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SENSITIVITY IS THE RISING ISSUE ON CIRCUMCISION

by

Dr. Sandra Pertot

The debate about circumcision is one that just does not seem to want to go away.

After a long period of relative quiet in which the medical position has been that circumcision is an unnecessary operation which may lead to complications of its own, a new and radical element has entered the picture.

One obvious difficulty with the procedure is that the person affected, the infant male, has no say in what happens, and now increasing numbers of adult males who were circumcised at birth are protesting about male rights.

They have two aims. One is to prevent it happening to other males, and the second is to explore methods of restoring what was taken from them at birth.

These men claim not only that circumcision is traumatic to the newborn but also that the removal of the protective covering of the glans leads to keratinisation, a process which begins immediately after the loss of the foreskin and continues throughout life. Dr. Thomas Ritter, a US surgeon who was an early campaigner against circumcision, says over time the exposed glans takes on the character of external skin rather than mucous membrane, becoming dry and leathery.

It is said this toughening process causes loss of sensitivity of the glans, reducing sensitivity during sex.

In addition, circumcision is said to have other impacts on sexual pleasure.

The foreskin itself is believed to contain [a generous endowment of specialised nerve endings](#) which contribute to sexual feeling, and the movement of the foreskin over the glans during intercourse enhances the pleasurable sensations of sex.

Loss of the foreskin is believed to have a much greater impact on adult sexuality than has previously been acknowledged.

Other circumcised men complain of life-long irritation of the exposed glans as it comes in contact with clothing during normal activity.

Some claim discomfort during masturbation when the exposed glans is directly stimulated.

Some men are so angry about this involuntary surgery that they refer to it as an assault, and equate it to genital mutilation of the young female who is ritually circumcised for religious or cultural reasons.

These men are attacking the issue on several fronts.

At a political level, groups such as NOCIRC and the NSW [New South Wales] Men's movement are lobbying the Federal Government [of Australia] for removal of the Medicare rebate for circumcision.

In addition, they actively promote their views on circumcision in the media in an attempt to influence parents not to request the procedure, and at academic conferences to encourage medical practitioners not to perform it.

The other, more personal, focus for men who feel they have suffered because of their circumcision is the development of techniques to restore a foreskin.

There are two basic techniques.

One was developed by Dr. James Bigelow, an American psychologist, who in his mid 50s, began to experiment with ways of redeveloping his foreskin.

He achieved this by gently and gradually stretching what remained of his foreskin, keeping it in place with surgical tape.

The tape was worn constantly and was cut in such a way as to allow normal urination. It was removed for intercourse, which Dr. Bigelow says interfered with spontaneous sex as he tended to time sex for those days when he was going to change the tape.

After four years he has a foreskin he is reasonably happy with and hopes for further improvement over time.

He says his circumcision was severe, and therefore other men may achieve a good result in significantly less time.

The stretching process can be aided by attaching small weighted devices such as fishing weights to the tape.

Dr. Bigelow is trialling [sic] a cone-shape expansion device which fits over the penis and allows for greater tension of the expanding skin. The final result is not an exact duplication of a normal foreskin, but is nevertheless considered close enough to be worth the effort.

Dr. Bigelow's technique appears to have been enthusiastically received by enough men in Australia to lead to the development of a foreskin restoration self help group.

The group, UNCIRC, offers a mail order service to supply Dr. Bigelow's book, [*The Joy of Uncircumcising!*](#), which costs about \$30 and takes about 2-3 months to arrive from the US.

After the recipient has begun the program, the group has a telephone advisory service on how to deal with any difficulties in applying the technique.

The other approach to restoring foreskin is by surgery using skin grafts. This has the advantage of providing a quicker result with a greater amount of new tissue, and is also popular in the US.

UNCIRC is lobbying the Federal Minister of Health to have penile foreskin restoration covered by [Medicare](#).

Those who have restored their foreskin say the glans gradually becomes softer--more like mucous membrane. Sex became more enjoyable and daily discomfort through friction disappeared.

Whatever personal beliefs individual health providers may have about the merits or otherwise of circumcision, they could find themselves involved in debate about this practice again, and the publicity that is building around restoration procedures may lead to inquiries from patients as to what is involved.

Clearly, the man (and probably his partner) need to be highly motivated to persevere with the slow and tedious procedure, but advocates claim the rewards are definitely worth it.

Any man seeking further information may be directed to UNCIRC, PO Box 938, Lane Cove, NSW 2066.

Dr. Pertot is a clinical psychologist in Newcastle, NSW.

[CIRP Note: UNCIRC contact information: UNCIRC South Australia. “Our name is derived from the fact that we are helping men to UNdo UNwanted UNnecessary CIRCumcision.” John M. Aldous, Box 8106, PO Hindley St., Adelaide, South Australia 5000 (tel: 08 375 0244).]

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