



Up Theirs

THE ALIMENTARY CANAL
AS CRIMINAL ACCOMPLICE

SHOULD CIRCUMSTANCE PREVENT a man from carrying his cigarettes and cell phone in his pants pocket, the rectum provides a workable alternative. So workable that well over a thousand pounds of tobacco and hundreds of cell phones are rectally smuggled into California state prisons each year. The contraband allows incarcerated gang members and narcotics dealers to make business calls from behind bars (and to enjoy a smoke while doing so).

"This came in on Friday." Lieutenant Gene Parks is a contraband interdiction officer at Avenal State Prison. He is making reference to a clear plastic garbage bag two-thirds full with what appear to be but are not yams. They are plugs of Golden Leaf pipe tobacco, sheathed in latex and tapered at one end for ease of insertion, and not into pipes. The garbage bag is a "drop"—bulk contraband—that was hidden on the nearby chicken farm where

two to three hundred Avenal inmates commute from the prison to work. Had Parks's team not gotten to the bag first, the plugs would have been "keistered" by convicts into the prison yard, two or three and occasionally six at a time, and then laid like the eggs the men spend their days with.

A fruity tobacco smell has leached through the plastic. The Investigative Services Unit smells like a tobacconist's shop. A one-pound bag of Golden Leaf tobacco retails for around \$25. On the Avenal yard, an ounce sells for as much as \$100, putting the yard value of that \$25 bag at \$1,600. The penalty, should you get caught, is mild—a temporary loss of visitor privileges. "We've disposed of, maybe, in the hundreds of thousands of these," says Parks. Lieutenant Parks has wide, voltaic blue eyes and a flat, imperturbable speaking manner. The combination makes him seem at once jaded and amazed.

Parks takes me into a storage room and shows me a bank of a dozen small square lockers, one for each month's contraband cell phones.

"All of these," I ask, "were . . ."

"Hooped?" Parks forms a circle with his thumb and forefinger. As in, through the hoop. More slang for rectally imported. "Not all. Some."

Parks takes two steps and reaches for another large plastic bag. "This is all chargers." Other bags and boxes contain batteries, earbuds, SIM cards. The slang for the rectum is "prison wallet," but it could be "Radio Shack." On the way here, I stopped in the office of a block captain who wanted to tell me about an inmate who was caught with two boxes of staples, a pencil sharpener, sharpener blades, and three jumbo binder rings in his rectum. He became known as "OD," for *Office Depot*. They never found out what he intended to do with the stuff.

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THE HOOPERS OF Avenal use the rectum for the basic purpose for which it evolved: storage. The nether distances of the gastrointestinal tract are a holding chamber for what remains of a meal once the intestine has absorbed what it can of the nutrients. Water is absorbed from the digesta as it travels along, and if all goes optimally, it leaves the body around the time it's reached a manageable water content: somewhere between 2 on the Bristol Stool Scale* ("sausage-shaped but lumpy") and 5 ("soft blobs with clearcut edges"). The lovely upshot is that one need only attend to the emptying once or twice a day.

If you'll allow it, a closer look at the process. Six to eight times a day, unbeknownst to your thinking, feeling self, a peristaltic muscle contraction called a mass movement squeezes the contents of the colon farther along. Eating reliably triggers this, via something called the gastrocolic reflex. The bigger the meal, the more vigorous the push. Any older detritus that had been parked outside the rectum now gets loaded inside. In with the new, out with the old. "It's a defensive reflex," explains William Whitehead,[†]

* Available in four languages, with minor modifications. The Portuguese edition, for instance, makes a distinction between the sausage of Types 2 and 3 (referred to as *linguiça*, a fatter German-style product) and that of Type 4, which is compared to *salsicha* (the more traditional wiener). The Bristol scale is, after all, a communication aid for physicians and patients. The more specific phrasing was undertaken "for better comprehension across Brazil."

† In a more perfect world, Whitehead would be a dermatologist, just as my gastroenterologist is Dr. Terdiman, and the author of the journal article "Gastrointestinal Gas" is J. Fardy, and the headquarters of the International Academy of Proctology was Flushing, New York.

co-director of the Center for Functional Gastrointestinal and Motility Disorders at the University of North Carolina. It prevents the colon from bursting.

When a load pushes against the rectum walls with sufficient pressure—as measured by stretch receptors—the defecation reflex is triggered. (You can trigger it prematurely by bearing down; this raises the pressure on the rectum walls to the requisite level.) The defecation reflex causes the rectal wall muscles to contract—that is, squeeze—at the same time the anal sphincter muscles relax. To the conscious mind this registers as urgency—somewhere between “Hello” and “Drop what you’re doing.” The larger or more liquid the load, the more pressing the urge and the tougher it is to hold back. Water will leak out a very small opening. As one gut expert put it, “Not even the sphincter of Hercules can hold back water.” Take this to its end point and you have the simple saline enema—and an urgency that is not easily, if at all, overridden.

Though you can surely try. The defecation reflex has a manual override. Learning to employ that override is the essence of toilet training. Clenching the anal sphincter aborts the reflex and causes the urgency to fade—in most cases, long enough to pull off the highway or finish the aria and get to a toilet. (For patients who struggle to hold back the tide—sufferers of overbearing “postprandial urgency”—gastroenterologists recommend smaller, more frequent meals so that mass movements provoke a less intense onward push.)

Ahmed Shafik, the late, great chronicler of lower body reflexes, vividly demonstrated the defecation reflex in his lab at Cairo University. Volunteers were outfitted with devices to measure the squeeze pressure of both the rectum and the anus. A saline-filled balloon played the role of Turd. Filling the balloon with about a cup of water distended the rectum to the point where the reflex

was triggered. The researchers could see on their instruments the sharp increase in rectal pressure—the squeeze—and the simultaneous drop in anal pressure—the letting go. “An urgent sensation was felt and the balloon was expelled to the exterior.” *Ta-da!* When the subject was instructed to hold back, the rectum relaxed and “urgency disappearance” ensued. Mission aborted.

Setting aside the occasional interference of enemas, intestinal bugs, and Egyptian proctologists, adult humans are rarely at the mercy of their bowels. We need not soil our bloomers or drop our trousers and succumb there and then to the urge. Respect your equipment, people. The rectum and anus, working in concert, are a force for civilized human behavior.

And, occasionally, uncivilized behavior. Lieutenant Parks and his colleagues have called up some highlights of security camera footage from the visiting room. On the monitor, we watch a man palm an apricot-sized packet of something illegal that his wife has just slipped him, and then reach behind his back and deep into the seat of his pants, all *while playing a board game with his son*.

Based on the boxiness of the monitor we are viewing, Avenal’s computer hardware does not appear to have been upgraded since the turn of the century. Budgets are lean. When I asked why the prison doesn’t install a Body Orifice Security Scanner (a high-tech imaging chair that relieves guards of the distasteful tedium of bend-over-and-spread), Parks laughed. There isn’t even money to reorder business cards. The prison was built for twenty-five hundred men, and now houses fifty-seven hundred. Everything, right down to the pink plastic flyswatter in Visiting Services, is broken or old or both. Meanwhile, the inmates are watching movies on smuggled smartphones.

The newer smartphones contain enough metal to set off the Avenal metal detectors, so they are hooped mainly by one inmate,

a man with a hip replacement. His hip gains him a pass from the metal detector. "And we can't X-ray him without a court order or someone from medical saying that it's medically necessary," says Parks. The man hoops two or three phones at a time. The yard price on a smartphone is \$1,500. "That guy is making a pile of money." Probably more than Lieutenant Gene Parks.

Three smartphones—or tobacco plugs—is a load far larger than the cup of water in Ahmed Shafik's balloon study. Given what I've learned about the physiology of the human rectum, it must be a tremendous struggle to keep it all in.

"That's something you can ask them yourself." Parks has arranged an interview.

ASIDE FROM A basketball backboard (I changed that from *hoop*, as a courtesy to you), and a few chairs set in a receding slice of shade, Yard 4 is bare. With rocks, someone has spelled out "4-YARD" in the rubbly parched dirt beside the gate. I think of inuksuks, the signposts that Arctic travelers build by piling stone slabs. In prison, as in the Arctic, you express yourself with the little you have at hand.

My escort from the Avenal Public Information Office, Ed Borla, calls to a guard to open the gate. A few inmates glance over as we cross the prison yard, but most ignore us. I am really, I think to myself, getting old.

Like all the yards at Avenal, this one has a row of amenities, each identified with a hand-painted red block-letter sign: GYM, LIBRARY, LAUNDRY, COUNSELOR, CHAPEL. It's like a tiny homegrown strip mall. I wait in one of the staff offices while Borla goes to find the man I'll be interviewing. I ask the staffer

whose office it is whether he knows what my inmate is in for. He types the number on his computer keyboard and then turns the monitor toward me. The cursor blinks calmly beneath the word *MURDER*, just like that, in capital letters.

Before I have time to process this interesting piece of new information, the prisoner arrives in the hallway outside. I will call him Rodriguez, because I agreed not to disclose his real surname. Borla points to an empty office across the hall. "You guys will be in there." I glance down at my list of questions, which includes "Might hooping be a form of what the *Journal of Homosexuality* calls 'masked anal manipulation'?"

I explain myself as best I can. Rodriguez doesn't seem to find my line of inquiry to be freakish or surprising. As one of Parks's colleagues said earlier, of hooping, "It's a way of life." Rodriguez begins at the beginning, twenty-some years ago, in San Quentin. He belonged to a gang, and a leader of that gang approached him with an assignment. "I was told, 'Look, somebody is going to get stabbed in the—'"

I can't make out his last few words. "... in the arm?"

Rodriguez suppresses a smile. The very thought of a gang leader ordering an arm injury. "In the *yard*."

Rodriguez doesn't project the personality that his rap sheet suggests. He is friendly, engaged. He looks you in the eyes. Smiles easily. Has beautiful teeth. You'd be happy to sit next to him on a long flight. You would never take him for a prisoner were it not for his pants, which say "PRISONER" in 200-point type down the length of one thigh. That's kind of a giveaway.

Rodriguez was ordered to smuggle—from work detail into the prison—four wrapped metal blades, a package twelve inches long and two inches fat. If he refused, he was told, one of the blades

would be used on him. It was a harrowing experience, but he managed it. Since then, he has mainly hooped tobacco. "If you're going to go to the hole"—the other hole, solitary confinement—"you wrap up your tobacco, your lighter, matches . . ."^{*} In the air, Rodriguez traces the outline of the smoking kit. It strikes me as far larger than one of Shafik's balloons. I explain rectal stretch receptors and the defecation reflex. "Are you always having to fight to hold it in?" I have an awareness that I must seem like an unusual person.

"Eeh, yeah but . . ." Rodriguez looks at the ceiling, as though searching for the right phrasing, or beseeching God to intervene. "It finds its spot." In physiological terms, the defecation reflex has been aborted. After a certain number of aborts, the body gets the message and backs off for a while.

Gut motility experts will tell you that things happen to people who habitually abort the urge to go. Most are not smugglers. They're what gastroenterologist Mike Jones calls the "one more thing crowd." "They need to go, but they've got to do one more thing first." Or they are "bathroom-averse"; they're reluctant to use public restrooms because someone might hear or smell them, or because they're anxious about germs. By continually aborting the urge, these people may inadvertently train themselves to do the opposite of what nature intended. Their automatic response to

^{*} Back in 2007, while researching a different book, I came across a journal article with a lengthy list of foreign bodies removed from rectums by emergency room personnel over the years. Most were predictably shaped: bottles, salamis, a plantain, and so on. One "collection"—as multiple holdings were referred to—stood out as uniquely nonsensical: spectacles, magazine, and tobacco pouch. Now I understand! The man had been packing for solitary.

"the urge"—even in the privacy of their home—is to tighten up. The medical term is paradoxical sphincter contraction. You're pushing on the door at the same time you're holding it shut. It's a common cause of chronic constipation.^{*} And one that all the fiber in the world won't cure.

"You can figure out these folks really easily," Jones says. "You stick your finger in their rectum and you go, 'Okay, push,' and you feel them clamp down."

A group of German constipation researchers point out that "untoward conditions during the anorectal examination"—e.g., a stranger has his finger up there—can incite the anal sphincter to contract. Thus paradoxical sphincter contraction can be an artifact of diagnostic exams.[†] Though the authors acknowledge that for some patients, paradoxical sphincter contraction is assuredly the cause of their woes.

The medical staff at Avenal report that constipation is a common complaint.

^{*} Biofeedback can help. The anal sphincter can be briefly wired such that tightening and relaxing causes a circle on a computer screen to constrict and widen. The patient is instructed to bear down while keeping the circle wide. The maker of that program has one for children, called the Egg Drop Game, wherein clenching and relaxing causes a basket to move back and forth to catch a falling egg. The website of the American Egg Board has a version of the Egg Drop Game that does not require an anus (or cloaca) to play, just a cursor.

[†] Especially if the exam entails defecography, which is pretty much what it sounds like. The patient is the star in an X-ray movie viewed by an audience of technicians, interns, and radiologist. "As close to pornography as medicine will come," says gastroenterologist Mike Jones. Worse, the patient is passing a barium-infused "synthetic stool" crafted from a paste of plasticine (or in simpler days, rolled oats) and introduced wrong-way into the rectum. For the constipated patient, notes Jones, it can be a real ordeal. "It's like, 'Dude, if I could do this, I wouldn't be here now.'"

THE ALIMENTARY CANAL is an accommodating criminal accomplice, but it has limits. The fuller the rectum and the longer you hold it back, the sooner the urge returns. Like a digital alarm clock, the more you ignore it, the bossier it gets. Twenty-four hours is about the limit for the average hooper. After that, Rodriguez says, “your brain just keeps telling you it wants to use the restroom.” I picture Rodriguez’s brain, desperate but polite, tapping him on the shoulder.

Swallowing contraband packets rather than hooping them buys the smuggler extra time. That’s one reason swallowing is the preferred carrying technique of the Latin American drug mule. Out of the 4,972 alimentary canal smugglers caught in Frankfurt and Paris airports between 1985 and 2002, only 312 had the goods packed in their rectum. Everyone else had swallowed it. Even on a ten-hour Bogotá-to-Los Angeles flight, swallowed packets typically don’t reach the rectum by the time the plane lands. Mules are instructed not to eat anything during the flight. In this way they avoid triggering mass movements of the colon. (They may also take antidiarrheal drugs that shut down peristaltic contractions.) Thus even a cavity search of a suspected “swallower” may fail to produce any evidence.

Swallowers present a legal conundrum in that border detentions are required by law to be brief. Agents may detain a suspected smuggler only long enough to search luggage—checked, carry-on, and anatomical—and confirm or refute their suspicions. In a case that turned the lowly defecation reflex into a matter of Supreme Court deliberation, Bogotá resident Rosa Montoya de Hernandez was held for sixteen hours by customs agents in the

Los Angeles International Airport. A patdown and strip search had revealed a stiff abdomen—for Montoya de Hernandez’s gastrointestinal tract was packed with eighty-eight bags of cocaine—and two pairs of plastic underpants lined with paper towels. She was given a choice: agree to an X-ray or sit in a room with a garbage bag-lined wastebasket and a female customs agent charged with, as they say at Avenal, “panning for gold.”*

Montoya de Hernandez refused the X-ray. She sat curled up in a chair, leaning to one side and exhibiting, to quote Court of Appeals documents, symptoms consistent with “heroic efforts to resist the usual calls of nature.”

Unfortunately for drug mules, the usual calls of nature are amplified by anxiety. Anxiety causes a mild contraction of the muscles of the rectum walls. This reduces the receptacle’s volume, which means it takes less filling to activate the stretch receptors and confer ye olde sense of urgency. Rodriguez confirms this: “You have to relax. If you’re nervous, your body clenches up.” (Even mild anxiety has this effect. Using rectal balloons and regretful volunteers, motility researcher William Whitehead found that anxious people tend to have, on average, smaller rectal volumes.) In an episode of markedly high anxiety—giving a speech, say, or smuggling heroin—the effect can be dramatic. It’s the last thing an “alimentary canal smuggler” needs. Mike Jones tells the story of a drug mule whose sphinc-

* Customs officers at Frankfurt Airport have it easier. Suspects are brought to the glass toilet, a specially designed commode with a separate tank for viewing and hands-free rinsing—kind of an amped-up version of the inspecting shelf on some German toilets. P.S.: The common assumption that the “trophy shelf” reflects a uniquely German fascination with excrement is weakened by the fact that older Polish, Dutch, Austrian, and Czech toilets also feature this design. I prefer the explanation that these are the sausage nations, and that prewar pork products caused regular outbreaks of intestinal worms.

ter surrendered on a flight into O'Hare. The man retrieved the packets from the airplane toilet and, rather than wash them off and reswallow them, stuffed them into the socks he had on—with predictable and life-changing results.

Montoya de Hernandez's lawyer tried, unsuccessfully, to argue that the plastic underpants and the eight recent passport stamps into and out of Miami and Los Angeles* did not constitute a clear indication that she was smuggling, and that her lengthy detention had been in violation of her Fourth Amendment rights. The U.S. Court of Appeals for the Ninth Circuit, however, reversed the conviction. And on it went, until Montoya de Hernandez and her stalwart anus made their way to the highest court of the land.† With Justices William Brennan and Thurgood Marshall dissenting, the Supreme Court reversed the Court of Appeals judgment.

* Other red flags for customs agents include the unique breath odor created by gastric acid dissolving latex, and airline passengers who don't eat. For years, Avianca cabin crew would take note of international passengers who refused meals, and report the names to customs personnel upon landing.

† Occasionally the justice system has no choice but to step right in it. In *State of Iowa v. Steven Landis*, an inmate was convicted of squirting a correctional officer with a feces-filled toothpaste tube, a violation of Iowa Code section 708.3B, "inmate assault—bodily fluids or secretions." Landis appealed, contending that without expert testimony or scientific analysis of the officer's soiled shirt, the court had failed to prove that the substance was in fact feces. The state's case had been based on eyewitness, or in this case nosewitness, testimony from other correctional officers. When asked how he knew it was feces, one officer had told the jury, "It was a brown substance with a very strong smell of feces." The appeals judge felt this was sufficient.

My thanks to Judge Colleen Weiland, who drew my attention to the case and did me the favor of forwarding a logistical question to the presiding judge, Judge Mary Ann—may it please the author—Brown. "It appeared," Brown replied, "that he liquefied the material and then dripped it or sucked it into the tube."

By refusing an X-ray and resisting "the call of nature," the Court concluded, Montoya de Hernandez was herself responsible for the duration and discomfort of her detention. The phrase "the call of nature" occurs so many times in the text of the case that I found myself applying a David Attenborough accent as I read.

United States v. Montoya de Hernandez set the precedent for the 1990 case of Delaney Abi Odofin, who spent twenty-four days in detention before passing the first of his narcotics-filled balloons. "An otherwise permissible border detention," the Justia.com summary concluded, "does not run afoul of the Fourth Amendment simply because a detainee's intestinal fortitude leads to an unexpectedly long period of detention."

How is such fortitude even possible? Why didn't Odofin's mass contractions seize the day? Why didn't his colon burst? Whitehead explained that the body has yet another rupture-preventing protective mechanism. A rectum that remains distended long enough will eventually trigger a slowing or even a shutdown of the production line, all the way upstream to the stomach if need be. Contractions of the colon and small intestine wane, and gastric emptying slows. This mechanism was documented in a 1990 study in which twelve students at the University of Munich were paid to hold back as long as they could. To see, one, whether and how long it's possible to suppress the urge, and, two, what happens when you do. The authors were impressed. "Volunteers succeeded in suppressing the urge to defecate to an amazing extent." Having just read Odofin's case, I wasn't all that amazed. Only three of the twelve made it to the fourth day.

The other thing the Munich researchers reported, and a mild *dub* here: the longer the material was held back, the harder and more pellet-like—the more scybalous—it became. Because as long as it sits in the tube, moisture will keep on being absorbed from it.

The harder and drier the waste gets, the tougher it is to eject. Holding it in causes constipation. The authors concluded their work with a word of advice for constipates (to use the exotic and rarely employed noun form): "Follow each call to the stool." Or, in the words of a British physician quoted in *Inner Hygiene*, James Whorton's excellent and scholarly* history of constipation, "Allow nothing short of fire or endangered life to induce you to resist . . . nature's alvine† call."

Constipation is the least of an alimentary canal smuggler's worries. About 6 percent of drug mules suffer bowel blockages‡ when packets logjam or the ends of the condoms become entangled. And there are overdoses. In the early days of alimentary canal smuggling, mules would wrap drugs in single condoms or fingers of rubber gloves, a thickness sometimes dissolved clear through after a few hours in gastric acid. Depending on the quality of the latex, the drugs would also leach through intact packaging. In more than half

* Seriously, published by Oxford University Press. But highly readable. So much so that the person who took *Inner Hygiene* out of the UC Berkeley library before me had read it on New Year's Eve. I know this because she'd left behind her bookmark—a receipt from a Pinole, California, In-N-Out Burger dated December, 30, 2010—and because every so often as I read, I'd come upon bits of glitter. Had she brought the book along to a party, ducking into a side room to read about rectal dilators and slanted toilets as the party swirled around her? Or had she brought it to bed with her at 2 A.M., glitter falling from her hair as she read? If you know this girl, tell her I like her style.

† Of or relating to the belly or intestines. With crushing disappointment, I learned that Dr. Gregory Alvine is an orthopedist. Staff at the oxymoronic Alvine Foot & Ankle Center did not respond to a request for comment.

‡ You would think the percentage would be higher, but in fact 80 to 90 percent of nondigestible objects that make it down the esophagus pass the rest of their journey without incident. If a man can swallow and pass a partial denture, a drug mule has little to worry about.

the reported cases of cocaine-swallowers spanning 1975 to 1981, the suspect died of overdose. (An antidote exists for heroin, but not cocaine.) Insult to injury: should you die on the job, you run the risk of your accomplices gutting your carcass to recover the drugs,* as happened to two of the ten dead Miami-Dade County, Florida, drug mules whose cases were covered in the *American Journal of Forensic Medicine and Pathology* paper "Fatal Heroin Body Packing."

At Avenal, drugs are typically hooped rather than swallowed. Parks's unit regularly intercepts illegal narcotics, as well as an evolving assortment of prescription drugs. (Wellbutrin, Xanax, Adderall, and Vicodin are snorted for various off-label recreational effects. The Rogaine that appeared in a recent over-the-fence drop appears to have been sought for its intended purpose.) Rodriguez has had cell mates who've opted to swallow. Two died of overdose. "One, he had like six months left. I go, 'Don't do it, man, you're too close to the house.'"

I ask Rodriguez how close he is to the house. Dumb question. Rodriguez is in for life. I had assumed the killing was gang-related, but it was over a girl. "It wasn't even my girl." Rodriguez rubs his thigh and looks away briefly, acknowledging something long past but still sharp. "I'm not the kid I was when I came in." That was twenty-seven years ago. "I'm starting to get white hairs, man. I'm starting to go bald." He lowers his head, to show me the bald spot or to register shame, I'm not sure which.

I don't know what to say. I like Rodriguez, but I don't like murder. "Dude," I finally manage. "Was that Rogaine yours?"

* Close to but not quite the most egregious indignity bestowed on a corpse by drug dealers. Smugglers have occasionally recruited the mute services of a corpse being repatriated for burial and stuffed the entire length of the dead man's GI tract. Heroin sausage.

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HERE IS ANOTHER reason so many drug mules prefer to swallow contraband, despite the risk of an overdose. "The rectum is taboo across many of the regions where mules originate. In the Caribbean and Latin America, any use of the cavity is automatically associated with homosexuality, which can still lead to a fatal beating in many communities." This is from an e-mail from Mark Johnson, of the UK firm rather hazily known as TRMG, or The Risk Management Group.

The rectal taboo is equally strong among Islamic terrorists. Johnson's colleague Justin Crump, CEO of the London firm Sibylline, told me about the suicide bomber who tried to kill Saudi Deputy Interior Minister Muhammad bin Nayef in his home in Jidda in August 2009. Since little remained of the bomber's lower torso, the location of the explosives became an item of fizzy speculation among terrorists and counterterror experts. "All the jihadist websites were saying it was a swallowed device, that he had it in his stomach." Crump believes it was simply taped in place behind the bomber's scrotum.

"What was interesting," said Crump of the web postings, "was that there was a massive reluctance to say it could have been stuffed up his bottom." He recalls examining photographs of the bombing aftermath with a source of his, a former Al Qaeda militant. "He was saying, 'Oh, yeah, look at the way his arms came off. Definitely swallowed, definitely swallowed.' He was really keen to head off any notion that . . ." Here Crump himself seemed to trip over the taboo. ". . . To head off the other option."

No recorded instance exists of a suicide bomb being concealed inside a terrorist's digestive tract. Swallowing or hooping explo-

sives, as opposed to wearing them in a vest, would reduce the destructive potential by a factor of five or ten, Crump says, because the bomber's body absorbs most of the blast. Bin Nayef was no more than a few feet away from an explosive the size of a grenade, but because the bomber was squatting on it, the target walked away without serious injury.

The only reason to smuggle a bomb inside one's body would be to get it through a strict security system, as exists in most airports. Crump says it's not worth the trouble; it's almost impossible to bring down a plane with a cache of explosives small enough to be alimentarily smuggled. A packet the size of a cocktail wiener is about the limit of what can be swallowed without undue travail. An accomplice could push the explosive material into the bomber's stomach in the form of a long thin tube, but the bomber would still need to swallow the timing device and somehow keep the digestive juices from rendering it inoperable.

Crump says a rectal bomb wouldn't bring down a plane either. "At most, you'd blow the seat apart." I showed him a Fox News piece that quoted unnamed explosives experts saying that a body bomb containing as little as five ounces of PETN could "blow a considerable hole" in an airline's skin, causing it to crash. "Total codswallop," said Crump. As fans of the TV program *MythBusters* know, even blowing out a window in flight won't create explosive decompression. The cabin will depressurize, but as long as the oxygen masks drop, people are likely to survive. "Remember that Southwest 737?" asks Crump. "The roof panel ripped partway off and they were fine. As long as you've got the pilots at the controls, and the plane's got wings and a tail, it will still fly."

Most suicide bombers don't achieve their goals via the explosives themselves. It's shrapnel that kills people. The typical marketplace

suicide bomb is packed with nails and ball bearings—things you can't get past the airport metal detectors. To make a bomb that could bring down a plane, you'd need something that is, ounce for ounce, more explosive than TNT or C-4. Generally speaking, the more explosive the material, the more unstable it is. Trip and fall, or cough in the security line with a stomach full of TATP, and you may explode prematurely.

Materials found at Osama bin Laden's compound in Pakistan are said to have included a plan for surgically implanting a bomb in a terrorist's body—"in the love handles," according to an unnamed U.S. government source quoted on the *Daily Beast*. (Breast implants have also been tossed around as a possibility.) Crump has heard credible rumors of Al Qaeda physicians having tried out body implantation on animals. "But here again," Crump said, "there are a lot of issues. How to detonate it. How to keep the body from absorbing most of the blast." How to protect the explosives and the detonator from moisture.

This was comforting, but only for a moment. "Really, why bother with all that?" Crump said. "With a bit of prior observation, I can generally figure out a way to avoid going through a body scanner at most international airports."

THE PREFERENCE IN California prisons for rectal smuggling is a little surprising given the preponderance of Latinos and African Americans—two populations that are, taken as a whole, somewhat less comfortable with homosexuality. Prison, I'm guessing, is a place where extenuating circumstances erode the stigma that otherwise attaches to extracurricular uses of the rectum.

Rodriguez speaks freely about the situation in Avenal. Rather than antagonize gay inmates, he says, gang leaders tend to employ

them. "We call them 'vaults.' If they're reliable, the homies will approach them—'Hey, check it out, you want to make some money?'"

Everyone else has to practice to get up to speed. Rodriguez recalls his "cherry" assignment—the blades—as extremely painful. He says gang underlings are made to practice. I picture muscular, tattooed men puttering around the cell with soap bars or salt shakers on board. Lieutenant Parks showed me an 8 × 10 photograph of what he said was a practice item, one that landed the apprentice in Medical Services. Deodorant sticks had been pushed into either end of a cardboard toilet paper tube and wrapped in tape. "As you can see," he said in his characteristic deadpan, "it's a rather large piece." (Rodriguez says it was hooped on a bet.)

"To avoid anal laceration, dilation may have to be performed progressively over a period of several weeks or months." This quote comes from a journal, but it is not a corrections industry journal or even an emergency medicine or proctology journal. It's from the *Journal of Homosexuality*. A corrections or even a proctology journal would not have gone on, in the very next sentence, to say, "Rowan and Gillette (1978) have described the case of a man who derived sexual pleasure from inflating his rectum with a bicycle tire pump." (As I did not pursue the reference, I remain ignorant of this man's fate and whether he exceeded the recommended PSI of the human rectum.)

Air and water (in the form of enemas) are the safest route to recreational distention because of the dependable ease of their removal. (An exception must be made for liquids that harden into solids. See "Rectal Impaction following Enema with Concrete Mix.") Solid objects tend to "get away from you," says gastroenterologist Mike Jones. "There's lubricant on the object, on the hands, you're in the throes of excitement and you're trying to grab

it, and it's like, *gone*." The ensuing panic makes it worse. Recall that anxiety causes clenching.

In the words of Anna Dhody, the ghoulishly ebullient Mütter Museum curator, "Every hospital has an ass box." The emergency medical literature is rife with case reports full of nouns you don't expect to see in a journal: *oil can*, *parsnip*, *cattle horn*, *umbrella handle*. The verb of choice, by the way, is *deliver*. As in: "This suction must be broken to deliver such glass containers." "A concrete cast of the rectum was delivered without incident."

One paper on the subject looked at thirty-five emergency room cases, all of them men. An explanation for the preponderance of males can be found in the aforementioned *Journal of Homosexuality* paper: "For males, dilation of the rectum . . . causes increasing pressure on the prostate gland and seminal vesicles, thus producing sensations that may be interpreted as sexual by some individuals." (The author, or perhaps there are two by the same name, appears to be a man of divergent interests. I found a list of his books on Goodreads.com. *Colorado above Treeline*, the list begins. *Life of a Soldier on the Western Frontier*. And then, nestled between *Medicine in the Old West* and *Exploring the Colorado High Country*, was *The Enema: A Textbook and Reference Manual*.)

Any discussion of the sexuality of the digestive tract must inevitably touch on the anus. Anal tissue is among the most densely enervated on the human body. It has to be. It requires a lot of information to do its job. The anus has to be able to tell what's knocking at its door: Is it solid, liquid, or gas? And then selectively release either all of it or one part of it. The consequences of a misread are dire. As Mike Jones put it, "You don't want to choose poorly." People who understand anatomy are often cowed by the feats of the lowly anus. "Think of it," said Robert Rosenbluth, a physician whose acquaintance I made at the start of this book. "No engineer

could design something as multifunctional and fine-tuned as an anus. To call someone an asshole is really bragging him up."

The point I had been making is that nerve-rich tissue, regardless of its day-to-day function, tends to be an erogenous zone. Is it possible that these people who wind up in the emergency room are just folks whose anal play toys escaped into the interior?

Some, perhaps, but not all. Anal sensitivity cannot explain the man with the lemon and the cold cream jar. It cannot explain 402 stones. It cannot explain brachioproctoc eroticism.* Research done by sexologist Thomas Lowry in the 1980s confirms the existence of a separate and devoted group of people whose specific joy derives from the sensation of stretching or filling. Lowry sent me a copy of his paper and the questionnaire he'd used to gather his data. Item 12 was a drawing of an arm, with the instructions, "Indicate with a line the deepest you have been penetrated." Suffice it to say that the anus, exquisitely sensitive though it may be, does not lie at the heart of these people's passions. Suffice it to say that some people enjoy Exploring the Colorado High Country.

Gustav Simon was the doctor for them. In 1873, Simon pioneered† the "high introduction" of a whole hand, "richly oiled,"

* A term coined by sexologist Thomas Lowry. In his efforts to research fisting, Lowry found himself writing letters to strangers at academic institutions that would begin like this: "Dear Dr. Brender: We spoke on the phone several months ago about 'fist-fucking.' At that time you mentioned two surgical articles." There was no academic term, so eventually Lowry made one up. "I Googled it recently," he told me, "and found over 2,000 hits. Made me chuckle."

† Simon refined his technique on cadavers, rupturing a bowel or two along the way, and then began offering training seminars. Cadavers were replaced with live, chloroformed women, thighs flexed on their abdomens. "A large number of professors and physicians" flew all the way to Heidelberg to practice "the forcible entrance."

into the rectum. This was done with the other hand pressed to the abdomen, to palpate the pelvic organs and check for abnormalities. (Gynecologists employ the method today, though typically hold themselves to two fingers.) Any resulting “pain in the parts,” Simon assured the reader, was fleeting.

Mike Jones explains the arousal-by-stretching phenomenon by way of shared wiring. Defecation, orgasm, and arousal all fall under the purview of the sacral nerves. The massive vaginal stretch of childbirth sometimes produces orgasm, as can, at least in one diverting case study, defecation. Jeremy Agnew, in his 1985 paper “Some Anatomical and Physiological Aspects of Anal Sexual Practices,” wrote, “Contraction of the anus upon manipulation of the clitoris during physical examination is often observed by gynecologists.” Which kind of makes you wonder who Jeremy Agnew’s gynecologist was.

I have a question, and forgive me in advance. If filling the rectum with stones or concrete or arms can be a direct flight to ecstasy, why is constipation so universally a misery? Or is it? Are there people who derive sexual gratification from self-manufactured filler? Is the urge to go ever complicated by the urge to come?

I accosted William Whitehead with these questions. “A lot of visceral sensation seems to follow what’s been called a kind of Janus-faced function,” he managed—meaning pleasure and pain on different sides of the same head. He had sidestepped the constipation question. Not wishing to be a pain in the parts, I lobbed the question over to Mike Jones’s court.

“I think that the difference is that constipation is very rarely a self-determined event.” What Jones was getting at, I believe, is that sexual arousal depends on the players and the circumstances. The

difference between Ping-Pong balls and scybala is the difference between sexual intercourse and getting a Pap smear.

Most fans of back-door activities probably enjoy a combo plate of rectal and anal sensations. Why else would someone have invented the anal violin? Agnew describes this unusual item as an ivory ball with catgut attached. “The ball is inserted into the rectum while a partner strokes the attached string with a type of violin bow, thus transmitting vibrations to the anal sensory end organs,” and puzzlement to the neighbors.

I never asked Rodriguez my question about “masked anal manipulation.” (The term refers to gratification of anal carnality via seemingly nonsexual behaviors. It does not necessarily, though surely can, involve a Lone Ranger getup.) It seems to me no masking is needed: that men in prison can be fairly open about their anal intents. If a prisoner puts an iPhone up his rectum, it’s because he wants to use it or sell it. If, on the other hand, he puts a toilet brush up there, he is seeking something more ineffable. Rodriguez told me about this one. “They took him out on a gurney, man. The *handle* was sticking out.”

I told Rodriguez about the 402 stones.

“The rectum will stretch. Believe that.”

THOUGH THERE HAS yet to be a case of a terrorist detonating a bomb in his alimentary canal, explosions inside the digestive tract are well documented. Flatus is mostly hydrogen, mixed with (in a third of us) methane. Both gases are flammable, a fact that occasionally becomes obvious in the endoscopy suite. As in volume 36 of the journal *Endoscopy*: “A loud explosion occurred in the colon immediately after the first spark induced by argon.

plasma coagulation." And again in volume 39: "Immediately on starting to treat the first of these angiodysplasias with APC, a loud gas explosion took place." And finally in *Gastrointestinal Endoscopy*, volume 67: "The authors reported that a loud gas explosion was heard during the treatment of the first of the angiodysplasias." Intestinal gas is not always funny.