

# When Your Baby Boy is Not Circumcised

by Edward Wallerstein, author of *Circumcision: An American Health Fallacy*

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The United States is the only country to practice nonreligious circumcision almost routinely. Since about 80% of male newborns are circumcised, it has not seemed important to pay attention to the care of the uncircumcised penis. There were so few of them. The result is widespread misunderstanding of its proper care and hygiene.

Within the past five years, however, we have witnessed a trend away from routine newborn circumcision, led by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Dozens of articles in both professional and popular magazines have urged prospective parents to question this newborn surgery. It is, therefore, important for those who are or will be responsible for infant care to learn the essentials of caring for the uncircumcised penis—a simple task indeed.

**BODY HYGIENE:** Total body hygiene is recognized as an important aspect of everyday living; penile hygiene is a component of body hygiene. Therefore, penile hygiene must be viewed objectively and within the context of total body hygiene. At all ages, bathing is recognized as a necessity. Hair should be shampooed, finger and toenails cleaned and trimmed, folds of the ears cleansed, and teeth brushed. The sebaceous glands of the skin produce a slightly oily surface. The inner ears produce wax, eyes produce tears, and the nose "runs" occasionally. Cleansing these secretions is considered a normal aspect of everyday living.

The newborn and infant may require extra attention; saliva may drool down the chin and is wiped off. Regurgitation (spitting up) of milk and food is not uncommon and is easily wiped away. Urination and defecation are similarly handled routinely. Occasionally, the anal or genital areas of babies, both male and female, may become irritated due to exposure to urine and/or feces. If so, the area is cleansed carefully and a protective ointment, oil or powder applied. The problem usually disappears within several days and is handled routinely, almost without a second thought.

**GENITAL HYGIENE:** When genital hygiene is discussed, many individuals in the United States have claimed that this aspect of body hygiene is singularly difficult for the male. Such claims are sexist, since they ignore the female genitalia, and ridiculous because American penises are no different from penises of other countries where penile hygiene causes no undue difficulty.

Most American mothers are led to believe that they will have the "difficult task" of retracting their little boy's foreskin daily in order to clean the penis, unless circumcision is performed. It makes American parents fearful of caring for an uncircumcised penis, whereas among more than 80% of the world's population, circumcision is not practiced, and parents easily assume responsibility for penile hygiene.

A discussion of genital hygiene must include the female as well as the male genitalia. Actually, female genital hygiene is more difficult to maintain than the male counterpart regardless of circumcision status. This is due to the positioning of anatomic structures. In the female, the anus is situated close to both the vagina and the urinary meatus (opening). This makes for easy germ migration to the meatus; the result may be urinary tract infection (U.T.I.), which is more common in females than in males at any age. Parents are instructed to cleanse their daughter's genitals by wiping downward from the urinary meatus toward the anus to minimize the chance of infection.

## What Is the Foreskin?

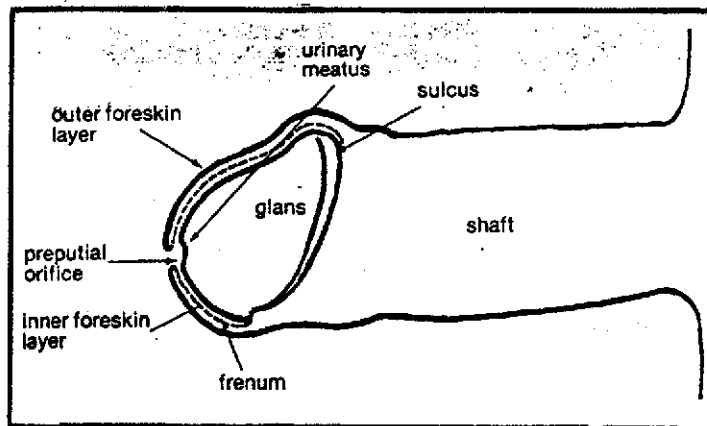
In order to understand penile hygiene, it is essential to understand what the foreskin is, how it develops and functions. At birth, the penis consists of a cylindrical shaft with a rounded end called the glans. The shaft and glans are separated by a groove called the sulcus. The entire penis—shaft and glans—is covered by a continuous layer of skin. The section of the penile skin that covers the glans is called the foreskin or prepuce. The foreskin consists of two layers, the outer foreskin and an inner lining similar to a mucous membrane. (See illustration, next page.)

During fetal life (before birth), the foreskin and glans develop as one tissue. That is, the foreskin is firmly attached—really fused—to the glans. Over time, this fusion of the inner surface of the prepuce with the glans skin begins to separate by shedding the cells from the surface of each layer. This is not difficult to understand. Virtually all body cells are continuously discarded and replaced by regenerated cells. For example, the skin surface of the entire body is normally replaced every 30 days. So too are the epithelial layers of the glans and the inner foreskin lining—not only in infancy, but regularly throughout life. The discarded cells accumulate as white, waxy "pearls" which gradually work their way out via the tip of the foreskin.

Eventually, sometimes as long as 5 or even 10 years after birth, full separation occurs and the foreskin may then be pushed back from the glans toward the abdomen. This is called foreskin retraction. The foreskin may retract spontaneously with erections which occur normally from birth on and even occur in fetal life. (See illustration.) Also, all infants "discover" their genitals as they become more aware of their bodies and may retract the foreskin themselves. If the foreskin does not seem to retract easily early in life, it is important to realize that this is not abnormal and that it will eventually do so.

## The Function of the Foreskin

The glans at birth is delicate and easily irritated by urine and feces. The foreskin shields the glans. With circumcision, this protection is



**Diagrammatic Representation of the Inner and Outer Foreskin Layers (Reproduced with permission of Edward Wallerstein).**

lost. In such cases, the glans and especially the urinary opening (meatus) may become irritated or infected, causing ulcers, meatitis (inflammation of the meatus), and meatal stenosis (a narrowing of the urinary opening). Such problems virtually never occur in uncircumcised penises. The foreskin protects the glans throughout life. In addition, it is erogenous tissue serving a sexual function. The sexual benefit claimed for circumcision, namely the reduction or elimination of premature ejaculation, is totally without basis; witness the fact that at sexual dysfunction clinics, premature ejaculation is the most common presenting symptom among young men, of whom perhaps 75% are circumcised.

## Is the Foreskin Dangerous?

The claims that the presence of the foreskin causes cancer, VD, masturbation and a host of other problems are unfounded. While it is true that penile cancer is more often found in uncircumcised males, it is occasionally found in males circumcised in infancy. The penile cancer rate in non-circumcising countries, such as Japan and Scandinavia, is no higher than in the U.S., where circumcision is virtually done routinely. This exceedingly rare cancer may be effectively prevented by good hygiene.

The foreskin is helpful, not harmful. This does not mean that the foreskin will never develop any problems. Things can go wrong with any body tissue, including the foreskin. Infections of the skin, ears, eyes, throat and dozens of other body parts are well known; they are rarely a cause for alarm and rarer still a cause for surgical intervention. The foreskin is the only tissue considered dangerous enough to warrant preventive surgery—circumcision.

Parents are warned that foregoing newborn circumcision will only mean postponing the surgery until later in life when it will be more troublesome. This attitude is found only in the U.S. Foreskin problems are not very common. When problems such as infection arise, they usually respond to simple medical treatment. Surgery is rarely necessary. This is the experience in all medically advanced countries where circumcision is not practiced routinely, e.g., France, Japan, Scandinavia, Germany, etc.

## Smegma

What about smegma? Isn't it dirty and disease producing? The answer is NO! Smegma is probably the most maligned body substance. It is a normal, natural body product, no more harmful than ear wax. It is definitely not a carcinogen (cancer causing).

What then is smegma? It is the material produced under the foreskin. The term has been used incorrectly for generations. There are two types of smegma: infant smegma and adult smegma.

**INFANT SMEGMA:** As noted above, the entire body skin is shed every 30 days. The shed skin rubs off on clothing, in bathing, and in a thoroughly unnoticed fashion, unless there is special skin shedding as in sunburn.

Skin cells from the glans of the penis and the inner foreskin are also shed throughout life. This is especially true in childhood; copious skin shedding serves to separate the foreskin from the glans. Since this shedding takes place in a relatively closed space—beneath the foreskin—the shed skin cannot escape in the usual manner. It escapes by working its way to the tip of the foreskin. These escaping discarded skin cells constitute infant smegma.

**ADULT SMEGMA:** Everyone is familiar with the enormous changes that occur at puberty—menses, breast development, hair distribution, voice change, etc. There are also noticeable skin changes. At birth, there are millions of skin glands whose function it is to produce an oily substance called sebum. These are the sebaceous glands. In early childhood, they are largely inactive. At puberty, hormones stimulate their development.

Sebaceous glands do not produce an odor; most are associated with hair follicles. There are also specialized sebaceous glands—Tyson's Glands—located on the glans under the foreskin. Tyson's Glands produce an oily substance, which, when mixed with shed skin cells, constitute adult smegma. Adult smegma serves a protective, lubricating function for the glans, just as adult smegma in women protects the clitoris.

## Foreskin Hygiene

With the foregoing as background, we can now discuss foreskin hygiene. Despite the myths, the foreskin is easy to care for. The newborn or infant of either sex should be bathed or sponged frequently, and all parts should be washed, including the genitals. The external penile skin is soft and pliable and easy to wash. It is not necessary to retract any part of the skin in order to wash under it.

In the newborn, the uncircumcised penis is quite easy to keep clean. NO special care is required! Leave the penis alone. The body provides its own protection of the glans area, because the foreskin is fused to it. As the shed epithelial cells (infant smegma) ooze from underneath the foreskin, cleaning away the material is logical. No other manipulation is necessary. There should be no use of Q-tips, irrigation or antiseptics. Good old soap and water is perfect. The same holds true for the newborn girl's clitoral foreskin—leave it alone except for external soap and water.

Mothers are told that the circumcised penis is easier to keep clean. The implication is that the uncircumcised penis is difficult to keep clean. This is obviously untrue!

## Foreskin Retraction

The biggest circumcision bugaboo is the issue of foreskin retraction. Unfortunately, many parents have been warned by some physicians and nurses that parents must retract the foreskin daily from birth

on, to avoid the "devastating effect" of foreskin retention and inadequate hygiene. Some "authorities" go so far as to urge that retraction be done rapidly so as not to "over-stimulate" (masturbate) the child. **THIS IS INCORRECT ADVICE**, described by one pediatric urologist as "cruel and inhuman, unfounded medically and physiologically." Many physicians have written that mothers often shirk the task of foreskin retraction, thus making circumcision an absolute necessity. But the mothers were correct in their reluctance to retract and the physicians were incorrect in urging such retraction.

Two questions should be addressed: Should the foreskin be retracted, and if so, when? **THE INFANT FORESKIN NEED NOT BE RETRACTED.**

Bear in mind that in the newborn, the foreskin is **NORMALLY** attached to the glans. Retracting the foreskin from the glans means forcibly tearing the foreskin from the glans. This is a painful process and will likely leave the underside of the foreskin and the surface of the glans raw. Bleeding may occur, leaving the area open to urine and fecal irritation and infection.

It is easy to understand why premature retraction needs to be avoided. No body organ or tissue should be put to use before its time. For example, solid food should not be given until the

infant is able to chew, swallow and digest it. It is, by the same token, ill-advised to 'forcefully' retract the normally fused foreskin.

## Retraction Timing

This is the key element of penile hygiene. As noted, the foreskin and the glans develop as one tissue. Separation will evolve over time. It should not be forced. When will separation occur? Each child is different. Separation may occur before birth; this is rare, occurring in perhaps 5% of newborns. It may take a few days, weeks, months or even years. **THIS IS NORMAL.** Although most foreskins are retractable by age 5, there is no need for concern even after a longer period. No harm will come in leaving the foreskin alone.

## Testing Foreskin Retraction

For the parent who is caring for a newborn male for the first time, handling the penis may seem strange. This is why the concept of "leave it alone" is sound advice. As parents become more comfortable in handling the penis, they may be curious to determine the degree of foreskin retraction in their son. Although unnecessary, this is simple to do.

The parents may have had the opportunity to observe a newborn's erection. If full erection has occurred, full retraction may also have occurred. If partial erection has occurred, partial retraction may have occurred. If no erection has been observed, this does not mean that foreskin retraction is not possible. Some newborns do not experience erections; this is not unusual.

To test retraction occasionally, hold the penile shaft with one hand and with the other hand, push the foreskin back **GENTLY—NEVER FORCIBLY**—perhaps 1/8 of an inch. Retraction may also be done with one hand, pushing the shaft skin gently toward the abdomen. This will automatically retract the foreskin. If there is **ANY DISCOMFORT** in your baby, or if you feel resistance, stop. Try again in a few months. If the retraction is easy for both the child and the parent, further retraction may be attempted in due time. There should be no rush to retract. Eventually, the foreskin will retract completely, exposing the entire glans. This may take several years.

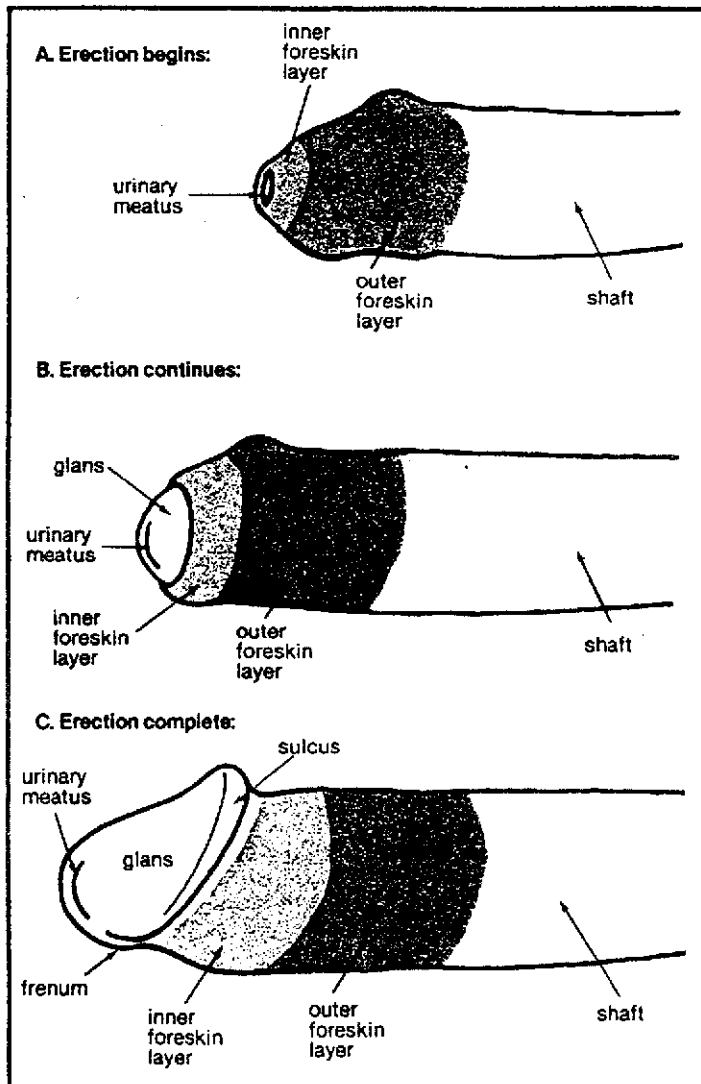
## Is "Leave It Alone" Good Advice?

Yes! Compare the male foreskin with that of the female counterpart. The female newborn is bathed and the genital area gently washed. It is not necessary to dig under the clitoral foreskin with a cotton swab to clean out every speck of clitoral smegma. Doing so would be irritating and probably harmful. Also, consider oral hygiene. Which mouthwash should be used to clean an infant's mouth or gums? Should it be Listerine, Lavisol or Scope? The correct answer is "none of the above." Such astringents are not only unnecessary, but potentially harmful to delicate infant tissues. What about special care of the vagina and urinary meatus? The answer is the same: "Leave it alone."

## Hygiene of the Fully Retracted Penis

For the first few years, the child will be bathed by an adult. During this period, it is not necessary to retract the foreskin on a daily basis, even if it is fully retractable. An occasional retraction and glans cleansing is perfectly acceptable.

Penile hygiene will become a part of total body hygiene, including hair shampooing, cleansing the



Diagrammatic Representation of the Erection Process in the Uncircumcised Penis (Reproduced with permission of Edward Wallerstein).

## Summary: Care of the Uncircumcised Penis

### Before Retraction Takes Place

- 1) Frequent bathing or sponge bathing of your baby is necessary.
- 2) Make sure all the folds and wrinkles of the genitals are cleansed after bowel movements and with diaper changes. The uncircumcised penis requires no extra cleaning—just wash, rinse, and dry it, along with the rest of the baby's bottom.
- 3) Wash away any smegma appearing on the outside of the penis, but don't try to wash or clean under the foreskin.
- 4) DO NOT retract (pull back) the foreskin over the glans of the penis. In a newborn, the foreskin is almost always attached to the glans. Forcing the foreskin back may harm the penis, causing pain, bleeding, possible scarring and adhesions.
- 5) DO NOT let your doctor, nurse or anyone else forcibly retract the foreskin of your newborn. Some health professionals today remain uninformed on this matter, and believe that at birth the foreskin must be retractable. If it is not, they force it. As familiarity with the normal uncircumcised penis increases, there will be less of this improper care and improper advice.

- 6) Separation of the foreskin from the glans may take years.
- 7) To test whether or how much the foreskin has separated, either:
  - a) Observe an erection (most baby boys have them). If full erection occurs, full retraction may also occur; or
  - b) Hold the penile shaft with one hand and with the other hand, GENTLY push the foreskin back, only as far as it goes easily. STOP if the baby seems to be uncomfortable or if you feel resistance.
- 8) You may test for retraction every few months.

### After Foreskin Is Fully Retractable

- 1) Until the child can bathe himself, an adult bathes him.
- 2) When washing the penis, retract the foreskin gently, wash the glans, rinse, and replace the foreskin, teaching the child that this is how the penis should be washed.
- 3) Sometimes, after the child takes over his own bathing, he may be careless and the glans may become red and sore. Washing the penis and applying a protective ointment will quickly clear up the problem.

folds of the ear, and brushing teeth. At puberty, the male is taught the importance of retracting the foreskin and cleaning beneath during his daily bath.

As parents of pre-teenagers know, some children may go through an "anti-bath" stage. This is true for both boys and girls. Body odors may develop; the outer ears may become infected; excess ear wax may accumulate; the genitalia may become irritated. Careful cleaning will be necessary.

### Masturbation

Although the century-old hysteria over masturbation has largely abated, it is still present in subtle (and sometimes not so subtle) forms. Does the presence of the foreskin encourage masturbation? NO. Does the presence of smegma encourage masturbation? NO. Is the act of foreskin retraction a form of masturbation? NO.

In the first place, masturbation is not harmful; it is normal. Secondly, there is no evidence that circumcised boys masturbate less frequently than boys who retain their foreskins. All normal infants discover their genitals, and learn that pleasurable sensations are derived from touching them.

In the course of such normal genital play, the foreskin will be retracted by the child. The lack of such genital curiosity would be abnormal. As one pediatrician put it: "Only coma inhibits masturbation."

### "Like Father--Like Son"

Parents often express concern that if the father is circumcised, then the son must also be circumcised. Otherwise, it is argued, the son's discovery of the difference will be traumatic. This does not have to be a problem, as evidenced by the numerous families where the fathers' and sons' circumcision statuses differ.

If parents are comfortable with their decision, it is easily explained. For example, in one family

the father was circumcised, the son was not circumcised. At about age 3, the boy asked his father about the difference between their penises. The father told his son: "When I was a little boy, they thought it was a good idea to cut off that part of the penis."

The son thought for a minute and said: "That's dumb!" And that was the end of the discussion.

A similar explanation might be made to help a boy understand the differences he will observe among boys in general.

Or take the case in Britain. Prior to 1950, millions of boys were circumcised; their fathers were not circumcised. Since 1950, the situation has reversed; millions of boys were not circumcised, but their fathers were circumcised. There are no reports of psychological trauma in the British medical literature. Such concern seems to be greatly exaggerated.

### A Final Word

Remember, soap and water work wonders; they are all that is necessary for foreskin hygiene. As Dr. Alex Comfort wrote: "Wash, don't amputate."

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