

## "EXAM ROOM" - PLAY DOCTOR MAKES HIS SECOND VIDEO!

Many folks expressed an interest, but when it came time to "put up or shut up", only a few of the faithful came forward. What does that tell me? Well, 1) I guess there's a lot of people who are sort of into playing doctor but not to the extent that they were really willing to have a no bullshit video of it; 2) there is also a crowd out there who thinks they're into playing doctor but they're still sitting in the cheap seats; 3) there is a group out there who is into playing doctor, who has gotten both frustrated and ripped off by porn Hollywood, so they were willing to give it one more try. They, like me, have spent at least \$50 on absolute pure junk and figured what was another \$125 given the fact that they had a page-long description of the film and a JPG from the video? To those of you in Group 3 --- "thank you". To those of you in Groups 1 & 2, you'll either get there someday or continue to play in your own league --- and that's ok, too - so long as you're happy. At least one viewer has been kind enough to write a "review" of "HOUSECALL - Play Doctor's 1st Video" --- If you didn't order a copy and are still wondering whether it was a mistake, maybe you should read that review.

As with the 1st video, I'm really quite pleased. I did it myself using my VHS camcorder and a tripod in the same city where the 1st video was made. The lighting is pretty good since I used a 200-watt bulbs in a silver reflector base and mounted it well overhead and behind to minimize shadows! The sound is about as reasonable as one could expect without separate microphones - but, who needs much "sound" if the video is good? As many of you know, I try to stay as realistic as possible and this attempt was about as good as it's going to get. I found a place that offered medical fantasy scenarios and I negotiated to rent their exam room for a few hours (for those of you who are wondering about "costs", just this part was \$150!). The room was painted institutional green with a tile floor and it had a metal examination table equipped with stirrups. I wish that there would have been some paper to cover the blue vinyl of the exam table, but --- oh well, you can't have everything.

I set up the scene to be a female who is new in town having the first visit with the doctor. The patient is a 25-year-old female --- 5'6" and 125 pounds with curly/permed sandy blonde hair (about shoulder length). She is built on an average size frame (not petite or small) and I would guess that she wears a size ten dress and 36B bra. She is wearing a pair of jeans and a white pullover top and sneakers for the video - with a white bra and panties underneath.

I placed the video camera on the tripod at the back corner of the room so I can see into the exam room at either corner - undressing for the examination in one corner and sitting on the exam table in the other corner. Centering the camera has it focused on the foot of the exam table and you can see her head to toe lying on the exam table or, if zoomed, a good close-up shot of her legs spread and feet in the stirrups. Whenever I have inserted the thermometer (rectal or vaginal), speculum, anoscope or enema --- or when she's lying on her stomach or her back, I have stepped away from the exam table and zoomed in to provide some very nice close up shots. I'm sure you'll like them.

SO - what happens during this two-hour video? First, there's an introductory statement by me (the doctor) in an area outside of the exam room --- very clinical indeed. Then the film continues with the patient, "A", sitting in the exam room waiting for the doctor to enter. When I enter, we exchange some information and then I ask her to sit on the exam table --- a great shot of a fully clothed female sitting on the exam table (yet we all know what's going to happen). I conduct a preliminary assessment (oral temperature, blood pressure,

pulse, etc.) and then tell her that we'll continue with the full examination. I have her get off the exam table and strip down to bra and panties and put on the exam gown. Back into a sitting position on the side of the exam table so I can use my ophthalmoscope (not an "otoscope" as pointed out by one viewer) to look into her eyes, ears, nose and mouth. I have her stand next to the exam table - on her toes and with her hands over her head - so I can examine the alignment of her spine - and you get to see the back of her gown coming open to expose her bra strap and panties. As she again sits on the side of the exam table, I lowers her gown to her waist so I can listen to her chest and back with the stethoscope (she's still wearing her bra). Now - time for the breast exam, so she removes her bra and I examine her breasts. She appears to be particularly sensitive; I have her lie back on the table and I continue the breast exam. I move lower to examine her abdomen, including lowering the gown and sliding my fingers just under the waistband of her panties. Time for her to roll over . . . I lower the head of the exam table so she can lie flat as I listen to her back with the stethoscope and palpate her lower back and side.

<Time for my favorite part> I tell her that I want to verify her temperature reading by taking her rectal temperature. She gets up on her knees to lower her panties, then lies back down on the exam table and spreads her legs as much as the panties below her knees will allow (wow - talk about a great shot). I have put on an exam glove and approached the table with KY jelly in one hand and the rectal thermometer in the other. I spend a good amount of time lubricating her anus and rectum (and the thermometer) before the thermometer is inserted. Then we wait --- while the patient lies on the exam table on her stomach with a thermometer in her rectum! When the time is up (a longer than 4 minutes period), I remove the thermometer and take the reading. After putting the thermometer back in its case, I remove her panties and then have her roll back over on her back. I palpate her abdomen some more, this time feeling lower towards her pubis, as well as checking the muscle structure and movement of her legs - giving some nice spread shots as I raise, lower, and spread each leg.

Raising the head of the exam table back up, I have her slide down to the edge and put her feet in the stirrups --- it's time for the pelvic exam. The gown is gone - and she is naked on the exam table with her feet in the stirrups (but I don't want to forget to mention that she has kept her little white socks ON). Her pubic area is shaved/bald except for some light hair growth on the top. It is evident that her hair color is more blonde than brown as the growth, if not shaved, would be thin and would be of a golden color. It's a neat little package down there and I spend considerable time examining the outside and the lips - opening them wide to get a good look at the exterior and introitus - noting the pinkness and the wetness. After a thorough visual inspection - it's time for the vaginal speculum. It slides in easily and, when rotated and opened, a clear view is provided of her insides. (Yes - of course I provided some zoom shots!). When the speculum is removed, there is a "puddle" of wetness on the lower blade! She is very interested in what I saw so I focus her attention on the monitor and she "explores herself", opening herself up and lightly rubbing her clitoris. I want to take her vaginal temperature, so get the thermometer lubricated and it's inserted into her vagina --- let it register for a few minutes. This is a new experience for her, so she reaches down for the thermometer in her vagina and makes several "adjustments" to see how it feels. With that completed, I want to take another check of her rectal temperature - this time with a longer and wider thermometer - and she is now "in the stirrups". I get her anus good and lubricated, as well as the thermometer, and it is inserted. Now - this is a great shot of her in the stirrups with a thermometer sticking out of her ass! Again, she's a little curious about this

larger thermometer, so she reaches down and moves it in and out - she reaches up and lightly strokes her clitoris, too.

After removing the thermometer and getting the reading, it's up on her hands and knees for the ano-rectal exam. First an inspection of the outer area, as I spread her cheeks and take a look around. Then, more attention to her anus with a massage while applying KY jelly. Time for the anoscope and lube is the key here, too. Plenty of lube and in it slides. She seemed to enjoy the sensation as she moved around a little bit as it was being inserted. I pulled out the plunger and took a look inside (with both my eye and the "eye" of the zooming lens of the video camera). I took advantage of her in this position and moved the anoscope around in her ass before removing it. One final inspection of her anus before having her flip back over to lie on her back with her feet in the stirrups. I asked her to do this because I noticed wetness from her vagina as I removed the anoscope.

She indicates, in response to my question, that she has gotten aroused during the examination - we discuss it and she consents to demonstrating how she masturbates. While in position in the stirrups she rubs her clitoris and later asks me to lubricate a vibrator for her so that she can reach an orgasm --- all in the interest of medical science, and all recorded on videotape, of course. I listen to her breathing with my stethoscope as she goes through various levels of arousal to orgasm. Following her orgasm, I once again conduct a visual inspection of her vagina. HER examination is concluded . . .

She expresses an interest in "playing doctor" - - - she's curious; never played doctor before. For some of you, this might be where you'd hit STOP & REWIND; others of you with vicarious tendencies (or female) will want to keep viewing to see her don the doctor's coat and stethoscope. She has me undress to just my underpants and has me sit on the edge of the exam table --- takes my oral temperature and listens to my chest and back with the stethoscope. She gets me naked in the stirrups and has me manipulate my penis. She has me put a the rectal thermometer in my ass, and then - she has me get up on my hands and knees so I can take a Fleet enema! She spansks my ass while I'm holding the fluid. Returning from the bathroom, she has me insert the larger thermometer into my ass. Then, she wants me to masturbate for her --- I lie back on the table with my feet in the stirrups and begin to stroke. She makes mention of my "anal sensitivity" and she responds to my request for a lubricated vibrator which I slide into my ass. This takes me to the next and final level --- some very steady stroking of my cock and fucking my ass with the vibrator --- a powerful orgasm. Remember, she is experimenting with playing doctor - so this part is a bit rough - as is the video. But the basics are there and if you're trying to vicariously get off, this will do it.

I think that this is a great film, although the 1st one was better probably just because it was the first one. This time, I had the exam table and that was great. I'd like to think I could keep "expanding" into remote microphones for crystal clear sound and somebody to do the filming. Finding this person will be the problem because you have to have a sense of the turn-on to medical fantasy in order to know the right angle, when to zoom and when not to zoom ,etc.

For the number of folks out there, like me, who have gotten disappointed with people dressed in doctors' coats or nurse's uniforms pretending to make medical fantasy films --- I think that this film continues towards steps in the right direction. Of course, if I wanted to maintain true "professionalism" I didn't have to jerk off in the stirrups --- but, at least I waited until after the "examination" was complete!