

# To Make the Cut

The case for and against circumcision

By Caroline Robertson ND



Most of the world's leading medical establishments have come out against circumcision. The American Academy of Pediatrics (AAP) says the benefits of circumcision are not significant enough to recommend circumcision as a routine procedure and that circumcision is not medically necessary. "Circumcision of newborns should not be routinely performed," says the Canadian Paediatric Society. "To circumcise ... would be unethical and inappropriate," says the British Medical Association. The Australasian Association of Paediatric Surgeons states: "Neonatal male circumcision has no medical indication. It is a traumatic procedure performed without anaesthesia to remove a normal, functional and protective prepuce."

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The complications of circumcision are not as rare as most parents are led to believe by the billion-dollar-a-year circumcision industry. According to the American Academy of Pediatrics the risks of side-effects is at least one in every 200 cases with one in every 500 leading to serious complications (Barton Schmitt).

Despite mounting evidence against the practice of routine neonatal circumcision it remains the most common surgery in the United States, occurring every 30 seconds. Previously regarded as unhygienic and ugly, the foreskin is now understood as special skin that protects, provides immunity and heightens pleasure plus performance for both partners. With dissatisfied men turning to foreskin restoration operations, the medical professionals are now calling for more foresight before removing this irreplaceable foreskin.

## **His story**

The foreskin has gone from being valued as the "best of one's property" in the 18th century to "the most vilified structure in the human body" in the 20th century. Justifications for singling out this slice of skin for mutilation, whether on medical, religious, cosmetic or moral grounds, have been largely unfounded. Anthropologist Desmond Morris traces the practice back to the ancient Egyptians, who removed it in the belief that, just as a snake rejuvenates by shedding its skin, man could attain immortality by removing his. Arabs and Jews then adopted it, though not uniformly until it became a mainstream practice in the 1870s.

Initiating the trend was American Dr Sayre and his associates, who claimed it could cure hip-joint disease, epilepsy, hernia, convulsions, elephantiasis, poor eyesight, tuberculosis and rectal prolapse. After these claims were rejected, doctors decided that "because the removal of the protective covering of the glans tends to dull the penis's sensibility it thereby diminishes sexual appetite". Hence circumcision continued unabated for the next 60 years as a dubious cure for sexual aberration and masturbation.

Cereal magnate John Harvey Kellogg MD advocated in 1888, "A remedy for masturbation which is almost always successful in small boys is circumcision. The operation should be performed by a surgeon without administering an anaesthetic, as the pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment..." (Up to 95 per cent of circumcisions are still performed without anaesthetic.) Ironically, this approach backfired, as the *Journal of the*

*American Medical Association* found that circumcised men are more likely to masturbate and to practise oral, anal and homosexual sex. It seems the reduced stimulation post-circumcision actually encourages men to seek stronger stimulation.

## **Choice cuts**

Today, 82 per cent of the world's men are uncircumcised. Parents in America, Australasia and Britain choose to circumcise their baby boys for various reasons. Medical bodies promoted it in the belief it prevented syphilis and other sexually transmitted diseases, penile cancer, urinary tract infections and now HIV. But as Dr George C Denniston MD MPH states, "In all studies to date, the risks of circumcision have always exceeded any alleged benefits, a fact that is not made clear to parents."

For a long time there was a fallacy that the foreskin was dirty and difficult to clean. In reality, smegma, meaning "soap" in ancient Greek, coats the foreskin with its natural substance of dead skin cells, healthy flora and secretions containing the antibacterial enzyme lysozyme, which protects against infection and aids smooth intercourse. "The uncircumcised penis is self-cleaning," explains Robert Van Howe MD, a paediatrician from Wisconsin who has been studying the causes of circumcision for 20 years. "Every time you urinate, you flush out the preputial cavity." During the nappy phase it also protects against abrasion from diapers and faeces.

The clinical findings of an American paediatrician showed that *circumcised* boys were significantly more likely to have skin adhesions, trapped debris, an irritated urinary opening and inflammation of the head of the penis than boys with a foreskin. Also the myth that an uncircumcised penis is more difficult to clean was dispelled in a report published by the *British Journal of Urology* stating that the circumcised penis requires more care than the intact penis during the first three years of life.

However, it should be understood that the foreskin usually doesn't fully retract for several years and should never be forced as this can cause inflammation, bleeding, pain or infection. Once the foreskin is fully retractable, boys should be taught the importance of washing underneath the foreskin every day with pure soap and water. Even serious problems with the foreskin such as balanitis xerotica obliterans, or phimosis (nonretractable foreskin), can be treated successfully without resorting to circumcision, with the use of steroids or gentle stretching. In the words of one paediatrician, "Using the surgical treatment of circumcision to prevent phimosis is a little like preventing headaches by decapitation." Similarly, one could liken circumcision for the prevention of penile cancer to removing baby girls' breasts to prevent breast cancer.

The myth that circumcision is an effective penile cancer preventative is not based on medical evidence. In a letter to the American Academy of Pediatrics, the American Cancer Society stated that it "does not consider routine circumcision to be a valid or effective measure to prevent penile or cervical cancers. ... Penile cancer rates in countries which do not practise circumcision are lower than those found in the US." Penile cancer occurs at the rate of 1 in 100,000 males in the US, circumcised or not. The Maden study found that 37 per cent of penile cancer cases occurred in circumcised men and, as one doctor noted, "Penile cancer is so rare among the intact, few people realise that more deaths result from the circumcision procedure itself than from penile cancer." Though it was previously thought that circumcised men have a lowered incidence of sexually transmitted diseases, this has been invalidated by a recent study in the *Journal of the American Medical Association*, which concluded that "circumcision does not lead to lower rates of sexually transmitted diseases.

Rather the opposite is true: "Circumcised men appeared 'slightly more likely' to contract a sexually transmitted disease during their lifetime." In the survey of 1400 men, "Circumcised men reported several cases of the bacterial infection called Chlamydia, while the disease did not occur at all among the uncircumcised men. Circumcised men "who had 20 or more sex partners had more than twice the risk of bacterial or viral infections — most often gonorrhoea — compared to uncircumcised men".

Studies in Africa suggest uncircumcised men may have a higher susceptibility to HIV. In a study on sexual transmission rates of HIV in Uganda, the authors found that circumcision status was not a significant factor in the risk of transmission, concluding, "Based on the studies published to date, recommending routine circumcision as a prophylactic measure to prevent HIV infection in Africa or elsewhere is scientifically unfounded." Moreover, others reported that the increased friction and more vigorous and prolonged thrusting required to achieve orgasm with a circumcised penis may be more likely to cause "breaks, tears, micro fissures, abrasions, and lacerations through which HIV in semen can enter the receiving partner's bloodstream."

Though the geographical correlation between male non-circumcision and HIV infection in Africa is not seen globally, and the pattern seen in Africa may be due to other lifestyle factors, the question of HIV and circumcision warrants further study. In the interim the only proven tactics to prevent HIV are fidelity, condom use, clean needles and screened blood transfusions.

The other rationale for circumcision is that it appears to reduce the occurrence of urinary tract infections. These are rare, however, with an incidence of only one per cent of male infants in the US, and are easily

treated with antibiotics. Also, according to paediatrician Dr Altschul, "Many of the urinary tract infections in uncircumcised boys are attributable to congenital anomalies."

Today the majority of circumcisions are for religious reasons. Christianity, Buddhism and Hinduism never embraced the practice and actively preached against it in the past. Hindus believe the penis is a worship-worthy symbol of creation (lingam) and mutilation of it is "himsa", or unlawful violence. Contrary to common belief, circumcision has not always been practised by Jews, with Moses failing to circumcise his son (Exodus 4:25), and there are many Jews and Muslims now challenging the premise that to be acceptable they must alter their genitals.

Circumcision among Jews is far from universal, with those in Europe, South America and even Israel often choosing not to do it. Growing numbers of American Jews are now leaving their sons intact as they see circumcision as a part of Jewish law that they can't accept considering the Torah prohibits torture or infliction of pain to any living creature and Jewish law says the human body must not be cut or marked (Lev. 19:28).

Alternative brit b'li milah or brit shalom ceremonies (ritual naming ceremony without cutting) are now being performed by some rabbis. Jewish Rabbi Moses Maimonides in his *Guide to the Perplexed* expressed the following "... people believe that circumcision is to remove a defect in man's formation... How can products of nature be deficient so as to require external completion. This commandment has not been enjoined as a complement to a deficient physical creation, but as a means for perfecting man's moral shortcomings. ... Circumcision simply counteracts excessive lust; for there is no doubt that circumcision weakens the power of sexual excitement, and sometimes lessens the natural enjoyment..."

Some circumcise their sons because they prefer the appearance, so they'll fit in with a predominantly circumcised society or to make them look like their father. In America, where the majority of men are circumcised, adults sometimes succumb to society's norm and undergo the operation later in life. Many regret the decision, however; one man circumcised at 27 said that after the surgery he is now "essentially only interested in oral sex, as vaginal sex does not provide the detailed sensations that it did when I had a foreskin." Another man circumcised as an adult lamented that the decrease in sensation could be equated to "seeing in monochrome rather than in colour". Another who underwent the operation in his 30s laments, "After the circumcision there was a major change. It was like night and day. I lost most sensation. I would give anything to get the feeling back."

The qualified voices of these men who have experienced both intact and circumcised sex raises the question — do men circumcised at birth really know what they're missing? Rick Thomas, circumcised at 26, sums it up: "I had ample sexual experience, and I was quite happy as an intact male. After my circumcision, that pleasure was utterly gone. On a scale of 10, the uncircumcised penis experiences pleasure of at least 11 or 12; the circumcised penis is lucky to get to 3. If men who were circumcised at birth knew the loss of pleasure they would experience, they would storm the hospitals and not permit their sons to undergo this."

## **Separated at birth**

Millions of boys have been strapped without anaesthetic to a "circumstraint" and attacked with scissors, locking clamps and scalpels to be stripped of their most sensitive body part. Whereas the foreskin was once thrown away like an erroneous scrap it is now valued as a vital part of a healthy male.

The full extent of what is lost with circumcision is only now becoming evident. With removal of the skin and mucosal tissue that normally covers the penis's head there is a loss of about 50 per cent of the erogenous tissue on the penile shaft, according to a report in the *British Journal of Urology*, as well as nearly all the penile fine-touch neuroreceptors. Ronald Goldman PhD, executive director of the Circumcision Resource Centre, Boston, says: "The average circumcision cuts off what would grow into about 12 square inches of sexually sensitive skin." What's taken from the innocent infant includes:

### **A special sheath that protects, lubricates and facilitates smooth movement:**

- Up to 20,000 specialised erotogenic nerve endings
- Approximately 240 feet of microscopic nerves
- Specialised epithelial Langerhans cells for immunity
- Oestrogen receptors
- Lymphatic vessels
- Reduction in penis length
- The sensitive v-shaped frenulum
- The immune-protective action of the soft mucosa which keratinises after circumcision
- Pheromone-producing apocrine glands which arouse partners
- A few feet of blood vessels

Some sexologists hypothesise that circumcision stops the heightened electromagnetic arousal created when partners' respective mucous membranes connect. Psychologists are also finding the mother-child bond is diminished and the infant's subconscious connects sexuality with pain.

## **The first cut is the deepest**

Newspaper headlines highlight some of circumcision's tragic casualties, such as: "Boy loses penis in botched circumcision — sex change recommended", "Boy left spastic and quadriplegic after staph infection enters circumcision wound", "Anaesthesia overdose: death" and "Baby bleeds to death in Miami". These reports also express the parents' shock, such as the mother of the six-month-old who died from a post-circumcision haemorrhage. "It's something I'll never get over. This was my last child," the mother said of the child who was circumcised in a doctor's office. Once home, seeing he was bleeding from the incision, she called the doctor and was instructed to "put Vaseline around the penis area to stop the bleeding". Finally, paramedics were called, but the child was pronounced dead at the hospital.

The complications of circumcision are not as rare as most parents are led to believe by the billion-dollar-a-year circumcision industry. According to the American Academy of Pediatrics, the risk of side-effects is at least one in every 200 cases with one in every 500 leading to serious complications (Barton Schmitt.)

One study concluded that circumcised boys beyond the immediate post-operative period had complications at the rate of 55 per cent (Patel). The most common problems are too much skin being removed and post-operative infection. Other things that go wrong include haemorrhage, urinary retention, meatitis, meatal ulcer and meatal stenosis, adhesions or skin bridges, infection including gangrene, septicaemia and meningitis, cysts, urethral injury and fistula, hypospadias, epispadias, impotence, painful erection, psycho-social issues such as schizophrenia, amputation or necrosis of the glans, ablation or amputation of the penis, and death. For this reason, Jewish law allows for exemptions when other children in the family have died from the effects of circumcision.

The true extent of the damage often only becomes apparent as the genitals grow and mature. One poignant letter posted on the net comes from Neil Peterson who had too much skin removed, resulting in incredibly painful erections. This led him to suicide attempts and painful corrective surgery that cause scarring to the penis like a third-degree burn. Long-term physical and psychological harm from circumcision has been also been reported by hundreds of men in an American survey. Respondents reported prominent scarring, excessive skin loss, progressive loss of sensitivity, low self esteem, resentment, avoidance of intimacy, and depression. Another psychiatric study of circumcised men revealed symptoms associated with circumcision trauma including shyness, anger, fear, powerlessness, distrust, relationship difficulties and sexual shame.

The immediate psychological effects of the painful procedure are evident through the baby's behavioural changes. Childhood trauma psychologist James Prescott says, "Circumcision causes such traumatic pain in newborns that it may have damaging effects upon the developing brain. The pain is so severe that it's not unusual for babies to go into a kind of shock, suddenly becoming silent and ceasing to struggle." Studies demonstrate that, even though an infant may not cry during circumcision, the stress hormone level in the blood still increases dramatically, which is a reliable indicator of pain.

Justin Call, infant psychologist and professor-in-chief of child and adolescent psychology at the University of California, confirms, "Sometimes babies who are being circumcised lapse into a semi-coma." Researchers at the Department of Pediatrics, Group Health Inc. and the University of Minnesota Institute of Child Development found the babies' response so traumatic that they ended their study on circumcision pain early rather than subject more infants to the operation without anaesthesia. The circumcised babies experienced severe pain displayed by vigorous crying, trembling and turning blue after prolonged crying, and risked choking from difficulty breathing.

As for long-term changes, The American Academy of Pediatrics Task Force on Circumcision notes increased irritability, disturbed sleep patterns and changes in infant-maternal interaction after circumcision. Many mothers reported their infants changed temperament after the circumcision ... "cried for extended periods at home and seemed inconsolable." Sally Hughes, an obstetric nurse caring for boys after the operation noticed: "The circumcised babies are more irritable, and they nurse poorly." Canadian investigators report that during vaccinations at age four to six months circumcised boys had an increased behavioural pain response and cried for significantly longer periods than did uncircumcised boys, a possible indication of post-traumatic stress disorder.

Mother of three circumcised boys and nurse, Marilyn Milos, founded the National Organization of Circumcision Information Resource Centres (NOCIRC) after realising what a painful and unnecessary procedure it was. "To see a part of a baby's penis being cut off — without an anaesthetic — was devastating." Later, while working as a nurse, she made a videotape of the procedure titled *Informed Consent*. "Parents had no idea what was happening to their baby boys," she said, explaining why she wanted it shown, but the hospital, Marin General in California, refused to allow expectant parents to view the tape.

"They said it was too much for parents to see." Milos responded, "Then perhaps it's too much for babies to experience."

## **Free willy movement**



As this taboo subject is discussed more openly many women are now admitting they prefer sex with uncircumcised partners. A survey of 138 "experienced" women concluded that 86 per cent of the women preferred a man to be intact. The women reported that with an uncircumcised man they felt less dryness, the thrusts were smoother, gentler and shorter, orgasm was easier and the man was aroused more easily. They also mentioned they were more likely to attain multi-orgasms with an uncut partner.

Staying intact seems to have only a few minor drawbacks. Condoms are more difficult to slip on and the smell of smegma is stronger (though this attracts a biologically compatible mate). Some women also prefer the appearance of the circumcised man due to their social conditioning.

Circumcision's popularity through history has had its ups and downs. Opposition to it arose in England in 1949 with the ground-breaking article "The fate of the foreskin" by Douglas Gairdner, a Cambridge paediatrician who advised that routine circumcision was harmful and recommended against it. He concluded that circumcision did not protect against cancer, STDs or phimosis, documenting injuries and side-effects, including the death of 16 infants each year in the UK from 1942 to 1947. As a result, it was deemed an unclaimable procedure by the National Health Service and England's circumcision rate fell to less than five per cent in the 1950s. Some believe the rate would also plummet in the US if it wasn't covered by insurance.

Though the US congress passed a law banning female genitalia mutilation in 1996, male circumcision continues to be widely practised in the United States. However, there's a growing number of people speaking out against routine neonatal circumcision, including medical professionals such as Doctors Opposing Circumcision, a group who "recognize that no one has the right to forcibly remove sexual body parts from another individual". They also believe that "doctors should have no role in this painful, unnecessary procedure inflicted on the newborn".

Circumcision critics are gaining a more prominent voice including that of Leo Sorger MD, who believes: "Circumcision causes pain, trauma, and a permanent loss of protective and erogenous tissue. Removing normal, healthy, functioning tissue ... violates the United Nations Universal Declaration of Human Rights (Article 5) and the United Nations Convention on the Rights of the Child (Article 13)." The US trend for circumcision is reducing, with 60 per cent of babies being cut whereas it was previously 85 per cent, still much higher than the Australian figure of five per cent. The Australian Medical Association doesn't advise circumcision for many reasons.

Though they accept that the practice can lead to scarring, deformity, severe blood loss and infection, it remains a claimable procedure through Medicare. Calls to remove it come from people like Shane Peterson, speaking for Circumcision Information Australia and NORM New Zealand. "Doctors now insist that medical interventions must be based on evidence of benefit exceeding the risk of harm. It is now time to remove routine circumcision from the Medicare benefits schedule."

Most of the world's leading medical establishments have come out against this surgery. The American Academy of Pediatrics (AAP) says the benefits of circumcision are not significant enough to recommend circumcision as a routine procedure and that circumcision is not medically necessary.

"Circumcision of newborns should not be routinely performed," says the Canadian Paediatric Society. "To circumcise ... would be unethical and inappropriate," says the British Medical Association. The Australasian Association of Paediatric Surgeons states: "Neonatal male circumcision has no medical indication. It is a traumatic procedure performed without anaesthesia to remove a normal, functional and protective prepuce."

Considering the cases of circumcision occurring without consent, parents are now advised to write a certified letter to their attending obstetrician and the hospital stating they don't want their child circumcised.

After a heavily publicised case of glans amputation during a ritual circumcision by a Jewish Mohel in Israel and botched jobs by unqualified GPs there is now a worldwide call to ensure that only qualified paediatric surgeons are legally permitted to perform the operation and that a safe anaesthetic is used. Ultimately, the anti-circumcision lobbyists want to protect the rights of an innocent baby to retain their intact, healthy body. They also aim to inform people that it is more painful and significant than "cutting the umbilical cord", as some doctors claim.

Circumcision should be a choice taken by the informed child when he is mature enough to understand the procedure and risks. It is a violation of the protective parenting role and a betrayal of a caring doctor's position to commit what is considered by some adult males circumcised as infants to be "an act of physical violation, mutilation and sexual assault which has deeply impacted on their lives."

## References

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