Clinical test subjects subject themselves to enormous risk for the betterment of medicine.
By screening test compounds we can work out if they successfully treat diseases, identify potential side effects and effectively judge and scale the level of dosing necessary to achieve balance between the intended benefit and the unintended toxic effects.
It's an inherently risky procedure although one that comes with great benefits. They get the benefits of the drug, if it works, free of charge. In fact they are compensated for taking on the risk when nobody else would. If the drug is successful then they walk away both richer and healthier than before.
If something goes wrong however, and the drug behaves outside of its intended parameters, they have to accept that there was always an element of risk. Here is where it's important both parties enter the legal contract with open eyes and a clear understanding about what is being taken on...

It's Incredible...

Part Three

A novella by Sobtac
2025

Yeah, I love my tits.

I've always loved having them – despite the discomfort they occasionally cause, the weird way the world around me reacts to them or the hassle they've become – I've never found a better way to relax them than a self-soothing fondle.

As a student I was thrown out of a particularly boring lecture when the tutor spotted me idly groping my boobs. It had become ingrained – bored, stressed or just trying to focus, one arm inside my top gently gripping myself was all the comfort I needed.

I could 'feel' them change through my monthly cycle. Sometimes they would be so, so, so soft beneath my proving fingers – other days they'd feel sensitive and tender. I was the master of self-exploration, I knew exactly how to manipulate myself and if my partner wasn't doing it right I wasn't immune to yanking their hands away and showing them how to handle the goods properly.

Do you think I would have allowed all '*this*' to happen if I hadn't enjoyed my boobs? I love my tits and I wasn't going to let any Bastard talk down to me because of them.

I committed myself to genetic experimentation.

I want to be clear about that – Bastard Trevor offered me an ultimatum but I choose to walk into his trap with my eyes wide open. He probably intended me to back off, thought I would refuse to join the trial, to stall and delay my own treatment until everything has been worked out to his satisfaction.

It was my own stubbornness that put me on that medical chair, veins opened with a ready fitted cannula for all the test compounds that I had personally selected to programme a Type I Female Incredible Body.

In my original design specifications I would have been sat in the opposite ward, taking the Type 2 drugs that would have made me taller, leaner, fitter… Everything I wasn't. I missed the chance of evening my disproportioned body out by 1 bed.

I was five feet of gentle womanly curves from behind but only rampant boobflesh from the front and now destined to be that way forever. This was potentially the biggest mistake of my life.

It was also the biggest victory!

I didn't care. I had nearly died less than a year before. I had been lying on a hospital bed begging Doctors to do something to take away the pain, unable to even to sit up because my muscles had atrophied. My body had hollowed out, all of the muscle and fat (everywhere except my persistent chest) wasting away due to chronic malnutrition. I couldn't eat, I couldn't drink, I couldn't live.

The corporation had given me better doctors, organ transplants to fix the damage, a new lease of life. I had regained fat and muscle mass, rounding out into a brand-new woman. There was no going back.

So I held out my arm and took the first infusion like a champ.

Fuck Bastard Trevor. Never give me an ultimatum if you're not prepared to live with the consequences of me calling your bluff.

He… wasn't angry. I don't think he was even particularly surprised. He took defeat with good graces and going forwards devoted his attention to Jessica - the test subject he had always wanted.

Other members of the team were not as magnanimous.

July 10th:

TS002
Study Day 2

Sara seems the angriest about what happened.

My infusion has shown no unplanned side effects; I sat patiently and relaxed whilst the clear fluid bag emptied into my open vein. When it was done I put on special sunglasses and received solar UV treatment (to accelerate Vitamin D production) and had my first controlled meal instalment of a speciality pre-planned controlled diet. It has too much spinach for my tastes but that's fine.

Immediate testing shows the first priming of my genetic sequence has been a mild success but that it will take at least two more infusions to make it stable. Three infusions during which I am most at risk of something unplanned happening.

Dr Henderson is not happy that I went ahead with the study.

I asked her if she knew that Trevor wanted to make the switch. She said it was only decided 2 hours before we started – that he had ordered the teams to make the change. Apparently he had indicated, with zero subtlety, that if anyone refused they would be off the project.

So surely she'd be happy I was going to get a taste of my own medicine!

I knew she disapproved of my Type 1 designation about female body shapes, that she was uncomfortable with designing exclusively for enhanced feminine features.

No. She thought I should have done as Trevor wanted, walked away and waited for my next opportunity to take a refined, safer formula in two or three months. Once the initial data of Jessica's transformation crystallised and was shown to work as planned.

But that would have thrown my experiment in the bin. I knew there was value in exploring the two body extreme archetypes separately. It would provide clear data on the efficacy of each approach before we set about combining them for future recipients in an optimised ratio to suit our desires.

Sara doesn't see the bigger picture. That's why she's the haematologist and I'm the Clinical Director of Reproductive Biochemistry.

And… if her security clearance allows her to see these medical logs I want her to know that I'm better than her.

I want her to know how much I believe in this study. I want her to know I'll see it as far through as we need to.

The investigation team note that there is no record of a Dr Henderson of any nationality majoring in biomedicine or any related field who is unaccounted for during the time period discussed.

We can safely assume their name has been switched for a suitable alias.

Poor Sara.

She wasn't a nasty woman, she just... Had a thing about her own body and other women flaunting what they had over her self-perceived deficiencies. She couldn't wrap her little head around the fact that my ungainly waddle was not deliberately designed to set my jiggling mass in motion for the express purpose of taunting her.

We weren't flaunting ourselves for her benefit.

But she compared herself to us and that was all she saw: boobs.

To be fair it's all a lot of people saw even before I came to the compound.

She stayed with us to the end of the initial testing phase then left with a thousand non-disclosure agreements in place. She left on relatively good terms - I think. I ought to find out what she's doing now.

At the time I didn't really care but time and distance makes you wistful.

It took about three days for the first results to begin to manifest. Irritatingly they happened most clearly for the Type II test subject whose bloodwork immediately began to show spiking levels of new growth hormones just as Doug's had before.

Sara took both our blood samples several times a day, before and after each meal. The team and I reviewed the incoming data and watched as our bodies prepared for the sudden onrush of new growth we had programmed for.

I commissioned new measurements. As well as regular cardiograms and bloodworks we had previously recorded height, weight, waist, thighs, hips and bust measurements. I wanted every statistic possible: hip size, sleeve length, shoulder width, back neck to waist length, arm length, upper arm circumference.

We tracked every gram of food or liquid consumed and everything we excreted was sent for analysis. Heart rates, stress levels, blood pressure and oxygen levels all recorded on 10 minute intervals and collated.

I asked for hair samples to be collected so we could trace its rate of growth, vaginal swabs to collect the bodily lubricants and armpit swabs to determine pheromone production.

I asked if we had a nipple measuring tool (a fun little silicone test card with two dozen tiny holes increasing from 10 – 30 mm diameter, you find out which is the smallest you can pop yours through without catching the sides) so we could quickly track engorgement and mammarial growth.

Yes, that one was mainly for me but I had a negative control to compare myself to so we both had that little joy twice a day. I knew I was subjecting both myself and Jessica to all these intrusive tests but it would be necessary to judge every possible aspect to ensure project success.

Trevor signed off on every step of the process without comment.

And on day 4 Jessica's weigh in showed she had put on 8 pounds of mass compared to her original weight. Typical daily fluctuations are 2 to 4 pounds so this put the datapoint into the realms of statistical significance.

The team immediately began looking at her genomics, testing for other fluctuations in typical protein biomarkers that would signify definitive biological changes. They found several new endocrine systems activating that matched what the team had seen in Doug the year before and also some more that were unique to her.

Looking at my own biochemistry the changes were more subtle – I had about a third of the same new hormones Jessica did, all at a lesser level, and also many more that were completely

unique to me. That didn't tell me what was going to happen but it confirmed that our incoming developments were going to be distinct.
Jessica noticed this. She also noticed something the rest of us had overlooked.

July 14th:

TS003
Study Day 6

The Doctors seem very excited.
Apparently I've put on weight - just what they wanted to see. I ate a bit more than usual yesterday. I was really hungry so it doesn't seem that strange to me.
Dinner time has got a bit much... There's three of us all eating together and that's fine. But they do Cee's tests before they do mine, meaning she gets called away from the dinner table meaning she leaves me and that man behind.
It happened once and I didn't say anything. We just ate in silence until I was called in to be poked and prodded like before. It happened again today, this time Doug sort of looked awkward and left to go do whatever it is men do after eating.
It looks like this is going to be the routine and I need to say something. I need to ask if they can do me first or if we can both go at the same time.
I'll ask tomorrow.

July 15th:

Facility Report
Study Week 1

TS003 continues to cause problems.
Additional female escorts have been provided to ensure she is accompanied at all times throughout the facility. However my team report her requests for them to serve to her personal needs are exponentially higher than either **TS001** or **TS002**.
This morning she was chaperoned by two female wardens to the laboratory - as had been agreed. Whilst she was being examined she asked one of her escorts to prepare a very specific lunch and have it delivered to her room and then whilst that chaperone was away asked the other to go to her room and fetch a specific dress that she wanted to wear as soon as the test was done.
Once her escorts had departed she then became mute and unresponsive to the male scientist studying her, becoming completely uncooperative until one of her escorts returned several minutes later.
I will have to instruct my team to ensure, no matter how demanding **TS003** becomes about personal service their first duty is to ensure her continued compliance with the testing programme.
I have also instructed them to bar **TS001** access to any sports equipment if she is using the gym facility. The risk of an incident is too high. If necessary we will have to set a scheduled rota as I know this will not be comfortable for him to accept.

Poor Doug couldn't do anything right.

He respected the rules they put in place to keep Jessica away from him. Meanwhile our mutual love of snooker and drinking games had blossomed into a deep friendship – although now I was on the testing regime I had to switch to alcohol free drinks to not contaminate the study.

So every evening we'd board the freight elevator down to the basement and cue up. I would show off sinking trickier and trickier balls, taking deliberate outrageous risks to ensure he had chances to punish me for my own hubris.

But normally I'd be ahead, more times than not. I'd gently mock his developing game and he'd down four or five beers until we got tired and head to our separate beds.

Meanwhile each day Jessica put on some weight, again and again and again, and eventually so did I a few days later. Initial indicators suggested her new mass internal muscles and increased bone density whilst mine was predominately fat, enhanced glands and connective tissues.

So far so good.

We planned for the second infusion - a top-up to modify our growth rate and stabilise our genetic sequences on the 17th of July. We both went back to the wards and waited for them to open our veins again.

The drugs were mixed in a saline bag and slowly drip fed into our bodies over two hours. Just like before we had to sit there, trying to relax as the medical team monitored our vital signs – all tentatively watching for any sign of rejection or other sudden abnormalities.

Even after the saline is emptied it's replaced with a second wash drip so you have to stay still for another hours under supervision until they are sure you were safe.

Jessica hadn't really changed physically at all to a casual observer but if you looked at the stats you realised her BMI was significantly higher than just a week before.

My own cumulative muscle mass remained unchanged – but I think it was about then I realised I needed a haircut. That felt too soon – I usually waited a few months between each styling session to let it grow out. I made a note to get my follicles specifically checked.

We later found that the growth rate of my head hair had more than tripled whilst everything else below the eyebrows had halved. It wasn't the most impressive development I could have hoped for but it was something.

But the next symptom I definitely should have seen coming.

But the thing about my near brush with motherhood is that your brain protects you from the worst bits. Human brains are literally programmed to forget what pain feels like - if it can.

July 18th:

TS002
Study Week 1

I forgot what sore nipples felt like.

Oh god that was the bit I hated after 'not being pregnant'. I woke up today and my skin was inflamed, my Montgomery glands swollen up. Every feature on my areola was sitting proud and heavy against my flesh. Just putting on my bra was agony, my nipples were as hard as rocks and so – so sensitive I winced with each movement as I pulled and shoved myself into the ill-fitting bra cups.

I remember the milk, I remember how it took over my life, but I had forgotten all the other bits that accompanied breast pumping. I guess I just assumed everything would be fine – my milk would come back and that would be it.

It's 8 days since I took the first infusion, the second infusion was yesterday and it's definitely having more of an effect on me than the first. I woke up feeling…. Heavy. My boobs (nipples in particular) just felt sore and sizable.

I'm far more aware of their mass today.

I'm far more aware that when I climb out of bed and pace around my room there's something pulling me forwards, yanking on my centre of gravity. They are tender, my bra feels like it's rubbing against my skin far more than normal. That tiny little bit of compression I've been used to my whole life is suddenly incredibly irritating.

It feels like I'm on my typical monthly period swell but that's not it. I'm growing again. I'm pretty sure of it. Even if my bra doesn't know it yet I can feel they are warmer, hotter than normal. The skin is more sensitive than ever before.

This is what the drugs were designed to do. I should be happy.

I'm depositing new layers of subcutaneous fat and extending my inner mammary gland network!

Somehow - if you write it down scientifically and it loses the magic. I'm cursed to think this way. Clinically. Like a robot!

Doug would just say 'your tits are growing again' and leave it like that.

So, let's think more positively. I'm growing! It means I have more to tease Doug with. See – there's good as well as bad.

We need to commission daily water displacement tests to track their growth, for both of us. Jessica can thank me for the pleasure. I'm sure she'll be thrilled.

It's weird to think the most accurate measurement for breast mass is achieved by gently leaning forwards over a full water tank and letting your hanging breasts sink beneath the cold water's surface.

Then by monitoring how much water you displace you get an accurate mass and volume of breast size. It feels so primitive but yeah – don't knock what works.

Combine that with the typical bra measurements (ribs under bust, over bust at fullest part standing upright, same when leaning forwards) and the nipple size chart and I think we'll have everything we need.

And… Typical this would happen on my first day on the treadmill.

I'll need to get the suits to order nipple creams and Bag Balm – anything possible to lubricate these puppies and ensure I don't develop a rash to interfere with the study.

Oh wonderful Bag Balm!

It works. It's mainly marketed for dry skin; cracked hands, chapped lips, sunburns and calluses but it was originally developed to soothe cow udders before milking. Turns out that what's good for the farmers cow is good for the farmers wife.

I'm sure other brands are available but what little market loyalty I possess goes to the soft gentle antiseptic sensation of the Vermont original.

But I knew I was going to need it because what worked for Jessica also worked for me. The team wanted a full echocardiogram of both of us followed by a vigorous cardiopulmonary exercise test. Yes – me – doing a CPET!

Your readers won't know what a CPET is? I thought now we all had phones we could just expect them to look stuff up! It feels like a waste of my time walking you through the ins and outs of a

CPET rather than focusing on the two twin elephants in the room we're meant to be talking about.

Go on, you've been here an hour and haven't asked once if you could touch me.

Me!

Most people ask if they can touch '*them*' and my typical stock response if '*if **they** give you permission then feel free to go ahead*'.

A lot of people forget '*they'* are '*me'*.

So why don't you just reach out with your hand and place it flat against my flesh and yes, I am very sensitive, and I do feel your palm pressing into me!

Some people just admire my warm skin. Others push hard down to see how much the flesh yields beneath them. It doesn't matter, it never hurts me, only Jessica and Doug could possibly have the strength to do any real damage.

Everyone else is just a fleeting surface sensation. Everyone else… Yes, just like that, you can press down harder and move your hands around. It's just a massage – you have to press hard to stimulate the deeper tissues. Women don't want their boobs to be tickled – they want thorough stimulation.

I'd send you to go inspect my nipples to see what's going on over there but that might require you to go on a bit of a walk…

So as I was saying a CPET is a study designed to allow medics to assess your stress response to exercise. We look at your heart and your blood vessels expanding as you walk or run on a treadmill, using an ECG machine to record all the electrical activity, blood pressure and other vital signs.

Both Jessica and I had separately done one as the final stage of enrolment before heading over to the institute. My results were awful – but not unexpected for a woman months out from major surgery. Jessica's were far better but nothing abnormal for a woman her size and shape.

And now we were over a week into the study they wanted to see what effect the drugs were having by getting a fresh look at our pulmonary and cardiovascular systems. It was both an essential monitor of our health to check we weren't about to drop dead and a way of judging Jessica's nascent growth rate.

As I said - we all did the same tests, at about the same time every day. We were both prodded and poked equally. I was just as much a point of comparison for her as she was for me. So, by agreeing to let them put her on a treadmill I was accepting I would be running alongside her, sweating and swaying away.

I let them go up to a medium speed, putting me at a very light jog. I pictured myself as someone out on a public run through the park going through the motions, just 'vibing' with the fresh outdoor air and the podcast on her headphones. Keen to stay fit and active but not pushing to improve.

And God it hurt! I could feel my sore and heavy tits thumping against my body with increasingly painful aftershocks. Tripling up on sports bras and squeezing them into a hoody couldn't possibly hold them still.

The sweat was the worst. The moment we were done I was off to shower and drink as much electrolytes as I could to replace the literal ocean of sweaty salt I had deposited in my sodden bras.

My boobs already felt hot and heavy before running on the treadmill, immediately afterwards I felt as though there had been some kind of civil war inside my top and both sides had lost.

The requested bag balm arrived the next day and I drowned my upper body in it.
Jessica sailed through the tests without hassle – if anything I think her doing the CPET was the point where she started to enjoy what was happening to her.

July 19th: **TS003**
Study Week 1

I can run!
When they put me on the treadmill last month, strapped electrodes to every inch of body and asked me to breath through a mask I tolerated it. I did my best but the exhaustion kicked in pretty quickly.
They said not to push myself, it was about judging my stamina not my maximum. But I did push myself too far and I felt like a nervous wreck afterwards.
But today I'm fizzing.
My feet pounded a digital equivalent of 10 miles and I'm barely feel sore at all. Fuck me, I'll sleep soundly tonight, I definitely need the rest but wow. I stepped off the ward, into a shower and descended on the canteen like a wolverine. I ate and ate until my stomach ached. I was so full I just lay naked in my room watching old TV boxsets until 3 AM.
Despite how much I'd eaten earlier at 2 AM I ordered a 20-inch pizza to my room.
3 hours sleep is enough, I'm fine. I'm writing this before I put on some new clothes and go out for another run.
No treadmill this time, I'm going outside. The wind is calling me!

I'm glad she was enjoying herself.
I spent the night gently massaging my sore boobs, hoping my hour-long waddle session on the treadmill hadn't done any permanent damage. I also submitted some requested additional urgent observations to the project pipeline that would unintentionally ruin her day.
The pains in my tits hadn't gone away and although part of me blamed the fucking treadmill the soreness had preceded it.
The small, terrifying, nagging voice in the back of my head warned me I was in danger.
And given I have always hated mammograms I immediately looked for alternative tests to suggest to the rest of the clinical team.
And then I found something exciting!
You see, I had started to realise just how large our project budget was, or rather how much of that budget was going underutilised. I discovered that the team had a magnetic resonance imaging scanner on site ready to use whenever requested.
A local, personal, MRI machine, with trained technicians on site. World class researchers sitting around twiddling their thumbs not doing anything useful!
If I was a medical Doctor I would be screaming at the waste! This is one of the most valuable machines in medicine, kept limited to the most seriously important medical cases purely because of how expensive they are to buy and even more expensive they are to run!
But the data it would provide would be so exciting!
Why was this not being talked about more? It vexed me back then but I found out later on when I became the project director. Once we were rid of Trevor I went hunting for explanations. The

answer was buried both in the technical notes of the facility but also in poor Doug's diary from the year before I arrived.

That hole within the machine, the ring you are slowly moved in and out of as they take images of the inside of your body, it's called the bore. We had a fairly large one – a 'wide bore' instrument designed for the widest, fattest and tallest humans.

Designed for humans,

Not designed for us!

November 2nd:

Facility Report
2 years before Study

TS001's growth continues unabated.

We have ordered larger chairs for the canteen, re-enforced to cope with his current projected maximum weight. New clothing is being designed that can cope with his enlarged frame.

The canteen has been warned we need to increase his dietary requirements by at least 5% with each 1% increase in height – as his increasingly dense muscles are burning through more calories just as he moves his larger bulk around the facility.

We have also had to decommission some laboratory testing as he simply isn't capable of fitting in the test chambers anymore. The most significant of these is the wide-bore MRI scanner which can no longer accommodate his weight or his shoulder width.

On the positive side we estimate his alcohol tolerance has increased by 500% - so drinking has become a purely social activity associated with calm, relaxed conversations with no normal possibility of becoming inebriated.

The next time he invites me to join him for a beer I may need to spirit some alcohol-free variants along in order not to compromise myself in front of him.

November 2nd:

TS001
2 years before Study

I was supposed to have another MRI today.

You lie down on a small table, they put a needle in your arm so they can inject something to slow your internals down, then a little while later some dye to show up on the scanners. Then the table is rolled into this giant metal ring, a massive donut that whirs and clanks as they scan your insides.

The technicians wanted to get a scan of my spine except, when they tried to slide the table into the donut we realised my shoulder blades were too big to fit into the hole.

It was already uncomfortable trying to lie on that tiny little bed – they had to lengthen it the last time I had an MRI because I was so much taller than before. I knew I was getting big; we've measured and discussed my height so many times, I have to actually crouch at the knees to go through doors! This is the first time I've been too physically wide to do something though.

The techs seemed pissed off. After last time they spent a lot of money making the bed longer – it was a simple fix then. Now apparently making the hole bigger won't be so easy. Scratch that, it'll be impossible without throwing the million dollar machine away and buying a brand new one.

So, no MRI, a bit more time in the gym whilst they work out a plan B.

Apparently the instrument hadn't been turned on since then.

So, I spent the night submitting an urgent test request for full body MRI with additional investigation into our spinal musculature and mammary tissues. My. proposal was on the tech desk when the rest of the team work up, got approval, and Jessica was informed over breakfast there wouldn't be time for her planned excursion around the grounds as she was urgently needed for internal body imaging.

Oh god she was pissed. I remember choking on my breakfast as she started swearing about fucking doctors taking fucking liberties. Doug, waving a half-eaten sausage around on his fork, assured her it would be fine. Assured us that he'd had loads of MRIs when he started but none for over a year.

Jessica was a bit mollified that we weren't going through anything he hadn't been put through.

I just silently prayed no one told her I had personally requested the tests before going to bed.

I was glad I had though because my boobs were even more sore, even more engorged than the day before and I was seriously worried. I kept those worries to myself, documented the physical sensations in my logs but kept speculation about what it meant in my head.

So she went first - whilst I spoke to one of the clinician's on the team to explain what I was worried about.

July 19th:

TS002
Study Week 1

Sitting topless in a clinic whilst a trained mastologist carefully examines your breasts and asks judgemental questions about exactly how much pain you're in isn't fun.

It's one of the most intimate and awkward conversations you can have – both during their visual inspection with your flaps out and afterwards, fully clothed but sweating as they spell out all the possible things they were looking for.

We laid out all the scary, horrifying things that pumping my body with excess oestrogen could trigger if we got the dosing wrong.

They also pointed out an MRI is not a routine method of getting the information he needs to actually make a clinical diagnosis. I retorted that it would also provide plenty of very exciting information about our entire internal structures; bones, muscles, nerves, vasculature, gland density, the works…

Yes, at that point. Jessica was presently 20 minutes into what turned out to be a 4-hour long investigation. She was trying to zone out the horrible noise of the clunking magnet and focus on the soft, relaxing music being relayed through her headphones.

Turns out she was a little claustrophobic. She didn't like being confined to small places – and for most of the study you're staring up at the inside of that magnet just a few inches above your head.

I had a whole other issue. I'm fine with the noise and the tight spaces, if anything I was planning on catching up on sleep I'd missed. The problem for me was, as ever, boob related.

You have to lie very still in an MRI. The measurement isn't quick and every little movement you make distorts the map they are building. I hadn't anticipated the problem.

If I lie on my back my boobs swing sideways out to either fill my armpits or swallow everything above my elbows. It's not particularly comfortable having that weight compressing your breathing. Worse, when I do force air in and out they wobble up and down and side to side as my chest beneath them rises and falls.

Unfortunately, when I'd requested the MRI, I'd forgotten that all the good bras provided since arriving had metal wires and straps. You can't take anything metal into the MRI room because of the magnets so my options were a tight tank-top that provided no support or topless.

I've no shame and just went for the latter.

They popped the headphones on me, slid the table into the magnet and I realised with some amusement there less than half an inch of clearance between my naked nipples and the inside of the magnet!

They kept calling me through the headphones instructing me to focus on lying still, not to jostle my elbows, now to wriggle so much because the smallest movement from below set the girls into a horrifically exaugurated wobbling session.

The constant movement was apparently causing significant artifacts in the image.

Then, after the other more standard tests, they changed the table over for a padded one with an open box on it and asked me to lie on my front. To get clearer breast images they wanted me to squeeze my puppies into a plastic box between me and the table.

I had to lie on my stomach for a full 45 minutes, body arched over this horrific contraption designed for a pair of breasts 10 or 20 cup sizes smaller than mine.

I barely fit in the magnet that way, if I moved at all I could feel my shoulders catch against the inside rim of the ring.

It's not been my smartest plan.

The data we've collected about our bodies will be fascinating once the team have unpicked it. Most importantly any knowledge about internal microcalcification should tell us whether we need to be concerned about the pain in my tits or if this is just the start of renewed growth.

I thought I was joining this programme so the rest of my body could sort of catch up with my boobs. That's what I'd wanted when I suggested the treatment plan. I 'thought' I could be a Type II woman!

If Trevor hadn't stuck his oar in to switch us I'd be the one preparing to do squats and run laps around the compound. Naively I'd thought Trevor would '*like*' Jessica being Type I – it made her more important to the study and meant he could put her front and centre of the reports he'd inevitably have to write up as we went along.

Then in a moment of weakness I agreed to go another way and instead double down on what mother nature thought would be hilarious to bless me with. Life's a bitch but at this point who cares.

As long as there's no lumps developing I'm past caring how freakish they get. I've been through mastitis and clogged milk ducts when I finally weaned myself years ago. I did that on

my own. Now I've a team of scientists and doctors determined to keep me as healthy as possible and two friends to share the journey with.
This will be piss easy!

I was wrong.
The soreness got worse and I woke each day to find my boobs red and inflamed. Worse they were getting hard, much heavier and more solid than before.
Eventually, recognising the symptoms I asked the mastologist to come to my room before I even went for breakfast and asked his advice on whether we should push to promote or delay milk production.
It hadn't been meant to come on this quickly. Less than a dozen days into the study and I was already turning into the cow Bastard Trevor thought I was.
Triggering milk was always a risk given the specified formulas I had designed for the Type I Incredible Body. It had been an acceptable risk, a byproduct of the other things we were nurturing within the patient, rather than a target in of itself.
But my previous false pregnancy had shown that I, for whatever reason, was already genetically predisposed to be incredibly productive. As a younger woman my body had already forced me to spend nights pumping to relieve the pain of over-production, or mornings squatting over the bathroom sink, a tit clutched in each hand as I fondled my way out of an unrequested milk let down.
Given the level of pain I was experiencing he recommended we promote the milk straight away. It was clearly coming in and there were some immediate things we could do to alleviate my issues.
This… in my three stages of growth that tell you the story of my developing world class tits, is the commencement of Stage Three. The biggest and most significant change of all. The thing that made me famous.
I also realised that my fabulous new wardrobe was missing one key thing only I would be needing on this trial: nursing bras.
After breakfast with the others, rather than enjoy my normal daily routine, I soaked some towels in warm water and wrapped them around my tits to encourage the milk flow. After they had lost their heat the pumps came out and I spent the rest of the day in my room cycling between 20 minutes pumping, 20 minutes warming my girls and 20 minutes of self-massage.
I chose to stay isolated out of some innate sense of privacy and also the desire for creature comforts. I played relaxing music, watched my favourite shows, meditated occasionally - basically everything possible to attune brain and body for this one purpose.
And, at about 4 pm it started.

July 20th: **TS002**

Study Week 1

The pain has mostly gone.

Turns out I was just engorged and ready to go.

When the milk let down finally began it came in force. I tried pumps for a while but, honestly, hand expressing is just easier and more fulfilling.

The pumps take the feeling of fullness away but they don't massage your deeper tissues and give the deep extraction I need.

The routine from my year spent hiding from my PhD came back to me. It was the reason I took so long to go back. Not because of the shame or the pain, but because my boobs kept me chained to my poncy little bathroom, standing with my tits out squeezing my floppy tits into either the sink, tub or a bucket depending on my mood.

I used to interview new and experienced mothers as part of my studies. I sat in on midwives giving seminars explaining the process to groups of curious families petrified about the journey they would go through. A few times I even volunteered to demonstrate the process myself – what the hell was the point of having such productive mammary glands if you don't get paid a tiny nominal free to grope them for 20 minutes in front of a live audience?

I'd take a seat in the middle of the circle and show them where I could feel tightness and weight inside the boob. I'd start with my hand loose some distance away from the nipple and gently push in, a deep long stroke towards the front.

Not the nipple. People see farmers milking cows and think you go for the nub and give it a good pull and a tight squeeze. Ouch. No wonder women complain they have sore nips if they go about things that way.

If you really are engorged and you want to initiate a letdown, you have to do it right. Push and stroke the heavy flesh beneath and you know you're in for a true milk let down if multiple sprays arc out from both the end and sides of your nipple.

I'd hunch down in my chair, a large metal bowl balanced between my legs, firmly applying rhythmic pressure from the sides to the centre of the boob. Inwards, towards the rigid areola in long firm presses. I'd vary the order, sometimes one hand on each tit squeezing together, sometimes alternating…

Then the moment I felt the spray of fresh milk into the bowl slow I would firmly rotate the tit sideways and resume. Got to change the angle and area of the boob your flushing – if you don't get all of the milk out it will fester.

My petering spray would reignite, then die down more quickly. Twist the boob again, firmly press and fondle yourself from another angle. When your not in front of a live, fascinated audience of expectant mothers asking questions about '*What does it feel like?*', '*Does it hurt?*' or '*Aren't your hands tired?*' I would put on a podcast and just zone out for an hour.

When the letdown stopped… Not the milk, I could always excite a small trickle, but you know the letdown is over when it stops spraying. When the letdown stopped, I would show them my party trick.

A regular feed isn't one let down. Ideally you should be able to provide two or three, maybe even a fourth. But the first let down extracts all the easily accessible milk leaving the richer good stuff buried deep within.

So you have to start tossing your boobs.

No shame in it, hands flat beneath each tit, shove them up and let them flop around as much as possible. Shake them good, not rough but not lightly, jiggle yourself up and down with your hands to spread the internal milk around.

Do that for a few minutes and you'll find you can force a second let down. It all works the same as before, long firm presses from the side to the centre. If the letdown slows try to find a portion of tit that hasn't been pressed.

Then if you think you have it all out shake yourself again.

At the end of my third letdown I properly, fully explore every possible angle and I'd often find one deep vein that hadn't been emptied. A small portion of tit that still felt hard and engorged – not a lump, very different from a lump – just a small pocket of trapped milk that was struggling to get out. It's so important you help it out one way or the other – it doesn't do you any good if you leave it there.

I taught so many women how to handle their breasts for their intended usage. I ran scientific surveys to get their perspectives, to understand their feelings, emotions, anxieties about breast feeding. I sponsored medical charities to run campaigns to support new mothers. I ran scientific investigations into nutrient analysis and milk production to indicate diet plans that would support people better.

My academic career could have been something special had I not fallen ill.

And it all came back to me today, as I worked my way through four, then five, then six consecutive let downs without stopping. Two hours, three hours, four... My neck was cramping up, I was getting severely dehydrated, I had to send out for food...

It was worth it. My hands needed this reminder about what they were for. The rhythm came back to me so clearly.

Push and squeeze, push and squeeze.

Fuck the pumps, I'll use them when my hands are tired. Today I stayed in my room, holding and squeezing my boobs, remembering what life was like when I used these things to make a room full of women adore me.

I was a goddess...

We wish to re-iterate to the committee this is not the only time Dr Cooper has indicated their extreme degree of self-importance since effectively taking control of Incredible Bodies™ assets.

We highlight this provided diary entry to indicate to the team the clear desire Dr Cooper demonstrates to assist others but also to benefit from their support in return.

Our psychological consultants are concerned that her desire for external validation makes her an unreliable witness. Whilst records of the subject's previous involvement in 'lactation support groups' in her local hospital exist strict patient privacy ensured no sessions were ever recorded and no participant lists were ever documented.

The academic publications resulting from her prior career are a matter of public record and few of her colleagues wished not to go on the record about their experiences with her.

We suspect they are scared anything they said would somehow be reported back to her.

Off the record more than one simply said her work is amazing but her instinct for micromanaging and controlling every aspect of her project was problematic. She only ever collaborated if she had ultimate control of the project.

A common theme reflected in her interview was that she would say everything and anything possibly required to get what she needed without fear of the consequences. She was driven – and this was both her blessing and her curse.

More than one said not to trust her.

When the milk came in I grew.

Milking myself by hand became less comfortable as I had to stretch my hands further and further away from my lap-based resting pose and reach 'around' myself to get at the necessary flesh. Whilst my flesh was still as soft as ever it had more weight, more heft, which made my delicate fingers feel weak and tiny. As my underboob skin was resting on my thighs I had to push the bowl down towards my knees, where I couldn't balance it so easily and also couldn't aim the spray down into it.

I spilt a lot more than I was used to. I also collected so, so much.

I sent it to the lab for testing and was amazed when it came back clean. No abnormalities detected, highly nutritious, perfect fat content. Basically human milk of the highest quality.

My competitive side came out and I spent the following week designing a nutrition plan to up my yield. Not because Trevor requested or approved of this but because I was getting impressive results and I wanted to capitalise on them.

A 'typical' lactating woman with no production issues is capable of pushing themselves to produce just under or over 1 litre of milk a day. The world record amount, coming from someone with hyper-lactation syndrome produces over 6 and a half litres a day.

Within a month I was I drinking 10 litres of water a day and most of went straight through me and into my milk, taking vital calories out of my body on the way with it. It wouldn't make my chest any smaller, because I was teaching the mammary glands that this level of production was 'normal'.

If anything they continued to engorge and ripen further each day. It took me 3 weeks to match the world record, the hyper-lactating syndrome extreme. Then within a month I was up to 7 litres output.

I was nowhere near producing as much as a dairy cow – somewhere between 20 and 30 litres – but that was never a realistic goal back then. I didn't have a goal – I was just… curious. I was driven.

I was so focused I barely left my room. I stopped swimming, stopped playing snooker, stopped turning up to shared mealtimes. I had the suits bring food to my room, made the lab techs come to me to take my blood. If I didn't 'have' to get on my feet I wouldn't.

My fellow test subject companions were missing me and I didn't really acknowledge it like I should have done but this was the whole point. After missing a year and sacrificing my old career I was finally doing science again!

July 26th:

Facility Report
Study Week 3

Maintaining separation between **TS001** and **TS003** is becoming increasingly difficult due to the continued isolation of **TS002**. Whilst **TS003** tolerates **TS001** at mealtimes in the public canteen she expresses near-violent tendencies if she encounters him, or encounters signs of his presence, at any other time of day.

Our escorts are having to work hard to direct **TS001** to avoid areas **TS003** is known to be present or likely to visit shortly. So far he has been completely compliant and expressed willingness to be as patient as she needs to normalise his presence.

Meanwhile **TS002**'s erratic behaviour remains unchanged – despite her physical transformation which is somehow more remarkable than either of the transformations displayed by **TS001** or **TS003**.

Within the privacy of her own quarters or the adjoining laboratory she has adapted a lifestyle of constant near nudity. We can confirm she has not been fitted for new clothing since before her infusions although she has put in requests for increasingly larger silicone flanges for her breast pumps.

Video footage shows she has switched to an almost entirely sedentary lifestyle of eating, sleeping, reading or working at her desk. She has implemented a fifteen-minute yoga stretch each morning to maintain core muscle strength but otherwise shows no interest in physical exercise of any sort.

Her breasts appear to have nearly doubled in size since she arrived. Whilst the intervention of increased female presence on the security team has helped she has become a fascination of the entire group, men and women, due to her unexplained behaviour. When not working on reviewing the incoming clinical test data she appears to spend the rest of her waking hours fondling her own breasts in what appears to be a dangerous obsession.

I have caught staff reviewing security footage collecting bets on how much her milk she will produce each day, whether she will adopt pump or hand expression, how large she will grow before the weight of her front mass demands she call the fitters to help her find a brasserie to carry the weight.

Given her erratic behaviour shows no signs of stopping I am unable to hold this behaviour back and instead have chosen to maintain a blind eye as long as no video footage is collected taken out of the security database.

Our institutes privacy must remain secure.

July 28th:

TS001
Study Week 3

Jessica is angry.

She doesn't like being alone with just me in the compound.

I suggested we just give up on the canteen and eat in our rooms, but she said she doesn't like that either. She'd rather we were all together – but I've tried to get Allie to join us and it's not going to happen any time soon.

Apparently Allie is busy with work and not to be disturbed.

So without a solution Jessica 'tolerates' me.

She eats in silence, constantly checking over her shoulder that someone from the lab team, or one of the attendants, is there with us. If it's a woman she seems happy, if it's a man she scowls at them something fierce.

She doesn't want to be alone with me. I was warned she wouldn't at first, that this would be a difficult transition. And I don't want to be alone with her if it makes her uncomfortable.

I tried asking how she feels, how she's reacting to the growth drugs. She's taller, I can tell that already. She's started using the gym a lot, I've been turned away before I reached the door several times because she's in there and the team don't want to risk a scene.

I'd love to join her in the gym to do some challenges if I didn't think It would cause a panic attack.

I just don't know what's wrong with Allie. They keep assuring she is fine, she's not ill – just busy working.

July 28th:

TS003
Study Week 3

Success on all fronts today.

- Bench press – 82 kg.
- Squats - 115 without pause
- Deadlift - 133 kg
- Shoulder press - 55 kg
- Barbell curl - 47 kg

The personal trainer indicates this puts me in elite performance category, in the top 5% of all female lifters with my body weight. As I get heavier my target lift weights should increase proportionally if I want to maintain that – but there's no reason to think that won't happen naturally now.

She seems confident at least. I just have to trust the process.

I've been watching Doug and wondering if I'll end up as tall as him or if woman are always destined to be shorter?

I read today that 39% of mammals gender has no impact on size, that for 45% of animals the males are bigger but in 16% of cases the women dominate.

We have to grow the next generation inside us. We should be bigger. We need more food and energy than them so we can make life – something they will never need to cope with.

Why does the natural order suck?

How much does Doug weigh and how strong would I need to get to bench press him?

July 28th:

TS002
Study Week 3

90% pump, 10% hand expression today.
The pump damages my nipple sensitivity – I'm sure of it. It also causes increased mental anxiety because I don't like the repetitive noises. I don't like how it makes me feel more like part of a giant machine than a buxom goddess.
But I am still sending samples for testing and so far everything looks good. Better than good.
I awake to feel my boobs have become rock hard, a little painful but mainly just tough and heavy. Solid wrecking balls with no give at all.
So the first let down I want to do by hand because I think I need to work that toughness out of them. I gave in and switched to pumping so I could keep my hands free and actually get on with some work though. We're due our third infusion soon and I want to review the medical data accumulated so far.
Trevor wants me to sign off that we are good to go ahead as scheduled to complete my original approved study plan.
I want another MRI so I can track our developments before the next infusion. I want to see how the network of internal tissues that produce all this wonderful milk of grown and developed.
Perhaps I could even get a pump attached and let down 'in' the MRI whilst it's scanning at a high resolution. That's never been done before – I don't think – I'll need to check. You can use them to capture live feeds and seeing the milk production in action would be a fantastic development for science.
I never got used to breast pumping whilst lying on my back so I'll try that tonight before bed.

If squeezing me into the MRI machine was a hassle the first time it was nearly impossible the second time when I asked if we could attach the pumps and do a live recording of my milk production.
It was worth getting the video though. I lay back on the sliding bed, naked tits out save for the pads and tubes attached to my nipples and let the attendants try to wrestle my boobs into the bore. I let them push and shove the flesh down to squeeze me in, in fact when one or two of the nurses expressed doubt this was a good idea I insisted we continue.
Their tiny hands on my skin felt good.
I told them I had delayed pumping for this measurement so I was particularly sensitive as I was holding back a milk letdown. They treated me with as much care as they could but it required quite a bit of forceful fondling to squeeze my overabundant flesh under the edges of the bore and into the magnet.
A month later I presented to the board a high-resolution, real-time video of the MRI feed showing the internal movement of my mammary glands swelling and contracting as they produced an ungodly quantity of fluid.
It was the first time I had put on clothes, left my room, and properly interacted with the other people in the compound since my milk had come in. For 5 weeks I had exclusively dedicated myself to enhancing my supply whilst analysing every single test from Jessica and myself to track our separate journeys.

I was tracking her slow growth and her increasing strength. I was tracking my milk production which was actively preventing the other aspects of the Type I formula sticking – no matter how much I ate the calories barely had time to settle on my hips or ass.

I looked at the blood results, at our genetic markers, at our white blood cells counts, at our ovarian cycles. I know I wasn't the only one, the whole team was pouring over these numbers but my brief was unique.

For example Dr Sara Henderson was a haematologist. She was watching for any indication of bone marrow disorder. As long as she saw no sign of that or blood cancer, internal bleeding or clotting problems she was happy. That was her role and she performed it as you would expect her to.

Trevor had assembled a team of yes men who would do as instructed without fighting back or pushing for their own ideas. He had people looking at every aspect of our lives, point by point but almost no-one pulling it all together into a cohesive whole save himself.

And then me…

I explained to the board how successful the first three infusions had been, how both the Type I and Type II formulas were behaving exactly as predicted and it would be possible in future to combine them to target any potential female body shape desired.

Whereas every other scientist on the team got a nod and a smile the funders recognised they were cogs in the machine. But little me, short and stocky and proud of the two sacks of productive fat hanging from my chest, could not be denied.

I had mounted the warhorse and was now riding it out of the station.

And giving my presentation was good for me. Good for me in more ways than I can count; personally, physically, emotionally and most importantly it rocket boosted my dead career aspirations.

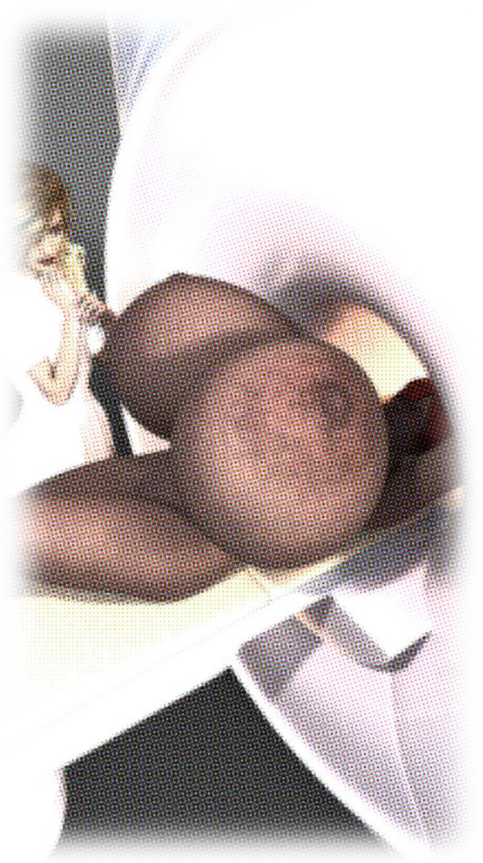
The shadow funders behind the scenes now had my card marked as someone they should listen to – a woman so committed and passionate she used herself as a test subject.

It was a milestone, a point of recognition that reminded me about how important it is to talk and connect to other people. I had gone through some significant changes and I wanted to see how Doug and Jessica reacted.

It was the end of August, the peak of summer, and because I hadn't left my room in a few weeks I was looking particularly pasty. There was only one solution in order – find a bikini that fit and go outside to work on the tan.

I kept demanding regular MRI measurements until they told me
that I physically couldn't fit in the machine any more.
The convenience of a full body scan, a high definition look at each and every one
of our internal organs, seeing that they were still fundamentally healthy
- just 'better than normal'.

It reassured me I wasn't turning into some kind of monster.



Yes - I wasn't 'properly' human anymore but I was still the same on the inside.
All the same organs in all the same places just 'better' than everyone else in a million
microscopic ways that all accumulated in something incredible.

I never actually submitted a single paper to the academic community again
but I did have half a mind to publish these videos one day.

It's a shame life has a habit of getting in the way...