

Mechanical Failure and What's Sex Got To Do With It?

The following are two absolutely excellent articles by Stephan Wilkinson and his wife, Susan Crandell that both gave permission to Terry Herbert at his website <http://www.yananow.org/MechanicalFailure.htm> and <http://www.yananow.org/WhatSex.htm> respectively, to be available to others. We would hope that all men and women could develop the mindset of this couple when faced with the side effect that too often accompanies treatment for prostate cancer – impotence and the loss of erectile capability.

MECHANICAL FAILURE

By Stephan Wilkinson



Stephan Wilkinson is the automotive correspondent of Conde Nast Traveler magazine, and a frequent contributor to Aviation History and Military History magazines. He also is the author of [Man and Machine: The Best of Stephan Wilkinson](#) and the memoir [The Gold-Plated Porsche: How I Sank a Small Fortune Into a Used Car, and Other Misadventures](#). He lives in Cornwall-on-Hudson, New York with his wife, writer Susan Crandell.

The piece that follows is one of a pair which Stephan and wife Susan Crandell wrote for the book [Over the Hill and Between the Sheets: Sex, Love and Lust in Middle Age](#) after Stephan's radical prostatectomy. These excellent pieces show clearly some of the differences between the way men and women regard the issue and are well worth reading. Susan's contribution is entitled [What's Sex Got To Do With It?](#)

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It's an urban legend that the Inuits have 400 words for snow, but it's absolutely true that the online encyclopedia Wikipedia lists 650 synonyms in English alone (okay, 648 in English and 2 in Yiddish) for a single small piece of male anatomy. Call it dick, prick or willy, johnson or peter, schlong, schwantz, stiffy, pecker, dong, unit, package, dork, one-eyed snake, trouser hose, beaver cleaver, wang, woody, or wiener, it's all the same thing. A penis. Like so many things sexual, the male reproductive tool has far more euphemisms

than it needs, perhaps because people talk about those forbidden things so much that they get tired of using the same old word.

Actually, I didn't really talk-or certainly write-all that much about my own penis until I no longer had one.

It isn't entirely accurate, that assertion about my penis, but it's close. I still have one, hut it's a shadow of its former self, a puppy dick peeking shyly out of a tangled bush, and it no longer works.

I had a prostatectomy at sixty, the all-too-common operation performed to excise prostate cancer. In the majority of cases, particularly among men in their late fifties or older, the procedure also snips the nerve that provokes an erection. No erection, no sex. At least, no standard, conventional, in-and-out sex.

Maybe I should have had radiation treatment, or chemotherapy, or the newly popular seed implantation, a form of precision nuclear zapping that involves the minimally invasive injection of tiny radioactive capsules into the cancerous prostate, though all of those procedures carry the risk of impotence as well. No sense what-iffing, though, because I didn't. My wife and I-and it best be a mutual decision-opted for full-frontal surgery.

I frankly don't do anything without my wife's approval, in large part because she's so much smarter and more mature than I am despite being sixteen years younger. We'd been married for eighteen years when I had my prostatectomy, and sex had ranged from a frantic twice a day to a placid twice a month. Not because Susan isn't just as physically appealing as she was when we met-she a long-legged, miniskirted, job-hunting Middlebury grad and me a once-divorced magazine editor who persuaded my boss to hire her-but because even though she spent more than twenty hours a week at the gym and had the body of a twenty-five-year-old athlete, in a sense we were having too much fun doing lots of other things to bother with a lot of sex.

I wasn't surprised that Susan favored surgery. She's decisive and a rationalist. And I suspect she talked it over with our daughter, then seventeen, (Brook grew up learning that families do not have secrets.)

My wife has a friend whose husband was recently about to undergo a prostatectomy, and Susan confided to her that I'd been impotent since my surgery. "[don't care about that happening," her friend said. "Maybe I would if I were twenty, but right now, I just want that damn tumor gone." After the operation, her husband turned out to be one of the lucky ones who retained "erectile function," as the polite phrase has it. "Tell you the truth, I was secretly hoping that he wouldn't," Susan's friend later admitted. "It's been a long marriage ..."

Okay, some things men would rather not know.

One thing they don't bother to tell you before prostate surgery is that even if you can still get erections, a prostatectomy will shorten your dick. No, they don't cut the head off, but the effect is the same.

The prostate gland is usually described as being about the size of a walnut-let's say an inch in diameter, though I've seen them twice as big in medical exhibits-and it surrounds the urethra, which is the tube leading to and through the penis, through which passes urine as well as the ejaculate that is produced by the prostate. Cut the prostate out and, like slicing a leaky piece out of an old garden hose, you're also eliminating an inch or two of the

urethra. Now the doc has to reattach the two severed ends of the tube, and he takes the slack with which to do it not from your internals, where there's no give, but from the external penis, essentially pulling it that much closer to your belly. Like shorter.

It didn't really bother me afterward, at least not the way Fin sure the disfigurement of a radical mastectomy would traumatize a woman. After all, my dick didn't work anymore in any case, and certainly Susan was cool enough not to mention it.

After my operation, I went to a highly regarded sexologist/urologist for possible help, the kind of guy who's in every talk-show address book for when they need a dick doc to talk about the latest ED pill. (Viagra and the like, incidentally, are useless for people like me. It the nerve that phones ahead the erection request is missing, there's not much that pharmacology can do. Well, except for one interesting semicure that I'll get to.) The sexpert didn't actually laugh when he saw my penis, but he did say. "Hmmm, that's some substantial atrophy." Thanks, Doc.

Here's how we manipulated my poor little peter after Viagra proved powerless:

First I tried the pump, which has to be one of the most hilarious devices this side of the Arawak penis sheath. The Pump is a transparent plastic can that you put over your limp dick, holding it as airtightly as possible against your hairy abdomen while hysterically wobbling a handle much like one of those things that evacuates the air to save a half-empty bottle of wine. Somehow, the substantially reduced atmospheric pressure this creates inside the plastic can draws a trickle of extra blood into the spongy core of the penis, and the result is a semierrection,

As you pop the can off your sort-of stiffy, you then have to quickly slide a tight rubber band down to the base of the penis to keep the extra blood from draining back out. If everything goes reasonably well, you hobble from the bathroom back into the bedroom, bent over from the pain and embarrassment, and achieve penetration. (The pressure needed to part the typical National Bureau of Standards vagina is three and a half pounds. I suppose you could make a small weight and balance it atop your artificial erection. If the flesh is stiffly willing, you're good to go. If it crumples, more pumping is called for.)

Though the Pump worked, it was rather like having intercourse with a manufactured penis, and it put me in mind of a friend's remark when we were gossiping about a physically unattractive woman we both knew. "I wouldn't fuck her with your dick," my friend said. I ultimately decided I wouldn't fuck my wife with the Pump's dick and turned to the next choice: injections.

Many people have a needle phobia, and the thought of poking a hollow, stainless steel syringe into their lap rocket curls their toes, straightens their hair, and makes their teeth itch. But needlesticks don't bother me a bit, so Susan and I moved to the next level, which was for her to gently inject 10cc of something called Caverject through a hair-thin needle of the kind used by diabetics to give themselves daily insulin injections straight into the corpus cav-ernosum to chemically excite an erection.

It worked, and it hurt about as much as a mosquito bite, but it also put me in mind of yet another friend to whom I'd gone for advice because I'd been told that he too had a can't-get-it-up problem. His dysfunction was emotional, not surgical, but he also had tried the injection solution. "Oh, jeez," Jerry said, "you mix up the cocktail of meds, you get the needle ready, you fill the syringe and do the whole thing, and then, fine, you fuck your wife. If Sharon Stone came through the bedroom door, I'd do it again in a heartbeat, but

otherwise, it's a waste of time."

I had run out of answers. Actually, there was one left, but neither Susan nor I wanted to consider it: a penile implant. This is in fact an ancient solution, and the original implants were a transplanted piece of rib that literally gave you a permanently stiff penis. Modern implants can be similarly stiff-but-bendable artificial boners, so they can be tucked away between bedroom bouts. But the gold standard for transplantable objects is the inflatable, flexible bladder, like a skinny hot dog, that takes up residence inside the penis, alongside the urethra. It's pumped up, foof-foof-foof-foof, by a little bulb that is put into-where else?-the otherwise-useless scrotum. We imagined the foreplay opportunities-"No, honey, that's the pump, not a testicle"-but decided the risk of that much surgical intervention wasn't worth the Roman candle. (The operation typically costs more than twenty thousand dollars, and if complications arise, which can occur from shifting of the implant, the expense of repairing the device can be even greater.)

Because I'm open about my impotence, friends have quietly come to me and asked for prostatectomy advice, which of course I'm happy to provide, for what it's worth. Perhaps the strangest such contact I had was with an acquaintance who told me his father had been biopsied and found to have early-stage prostate cancer. He didn't want to even discuss surgery or any other treatment, though. Didn't care if he died, or how painful it might be, because he couldn't imagine not being able to ejaculate.

I'm hardly alone in possessing minimal equipment. Despite all the evidence to the contrary, there's hardly a man alive who doesn't secretly-or openly-believe that bigger is better, though few actually are well endowed.

Evidence to the contrary? Well, Michelangelo's David has probably the most famous and certainly most visible dick in the world, and scaled down to life-size, it probably goes a good three and a half flaccid inches. Michelangelo supposedly was gay, in which case you wouldn't think he'd be particularly reticent about sculpting a grand wiener.

In fact, no legitimate artwork that I can think of, with the exception of Robert Mapplethorpe's photography, shows a schlong anything like what men imagine every other guy is packing. Hercules, Adam, David, Leonardo da Vinci's famous proportionate Vitruvian Man . . . all are classically depicted with penes that make it apparent why codpieces-initially simply a jockstrap-like piece of clothing--were embellished to exaggerate the size of the wearer's unit: There wasn't much there in the first place.

There's the occasional exception to the size-matters rule. I recently read in The' Week magazine that Latin singer Enrique Iglesias, the boyfriend of tennis hottie Anna Kournikova, is considering endorsing a line of extra-small condoms for men as slightly hung as he says he is. "I can never find extra-small condoms, and I know from experience that it's really embarrassing," he said. Embarrassing to not find them or embarrassing to have to ask for them?

Lord knows I daren't do more than hint at the possibility that athlete/novelist/movie-star-handsome manly man John Irving is minimally hung, since he was a nationally-ranked collegiate wrestler not that long ago and could kick my skinny ass. But his spectacular novel *Until I Find You* is a presumptively drawn-from-life, personal, 800-page evocation of the adventures of a small-dicked boy-man who eventually has inventive sex with every woman who comes within a block of him.

Fact is, the average erect penis is only five and a half inches long, and even that number is

suspect, since men with larger schlongs are more likely to participate in measurement studies than are Thumbelinas. ("Do you know why women can't estimate measurements?" my brother Leland once said, in the only dirty joke that holder of a Harvard Divinity School degree has ever told me. "Because all their lives, they've been told this is ten inches," he said, holding a thumb and forefinger five inches apart.)

I've never been a locker-room pecker, never given much thought to the natural endowment of other men, but it certainly seems to be a matter of fascination to many guys. Okay, I'm an Internet pecker: There's a Web site, www.imagesofsize.com, that offers three thousand close-up photos of penes-which, pronounced "peenies," is a plural of penis, if you want to win a bar bet-of every size, shape, acute angle, and race. The angular dangle is called Peyronie's disease, a term we learned when Monica Lewinsky announced that the First Dick had a distinctive shape. But what is particularly interesting about the site is the number of pictures of men with the tiniest peepees you can imagine. I'm talking an inch . . . half an inch ... an inch erect, even. It's reassuring to many of us to see that others have the same or even less to work with than we do.

Talk to women who are willing to be honest about what works for them, and you'll find that if anything, circumference is more pleasurable than length. Having one's cervix slammed isn't particularly desirable, apparently. What matters infinitely more than length, girth, or circumference is, in fact, distance. The long-distance runners are definitely not lonely when it comes to sex.

Watch a good porn-film performer bring to multiple orgasms a woman he's just met that morning and whose name he doesn't remember, and you know that size is not what impresses. And not just for women. As far as porn producers are concerned, the real moneymakers are actors who not only can produce serial ejaculations but also can come on command. I had a guy with a five-inch erection, one porn-film producer recently posted on an Internet sex-film bulletin board, and I used him constantly, if only as a stand-in for the money shot. He saved me thousands of dollars a day of shooting.} could do two films in the time it normally took to do one. If you can come over and over and do it exactly when I say so, your porn career is assured.

My porn career never even got started, but if it had, perhaps I'd have resorted to the marketers of various mechanical devices intended to increase penis size. They often refer to the penis as a muscle that needs to be exercised in order to get bigger and stronger. If that were true, men who masturbated constantly would be the best-hung of all. The penis, of course, is no more a muscle than is the brain. The heart is a muscle. Pecs and abs are muscles. The penis is a simple machine, a tubular sponge that uses hydraulic fluid-blood-to enable its work. The only muscles involved are those in the lower back that do the manly thrusting.

Still, lots of men want to lengthen their penes, and marketers have come up with an array of ways to give the appearance of doing so, though in fact you can no more increase penis size than you can build brainpower or improve your eyesight. There are pumps, there are regimens that involve walking around with weights hung from the member-presumably involving front-pleated, wide-legged pants-and there are manipulations you can do that involve jerking your poor Johnson in and out and from side to side hard enough to "break down the internal cellular structure so that it regrows larger and longer."

Wow. Thank goodness that's something I no longer have to consider as an option.

Of course, there are lots of more pleasant things I can no longer consider as options either.

Yes, such as intercourse. But into its third decade, our marriage has-like Susan's gym friend's-been a long one. We've moved far beyond the time when the conjunction of soft and hard flesh, friction in the dark, and exchanging bodily fluids often seemed to be the point of it all. Besides, there are other ways to make love. And look on the good side: Now nobody has to sleep on the wet spot.

So for me, ultimately, the pee in penis has become the organ's sole meaning. My little dork has become an exceedingly simple tool, no longer a machine, through which I urinate. Works for me.

Former editor-in-chief of More magazine, Susan Crandell is the author of [Thinking About Tomorrow: Reinventing Your Life at Midlife](#) (Warner, January 2007), which profiles 45 men and women who've made big changes in their forties and fifties. When she is not writing about her sex life, she tries to stick to subject matter her mother can enjoy. She's written about gorilla-tracking in Uganda for Town & Country, attended Bikini Boot Camp for Luxury SpaFinder, driven her Boxster on Lime Rock Racetrack for AARP and climbed Kilimanjaro and hiked New Zealand's Milford Track for More. She has also written for Travel & Leisure, Prevention, Ladies' Home Journal, Gourmet, Reader's Digest and Country Home magazines.

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What's Sex Got to Do With It? **By Susan Crandell**

The other day, the Today show did a segment about what women really want from their love life, featuring a survey in which 47% of women ranked cuddling as more important versus a mere 25% who'd rather have sex. This is hardly breaking news to the nation's women. Women's magazines have long published statistics pointing out that physical closeness is more cherished than the actual act. But for the majority of guys, the bedroom is a sporting arena, the venue of victory or defeat. You won't see hugs-versus-sex scores

reported on ESPN. When it comes to sexual agendas, we're like conservatives who only watch the news on Fox or liberals whose radio is perma-tuned to NPR. Women have the reputation of not caring much about sex, but nobody asks the follow-up question: What is it that we do want?

I know what I want: a husband who stays alive.

Steve and I faced the question of how central intercourse is to our marriage nine years ago when he had a prostatectomy that left him impotent when he was 60 and I was 45. From the moment we heard the biopsy report, I had one thought in mind: Please, just let me keep this guy. When his surgeon explained the less-than-appealing potential outcomes of surgery-incontinence, impotence-it didn't slow me down a bit. I wanted that cancer out of his body and in a jar. Damn the side-effects, full-speed ahead. So did Steve, and there was no argument about which course of treatment he should take.

After all, we were embarking on our third decade of sex. Who could be so greedy as to ask for more than that? When Steve and I married in the late Seventies, I felt invincible. We were young, we were healthy, sex was great, and within a year we had a baby. There's a little bronze sign under a shade tree in our backyard. "Beneath this tree were wed Stephan Wilkinson and Susan Crandell. A fruitful bond soon to flower and ever to endure." When we added Brook's name to the plaque, our life was perfect, complete. The frequency of sex may have waned over the years, but if quantity was down, quality was still AAA. Until that day in his doctor's office, I thought sex was something we'd always have.

Maybe that's because I'm a boomer. Remember the summer of love? We claim we invented recreational sex, though it may actually be simply a matter of timing: We were lucky enough to come of age sexually in that golden moment post-Pill and pre-AIDS when bad sex meant you didn't climax, not that you died. Surely, we thought, someday we would be shaking the walls of the old-age home-eee-eee, eee-eee, eee-eee.

When prostate surgery put the brakes on our sex life, I was so thankful the cancer hadn't spread that I couldn't think about anything else. Hmmmm, let's see: Sex life or life, sex life or life? Is that even a choice? And yet, that old Venus/Mars thing did crop up. While I looked forward to many years of emotional intimacy, Steve despaired that we might never have sex again.

Nobody can say we didn't give alternate methods a try. I may have had my eye on the real prize-Steve's continued good health-but neither of us was going to let our sex life go down without a fight. Steve received a prescription for Viagra the very day it came on the market-no joy-and he labored manfully with a medieval torture device to "pump up" his penis. I remember lying in bed one night, candles burning, music playing, listening to him smash the pump onto the bathroom floor in frustration (luckily the pump was sturdy stuff; we were still able to return it at the end of the 30-day trial period for a full refund).

Turns out, when Viagra doesn't work, Pfizer can upgrade you: they've got another little erectile re-function system called Caverject Impulse Therapy. Yes, that's 'ject as in inject, and it is Little Stevie who's going to get shot. How important is intercourse? Important enough to Steve and me to report to his urologist for a lesson on proper Caverject technique. Ajit, a talkative mid-forties guy with a Hindi lilt and a passion for drawing diagrams, sketches out a penis with its chambers, or corpora cavernosa, that fill with blood to create an erection. Shoot that Caverject juice in there, and in no time Little Stevie will be standing at attention.

Ajit demonstrates how to do the deed, injecting Steve all the while chattering away about how when I perform the injection at home, I must be careful not to nick an artery or punch a hole in the urethra. Now here's the really fun part: Like Viagra, the Caverject doesn't work on its own; you've got to create the mood. Exiting the examination room, Ajit tells us to get busy so he can see whether this is going to be the answer for us. The walls are so thin I can hear somebody whispering a couple of rooms down. After two decades of marriage, sex is suddenly awkward again. I mean, are we talking hand job here, or am I supposed to drop my pants and climb up on the examining table? And what about poor Steve-how is he possibly going to get in the mood? Suddenly, I have oceans of empathy for all the guys who've stood in stalls at doctors' offices wretchedly paging through old, dog-eared issues of Hustler to provide a sperm sample. In deference to my mother, who I fervently hope never reads this, I will withhold the details. Suffice it to say, we have liftoff. Ajit returns to admire Steve's erection, and we're in business.

We now have an erectile system that will work-that is, if I am willing to stick a needle in my husband's dick every time we want to make love. Steve, who doesn't give blood because it involves such a big needle, is gung-ho. I chalk this up as one more example of men's one-track mind-intercourse at any cost. Medical school is an unrealized dream of mine, so while I can't say I'm eager to jab a needle into the man I love, I'm not squeamish about it either.

Our druggist outfits us with a box of hypodermics (Steve later rinses out the empties and uses them for some arcane ritual involving the model airplanes he builds) and two little vials of the Caverject elixir (I note that this stuff is unpopular enough to require a special order). Tonight's the night.

I am not going to be cruel enough to ask gentlemen readers to put themselves in Steve's place, but for you women, I'd like to pause a moment here so you can imagine sticking your husband in the penis with a hypodermic. To think that we used to say inserting a diaphragm was a mood-killer. This is the big league.

It isn't what I'd call a normal sex life. Here's the drill. We head to the bedroom, get all cozy. When the moment is right, I pad downstairs to the refrigerator and fetch the little vial of magic fluid (of course, I've forgotten to pick up the supplies before we got going and now have to assemble everything on the bedside table: hypodermic, check; sterile gauze wipe, check; stiffie fluid, check), and wash my hands like I'm scrubbing up for surgery. I fill the hypodermic, then tap the side and give it a jaunty little squirt to make sure all the air is out. I locate the right spot (now that I think of it, a tattoo would be mighty useful), stick the needle in, and confirm the positioning by drawing a little blood into the syringe. Finally I push the plunger. Still with me? Once I remove the needle and press an alcohol wipe to the spot until the bleeding stops, we're good to go.

We do it, it works, and afterwards we sit in bed grinning goofily. Next morning, Steve calls Ajit to see how often we're allowed to do this. Twice a week? Twice a day? Twice an hour?

You can tell that we are seriously sex-starved because a week later, we're back in Ajit's office raving about the Caverject. We are having regular sex. It's a miracle. Why doesn't everybody do this? Ajit tells us few are willing to even try it, and almost everybody quits after a couple of months. "That Ajit-what a spoilsport," we tell each other as we drive home, shaking our heads at the folly of people who would forfeit a chance at good old-fashioned sex.

We continue to have hypodermic-enhanced intercourse for nearly a year, but eventually we too become Caverject drop-outs, just as Ajit had predicted. I never got totally comfortable

with jamming a needle into Steve's penis. The fact that my aim wasn't faultless and sometimes the injection failed didn't help. In the end, it was like the MasterCard ad: Knowing that we could have sex was priceless. But the cost of actually doing it-the mood killing, the dick pricking, the uncertainty of success-was too high. Finally, we figured out that plenty of fun could be had without my Nurse Diesel impersonation.

Along the way, we discovered the real meaning of intimacy: that sex pales in the face of love. The best part of a party is lying in bed together afterward, gossiping. Steve installed a home theater in our bedroom, and the martial bed is now a comfy place to watch movies on the eight-foot screen that pulls down over the closet doors. We lounge against big piles of pillows, dipping into a bottomless bowl of popcorn. We can talk if we want to, or even throw popcorn at the screen. Yes, we are that pathetic couple who sit at dinner and talk about their cat. We can't get it up to fight the way we used to. The old arguments, like why he deposits drain hair on the bathtub edge, or why I leave the kitchen countertop speckled with water in the exact spot where he always sets the newspaper down just don't seem that important anymore. It's amazing that they ever did. As for sex, we do what we can, and don't worry about what we can't. By the time you're 50 you've figured out that life's too short for regrets.

Two years ago, I quit my staff editor's job to freelance write. Now Steve and I both work from home, and friends ask me, "How can you stand it? Don't you drive each other crazy?" Not at all. I'm just so grateful to have the love of my life here for the long haul, not to mention all that extra time to cuddle.