The Slit

A Short Story

By Maryanne Peters

“Please sit down, Mr McGann.” Senior consulting urologist, Dr. Lambert Pitt did not lift his eyes from the patient file in front of him. “I am just checking my notes. Now let me see … you came to see me, two months ago, regarding concern that your genitals might be shrinking.”

“That’s right, you told me that there was nothing wrong.”

Dr. Pitt looked up to see Patrick McGann sitting before him, in jeans, his legs open wide, elbows on his knees, hands gripping one another, deeply concerned.

“I think you thought I was imagining it,” Pat continued. “That I had some kind of sexual inferiority thing going on. Well you need to look at what’s happening down there.”

“Well let’s do that then,” said Dr. Pitt standing to wash his hands in the nearby sink. “Pants off please.”

Dr. Pitt had a vague recollection of this patient, so he was surprised to see that his body looked quite endomorphic. It is the kind of thing that he would have noted on the file.

Without drawing closer he could see that the male genitals were indeed quite small. Certainly, worth noting on the file. Certainly not the kind of thing he would have dismissed two months before. The penis seemed only a nubbin, and the scrotum was not descended as it should be given the ambient temperature of his consulting room.

Before Dr. Pitt could approach to feel for abnormalities Pat took his scrotum delicately with both hands and pulled it up. He announced: “This is what has happened now.”

There, instead of the seam of scrotum, the scrotal raphe, was a slit. An opening inside which Dr. Pitt could see bright pink flesh. Not a wound, red and bloody, nor scar tissue, but an orifice.

The look on Pat’s face was one of renewed horror, but Dr. Pitt was almost excited. What a curiosity! He said: “Please sit on the gurney, Mr, McGann, may I call you Patrick?”

“Pat,” came the reply. “Call me Pat.”

His bare hand (he avoided latex gloves for this kind of examination) handled the scrotum gently, parting the soft flesh for a closer examination. He needed to drop to one knee.

“Well Pat, this is very odd indeed,” he said. It was a massive understatement. Then, as he detected Pat was almost shaking with distress, he added a reassurance: “I am sure that we can fix any issue once we understand what is going on here.”

“Do you have any idea at all?” Pat asked.

“Well this is a split of the scrotal septum, which is sort of a dividing wall under the scar that all men have on their scrotums,” said Dr. Pitt, almost thinking aloud.

“Does it happen often?” asked Pat.

“Never,” Dr Pitt, blurted out, then correcting himself. “Not to my knowledge anyway. Are you sure that this is not the result of an injury?” He had to ask the question, but it did not seem a possibility.

“No injury,” Pat said. “It just opened up. My junk has been shrinking for months and now my ball sack has split open!”

Dr. Pitt felt the testicles. Small. Extremely small. And not properly descended. He would have noted this. He went back to his desk to check.

“On your last visit I had nothing to compare with in assessing size,” he said. “I have a notation for size. You were at the low end of normal on your last visit. Now you are below that. A reduction in size on this scale in only two months. You were right to come and see me.”

The words grated on Pat. He knew something was wrong. Months ago, his girlfriend had remarked upon it. Since then the sex had been so inadequate that they had broken up. This doctor had fobbed him off before. And now this.

“What could it be? What is causing this?”

“Well, we will need to run some tests,” said Dr. Pitt. “I will need to take blood samples. In the meantime, just take off your shirt so I can look at your chest. Hmm. Does that hurt? Have you always had this tenderness around the nipples?”

“I hadn’t noticed,” said Pat, suddenly ashamed of himself. “This is all new. I was not like this before. I am just a regular guy, honestly. I had a girlfriend. We had sex all the time. Now you think that I am turning into a woman?”

“Do not jump to any conclusions,” Dr. Pitt scolded him. “There are tests for this kind of thing. We will take the samples and the results can be available within a few days. We will get to the bottom of this, I assure you.”

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This time Dr. Pitt greeted Pat at the door. He shook his hand warmly, with a smile that was intended to soften the blow rather than reassure. But it seemed to Pat that the news would be good.

“Thank you for getting those tests back so quickly, Dr. Pitt,” Pat said.

“Well, come and sit down, and let me explain what we know.”

Dr. Pitt took his seat and shuffled some papers. This was not going to be easy. Often his job called for him giving bad news. This was a strange situation.

“The tests have revealed a result that you might rightly find to be very … strange,” he began. “The tests show a chromosomal abnormality. Well, actuality, its not an abnormality, because 50% of the population have XX chromosomes. But … well, it’s the female half. So, um, at the chromosomal level, you are not male. But that is only at that level. Chromosomes are not the only indicator of gender.”

It was gradually dawning on Dr. Pitt that he had got this all wrong. Pat McGann was looking at him with a face that showed nothing but horror. Dr. Pitt could not swallow back his words, he could only try to soften them. But he was casting about for how to do that.

“Are you telling me I am a woman?” said Pat. “A woman with a dick? A dick that worked until recently. A woman with a beard? It might have started to fall out, but it is a beard. Is that what you are saying?”

“That is what the tests are telling us,” said Dr. Pitt. “I found it hard to believe myself. I have had the results triple checked. We can run tests on other tissue samples to confirm it, but I am sure that it will result in confirmation. I will run those tests of course, but I think we are talking about congenital adrenal hyperplasia. That is, that you were born with male genitals, or genitals that appeared entirely male, including testes – what we call number one on the Quigley Scale.”

“Quigley?” Pat was staring at the blubbering urologist in disbelief. “Who the fuck is Quigley?”

“Well, this is not uncommon in the early stages of development,” said Dr. Pitt. “Even the presence of male hormones to the extent that you have had a male puberty and have functioned as a male for your entire life. That is not unusual. What is unusual is that your body now appears to be … reverting back to reflect your chromosomal condition.”

“Reverting back? What do you mean? I’m 27 years old. I have never been female – ever!”

“Well, technically, chromosomally, based on these tests, you have always been female. You have just looked male, or your gonads have, until recently.”

There was a period of thundering silence before Dr. Pitt added. “There are surgical options. Surgery and drugs. The genitals can be modified and any female hormones in your system can be suppressed. But um, I think we should only do those things when we assess the extent of the changes your body is undergoing. We do not want any corrective work to be undone by the apparent … sort of a … natural metamorphosis that you are undergoing. Do you understand what I am saying?”

“I understand what you are saying, but I don’t understand what is happening,” said Pat.

“Neither do I,” admitted Dr. Pitt. “But we need to work through it together.”

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“What is the latest, Pat?” Dr Pitt welcomed his most regular patient into his office.

Pat was wearing one of the loose shirts he now favored to conceal what had become a clear swelling in his chest. He did not appear as agitated as on past visits. He had been using Dr. Pitt’s cellphone number to stay in touch with his specialist. They were, as he promised, working through it together.

“More breast growth,” said Pat. “You’re going to tell me that I am Quigley 100.”

“It only goes up to 7,” said Dr. Pitt. “And the Quigley scale is to describe intersexed genitals. For general development we use the Tanner scale. And these breasts of yours would be a 4 out of 5 on that scale.

“That doesn’t sound good,” said Pat.

“Not for a man, no.” He sounded off hand, but he was keener to examine the genitals.

“So, look here,” said Pat. “My penis has gone right back so I have to sit down to pee now. If I try to pull it out and point it, well, I just make a mess. The eye of it seems to have slipped back . And the slit is way bigger”

“I have to say that this is getting beyond me,” said Dr. Pitt. I am a urologist, not a gynaecologist. I never went down that career track. I suppose I like to think of a woman’s anatomy as being for pleasure, rather than study.”

“This is not funny, Doc.”

“I am not laughing Pat. I am just saying that this anatomy is getting beyond my understanding. I have been crawling all over the text books and articles, even in overseas journals, for some similar indications anywhere. I can find nothing. This configuration is beyond urology. I share your frustration Pat. I can’t understand what is happening to you. I wish I did.”

Pat collapsed into a chair. His fair hair fell into his face, a little longer but seemingly much softer than before. He let out a small groan.

“Tell me about how you are feeling,” said Dr. Pitt. “Are you have any changes in the way you feel?”

“You have to be kidding, Doc. I feel like I look – confused. And emotional. I just want it to stop.” Pat had his head in his hands.

“My advice is still that we hold intervention until we discover the problem. But given our lack of understanding, I think that we can talk about some surgical options. Female to male sex reassignment. That is what it will be.”

“But that is not me. I am not female.” Pat stood up again. He said: “I am not sure I can cope with this.”

Dr. Pitt could see that he was crying. He only noticed for the first time that Pat’s eyelashes seemed much thicker and longer. The tears darkened and matted them together, suddenly giving Pat’s face a very feminine appearance. Something he had not noticed before. Somehow It seemed natural to give this patient a hug. He was a urologist. Urologists do not hug their patients. They are men, like him.

“I told you we were in this together,” he said taking Pat by the shoulder. “We will get through it.” He pulled Pat close and put his arms around him. He could feel those breasts under the shirt pressing into him just above his belly. Pat seemed shorter than he remembered. But more importantly, he felt the tension drop from the body he was holding. The hug was returned. I was working.

“Why don’t you call me Errol,” said Dr. Pitt.

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The last few calls from Pat had been a little odd. Errol had noticed that ever since his first appointment with Miriam Hazeldene, the gynaecologist that he had requested examine Pat’s newly developed genitals, Pat’s voice had sounded different. When Pat requested an appointment, Errol was keen to see him, although it was doubtful if Pat was still his patient. Miriam was a sound all round ob-gyn specialist, but she also knew about female to male SRS, so would have more to offer.

Still he was there to support Pat, so he had his attending nurse show him in.

But the person who walked into his office was unrecognizable. It was Pat, but he was wearing a bright top and tight jeans, his fair hair abundant and tousled. Perhaps it was professional curiosity that made Errol look at the crotch first. There was no sign of male genitals. But the top was not loose, and breasts were clearly visible. The face was the most remarkable change. It was not that it was smooth and soft looking, it was the smile.

“Oh what a morning,” Pat said. “How much time have we got?”

“You are off the clock,” said Errol, standing to greet him. “You are no longer a patient. But I do have another appointment in 15 minutes. They can wait a bit if necessary.”

“It’s been so long; can I have another one of your special curative hugs?”

It should have been an awkward moment , but it wasn’t. Errol could smell a floral shampoo in Pat’s soft hair. The hug continued a moment longer.

“You look good,” said Errol. “You don’t look unhappy anymore. What is the latest?”

“Well, Miriam has been writing everything up. I am a medical oddity.” Pat was grinning and looking a little smug.

“She called me and gave me a grilling over the files I sent through,” said Errol. “It seems that she cannot believe that you ever had male genitals at all. She almost accused me of incompetence, for not being able to identify a woman with an enlarged clitoris. I wish I had taken some photos to show her, but I don’t make a habit of storing dick pics of my patients.”

I know what I had, Errol,” said Pat. “You and me, and my ex-girlfriend. We know what I had.”

“Has Miriam spoken to her?”

“She’s not talking,” said Pat. “I ‘m sort of glad about that. You see, I am coping with it by being ready to leave the way I was in the past. To move forward with whatever shape I am.”

“That sounds like a good plan. It certainly appears to have put the anxiety to bed.” Errol was looking Pat in the face and trying to see whether he might be wearing makeup. He had those eyelashes, and his cheeks seemed to be colorful and his lips full and pink. But no, it was just natural. Natural attractiveness.

“What about your parents?” said Errol, refocusing on this curious case.

“My mother died a couple of years ago,” said Pat. “She was a solo parent. Donor sperm, so I don’t have a father.”

“Do you have genetic data on the donor?” asked Errol. “Any history of intersex on your mother’s side?”

“Miriam has gone through all of this,” Pat sighed. “I am over it. She is still poking and prodding me every week. Now she is squeezing milk out of my breasts.”

“I can see those are prominent,” observed Errol, clinically.

“It’s a bra, Silly,” said Pat. “I have to wear something to stop them bouncing all over the place.”

“Can I ask about … downstairs?” Errol was curiously unable to talk about Pat’s genitals. What he knew was that they were now beyond his field of expertise. He was a urologist.

“I have a vagina, as you know,” said Pat with a scolding frown. “Miriam is busy measuring my clitoris. That is what she calls it. A new piss hole appeared a few weeks ago so it really is a clitoris I suppose. I don’t piss out of it. I piss out of the new hole. Straight down into the bowl. I am a sitter and I have been for weeks.”

“And the vagina? Is it … fully formed?”

“She has poked around up it. She is measuring that too. That is what has her all excited. Weekly growth and shrinkage that she measures and writes up. If she had her way she would put me on display at some sex doctor convention, as some kind of freak of nature.”

“So, what do you want to do?”

“I just want out of all of it,” said Pat, leaning back. He crossed his legs at the thigh. The jeans showed that they were well shaped. Not male legs at all.

“You are no longer male,” Errol observed, somewhat wistfully.

“I know,” said Pat. “And somehow, I am OK with that.”

“But not female either?”

It was an awkward question. Pat did not have an answer. He looked at Errol. This man was no longer his doctor, he was a friend. He was somebody who knew what he had been through and had been there for him. He had passed him on to “an expert” although Miriam Hazeldene was now beyond annoying. And Errol had stayed there for him. He had given Pat his private numbers and never refused a call. And Pat was here, and Errol had made time. And while it had been a while between hugs, they were special.

“Maybe that’s where I’m headed,” said Pat.

“I think it could be good for you,” Errol said.

“You think that I would look alright in a dress with a bow in my hair?” Pat was smiling, but there was something in his look that seemed to be pleading Errol for the right answer.

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| And Errol knew what that answer should be.  “Yes,” he said. “I think that you would look fantastic in a dress.”  Pat’s smile said everything. He simply said: “Ok then.”  “Let me cancel that appointment,” said Errol. “Lets go and buy you a dress, and a few other things. Then let’s go out to dinner. My treat.”  “That sounds fabulous,” she said.  The End.  © Maryanne Peters 2019 | Related image  Pat after the makeover that afternoon |