



# dr. feel good

**"Women are having their eyes done, their nose done, their breasts done," partner isn't—there's a problem. Why not have the best sex we can have?" relaxation, is it any wonder that the man Howard Stern calls "a hero" is**

**F**OUR FLOORS above Sunset Boulevard in Beverly Hills, Dr. David L. Matlock is building the perfect vagina. Wearing hospital scrubs, clogs, and a pair of enormous, amber-colored goggles, the board-certified obstetrician-gynecologist and cosmetic surgeon sits perched on an elevated pneumatic stool. Below him, the patient's heels have been propped up in stirrups, her upper body concealed by a

partition, behind which an anesthesiologist monitors her vital signs. Every square inch of skin is draped in green surgical bunting—except the genitalia, which appear almost abstract, divorced as they are from the context of the female anatomy. Expensive machines spit out a chorus of beeps and clicks, bouncing off the tile walls like exotic birdcalls.

Dr. Matlock straddles the shaved pudenda and hunches forward with his light saber—a plastic wand connected to a \$100,000 Daimler-Benz Aerospace Nd:YAG laser, a high-tech surgical tool capable of vaporizing tissue on contact. Swabbed with antiseptic, the hairless crotch glistens under the harsh light.

More disconcerting than the presentation of this disembodied organ are its redundant dimensions. It is quite large. The entrance to the vagina itself is severely dilated, a condition known within medical circles as a gaping introitus. Dr.

Matlock inserts a few latex-clad fingers to access the terrain. He swivels on the stool, turning his back to the comatose patient, as if she might be offended by his comment. "This woman is incredibly stretched out," he says, sotto voce, to me and to two observing physicians.

**Article by Rene Chun**



**Photographs by Todd Bigelow**

Matlock guides my own gloved hand toward the gaping introitus. "To understand exactly what I'm talking about, you'll have to feel this for yourself," he says, relinquishing his ring-side seat. Somewhere a CD player is switched on. Mozart wafts down from above: music to probe by. "Use two fingers," Matlock instructs, like a bored tour guide. "That's our point of reference," he says, holding up two digits for emphasis. "The diameter of the average-size penis."

I slip my fingers in. No resistance. The musculature of the vagina is completely flaccid, one big amorphous mass of redundant tissue. Tentatively, I begin to explore the voluminous folds of membrane. With the rubber gloves on, I find it an eerie sensation, like a cheap trick in a Halloween fun house. Encouraged by Dr. Matlock, I go deeper. Still no friction. Like the vagina's antechamber (introitus), the internal caliber of the vagina is unusually massive. The mucosa yields to my touch and quivers like Jell-O. I stare down in disbelief. My hand is buried well past the wrist.

I try to assume what I believe is the proper mind-set. That is to say, I try to think like a surgeon, recalling the patient's medical-history chart I saw earlier: MARRIED, THREE CHILDREN. So this is what happens to a woman's body after pushing out three kids, I think to myself—a vagina as big as the Ritz.

"The patient experiences no pleasure during sexual intercourse," says Matlock ruefully. That's not difficult to imagine. What *is* difficult to imagine is that Matlock is about to re-create, for this woman, the vagina of a 16-year-old. He fine-tunes the beam of the halogen lamp sprouting from his forehead, and the operation begins. Before he makes

**says Dr. David Matlock. "But if you're not sexually satisfied—and your  
With 30 million American women suffering from symptoms of vaginal  
rowing fabulously wealthy by helping women—and men—attain sexual nirvana!"**