

THE CASE AGAINST

CIRCUMCISION



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BY PAUL M. FLEISS

CUTTING KIDS

why the pain of
circumcision
lasts far longer
than the procedure

Routine infant circumcision continues to be the most commonly performed surgery on children in the US, with about 1.2 million newborn boys circumcised each year.¹ The US also continues to be the only industrialized nation that circumcises the majority of its newborn baby boys for nonreligious reasons. The health-based reasons have been criticized and are controversial.²

Despite these facts, the rates of routine infant circumcision (RIC) in the US have steadily declined for more than a decade, and dropped more than 11 percent in just two years (2001–2003), according to the National Center for Health Statistics. Nationally, the average RIC rate fell to 55.9 percent in 2003, the latest year for which statistics are available. The largest decline was in western states, where the rate dropped 23 percent and seven out of ten boys remained genitally intact.³

Several factors are driving this decline, including parents-to-be who are better informed, more doctors and childbirth educators willing to speak out against circumcision, and an influx of immigrants from Asia, South America, and Europe—where RIC is anything but routine—who are not circumcising their newborn sons.

Perhaps most important, grassroots efforts to expose the medical myths and highlight the ethical concerns surrounding circumcision are becoming more widespread and main-

stream. Here's what you need to know about circumcision to make an informed decision that can enhance your son's self-esteem and sexual health for the rest of his life.

what is circumcision?

Circumcision is the cutting off of the fold of skin that normally covers the *glans*, or head, of the penis. This double layer of skin, the *prepuce*, is commonly known as the *foreskin*. In a circumcision, a baby boy is spread-eagled on his back on a board or table; his arms and legs are strapped down so that he can't move. The baby's genitals are scrubbed and covered with antiseptic. The foreskin is torn from the glans and slit lengthwise so that the circumcision instrument can be inserted. The foreskin is then cut off.⁴

Years ago, doctors believed—and told new parents—that babies didn't feel pain, and that therefore circumcision didn't hurt and would be forgotten as the child matured. Today, experts both within and outside the medical community agree that babies do feel pain, and that circumcision is extremely painful for them.

Many circumcisions are performed without anesthesia. Most doctors and childbirth educators agree that the administering of the available painkillers—including the most effective, the ring block, which requires four injections—can itself be extremely painful for an infant. And even when anesthesia is administered, it does not completely eliminate the pain.

MALE CIRCUMCISION IS AN UNNECESSARY AND

Increasingly, the trauma experienced by the infant during circumcision is being linked to later childhood intolerance of pain. According to an article by British researchers Dr. Maria Fitzgerald and Dr. Suellen Walker, “One important study shows that boys who have been circumcised at birth show increased pain responses to vaccinations at four to six months compared to those who have not. . . . In a follow-up, prospective study of 87 infant boys, uncircumcised infants were found to have the lowest pain scores at vaccination four to six months later, followed by those circumcised after treatment with lidocaine-prilocaine cream (EMLA), while those circumcised after placebo cream showed the greatest responses.”⁵

real risks

As with any surgery, circumcision comes with serious risks, such as excessive bleeding, infection, complications from anesthetics, and even death.

One-month-old Ryleigh Roman Bryan McWillis died in August 2002 after suffering severe hemorrhage from his circumcision.⁶ The Canadian-born baby had a normal-term birth, with no complications or problems. In August 2003, a four-week-old Irish infant named Callis Osaghae died of severe blood loss just hours after a routine circumcision.⁷ Complications from the circumcision of three-week-old Dustin Evans of Cleveland, Ohio, led his doctors to perform additional surgery to unblock the baby’s urethra. Unfortunately, he never made it to the actual surgery, instead dying as anesthesia was administered.⁸

The sad conclusion of one story that made international headlines came in May 2004, when David Reimer, whose penis had been destroyed during a nontherapeutic infant circumcision, committed suicide at age 38. After the circumcision, Reimer’s doctors had castrated him and convinced his parents to raise their son as a girl. He was renamed Brenda, and at puberty given feminizing hormones to promote breast development while he waited for sex-reassignment surgery. Reimer was confused and depressed; his suicide attempts began in his teens, when he was told the truth about his sexual identity and surgery. He later renamed himself David and had a double mastectomy and reconstructive penile surgery. A book about his tragic experience, *As Nature Made Him: The Boy Who Was Raised as a Girl*, was written by John Colapinto.

the value of the foreskin

The foreskin itself is gaining the respect it deserves as an incredibly rich and useful sexual and sensory organ. A large, double-sided tube of skin, nerves, blood vessels, and muscle, the foreskin comprises 80 percent or more of the penile skin covering,⁹ or at least 25 percent of the flaccid

penis’s length.¹⁰ According to Dr. John R. Taylor, coauthor of two anatomical studies of the prepuce, the foreskin’s location and structure indicate that it is the most important sensory tissue of the penis.¹¹

The key to the foreskin’s sexual function is the ridged band, a zone of corrugated tissue just inside its tip. First described by Dr. Taylor in the *British Journal of Urology*, the ridged band contains thousands of specialized, highly erogenous nerve endings that enhance sexual pleasure.¹² Because circumcision removes almost all of these nerve endings, circumcised men never feel the sensations those nerves can provide.

The foreskin also serves as a vital defense against infection. Just as the eyelids protect the eyes, the foreskin covers and protects the urinary opening, helping to maintain the sterility of the urinary tract. It also keeps the surface of the glans soft, moist, and sensitive. Thus it maintains optimal warmth, pH balance, and cleanliness.¹³ Between the foreskin and glans, an antiviral, antibacterial substance called smegma accumulates. Smegma contains several protective substances, including an immunoprotective enzyme, lysozyme, which is also found in tears, breastmilk, and other body fluids. When the foreskin is removed during circumcision, smegma no longer accumulates between the foreskin and glans, and smegma’s immunoprotective properties are lost.¹⁴

Circumcised men are becoming more aware of what they have lost through circumcision, and a growing number are attempting to restore their foreskins with devices that help stretch the skin of the penis and restore sensitivity to the glans. One of these devices, the Foreball, was developed by Dr. Wayne Griffiths, cofounder of the National Organization of Restoring Men (www.norm.org).

Ironically, the value of the male foreskin is not lost on the cosmetics and medical research industries. Organogenesis is among several companies that use cells from foreskins amputated from male infants to produce artificial skin. Organogenesis received FDA approval for Apligraf, an artificial skin made from a combination of foreskin and bovine collagen. Cosmetics companies such as SkinMedica sell wrinkle creams and moisturizers made from infant foreskins. SkinMedica’s TNS (Tissue Nutrient Solution) Recovery Complex, which retails for about \$125 per half-ounce, is said to reduce facial lines and wrinkles.¹⁵ According to the product’s box, it is made from “human fibroblast conditioned media”—in other words, human foreskin.

medical myths vs. reality

The medical value of circumcision is very much in dispute. Throughout its history, circumcision has been claimed by the medical community to cure a wide range of ailments, from epilepsy to tuberculosis. More recently, some claim

IRREVERSIBLE PROCEDURE.

College of Physicians and Surgeons of British Columbia



uncircumcised

An uncircumcised penis maintains the foreskin, which serves as both a useful sexual organ and a defense against infection.



circumcised

In circumcision, the foreskin, which normally cover the *glans*, or head, of the penis, is cut off.

it prevents penile and cervical cancers and other sexually transmitted diseases (STDs). However, all these claims either remain unproved or have been disproved.

According to the American Academy of Family Physicians (AAFP), “The evidence indicates that neonatal circumcision prevents urinary tract infections (UTIs) in the first year of life with an absolute risk reduction of about one percent and prevents the development of penile cancer with an absolute risk reduction of less than 0.2 percent.”¹⁶ In its position paper on neonatal circumcision, the AAFP goes on to state that “evidence suggests that circumcision reduces the rate of acquiring an STD, but careful sexual practices and hygiene may be as effective.”

As far back as 1989, the American Academy of Pediatrics (AAP) stated that “factors other than circumcision are important in the etiology of penile cancer . . . human papillomavirus types 16 and 18 DNA sequences have been found in 31 of 53 cases of penile cancer, suggesting the importance of these viruses in the development of this condition.”¹⁷ The AAP has continued to amend its position on circumcision and no longer recommends it as a routine newborn procedure.

The Centers for Disease Control and Prevention (CDC) in 1996 found that the incidence of gonorrhea in the US was 26 times greater than the rate in Germany and 50 times the rate in Sweden. The CDC also reported in 1996 that the total rate of syphilis in the US was 13 times higher than that in Germany and 33 times greater than in Sweden.¹⁸ But while the US’s circumcision rate is still above 50 percent, the circumcision policy statements of both the AAP and the Canadian Pediatric Society acknowledge that circumcision is uncommon in most of Europe, including Germany and Sweden.

A study by Edward Laumann, PhD, published in the *Journal of the American Medical Association*, showed a US rate of chlamydia infection of 25.1 per 1,000 circumcised men, and zero for intact men.¹⁹

disputed links to cancers

Some doctors continue to believe that circumcision can prevent certain cancers, including penile cancer and, in women, cancer of the cervix. But the American Cancer Society (ACS) has stated that “circumcision is not of value in preventing cancer of the penis,”²⁰ though the ACS does not have an official policy on circumcision. According to the ACS, proven risk factors include unprotected sex with multiple partners and cigarette smoking. Penile cancer continues to be one of the rarest forms of cancer, accounting in the US for less than one-half a percent of cancers diagnosed among men and less than one-tenth of a percent of cancer deaths among men.²¹

As far back as 1996, ACS members discouraged the AAP from promoting routine circumcision as a preventive measure for penile or cervical cancer. According to a letter from Drs. Hugh Shingleton and Clark W. Heath Jr. to the AAP’s Committee on Practice and Ambulatory Medicine, “Research suggesting a pattern in the circumcision status of partners of women with cervical cancer is methodologically flawed, outdated and has not been taken seriously in the medical community for decades. Likewise, research claiming a relationship between circumcision and penile cancer is inconclusive.”²²

Faced with this growing array of medical contradictions,

IT IS NOW WIDELY ACCEPTED, INCLUDING BY THE BMA, THAT THIS

the American Academy of Pediatrics in 1999 amended its position statement on neonatal circumcision to state: “Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision.”²³

By stating this, the AAP joined the rest of the world’s medical associations in no longer recommending routine infant circumcision. The Canadian Pediatric Society does not recommend circumcision for newborn baby boys.²⁴ The more strongly worded position statement of the College of Physicians and Surgeons of British Columbia reads: “male circumcision is an unnecessary and irreversible procedure.”²⁵

And in the UK, the British Medical Association’s position on circumcision is: “The medical benefits previously claimed, however, have not been convincingly proven, and it is now widely accepted, including by the BMA, that this surgical procedure has medical and psychological risks.”²⁶

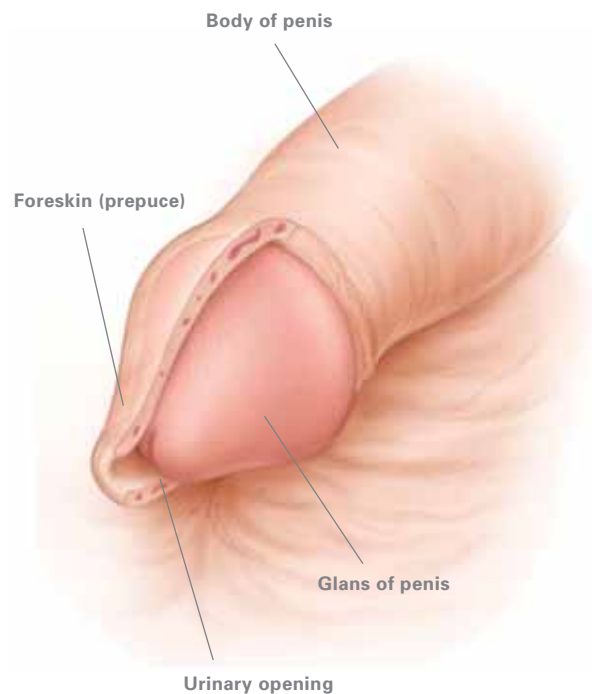
ethical and legal concerns grow

US-based doctors, nurses, and childbirth services providers are increasingly counseling their patients and clients against circumcision and joining organizations such as Doctors Opposing Circumcision (Seattle, Washington) and Nurses for the Rights of the Child (Santa Fe, New Mexico). “As a nurse in the area of childbirth and newborn care, I refuse to participate in circumcisions and will not assist in getting the paperwork or consent signed,” says Tora Spigner, RN, MSN, of Berkeley, California. “I am an advocate for the family, and that includes the newborn. I have not even seen a circumcision since 1995 and care never to see one again.”²⁷

Broadly based ethical concerns have also arisen about a new mother’s ability to give informed consent to circumcise so shortly after birth, as well as the human rights and legal issues surrounding the infant’s own inability to consent to the permanent removal of healthy tissue (see article by Gussie Fauntleroy).

People such as Matthew Hess, president of MGMBill.org, believe that the Federal Prohibition of Female Genital Mutilation (FGM) Act, which criminalizes circumcision of females under the age of 18 in the US, is unconstitutional because of its lack of equal protection for males. Hess’s group submitted a bill proposal to the US Congress to amend the law accordingly, and is looking for a sponsor to take up the bill.

The Ashley Montagu Resolution to End the Genital Mutilation of Children Worldwide, named for Professor Ashley Montagu, a globally recognized scientist, scholar, humanist, and author, was drawn up in 1996. Its signatories include Dr. Jonas Salk and Nobel Prize recipient Dr. Francis Crick. Its goal is for governments worldwide to outlaw any



kind of genital mutilation, including the circumcision of male and female infants and children.

the cost in dollars

Routine infant circumcision, acknowledged to be a medically unnecessary surgery, is proving to be a tremendous strain on the finances of medical insurance companies and government-sponsored services such as Medicaid.

According to a 2004 cost-utility analysis by Dr. Robert S. Van Howe, neonatal circumcision increased incremental medical costs by \$828.42 per patient and resulted in an incremental 15.30 well-years lost per 1,000 males.²⁸ Dr. Van Howe’s study also found that “if neonatal circumcision was cost-free, pain-free and had no immediate complications, it was still more costly than not circumcising.”

A report published this year by the International Coalition for Genital Integrity found that US taxpayers pay for 28 percent of circumcisions, each state paying an average of \$754,478 for the surgery in 2003.²⁹ Faced with looming budget gaps, more state legislatures are looking to cut RIC funding through such programs as Medicaid. In fact, 14 states, including California, Florida, Oregon, Arizona, and Utah, have eliminated state funding for RIC. Other states are considering doing the same thing.³⁰

Circumcision is a highly personal decision. The most qualified person to make that decision is the one who will

SURGICAL PROCEDURE HAS MEDICAL AND PSYCHOLOGICAL RISKS.

British Medical Association

live with the lifelong consequences of body modification. The best thing you can do is to educate yourself about the medical, ethical, religious, or even monetary factors involved in circumcision before your son is born.

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FOR MORE INFORMATION

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Doctors Opposing Circumcision (DOC), www.doctorsopposingcircumcision.org

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Jews Against Circumcision, www.jewsagainstcircumcision.org

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Stop Infant Circumcision Society, www.stopinfantcircumcision.org

Students for Genital Integrity, www.studentsforgenitalintegrity.org

www.circumcisionquotes.com

www.hisbodyhisrights.net

www.mgmbill.org

www.sexuallymutilatedchild.org

www.circumcisionvideos.com

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To order books above, go to www.mothering.com and click on Powell's Books. Articles and discussion boards on circumcision are also on the website.

Editor's note: The topic of HIV and circumcision, while very important, is beyond the scope of this article. However, you may go to www.CIRP.org for a substantial reservoir of research on the issue.

Karen Burka is director of the Hudson Valley/New York Chapter of the National Organization of Circumcision Information Resource Centers. She has a three-year-old intact son, Daniel.



WHOSE DECISION IS IT?

The long-term legal implications of informed consent

BY GUSSIE FAUNTLEROY



Even today, this scenario is all too common:

Shortly before or after giving birth at a hospital, a woman is handed a sheaf of papers to sign. Some are insurance forms. One form asks, “Do you want your baby boy circumcised?” The question appears routine, almost a formality.

If her doctor has explained the surgery—and a national survey indicates that nearly half of all physicians who perform circumcision do not educate both parents in advance of the surgery¹—it is likely the mother has been told that circumcision is “quick, simple, and doesn’t hurt the baby,” and that her son’s penis would stay cleaner and healthier that way. She is given the impression that this is just one more minor procedure done to all baby boys before they leave the hospital. She signs.

Has this mother given her informed consent to have the surgery performed on her infant? What are the medical and legal standards that constitute informed consent for any type of surgery? Can a parent legally or ethically “consent” to surgery that will be performed not on the person who signs the paper but on someone else, in particular on an infant only one or two days old?

That these questions are now even being asked represents a movement toward increased awareness of the issue in a country that continues to have one of the highest rates in the world of routine newborn circumcision. Currently about half of all American newborn males, roughly a million babies a year, are circumcised. Israel maintains a high rate on the grounds that circumcision is required by God for all Jewish males, and in some parts of the world Sunni Muslims also circumcise for religious reasons.

Countries with high circumcision rates stand out in the world community because about 85 percent of all males worldwide are not circumcised. However, it is only in recent years that some in the American medical and legal fields have begun to look seriously at how and why the procedure continues in the US on a routine basis and for nonreligious reasons. One of the issues being examined is that of informed consent.

Currently, no federal law requires that informed consent be obtained before newborn male circumcision can be performed. However, every state has laws and medical standards that give physicians the duty and responsibility to inform patients of the expected benefits and the potential disadvantages and risks inherent in any proposed medical treatment.

The concept of informing patients is a fluid one. Not every conceivable, rarely seen risk must be mentioned, but the patient must be informed of the most common risks and of the general ramifications of the treatment. And the patient clearly must be mentally and physically competent to understand and weigh the information and to provide consent in an uncoerced and voluntary manner.

A NATIONAL SURVEY INDICATES THAT NEARLY HALF OF ALL PHYSICIANS WHO PERFORM

All of this relates to a competent adult patient giving informed consent for surgery or other treatment to be performed on his or her own body. In the case of a procedure to be performed on an infant or child, medical standards dictate that a parent legally can give only permission or “proxy consent,” because the patient is not able, himself, to consent to the procedure. Moreover, permission can legally be given only in circumstances where:

- there is a clear and urgent immediate medical need for the treatment
- the parent(s) are given full disclosure regarding the proposed treatment
- the parent(s) are deemed competent to understand the risks and benefits of the proposed treatment and are able to give permission in an uncoerced and voluntary manner
- the expected medical benefits clearly outweigh the risks or disadvantages to the child²

Circumcision’s risks and complications, along the spectrum from common to rare, include pain, unsightly appearance of the penis, damage to the penile shaft, damage to the urethra, hemorrhage, postoperative infections, penile amputation, and death. How well are these explained to parents?

In a national survey of doctors who circumcise, Dr. Christopher Fletcher and associates found that of those physicians who say they educate parents, only 73 percent claim to always mention even the surgery’s most common and universal effect: pain.³ The other major categories of risks and complications are discussed with even less frequency.^{4,5} And the survey indicates that the vast majority—83 percent—of respondents who claim to discuss circumcision with parents rarely or never mention the possibility of death. Sixty to seventy percent never mention serious surgical damage.

As Fletcher notes, “Death, amputation, and anatomical damage post-operatively are least commonly or rarely mentioned, despite the fact that hospital surgery consent forms routinely list these for essentially every other surgery performed in hospitals or out-patient surgery centers. Circumcision has somehow conveniently escaped the attention of physicians as a surgical procedure with significant potential complications and risks.”⁶ This, despite the fact that circumcision is the most commonly performed surgery in the US, including all surgery performed on patients of both sexes and all ages.

Not even addressed in consent forms are losses and damage that are intrinsic to the procedure regardless of medical proficiency. Among these are irretrievable loss of sexual sensitivity, sexual function, and pleasure; neurological damage

to the developing brain;⁷ a lower threshold for pain;⁸ lowered immunological defense as a result of the loss of glands in the foreskin that produce antibacterial and antiviral proteins;⁹ encoding of the brain with violence; and disruption of the maternal-child bond in the newborn period.¹⁰

Although medical standards require the expectation that a proposed treatment will provide more benefit than harm, the survey by Fletcher and associates found that more than half (53 percent) of circumcising physicians said they personally feel neonatal circumcision causes more harm than benefit—yet they continue to perform the procedure. And while parental permission is understood to be ethically legitimate only for medical treatment deemed of urgent necessity to a child, the American Medical Association has issued a position statement identifying neonatal circumcision as a nontherapeutic procedure with no medical indication.¹¹

For these reasons, it is becoming increasingly clear that neonatal circumcision, as routinely performed in the US, does not fulfill the requirements for parental permission or informed consent.¹² Other factors pointing to the same conclusion include:

- In many cases the mother, even when she is given some information prior to being asked to sign a consent form, is not competent to make a decision on circumcision at the time of signing the form, often as a result of medications, language barriers, and/or the effects of labor and birth.
- According to a large and growing body of medical research, the benefits of circumcision cannot be shown to outweigh the surgery’s disadvantages and risks.¹³
- There are well-established legal and ethical constraints against removing any healthy tissue, and specifically against amputating a healthy, functional, and highly sensitive part of the body such as the foreskin.¹⁴

“The problem with circumcision is that it has been placed, however irrationally, in its own category of not really being a surgery,” Fletcher

“The problem with circumcision is that it has been placed, however irrationally, in its own category of not really being a surgery.”

— DR. CHRISTOPHER FLETCHER

notes. “[I]t is looked at as a social contract between the baby’s parents, his penis, and the surgeon. Something like getting your ears pierced, something promoted as so simple, minimal, quick, and expected in American white society (and therefore good for minorities as well), that it cannot be categorized along with appendectomies, tumor removal, etc.”¹⁵

Attorney Ross Povenmire put the issue in more graphic terms in an article in the *Journal of Gender, Social Policy, and the Law*: “The amputation of the male foreskin in the United States is unique in medical practice for not requiring any medical justification, and for the widely accepted view that the amputation

CIRCUMCISION DO NOT EDUCATE BOTH PARENTS IN ADVANCE OF THE SURGERY.

may be authorized at the sole discretion of a parent. This attitude is completely at odds with legal and medical practice regarding other forms of amputation and must be challenged.”¹⁶

It is just beginning to be legally challenged. In the US, the first medical malpractice case based on a physician's duty to fulfill the requirements of informed consent was decided in 2004 by the North Dakota Supreme Court. *Flatt v. Kantak* involved a mother who signed a circumcision consent form for her son. However, the mother claims she was given inadequate information by an unfamiliar physician who spent less than two minutes with her and spoke with an accent the mother could not understand. According to prosecuting attorney Zenas Baer, “Both parents say that if they had known there was any chance of injury or death, or if they had known it was painful to the baby—that the foreskin has nerve endings—they would not have done it.”

Following the jury's decision in favor of the physician, the case was appealed to the state supreme court on claims of multiple legal errors. In particular, prosecutors challenged the trial court's decision to exclude as evidence a circumcision videotape or the display of any tools of the trade—evidence Baer believes would have given the jury a critical appreciation of the procedure, about which the parents claim not to have received adequate information. In upholding the district court's decision, the supreme court simply deferred to the lower court on evidentiary issues rather than comment on the merits of the case, Baer says. Baer currently is prosecuting a second informed-consent case, this one in Minnesota. In *D.N.N. v. Berestka*, the parents of an infant claim the circumcising physician did not speak with them or obtain their consent before performing the procedure on their son.

In a more widely publicized case, a young man named William Stowell received monetary settlements of undisclosed amounts from the physi-

cian who circumcised him and from the West Islip, New York, hospital where he was born. Stowell, born in 1981, claimed that his mother was debilitated by postsurgical pain and anesthesia when she signed a consent form for his circumcision. His lawyers were able to bypass the 10-year statute of limitations on medical malpractice

More than half of circumcising physicians said they feel neonatal circumcision causes more harm than benefit—yet they continue to perform the procedure.

by defining the case as one of battery rather than of medical negligence.¹⁷

“I think the medical community needs to toe the line on informed consent,” Zenas Baer stresses. “It's not entirely based on the signed papers—the doctor has an obligation to have given the parent adequate information.”

NOTES

1. A 1998 survey was sent to 485 physicians around the US. Of the 485 sent, 213 were completed and accepted for analysis. The survey was coordinated by Dr. Christopher Fletcher and other members of the Ambulatory Sentinel Primary Care Network, which at the time of the study was one of the two largest research-based primary-care groups in North America. Of physicians who perform circumcisions, only 52 percent claim to always educate both parents in advance of the surgery about potential complications and risks. Fletcher's presentation of the survey, at the Fifth International Symposium on Sexual Mutilation, Oxford, England, 1998, was published in *Male and Female Circumcision*, George C. Denniston, Frederick Mansfield Hodges, and Marilyn Milos, eds. (London: Kluwer Academic/Plenum Publishers, 1998).
2. J. Steven Svoboda et al., “Informed Consent for Neonatal Circumcision: An Ethical and Legal Conundrum,” *Journal of Contemporary Health Law & Policy* 17 (2000): 61.
3. See Note 1.
4. Ibid. For each category of risks or complications, physicians were asked whether they “always,” “sometimes,” “rarely,” or “never” mention these issues to both parents. Fletcher comments, “Although it is quite likely from written comments attached to many of the returned surveys that many physicians, and perhaps the majority, never actually spend time educating and discussing these issues with both parents of the male child, nevertheless, the survey results

are presented as if the respondents were actually honest in regard to that question.”

5. Ibid. The risk of hemorrhage was claimed to be “always” mentioned by 70 percent of physicians; 60 percent said they “always” tell parents about the risk of infection. Only 39 percent reported that they “always” tell parents about the risk of damage to the penile shaft; 38 percent mentioned the risk of damage to the urethra; 28 percent mentioned the risk of unsightly postoperative appearance of the penis; 12 percent mentioned the possibility of penile amputation; and 8 percent said they “always” mention the risk of death.

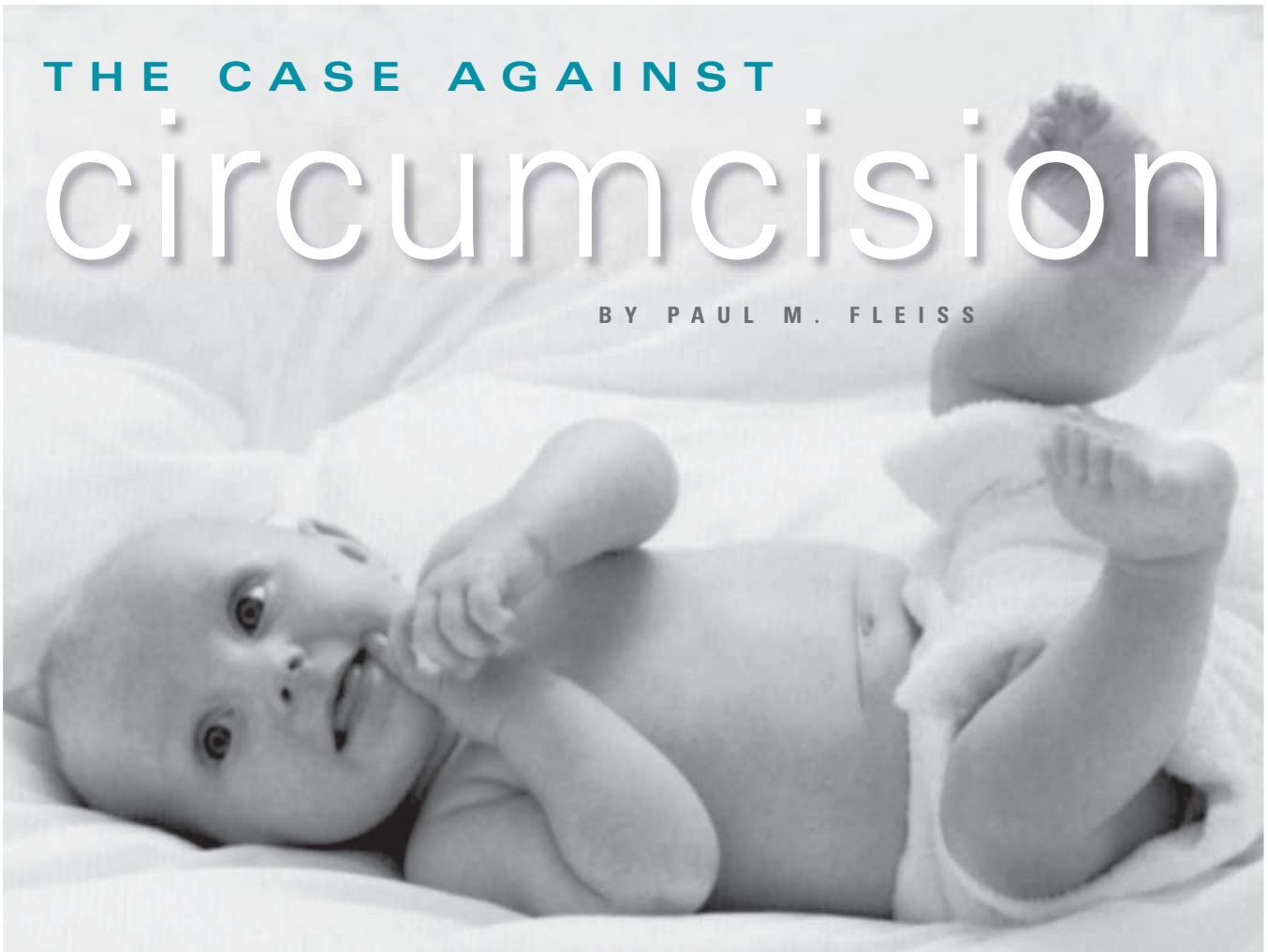
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8. Ronald Goldman, *Circumcision: The Hidden Trauma* (Boston: Vanguard Publications, 1997): 139–175.
9. A. Ahmed and A. W. Jones, “Apocrine Cystadenoma: A Report of Two Cases Occurring on the Prepuce,” *British Journal of Dermatology* 81 (1969): 899–901.
10. R. E. Marshall et al., “Circumcision: Effects upon Mother-Infant Interaction,” *Early Human Development* 7, no. 4 (December 1982): 367–374.
11. Report 10 (I-99) of the American Medical Association's Council on Scientific Affairs (December 1999): www.ama-assn.org.
12. Although the term *informed consent* cannot technically be applied to neonatal circumcision, it is almost universally used in this context, and therefore is being used here.
13. See Circumcision Information and Resource Pages (www.cirp.org); National Organization of Circumcision Information Resource Centers (NOCIRC, www.nocirc.org); National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARM, www.noharm.org); Nurses for the Rights of the Child (<http://nurses.cirp.org/>).
14. See Note 2.
15. Personal interview with Dr. Christopher Fletcher; see Note 1.
16. Ross Povenmire, “Do Parents Have the Legal Authority to Consent to the Surgical Amputation of Normal, Healthy Tissue from their Infant Children? The Practice of Circumcision in the United States,” *Journal of Gender, Social Policy, and the Law* 7, no. 1 (1998–1999): 87–123.
17. William Stowell was represented by John L. Juliano of East Northport, New York, and David J. Llewellyn of Conyers, Georgia. Llewellyn regularly represents victims of circumcision in lawsuits around the country.

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THE CASE AGAINST

circumcision

BY PAUL M. FLEISS



Western countries have no tradition of circumcision. In antiquity, the expansion of the Greek and Roman Empires brought Westerners into contact with the peoples of the Middle East, some of whom marked their children with circumcision and other sexual mutilations. To protect these children, the Greeks and Romans passed laws forbidding circumcision.¹ Over the centuries, the Catholic Church has passed many similar laws.^{2,3} The traditional Western response to circumcision has been revulsion and indignation.

Circumcision started in America during the masturbation hysteria of the Victorian Era, when a few American doctors circumcised boys to punish them for masturbating. Victorian doctors knew very well that circumcision denudes, desensitizes, and disables the penis. Nevertheless, they were soon claiming that circumcision cured epilepsy, convulsions, paralysis, elephantiasis, tuberculosis, eczema, bed-wetting, hip-joint disease, fecal incontinence, rectal prolapse, wet dreams, hernia, headaches, nervousness, hysteria, poor eyesight, idiocy, mental retardation, and insanity.⁴

In fact, no procedure in the history of medicine has been claimed to cure and prevent more diseases than circumcision. As late as the 1970s, leading American medical textbooks still

advocated routine circumcision as a way to prevent masturbation.⁵ The antisexual motivations behind an operation that entails cutting off part of the penis are obvious.

The radical practice of routinely circumcising babies did not begin until the Cold War era. This institutionalization of what amounted to compulsory circumcision was part of the same movement that pathologized and medicalized birth and actively discouraged breastfeeding. Private-sector, corporate-run hospitals institutionalized routine circumcision without ever consulting the American people. There was no public debate or referendum. It was only in the 1970s that a series of lawsuits forced hospitals to obtain parental consent to perform this contraindicated but highly profitable surgery. Circumcisers responded by inventing new “medical” reasons for circumcision in an attempt to scare parents into consenting.

Today the reasons given for circumcision have been updated to play on contemporary fears and anxieties; but one day they, too, will be considered irrational. Now that such current excuses as the claim that this procedure prevents cancer and sexually transmitted diseases have been thoroughly discredited, circumcisers will undoubtedly invent new ones. But if circumcisers were really motivated by purely medical considerations, the procedure would have died out long ago, along with leeching,

skull-drilling, and castration. The fact that it has not suggests that the compulsion to circumcise came first, the “reasons” later.

Millions of years of evolution have fashioned the human body into a model of refinement, elegance, and efficiency, with every part having a function and purpose. Evolution has determined that mammals’ genitals should be sheathed in a protective, responsive, multipurpose foreskin. Every normal human being is born with a foreskin. In females, it protects the glans of the clitoris; in males, it protects the glans of the penis. Thus, the foreskin is an essential part of human sexual anatomy.

Parents should enjoy the arrival of a new child with as few worries as possible. The birth of a son in the US, however, is often fraught with anxiety and confusion. Most parents are pressured into handing their baby sons over to a stranger, who, behind closed doors, straps babies down and cuts their foreskins off. The billion-dollar-a-year circumcision industry has bombarded Americans with confusing rhetoric and calculated scare tactics.

Information about the foreskin itself is almost always missing from discussions about circumcision. The mass circumcision campaigns of the past few decades have resulted in pandemic ignorance about this remarkable structure and its versatile role in human sexuality. Ignorance and false information about the foreskin are the rule in American medical literature, education, and practice. Most American medical textbooks depict the human penis, without explanation, as circumcised, as if it were so by nature.

what is the foreskin?

The foreskin is a uniquely specialized, sensitive, functional organ of touch. No other part of the body serves the same purpose. As a modified extension of the penile shaft skin, the foreskin covers and usually extends beyond the glans before folding under itself and finding its circumferential point of attachment just behind the corona (the rim of the glans). The foreskin is, therefore, a double-layered organ. Its true length is twice the length of its external fold, comprising 80 percent or more of the penile skin covering,⁶ or at least 25 percent of the flaccid penis’s length.⁷

The foreskin contains a rich concentration of blood vessels and nerve endings. It’s lined with the peripenic muscle sheet, a smooth muscle layer with longitudinal fibers. These muscle fibers are whirled, forming a kind of sphincter that ensures optimum protection of the urinary tract from contaminants of all kinds.

Like the undersurface of the eyelids or the inside of the cheek, the undersurface of the foreskin consists of mucous membrane. It is divided into two distinct zones: the soft mucosa and the ridged mucosa. The soft mucosa lies against the glans penis and contains ectopic sebaceous glands that secrete emollients, lubricants, and protective antibodies. Similar glands are found in the eyelids and mouth.

Adjacent to the soft mucosa and just behind the lips of the foreskin is the ridged mucosa. This exquisitely sensitive structure consists of tightly pleated concentric bands, like the elastic bands at the top of a sock. These expandable pleats allow the foreskin lips to open and roll back, exposing the glans. The ridged mucosa gives the foreskin its characteristic taper.

On the underside of the glans, the foreskin’s point of attachment is advanced toward the meatus (urethral opening) and forms a bandlike ligament called the frenulum. It’s identical to the frenulum that secures the tongue to the floor of the mouth. The foreskin’s frenulum holds it in place over the glans, and, in conjunction with the smooth muscle fibers, helps return the retracted foreskin to its usual forward position over the glans.

retraction of the foreskin

At birth, the foreskin is usually attached to the glans, very much as a fingernail is attached to a finger. By puberty, the penis will usually have completed its development, and the foreskin will have separated from the glans.⁸ This separation occurs in its own time; there is no set age by which the foreskin and glans must be separated. One wise doctor described the process thus: “The foreskin therefore can be likened to a rosebud which remains closed and muzzled. Like a rosebud, it will only blossom when the time is right. No one opens a rosebud to make it blossom.”⁹

Even if the glans and foreskin separate naturally in infancy, the foreskin lips can normally dilate only enough to allow the passage of urine. This ideal feature protects the glans from premature exposure to the external environment.

The penis develops naturally throughout childhood. Eventually, the child will, on his own, make the wondrous discovery that his foreskin will retract. There is no reason for parents, physicians, or other caregivers to manipulate a child’s penis. The only person to retract a child’s foreskin should be the child himself, when he has discovered that his foreskin is ready to retract.

Parents should be wary of anyone who tries to retract their child’s foreskin, and especially wary of anyone who wants to cut it off. Human foreskins are in great demand for any number of commercial enterprises, and the marketing of purloined baby foreskins is a multimillion-dollar-a-year industry. Pharmaceutical and cosmetic companies use human foreskins as research material. Corporations such as Advanced Tissue Sciences, Organogenesis, and BioSurface Technology use human foreskins as the raw materials for a type of breathable bandage.¹⁰

what are the foreskin’s functions?

The foreskin has numerous protective, sensory, and sexual functions.

- **Protection:** Just as the eyelids protect the eyes, the foreskin protects the glans and keeps its surface soft, moist, and sensitive. It also maintains optimal warmth, pH balance, and cleanliness. The glans itself contains no sebaceous glands—glands that produce the sebum, or oil, that moisturizes our skin.¹¹ The foreskin produces the sebum that maintains proper health of the surface of the glans.
- **Immunological defense:** The mucous membranes that line all body orifices are the body’s first line of immunological defense. Glands in the foreskin produce antibacterial and antiviral proteins such as lysozyme.¹² Lysozyme is also found in tears and mother’s milk. Specialized epithelial Langerhans

cells, an immune system component, abound in the foreskin's outer surface.¹³ Plasma cells in the foreskin's mucosal lining secrete immunoglobulins, antibodies that defend against infection.¹⁴

- **Erogenous sensitivity:** The foreskin is as sensitive as the fingertips or the lips of the mouth. It contains a richer variety and greater concentration of specialized nerve receptors than any other part of the penis.¹⁵ These specialized nerve endings can discern motion, subtle changes in temperature, and fine gradations of texture.^{16–23}
- **Coverage during erection:** When it becomes erect, the penile shaft becomes thicker and longer. The double-layered foreskin provides the skin necessary to accommodate the expanded organ and to allow the penile skin to glide freely, smoothly, and pleasurably over the shaft and glans.
- **Self-stimulating sexual functions:** The foreskin's double-layered sheath enables the penile shaft skin to glide back and forth over the penile shaft. The foreskin can normally be slipped all the way, or almost all the way, back to the base of the penis, and also slipped forward beyond the glans. This wide range of motion is the mechanism by which the penis and the orgasmic triggers in the foreskin, frenulum, and glans are stimulated.
- **Sexual functions in intercourse:** One of the foreskin's functions is to facilitate smooth, gentle movement between the mucosal surfaces of the two partners during intercourse. The foreskin enables the penis to slip in and out of the vagina nonabrasively inside its own slick sheath of self-lubricating, movable skin. The female is thus stimulated by moving pressure rather than by friction only, as when the foreskin is missing.

The male's foreskin fosters intimacy between the two partners by enveloping the glans and maintaining it as an internal organ. The sexual experience is enhanced when the foreskin slips back to allow the male's internal organ, the glans, to meet the female's internal organ, the cervix—a moment of supreme intimacy and beauty.

The foreskin may have functions not yet recognized or understood. Scientists in Europe recently detected estrogen receptors in its basal epidermal cells.²⁴ Researchers at the University of Manchester found that the human foreskin has apocrine glands.²⁵ These specialized glands produce pheromones, nature's chemical messengers. Further studies are needed to fully understand these features of the foreskin and the role they play.

care of the foreskin

The natural penis requires no special care. A child's foreskin, like his eyelids, is self-cleansing. For the same reason it is inadvisable to lift the eyelids and wash the eyeballs, it is inadvisable to retract a child's foreskin and wash the glans. Immersion in plain water during the bath is all that is needed to keep the intact penis clean.²⁶ The white emollient under the child's foreskin is called smegma. Smegma is probably the most misunderstood, most unjustifiably maligned substance in nature. Smegma is clean, not

dirty, and is beneficial and necessary. It moisturizes the glans and keeps it smooth, soft, and supple. Its antibacterial and antiviral properties keep the penis clean and healthy. All mammals produce smegma. Thomas J. Ritter, MD, underscored its importance when he commented, "The animal kingdom would probably cease to exist without smegma."²⁷

Studies suggest that it is best not to use soap on the glans or foreskin's inner fold.²⁸ Forcibly retracting and washing a baby's foreskin destroys the beneficial bacterial flora that protect the penis from harmful germs and can lead to irritation and infection. The best way to care for a child's intact penis is to leave it alone. After puberty, males can gently rinse their glans and foreskin with warm water, according to their own self-determined needs.

how common is circumcision?

Circumcision is almost unheard of in Europe, South America, and non-Muslim Asia. In fact, only 10 to 15 percent of men throughout the world are circumcised, the vast majority of whom are Muslim.²⁹ The neonatal circumcision rate in the western US has now fallen to 34.2 percent.³⁰ This relatively diminished rate may surprise American men born during the era when nearly 90 percent of baby boys were circumcised automatically, with or without their parents' consent.

how does circumcision harm?

The "medical" debate about the "potential health benefits" of circumcision rarely addresses its real effects.

- **Circumcision denudes:** Depending on the amount of skin cut off, circumcision robs a male of as much as 80 percent or more of his penile skin. Depending on the foreskin's length, cutting it off makes the penis as much as 25 percent or more shorter. Careful anatomical investigations have shown that circumcision cuts off more than 3 feet of veins, arteries, and capillaries, 240 feet of nerves, and more than 20,000 nerve endings.³¹ The foreskin's muscles, glands, mucous membrane, and epithelial tissue are destroyed, as well.
- **Circumcision desensitizes:** Circumcision desensitizes the penis radically. Foreskin amputation means severing the rich nerve network and all the nerve receptors in the foreskin itself. Circumcision almost always damages or destroys the frenulum. The loss of the protective foreskin desensitizes the glans. Because the membrane covering the permanently externalized glans is now subjected to constant abrasion and irritation, it keratinizes, becoming dry and tough. The nerve endings in the glans, which in the intact penis are just beneath the surface of the mucous membrane, are now buried by successive layers of keratinization. The denuded glans takes on a dull, grayish, sclerotic appearance.
- **Circumcision disables:** The amputation of so much penile skin permanently immobilizes whatever skin remains, preventing it from gliding freely over the shaft and glans. This loss of mobility destroys the mechanism by which the glans is normally stimulated. When the circumcised penis becomes

erect, the immobilized remaining skin is stretched, sometimes so tightly that not enough skin is left to cover the erect shaft. Hair-bearing skin from the groin and scrotum is often pulled onto the shaft, where hair is not normally found. The surgically externalized mucous membrane of the glans has no sebaceous glands. Without the protection and emollients of the foreskin, it dries out, making it susceptible to cracking and bleeding.

- **Circumcision disfigures:** Circumcision alters the appearance of the penis drastically. It permanently externalizes the glans, normally an internal organ. Circumcision leaves a large circumferential surgical scar on the penile shaft. Because circumcision usually necessitates tearing the foreskin from the glans, pieces of the glans may be torn off, too, leaving it pitted and scarred. Shreds of foreskin may adhere to the raw glans, forming tags and bridges of dangling, displaced skin.³²

Depending on the amount of skin cut off and how the scar forms, the circumcised penis may be permanently twisted, or curve or bow during erection.³³ The contraction of the scar tissue may pull the shaft into the abdomen, in effect shortening the penis or burying it completely.³⁴

- **Circumcision disrupts circulation:** Circumcision interrupts the normal circulation of blood throughout the penile skin system and glans. The blood flowing into major penile arteries is obstructed by the line of scar tissue at the point of incision, creating backflow instead of feeding the branches and capillary networks beyond the scar. Deprived of blood, the meatus may contract and scarify, obstructing the flow of urine.³⁵ This condition, known as meatal stenosis, often requires corrective surgery. Meatal stenosis is found almost exclusively among boys who have been circumcised.

Circumcision also severs the lymph vessels, interrupting the circulation of lymph and sometimes causing lymphedema, a painful, disfiguring condition in which the remaining skin of the penis swells with trapped lymph fluid.

- **Circumcision harms the developing brain:** Recent studies published in leading medical journals have reported that circumcision has long-lasting detrimental effects on the developing brain,³⁶ adversely altering the brain's perception centers. Circumcised boys have a lower pain threshold than girls or intact boys.³⁷ Developmental neuropsychologist Dr. James Prescott suggests that circumcision can cause deeper and more disturbing levels of neurological damage, as well.^{38, 39}
- **Circumcision is unhealthy and unhygienic:** One of the most common myths about circumcision is that it makes the penis cleaner and easier to take care of. This is not true. Eyes without eyelids would not be cleaner; neither would a

penis without its foreskin. The artificially externalized glans and meatus of the circumcised penis are constantly exposed to abrasion and dirt, making the circumcised penis, in fact, more unclean. The loss of the protective foreskin leaves the urinary tract vulnerable to invasion by bacterial and viral pathogens.

The circumcision wound is larger than most people imagine. It is not just the circular point of union between the outer and inner layers of the remaining skin. Before a baby is circumcised, his foreskin must be torn from his glans, literally skinning it alive. This creates a large open area of raw, bleeding flesh, covered at best with a layer of undeveloped proto-mucosa. Germs can easily enter the damaged tissue and bloodstream through the raw glans and, even more easily, through the incision itself.

Even after the wound has healed, the externalized glans and meatus are still forced into constant unnatural contact with urine, feces, chemically treated diapers, and other contaminants.

Female partners of circumcised men do not report a lower rate of cervical cancer,⁴⁰ nor does circumcision prevent penile cancer.⁴¹ A recent study shows that the penile cancer rate is higher in the US than in Denmark, where circumcision, except among Middle Eastern immigrant workers, is almost unheard of.⁴² Indeed, researchers should investigate the possibility that circumcision has actually increased the rate of these diseases.

Circumcision doesn't prevent acquisition or transmission of sexually transmitted diseases (STDs). In fact, the US has both the highest percentage of sexually active circumcised males in the Western world and the highest rates of sexually transmitted diseases, including AIDS. Rigorously controlled prospective studies show that circumcised American men are at a greater risk for bacterial and viral STDs, especially gonorrhea,⁴³ nongonococcal urethritis,⁴⁴ human papillomavirus,⁴⁵ herpes simplex virus type 2,⁴⁶ and chlamydia.⁴⁷

- **Circumcision is always risky:** Circumcision always carries the risk of serious, even tragic, consequences. Its surgical complication rate is one in 500.⁴⁸ These complications include uncontrollable bleeding and fatal infections.⁴⁹ There are many published case reports of gangrene following circumcision.⁵⁰ Pathogenic bacteria such as staphylococcus, proteus, pseudomonas, other coliforms, and even tuberculosis can cause infections leading to death.^{51, 52} These organisms enter the wound because it provides easy entry, not because the child is predisposed to infection.

Medical journals have published numerous accounts of



babies who have had part or all of their glans cut off while being circumcised.^{53–55} Other fully conscious, unanesthetized babies have had their entire penis burned off with an electrocautery gun.^{56–58}

The September 1989 *Journal of Urology* published an account of four such cases.⁵⁹ The article described the sex-change operation as “feminizing genitoplasty,” performed on these babies in an attempt to change them into girls. The March 1997 *Archives of Pediatrics and Adolescent Medicine* described one young person’s horror on learning that “she” had been born a normal male, but that a circumciser had burned his penis off when he was a baby.⁶⁰ Other similar cases have been documented.^{61, 62} Infant circumcision has a reported death rate of one in 500,000.^{63, 64}

- **Circumcision harms mothers:**

Scientific studies have consistently shown that circumcision disrupts a child’s behavioral development. Studies performed at the University of Colorado School of Medicine showed that circumcision is followed by prolonged, unrestful non-REM (rapid eye movement) sleep.⁶⁵ In response to the lengthy bombardment of their neural pathways with unbearable pain, the circumcised babies withdrew into a kind of semi-coma that lasted days or even weeks.

Numerous other studies have proven that circumcision disrupts the mother-infant bond during the crucial period after birth. Research has also shown that circumcision disrupts feeding patterns. In a study at the Washington University School of Medicine, most babies would not nurse right after they were circumcised, and those who did wouldn’t look into their mothers’ eyes.⁶⁶

- **Circumcision violates patients’ and human rights:**

No one has the right to cut off any part of someone else’s genitals without that person’s competent, fully informed consent. Since it is the infant who must bear the consequences, circumcision violates his legal rights both to refuse treatment and to seek alternative treatment. In 1995, the American Academy

of Pediatrics Committee on Bioethics stated that only a competent patient can give patient consent or informed consent.⁶⁷ An infant is obviously too young to consent to anything. He must be protected from anyone who would take advantage of his defenselessness. The concept of informed parental permission allows for medical interventions in situations of clear and immediate medical necessity only, such as disease, trauma, or deformity. The human penis in its normal, uncircumcised state satisfies none of these requirements.

Physicians have a duty to refuse to perform circumcision. They also must educate parents who, out of ignorance or misguidance, request this surgery for their sons. The healthcare professional’s obligation is to protect the interests of the child. It is unethical in the extreme to force upon a child an amputation he almost certainly would never have chosen for himself.

common sense

To be intact, as nature intended, is best. The vast majority of males who are given the choice value their wholeness and keep their foreskins, for the same reason they keep their other organs of perception. Parents in Europe and non-Muslim Asia never have forced their boys to be circumcised. It would no more occur to them to cut off part of their boys’ penises than it would to cut off part of their ears. Respecting a child’s right to keep his genitals intact is normal and natural. It’s conservative in the best sense of the word.

A circumcised father who has mixed feelings about his intact newborn son may require gentle, compassionate psychological counseling to help him come to terms with his loss and to overcome his anxieties about normal male genitalia. In such cases, the mother should steadfastly protect her child, inviting her husband to share this protective role and helping him diffuse his negative feelings. Most parents want what is best for their baby. Wise parents listen to their hearts and trust their instinct to protect their baby from harm. The experience of the ages has shown that babies thrive best in

a trusting atmosphere of love, gentleness, respect, acceptance, nurturing, and intimacy. Cutting off a baby’s foreskin shatters this trust.

Circumcision wounds and harms the baby and the person the baby will become. Parents who respect their son’s wholeness are bequeathing to him his birthright—his body, perfect and beautiful in its entirety.

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FOR MORE INFORMATION

Books

Available from bookstores, from the publishers, or from NOCIRC.

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Goldman, Ronald, PhD. *Circumcision: The Hidden Trauma: How an American Cultural Practice Affects Infants and Ultimately Us All*. Boston: Vanguard Publications, 1997.

Goldman, Ronald, PhD. *Questioning Circumcision: A Jewish Perspective*. 2nd ed. Boston: Vanguard Publications, 1997.

Ritter, Thomas J., MD, and George C. Denniston, MD. *Say No to Circumcision! 40 Compelling Reasons Why You Should Respect His Birthright and Keep Your Son Whole*. 2nd ed. Aptos, CA: Hourglass, 1996.

Educational Facilities

UC Center for Media and Independent Learning, 2000 Center Street, 4th Floor, Berkeley, CA 94704. 510-642-0460. For ordering and preview: www.cirp.org/CIRP/pages/reviews/whosebody/.

Organizations

Doctors Opposing Circumcision (DOC), 2442 NW Market Street, Suite 42, Seattle, WA 98107. 360-385-1882. faculty.washington.edu/gcd/DOC.

The National Organization of Circumcision Information Resource Centers (NOCIRC), PO Box 2512, San Anselmo, CA 94979-2512. 415-488-9883. www.nocirc.org.

The National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARM), PO Box 460795, San Francisco, CA 94146-0795. 415-826-9351. www.noharm.org.

Nurses for the Rights of the Child, 369 Montezuma, Suite 354, Santa Fe, NM 87501. 505-989-7377. www.cirp.org/hrc.

Video

Whose Body, Whose Rights? Examining the Ethics and the Human Rights Issue of Infant Male Circumcision. Award-winning documentary. 56 min. VHS. Personal use: VideoFinders, 800-343-4727.

PROTECT your uncircumcised son

EXPERT MEDICAL ADVICE FOR PARENTS

BY PAUL M. FLEISS

Increasing numbers of American parents today are protecting their sons from routine circumcision at birth, but as their boys grow up, they often find themselves at odds with doctors who cling to old-fashioned opinions and hospital routines.

I often receive calls from distraught parents who say that a doctor insists that their little boy needs to be circumcised because there is something wrong. When they bring their son into my office, I almost always find that there's nothing wrong with the child's penis. Occasionally there's a slight infection, but that can be quickly cleared up with an antibiotic cream. In all my years of practice, I've never had a patient who had to be circumcised for medical reasons.

When a doctor advises that your son be circumcised, it's usually because he or she is unfamiliar with the intact penis, misinformed about the true indications for surgical amputation of the foreskin, unaware of the functions of the foreskin, and uncomfortable with the movement away from routine circumcision.

Doctors can be psychologically challenged by the sight of an intact boy. They may see problems with the penis that do not really exist. They may try to convince you that the natural penis is somehow difficult to care for. They may cite "studies" and "statistics" that appear to support circumcision.

Probably, the only problem you will encounter with the foreskin of your intact boy is that someone will think that he has a problem. The foreskin is a perfectly normal part of the human body, and it has very definite purposes, as do all body parts, even if we do not readily recognize them. There's no need to worry about your son's intact penis.

WHAT TO SAY WHEN THE DOCTOR SAYS TO CUT

Below is a list of some of the things that doctors have said to parents in an attempt to convince them to agree to circumcision. After each incorrect statement, I've given the medical facts to help you understand what your doctor may not know about the intact penis and its care, and what you need to know to protect your child from unnecessary penile surgery. If you ever find yourself in a situation where a doctor suggests that your child should be circumcised, the best thing that you can say is simply: "Leave it alone."

Your son's foreskin should be cut off in order to facilitate hygiene.

My experience as a pediatrician has convinced me that circumcision makes the penis dirtier, a fact that was confirmed by a study recently published in the *British Journal of Urology*.¹ For at least a week after circumcision, the baby is left with a large open wound that is in almost constant contact with urine and feces—hardly a hygienic advantage. Additionally, throughout life the circumcised penis is open and exposed to dirt and contaminants of all kinds. The wrinkles and folds that often form around the circumcision scar frequently harbor dirt and germs.

Thanks to the foreskin, the intact penis is protected from dirt and contamination. While this important protective function is extremely useful while the baby is in diapers, the foreskin provides protection to the glans and urinary opening for a lifetime. At all ages, the foreskin keeps the glans safe, soft, and clean.

Throughout childhood, there is no need to wash underneath the foreskin. Mothers used to be advised to retract the foreskin and wash beneath it every day. This was very bad advice indeed. When the foreskin becomes fully retractable, usually by the end of puberty, your son can retract it and rinse his glans with warm water while he is in the shower.

Your son's foreskin is too tight. It doesn't retract. He needs to be circumcised.

The tightness of the foreskin is a safety mechanism that protects the glans and urethra from direct exposure to contaminants and germs. The tight foreskin also keeps the boy's glans warm, clean, and moist, and when he is an adult, it will give him pleasure. As long as your son can urinate, he is perfectly normal. There is no age by which a child's foreskin must be retractable. Don't let your doctor or anyone try to retract your child's foreskin. Optimal hygiene of the penis demands that the foreskin of infants and children be left alone. Premature retraction rips the skin of the penis open and causes your child extreme pain. There is no legitimate medical justification for retraction. The child's discomfort is proof of that.

Your son's foreskin is "adhered" to the glans. It must be amputated.

The attachment of the foreskin and glans is nature's way of protecting the undeveloped glans from premature exposure. Detachment is a normal physiological process that can take up to two decades to complete. By the end of puberty, the foreskin will have detached from the glans because hormones that are produced in great quantities at puberty help with the process. There is no age by which a child's foreskin must be fully separated from the glans.

Some misguided doctors might suggest that the "adhesions" between the foreskin and glans should be broken so that your son can retract his foreskin. This procedure is called synechotomy. To perform it, the doctor pushes a blunt metal probe under the foreskin and forcibly rips it from the glans. It's as painful and traumatic as having a metal probe stuck under your fingernail to pull it off. It will also cause bleeding and may result in infection and scarring of the inner lining of the foreskin and the glans. The wounds that are created by this forced separation can fuse together, causing true adhesions. There is no medical justification for this procedure because the foreskin is not supposed to be separated from the glans in childhood. If any doctor suggests this procedure for your son, firmly refuse, stating, "Leave it alone!"

Your son's foreskin is getting tighter. It no longer retracts. Something is wrong. He will have to be circumcised.

Sometimes, in childhood, a previously retractable foreskin will become resistant to retraction for reasons that are unrelated to impending puberty. In these cases, the opening of the foreskin may look chapped and sting when your son urinates. This is not an indication for surgery any more than chapped lips. This is just the foreskin doing its job. If the foreskin were not there, the glans and urinary opening would be chapped instead. Chapping is most often caused by overly chlorinated swimming pools, harsh soap, bubble baths, or a diet that is too high in sugar, all of which destroy the natural balance of skin bacteria and should be avoided if chapping occurs. The foreskin becomes resistant to retraction until a natural and healthy bacterial balance is reestablished.

You can aid healing by having your son apply a little barrier cream or some ointment to the opening of the foreskin. Acidophilus culture (which can be purchased from a health food store) can be taken internally and also applied to the foreskin several times a day to assist healing, and should be given any time a child is taking antibiotics.

Your son's foreskin is red, inflamed, itching, and uncomfortable. It has an infection and needs to be cut off.

Sometimes the tip of the foreskin does become reddened. During the diaper-wearing years, this is usually ammoniacal dermatitis, commonly known as diaper rash. When normal skin bacteria and feces react with urine, they produce ammonia, which burns the skin and causes inflammation and discomfort. If the foreskin were amputated, the inflammation would be on the glans itself and could enter the urethra. When the foreskin becomes reddened, it is doing its job of protecting the glans and urinary meatus.

Circumcision will have no effect on diaper rash. Change your baby's diapers more frequently and use a barrier cream until the rash clears. Harsh bath soaps can also cause inflammation of the foreskin. Use only the gentlest and purest of soap on your child's tender skin. Resist the temptation to give your child bubble baths, because these are harmful to the skin. Never use soap to wash the inner foreskin; it is a mucous membrane, just like the inner lining of the eyelid.

Foreskin infections are extremely rare, but if they occur, one of the many simple treatment options is antibiotic ointment along with bacterial replacement therapy (acidophilus culture). We don't amputate body parts because of an infection. Most

infections of the foreskin are actually caused by washing the foreskin with soap. Leave the foreskin alone, remembering that it doesn't need any special washing, and infections will be unlikely to occur.

Your son is always pulling on his foreskin. He should be circumcised.

I can assure you that, whether circumcised or not, all little boys touch and pull on their penis. It is perfectly normal. Intact boys pull on the foreskin because it is there to pull on. Circumcised boys pull on the glans because that is all they have to pull on. Little boys sometimes will adjust the position of their penis in their underpants. They will also sometimes explore the interior of the foreskin with their fingers—a perfectly normal curiosity and nothing to worry about.

It is important for parents to cultivate an enlightened and tender congeniality about such matters, otherwise they risk transferring unhealthy attitudes to their children.

Sometimes a boy will pull on his foreskin because it itches. All parts of the body itch occasionally. Even a circumcised boy has to scratch his penis. Just as you don't worry every time your child scratches his knee, so you should not worry when he scratches his penis. If the itch is caused by dry skin, then have your son avoid using soap on his penis. Treat the foreskin just as you would any other part of the body.

If the real fear is of masturbation, calmly remind yourself of the simple, natural fact that all children will explore their bodies, including their genitals. Touching their genitals gives children a pleasant feeling and relaxes them. Classic anatomical studies demonstrate that the foreskin is the most pleasurable sensitive part of the penis. You can congratulate yourself for having protected your child from a surgical amputation that would have permanently denied him normal sensations.

Your son's foreskin is too long. It should be cut off.

There is tremendous variation in foreskin length. In some boys, the foreskin represents over half the length of the penis. In others, it barely reaches the end of the glans. All variations are normal. The foreskin is never "just extra skin" or "redundant." It is all there for a reason.

Your child should be circumcised now because it will hurt more if it has to be done later, or worse, when he is an adult.

This excuse is tragically wrong and has resulted in a very serious crisis in American medical practice. It's based on the false idea that infants and young children don't feel

pain. Babies can see, hear, taste, smell, and feel. In fact, babies feel pain more acutely than adults, and the younger the baby, the more acutely the pain is felt. If an adult needed to be circumcised, he would be given anesthesia and postoperative pain relief. Doctors almost never give babies either of these. The only reason doctors get away with circumcising babies without anesthesia is because the baby is defenseless and cannot protect himself. His screams of pain, terror, and agony are ignored. In any event, this all too common excuse is merely a scare tactic, one with tragic consequences for any baby forced to endure a surgical amputation without the benefit of anesthesia.

Since your son is having anesthesia for another operation, we'll just go ahead and circumcise him.

Most parents are never told that their son is in danger of being circumcised during a tonsillectomy or surgery for a hernia or an undescended testicle. It would never occur to them. If your child is going into the hospital for any reason, be certain that you tell the physician, surgeon, and nurse that under no circumstances is your child to be circumcised. Write "No Circumcision" on the consent form, too. Then if your child is circumcised against your wishes, remember that you do have legal recourse.

Your son has cysts under his foreskin. He needs to be circumcised.

During the period when the foreskin is undergoing the slow process of detaching itself from the glans, sloughed skin cells (smegma) may collect into small pockets of white "pearls." These are not cysts. Some doctors mistakenly think that the smegma under the foreskin is an infection, even though it is white rather than red, is cold to the touch, and is painless. As the foreskin proceeds with detachment, the body will do its job, and these pearls will pass out of the foreskin all by themselves. These collected pockets of cells are nothing to worry about. They are simply an indication that the natural process of detachment is occurring.

Your son has a urinary tract infection (UTI) and needs to be circumcised to prevent it from happening again.

The belief that the foreskin slightly increases the chances of a boy having a UTI is highly controversial and, more importantly, unproven. Members of the medical profession in Europe do not accept it. Medical research proves that UTIs are most often caused by internal congenital deformities of the urinary tract.²⁻⁴ The foreskin has nothing to do with this. Even if it could be proven that circumcision slightly reduces the risk of UTI, it is an absurd proposal because UTIs in boys are extremely rare and are easily

treated with antibiotics. Breastfeeding, too, helps prevent UTIs. Child-friendly doctors advocate breastfeeding, not penile surgery.

Your son sprays when he urinates. Circumcision will correct this.

In almost every intact boy, the urine stream flows out of the urinary opening in the glans and through the foreskin in a neat stream. During the process of penile growth and development, some boys go through a period where the urine stream is diffused. Undoubtedly, many of these boys take great delight in this phase, while mothers, understandably, find it less amusing. If your boy has entered a spraying phase, simply instruct him to retract his foreskin enough to expose the meatus when he urinates. He will soon outgrow this phase.

Your son's foreskin balloons when he urinates. He needs to be circumcised or else he will suffer kidney damage.

Ballooning of the foreskin during urination is a normal and temporary condition in some boys. It results in no discomfort and is usually a source of great delight for little boys. Ballooning comes as a surprise only to those adults who have no experience with this phase of penile development. It certainly does not cause kidney damage; it has nothing to do with the kidneys. Ballooning disappears as the foreskin and glans separate and the opening of the foreskin increases in diameter. It requires no treatment.

Your son caught his foreskin in the zipper of his trousers; we will have to cut it off.

There have been rare cases where a boy has accidentally caught part of



the skin of his penis in the zipper of his trousers. This is painful and can cause a lot of bleeding. Cutting off the foreskin, however, is illogical in this situation. By cutting across the bottom of the zipper with scissors, the zipper can easily be opened to release the penile tissue. Any lacerations

in the skin can then be closed with either sutures or surgical tape, depending on the situation. The proper standard of care in this situation is to minimize and repair the injury, not make it worse by cutting off the foreskin and creating a larger and more painful surgical wound.

Your son has phimosis. He needs to be circumcised to correct this problem.

Phimosis is often used as a diagnosis when a doctor does not understand that the child's foreskin is supposed to be long, narrow, attached to the glans, and resistant to retraction. Some doctors are prescribing steroid creams for phimosis, but this is unnecessary in children, since the foreskin does not need to be retractable in young boys. The hormones of puberty will do the same thing at the appropriate time that a steroid cream is doing prematurely. In adults who still have a foreskin that is attached to the glans or a foreskin with such a narrow opening that the glans cannot easily pass through it, steroid creams are a conservative therapy. This is if the adult wants a foreskin that fully retracts. Many males don't, preferring a foreskin that remains securely over the glans. It is purely a matter of personal choice, one that only each male can decide for himself.

Your son has paraphimosis and must be circumcised to prevent it from happening again.

Paraphimosis is a rare dislocation of the foreskin. It is caused by the foreskin being prematurely retracted and becoming stuck behind the glans. The dislocation can most often be corrected by applying firm but gentle pressure on the glans with the thumbs, as if you were pushing a cork into a bottle. To reduce the swelling, an injection of hyaluronidase may be effective. Doctors in Britain have also reported good results from packing the penis in granulated sugar.⁵ Ice packs work well, too.

Your son has BXO and will have to be circumcised.

Some doctors equate phimosis with an extremely rare skin disorder called balanitis xerotica obliterans (BXO), which is also called lichen sclerosus et atrophicus (LSA). BXO can appear anywhere on the body, but if this disorder affects the foreskin, it may turn the opening of the foreskin hard, white, sclerotic, and make retraction almost impossible. BXO is usually painless and progresses very slowly. Many times, it goes away by itself. To an experienced dermatologist, there is no mistaking BXO, but a diagnosis must be confirmed by a biopsy. The good news is that BXO can almost always be successfully cured with steroid creams, carbon-dioxide laser treatment, or even antibiotics. Circumcision should be considered only after every other treatment option has failed. Just as we do not amputate the labia of females with BXO or the glans of circumcised boys with BXO, it is logical that we should not amputate the foreskin of intact boys with BXO.

Your son needs to be circumcised or else he won't enjoy oral sex as an adult.

I'm afraid that doctors really have said such inappropriate things to parents. Such a statement is evidence of ignorance of the normal functions and sensations of the intact penis. Classic anatomical investigations have proven that the foreskin is the most richly innervated part of the penis. It has specialized nerve receptors that are directly connected to the pleasure centers of the brain. Your intact son is far better equipped to enjoy all aspects of lovemaking than his circumcised peers.

The myth that American women prefer the circumcised penis is, in my opinion, demeaning to women. It may be true that American women of a certain generation and social background were more likely to be familiar with the circumcised penis than the intact penis, but this was the result of the mass circumcision campaigns of the 1950s, not personal preference. I suspect that what women prefer in men is more related to the personal qualities of consideration, gentleness, sensitivity, warmth, and supportiveness. It is very unlikely that circumcision increases a male's capacity to develop these qualities.

Your son needs to be circumcised so that he looks like his father.

A child is a mixture of both his mother's and his father's genetic heritage. He doesn't need to look like his father, nor will he ever look like his father in every way. Each child is a unique gift, and that uniqueness should be cherished. The idea that a boy will be disturbed if his penis does not look like his father's was invented to manipulate people into letting doctors circumcise their children. It has no basis in medical fact.

There are no published reports of an intact boy being disturbed because part of his penis was not cut off when he realized that part of his father's penis had been cut off. When intact boys with circumcised fathers express their feelings on the matter, they consistently report their immense relief and gratitude that they were spared penile surgery. They express sadness, as well, for the suffering their dads experienced as infants.⁶

Occasionally, a circumcised father will state that he wants his child circumcised because he thinks that it will create a bond between him and his son. It is a wonderful thing for a father to want to establish such a bond, but circumcision cannot accomplish this worthy goal. If a father wants to establish a lasting and meaningful bond with his son, the very best way, and perhaps the only way, he can achieve this is by spending quality time with him and by showing him much affection.

Sadly, some fathers who have been circumcised have an unhealthy attitude and may look for any excuse to schedule the child for circumcision. Putting a child in a position where he fears that part of his penis is going to be cut off is abusive. When fathers demand that their sons be circumcised, I suspect that they are desperately trying to justify their own circumcised condition. The emotions that some fathers feel when they are forced to confront the fact that part of their own penis is missing can be so disturbing that they will do anything to block them out.

A father who forcibly circumcises his son will not win his son's gratitude, affection, trust, or love. I am aware of instances where such events have permanently destroyed the father-son bond and changed a son's love for his father into rage and bitter resentment. In situations where the father suffers from an unhealthy attitude about his son's normal penis, I think it is best for everyone concerned—especially the son—for the father to receive compassionate psychological counseling to help him overcome his problem. All children deserve the safest, most nurturing, and most loving home possible.

WHEN PHYSICIANS REALIZE the important functions of the foreskin, they'll realize that just about every problem with it can and should be solved without cutting it off. Cutting off part of the body—especially part of the penis—is an extreme measure that should be reserved for the most extreme of circumstances. The only legitimate indications for cutting off any part of the body, including the foreskin, are life-threatening disease, life-threatening deformity, or irreparable damage. These situations are extremely rare.

The best advice for the care of the intact penis is simply to leave it alone. The intact penis needs no special care.

Let your boy take care of it himself, and when he is old enough, he will enjoy taking care of his own body. After all, it is his business. Just relax and avoid worrying about your son's intact penis. Remind yourself that the foreskin is a normal and natural part of the body.

If European boys grow up healthy and unconcerned with their foreskins, so can your son.

NOTES

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6. Rosemary Romborg, *Circumcision: The Painful Dilemma* (South Hadley, Mass.: Bergan & Garvey, 1985).

FOR MORE INFORMATION

Organizations

If your physician or healthcare provider ever recommends that your child be circumcised, get an opinion from another physician. For help finding one in your area, contact:

National Organization of Circumcision Information Resource Centers (NOCIRC), PO Box 2512, San Anselmo, CA 94979-2512. 415-488-9883. Fax: 415-488-9660. www.nocirc.org.

Doctors are encouraged to contact and join: Doctors Opposing Circumcision (DOC), 2442 NW Market Street #42, Seattle, WA 98107. 360-385-1882. Fax: 360-385-1948. faculty.washington.edu/gcd/DOC.

Another resource especially for nurses: Nurses for the Rights of the Child, 369 Montezuma #354, Santa Fe, NM 87501. 505-989-7377. www.cirp.org/nrc.

For information about alternative bris for Jewish parents:

Circumcision Resource Center, Ronald Goldman, PhD, PO Box 232, Boston, MA 02133. 617-523-0088. www.circumcision.org.

One of the best sources of information on the Internet:

The Circumcision Information and Resource Pages, www.cirp.org.

Books

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Hoffman, Lawrence A. *Covenant of Blood: Circumcision and Gender in Rabbinic Judaism*. University of Chicago Press, 1996.

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