was confident. “You have a very good stretch. This is good. Okay. You can pull up your pants.”

(You can cut a planarian bilaterally, horizontally, or vertically and it will grow into two worms. Or split its head and it will grow two new full heads on the same body. Cut it up into pieces, you will grow as many worms as pieces. Such worms!)

I pulled up my pants. I was glad I had a good stretch. A part of me thought—I’m always lucky. I am. This is going to work out. I always come out okay. Uh-huh.

Dr. Hellman assured me, “The good news is it only happens to you once in a lifetime. After a year or eighteen months the pain will go away. It always does.”

I thought—But then you are left with a cruller between your legs?

I was very curious about the treatments that I would be having and eager to begin. I asked the doctor how they worked.

Dr. Hellman told me, “Think of a piece of scotch tape on a balloon. When you blow up the balloon it bends in the direction of the tape because of the constriction. We need to break up that tape.”

Dr. Hellman explained the treatments. “You will be receiving a mixture of Verapamil, an off-label blood pressure medication, and saline. This will be injected into the hardening plaque. The sooner the better, to soften it before it becomes calcified. We do not know if it is the Verapamil, the saline or the needle that does

the trick.”

Frigging known unknowns.

Then he assured me, “In forty percent of patients, it gets better. Another forty percent, there is no change. In twenty percent, it gets worse. So you have an eighty percent chance that it will at least remain the same or get better.”

He was pleased with these statistics, as if his life’s work was not based on snake oil salesmanship or positive-thinking hoopla. A man of science and math. Great. I was with him. I hung onto those very good odds. On the other hand, I had to consider my mother who has been riddled by so many diseases that have never been improved by conventional medicine. Her baleful immune system has eaten away at her organs and tissues to such excruciating pain that she has had to endure her last few decades on earth on a phalanx of steadily prescribed Oxycodone. But was I only my mother’s son? No. Maybe. No.

When I first called to make this appointment I was asked to bring any supplements that I was taking. I showed Dr. Hellman my booty bag. His seen-it-all-before face telegraphed that he was disappointed that I was so easily conned, that I had been spending too much time online with the charlatans. He pushed the multi-vitamins aside as if they were harmless and then held up the bottle of vitamin E. “The vitamin E won’t hurt you, but we have seen no studies that prove it helps.”

“Oh, okay. It’s all over the internet.”

“The Acetyl L-Carnitine won’t hurt you, but again, any help might be negligible.”

Then he picked up the Neprinol. “This ... is garbage.”

“What should I do with it?”

“Throw it away.”

Dr. Hellman warned me that people take advantage of this fraught situation to sell these useless supplements. On its official website, Neprinol is listed as a dietary supplement that contains a proprietary combination of enzymes and cofactors. It claims to keep your fibrin levels adjusted, naturally reducing any excess scar tissue in your body. Sounded good to me. Dr. Hellman

loathed the stuff as a serious time and cash detour.

I was happy to be rid of these things, since I hated them all. Most drugs either speed me up or bring me down. The Acetyl L-Carnitine and the Neprinol supplements were of the speedy variety. No need for them. But what if Dr. Hellman was just another guy selling his own ideas for fun and profit? We do live in a land of sales first, empirical knowledge second, after all. But my gut sense, which of course could have been wrong, told me he was right. Plus, I like physical, cutting solutions to problems more than pills. If you can do something physical, like sinus surgery instead of endless decongestant pills, I say snip out the offending tissue! I'm ready!

I told Dr. Hellman I was also taking cranberry pills because, "I feel like I have a constant need to go to the bathroom. I must have a bladder infection. My prostate feels inflamed. I feel like something hot and terrible is happening in my groin and buttocks area, in general. Like it's all inflamed."

"You are over-concentrating on your penis. It is important that you do not do this. Everything else you have going on is in your mind. You may have what is called chronic pelvic pain syndrome. There is a drug for that."

"Really? What causes this?"

"It comes from adrenaline and being nervous. Are you a type A personality?"

"Of course I am."

"You just need to relax. When you get your blood work done I am sure they will find nothing. You are too young to have anything wrong with your prostate. You need to stop thinking about all of this and get on with regular things."

I thought back to the time in Los Angeles that I was convinced I had GERD. I was panicked about it and I did not want to take medication. I was shaking at the gastroenterologist's office on Beverly Boulevard, across from Mt. Sinai Hospital, a wreck about facing a lifetime of acid reflux and daily purple pills, when the wonderful Dr. Duoberg looked me right in the eye and hypnotized me with a positive suggestion, saying, "I don't believe

you have GERD or acid reflux or anything like that. I just think you have sensitive body issues.” Within three days I was cured. Now then, this Dr. Hellman in New York was onto something about me, how I somaticize my nervous energy. I understood this territory of my unconscious makeup and knew instinctually I could calm down my pelvic floor. Even thinking about it calming down calmed it down. But this bent penis? A flaw in my personality was not making this up.

Dr. Hellman handed me a brochure for the AndroPenis. This is a penis stretcher. Stretching is important for Peyronie’s disease. He said I should order one. “I get nothing for suggesting this company. There are other ones out there, but this is the best one. Insurance does not cover it so you will have to spend the three hundred dollars, but it’s worth it since it really does work.”

“Okay.” Money. Money. Money.

“You wear it four to six hours every day for six months, maybe longer. It lassos behind the head of the penis with two spring-action tension rods. The DVD that comes with it shows you how to do it. Every two weeks you add a half centimeter of length by screwing on extender disks. Much like the way some African tribes do their necks, your penis will lengthen and straighten. Follow the instructions.”

Oh Christ. Now there’s a chore. But I’ll do it. For me. For Adam. For Africa. For everyone.

Before I left, he repeated something he had already told me twice, “Remember, no one ever died from Peyronie’s disease.”

I thought—Of course, no one knows the cause of every suicide.

ABOUT THE AUTHOR

Don Cummings is an author and playwright. He has been published in *Cagibi*, *Epiphany*, *The Coachella Review* and *Post Road Magazine*, and often performs at Comedy Central's Sit 'n Spin and other storytelling events. His plays have been developed and produced on both coasts. He lives in Los Angeles with his writer/musician husband, Adam Waring. www.doncummings.net.