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The Foreskin Flap

Is Circumcision Really Worth It?

By Jeffrey Felshman

In 1987 Harry Meislahn was a man with too much time on his hands. Settling into an easy chair for an afternoon of pleasure reading, he picked up the latest copy of the New England Journal of Medicine, where he saw an article about pain response in newborns. In an attempt to prove that newborns have feelings too, the authors, K.J.S. Anand and P.R. Hickey, had referenced over 200 observations of pain, biochemical changes and heart rate among them. Crying, a simple response, was included. All babies cry, but how loud, and in response to what? Anand and Hickey listed a study of crying response during circumcision.

They said that auditors (who had been placed in an area where they couldn't see the operation) had been able to correlate infants' cries with the different stages of the operation. This meant irritable crying after the baby was strapped on to the plastic board called the Circumstraint; louder crying when the foreskin was stripped from the glans (the first step in preparing the penis for the Gomco clamp); screaming that began when the clamp was tightened (crushing the foreskin); and shrieks at the first application of the scalpel. Reading the article in his cozy suburban living room, Meislahn mused that with this evidence, more attention would be paid to detractors of routine medical circumcision, of which he was one.

Then 47, Meislahn had joined the anticircumcision movement earlier in the year. He'd arrived at the subject with some knowledge. He'd done a year of medical school at Northwestern when he was younger, and had remained an amateur medical enthusiast. He actually enjoyed reading medical studies. He'd read the report of the American Academy of Pediatrics' 1975 Task Force on Circumcision, which stated, "There is no absolute medical indication for routine circumcision of the newborn." He'd written to

a man named Jim Peron, who'd started the Non-Circumcision Educational Foundation in New York in 1973, asking what he could do to help. A letter arrived several months later referring him to Marilyn Milos, an RN who'd founded NOCIRC (National Organization of Circumcision Information Resource Centers) in California in 1978. After corresponding with Milos, Meislahn volunteered to start a chapter in Illinois.

In 1987 NOCIRC was a tiny, nonprofit organization. Now there are chapters in 25 states and Puerto Rico, as well as Australia, Canada, England, France, South Africa, and Tahiti. It's still a small organization. How small? "I'm the Illinois chapter," Meislahn reports. He runs it out of the family home on a quiet Winnetka road where the small, comfortable houses are surrounded by trees and approached by short driveways.

There are two kinds of men in the world, and the majority have foreskins. But not here in the U.S. According to NOCIRC estimates, by 1920 50 percent of American males were being circumcised at birth, and the percentage climbs from there. By 1950 70 percent were cut, but the peak year was 1980, when the estimate reached 85 percent of boys born in the United States. No actual head count was done until 1990, and that year the number was down to 59 percent. The country with the next highest rate is Canada, estimated at 25 percent and falling. Excluding the Islamic countries, and Israel, where circumcisions are performed for religious or cultural reasons, no other country in the world comes close.

"I was a minority of one when I was growing up--I was the only one of my friends who was uncircumcised," says Meislahn. "It wasn't a large thing one way or another, but when I became an adult I saw the benefits of remaining intact."

Uncut himself, and with an uncut son, his contact with circumcision had been minimal but memorable. In the late 60s he'd dated a traveling saleswoman who sold Plastibells--the alternative to the Gomco clamp. "She had a difficult time selling them. The Plastibells came in several sizes, but this one hospital in her territory was trying to fit all the babies with the same size. It was up in northern Wisconsin and there were all these healthy German babies, and, well, the Plastibells were too small."

Meislahn had friends who had had children circumcised, and sometimes things had gone wrong. One family with a history of hemophilia had gone ahead and had their son circumcised anyway; on the way home from the hospital the baby began to bleed. "It took years off his mother's life," Meislahn recalls. He didn't think of himself as a crank (what crank does?), but he was looking for a way to do some good in the world. He'd resigned from his business in 1986 and he didn't really need money. He didn't want to go back

into business either. He thought, what in the world is more helpless than a newborn baby?

In 1989, the AAP revised its position on circumcision, saying that "Newborn circumcision has potential medical benefits and advantages," but that informed consent of the parents should be sought before the operation.

The medical reasons doctors recommend circumcision are based on the possibility that it prevents cancers of the penis and cervix, urinary tract infections, sexually transmitted diseases, phimosis (when the foreskin is stuck over the head and can't be retracted), and paraphimosis (when it's stuck down on the shaft and can't be pulled over the head).

Nevertheless, Meislahn continued to believe that boys were getting shafted. All the studies he'd seen showed the problems prevented by circumcision just weren't occurring in numbers serious enough to warrant major preventive surgery. Other countries, where circumcision was rare and indoor plumbing common, reported rates of penile and cervical cancer similar to those in the U.S.

After comparing the numbers with those of underdeveloped countries, the AAP Task Force on Circumcision stated, "The incidence of penile cancer is related to hygiene." Could having sex with a man with an unwashed, uncircumcised penis lead to cervical cancer? The AAP called the evidence "inconclusive," and went on to say, "The strongest predisposing factors in cervical cancer are a history of intercourse at an early age and multiple sexual partners. The disease is virtually unknown in nuns and virgins."

The cervical cancer rate is higher than that of penile cancer, which does suggest some other cause. Meislahn is more blunt: "The theory [of the cause of cervical cancer] was that male smegma was the culprit. But despite repeated attempts, no well-executed study ever showed smegma to be carcinogenic."

The rate of penile cancer is approximately one in 100,000. And the highest estimate of the mortality rate from it is 25 percent. While circumcision helps to minimize the risk of getting cancer of the penis, it doesn't prevent it entirely.

Circumcision probably reduces the risk of infection of the urinary tract, and it definitely prevents phimosis and paraphimosis, which can affect as many as one in ten. As for preventing sexually transmitted diseases, the AAP reports that the evidence is, again, "inconclusive" as well as "conflicting." STD rates in the United States are extremely high, and so is the percentage of sexually active circumcised males.

Yet the circumcised penis continued to be the preference of most

doctors and parents. Given the choice between chopping and washing, most opted to chop.

There were reasons other than medical ones for the operation. People liked the look. People thought that boys would feel out of place or weird about their penises if they looked different from their friends and fathers. People don't like smegma. And the problems caused by circumcision itself were rare. It's a small thing, why not just go ahead and have it done?

Though there's more than one way to remove a foreskin, the most common method begins by strapping the baby down on the Circumstraint. The Circumstraint is about the size and shape of a paddleboard, only thicker, with grooves molded into the board to conform to the shape of a baby's body. Velcro straps are attached at the elbows and knees, the legs strapped down far apart. A platform between them is used for holding instruments, and as a resting place for the back end of the clamp.

The doctor tears the foreskin, or in medical terminology, the prepuce, away from the glans with a surgical probe. Temporarily stuck together, the two are of a piece, and the doctor must be careful not to leave any prepuccial tissue on the glans that could develop into skin flaps. When this is done, the prepuce is pulled down the shaft toward the body, a small metal cap is pinned over the glans, and the penis is ready for clamping.

A variety of clamps have been used through the years to protect the unsheathed glans from accidental cuts--since 1935 the most popular has been the Gomco. It looks a lot like the clamps used in shop class, only smaller. On the bottom arm of the clamp is a bell-shaped plunger and a small hole, through which the glans is inserted. The bell-shaped plunger is placed over the metal-capped glans, and the prepuce is stretched over the top of the bell, which is then attached to the top arm. The clamp is screwed tight, slowly, which releases a small blade concealed in the ring of the hole. The foreskin is crushed at the line of the blade, and a knife is used to make the final, circular cut. The clamp is left in place for at least five minutes to allow clotting, and a thermocautery unit is sometimes used to complete the clotting. The whole operation takes about 20 minutes.

Meislahn asserts that more problems are caused by circumcision than are prevented by the surgery. "The rate of penile cancer is very low, less than one in 100,000. That's about half the rate of cancer of the vulva. Should we cut out the vulva to prevent cancer? It's ridiculous."

The AAP reports that while bleeding and infection are the most common complications, "The exact incidence of postoperative complications is unknown. Large series indicate that the rate is

low, approximately 0.2 percent to 0.6 percent."

Meislahn points out that 0.2 percent means that about one in 500 males will have some problem as a result of circumcision--hemorrhage, infection, and loss of skin (other than the foreskin) among them.

A study was conducted by a group called NOHARMM (National Organization to Halt the Abuse and Routine Mutilation of Males). Meislahn is quick to point out that the NOHARMM study is skewed--since the 300 men who filled in the questionnaire were all acquainted with the group, they're not a representative sample of circumcised men. Still, over a fourth (27 percent) reported they'd been "circumcised too tightly"; 11 percent complained of "painful erections from excessive skin loss"; and 8 percent said that they bled when they got an erection.

And the chances of being cut too close are significant, according to Meislahn. "You're dealing with a tiny piece of skin, and a tiny error can get bigger as the guy gets bigger. The average adult penis is 17 times larger than it was in infancy [his estimate], so a millimeter mistake is magnified in an adult. Many of the nurses in the movement got into it because they felt doctors were cutting off too much." He also mentions the occasional devastating accident.

One morning in 1985 in a hospital in Atlanta, the heat-activated thermocautery unit used to speed up clotting went on the blink. The doctors substituted a different, electrically powered instrument used on adults. Three newborns got the juice. The first had his foreskin cut off with a scalpel, and the electric unit was only applied later. He was OK. The others got the full treatment. Boy number two left the hospital with a small blister, and 17 days later, according to the lawyer who sued the hospital on his behalf, his penis "just sloughed off." He'll be undergoing reconstructive surgery until he's 15 and he'll never be able to reproduce normally. Boy number three's accident occurred when the current hit the metal clamp holding it in place. His penis was burned right off. Now he's a girl.

Though Meislahn's been more active lately, running NOCIRC in Illinois isn't a full-time position. He's written a few letters (one--to Cecil Adams--was published in the Reader last summer) and an unpublished article on the subject. His most public action was conducting a workshop at the 12th annual conference of the Midwives Alliance of North America, held in Chicago last fall. He went to College Park, Maryland, last summer for the Third International Symposium on Circumcision, sponsored by NOCIRC, and he takes phone calls from prospective parents referred to him who want to hear his views on circumcision. He sends them a brochure from the American Academy of Pediatrics called "Newborns: Care of the Uncircumcised Penis--Guidelines for

Parents" and NOCIRC brochures with titles like "Answers to Your Questions About Your Young Son's Intact Penis" and "Circumcision Why?" He occasionally hears from men seeking information on foreskin restoration (or renewal), surgical or nonsurgical, but that's not his department.

The phenomenon is fairly recent, but it seems that thousands of men want their foreskins back. Many of them feel like they're missing something. Some feel mutilated. Some of the interest is generated by the claim that having a foreskin increases sexual pleasure. Meislahn heard about "Brian" about a year and a half ago. Brian didn't call NOCIRC, so NOCIRC called him.

Brian doesn't want his real name used. He says he's already taken more kinds of crap over this than he ever thought possible--from ridicule to a near violent reaction from his own father, and all he wants out of foreskin restoration surgery is to be able to put on his pants every day without first having to swaddle his dick in Handi-Wrap. The pain has gotten that bad, and it's concentrated on the scar that remains from the routine circumcision he was given at birth.

The surgery is scheduled for the early spring, and there won't be anything easy about it. In a soft voice that occasionally trembles with outrage he argues, "I don't think of this as a foreskin 'restoration.' You can't replace what's been taken away. My foreskin is gone; it was thrown in a trash can years ago."

Brian has a skin condition that makes scar tissue especially susceptible to irritation, and the only scar tissue on his body is on his penis. "Scar tissue reacts to allergens, and I have massive amounts of scar tissue from my circumcision. About four, five years ago, I had to stop using laundry detergent, because the allergens in detergents were causing extreme irritation. So I switched to Ivory Snow, because Ivory Snow was a 'laundry soap.' But they changed it to detergent. I started to use Fels, and then they changed that too. There's nothing left in the supermarket, so I go to the health food store and get Dr. Bronner's." He laughs, "The Sal Suds doesn't get your whites as white as the peppermint soap, but overall, I think the Sal Suds is a better laundry soap."

The first time Brian saw a doctor about his penis was when he was 21 (he's now 33). "I'd had problems before that, only I didn't realize at the time they were problems." Twice while masturbating he'd lost pieces of skin. A third time a bit of skin peeled away and remained hanging. "But I didn't think about it--it didn't click together until my late teens, early 20s. After sex I'd be so sore I couldn't do anything with it for days. It didn't look bad, but it was so incredibly painful. I went to the emergency room."

There was no relief. "I went to so many doctors, but the resistance

was incredible. One urologist was such a jerk I wouldn't pay him. I never paid the bill. A friend recommended a dermatologist. I told him right up front, "If you have Victorian views or you're going to recommend a psychiatrist, then forget about it, because I've been through all that." He said he didn't have Victorian views. He examined me and concluded that I'd been diagnosed incorrectly."

The knowledge that his problem was related to skin and scar tissue wasn't much help to his sex life. He doesn't have one. It hurts too much.

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"Medical circumcision was begun in the 1870s, in the Victorian period, as an antidote for masturbation," Meislahn lectures. "How could you tell if a boy was a masturbator? Fidgeting and nail biting were two of the signs."

Registering some amazement, he counts off the early articles and studies that supported medical circumcision: "In the 1870s circumcision was supposed to prevent epilepsy, gout, insanity, and dislocated hip. But the most important proof was offered later, in an article published in the *Journal of the American Medical Association* in 1914 by Abraham Wolbarst. Wolbarst had two practices in New York City. One was among upper-middle-class Jews, who were monogamous, abstemious, and had no sexually transmitted diseases. The other practice was among the Bowery poor, who were drinkers and had all kinds of diseases. Wolbarst noted that the people on the Bowery had high rates of sexual disease, cancer of the penis, and were uncircumcised. He ignored the sociological background and said the reason for the different rates was circumcision.

"By 1915, approximately 25 percent of all newborns were circumcised. I'm not sure about the number. But in 1947, Dr. Eugene Hand, whose son I know very well, used specious statistics to 'prove' the medical value of circumcision. He used differing disease rates between blacks and whites, ignoring sociological data, access to care, and other factors."

Of the countries that promoted circumcision during the Victorian era--Canada, New Zealand, Great Britain, and the United States--the U.S. is the only one in which it is still prevalent. Meislahn says, "That is probably due to our Puritan heritage, the fear that someone, somewhere is having a good time."

Though routine circumcision has declined since 1980, more than half of all baby boys are circumcised just after birth. And with more mothers leaving the hospital on the first day after birth, the cutting is often done on the first day of life--which is, according to my family medical guide, not recommended, and may be dangerous. It's certainly painful.

According to an August 18, 1993, JAMA article ("Topical Anesthesia During Circumcision in Newborn Infants," by Benini et al) "The belief that pain is not experienced in the same way by infants, or that it is inconsequential, continues to pervade pediatric practice despite data that infants do experience pain with at least short-term sequelae. Some of the most compelling data reflect a stress response to more intense pain that affects physiological stability, morbidity, and behavior." And the authors report that circumcision without anesthesia is "common practice." Meislahn says the figure may be as high as 80 percent.

There even may be a valid medical reason for waiting at least eight days.

"Vitamin K, which helps in clotting, is not fully developed in a newborn until then, so in addition to all the other factors in medical circumcision, a clotting agent has to be introduced," says Meislahn. "I don't touch religion," he says, "But a large percentage of the people in the movement are Jewish. In fact, I think the man who started this movement, a man named Edward Wallerstein, was Jewish." (He was.) Meislahn describes Wallerstein as a founding member of the American labor movement. "He was a friend of powerless people, and eventually he got around to babies."

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I've been to one bris. The little guy was a third or fourth cousin whom I've never seen since, and the ceremony was performed in his grandparents' living room in Asbury Park, New Jersey. A crowd of relatives blocked my view. Like the auditors in the Anand-Hickey study, all I could do was listen. One detail remains in my mind almost 30 years later. Screaming. The screaming was like none I've heard from any baby before or since. My cousin's grandfather was a doctor--the chief surgeon at Monmouth Hospital, as my grandmother liked to brag--and he assured us kids that the baby didn't feel any pain. It was also the first time a doctor expressed an opinion to which I responded, silently, "Bullshit."

On the other hand, I have no memory of my own circumcision, nor is it a memory that I want to recover. I'm not sensitive about it, nor does it feel to me like I've lost something. I've got no complaints. It does what I tell it to do, or I do what it tells me to do, but the circumcision itself hasn't caused me any problems. But when my first son was born, in 1988, we opted not to have him circumcised. The doctor didn't recommend it--he said that to perform major preventive surgery for problems that had a minuscule chance of taking place later just didn't make sense.

A friend couldn't believe it. "What are ya, yanking my crank? He'll look different from you." I thought about it, and realized that while my friend was no dummy, his was a stupid argument. Of course the kid was going to look different. I should have him put under the

knife so we could look more alike?

The last time I saw my father's penis was when I was a child, but if memory serves, our members looked pretty damn different. His was bigger. I don't know if that's still the case (he'd probably say it is), but it didn't make much difference to me.

My father agreed with our decision. He was horrified by my bris, but the doctor had said it was necessary, and 2,000 years of persecuted ancestors--persecuted in part for this practice--were too much to argue with.

It won't make you Jewish, but it's a tradition, and God knows, without tradition our lives would be as shaky as a mohel in a Yugo. But for 2,000 years, only the tip was taken to seal the covenant.

God told Abraham to do it, and Abraham, at the age of 99, took a flint knife and chopped off the very tip of his foreskin. The generation that wandered in the desert didn't do it, nor did Moses circumcise his son. All the other generations continued to take off only the tip.

In about AD 130 the Roman emperor Hadrian banned circumcision throughout the empire. Historians say that he had a personal aversion to the practice. The Jews, who were always fighting Rome anyway, got really upset this time: led by Bar Kokhba, they started a full-scale revolt. Hadrian clamped down, sent in legions and heavy artillery, crushed the revolt, and threw the Jews into exile.

Some men must have tried to avoid identification. Hundreds of years earlier, Jews had tied the loose skin over the tip, or tried more serious surgical methods (called epispasm), so they could pass for Greek and play naked in the Olympics. But if enough men pulled that trick to avoid persecution, the consequences could be serious for future generations. Those who stayed in Israel, passing, wouldn't circumcise their sons to protect them, and eventually the custom would fall into disuse. So around AD 140, the leading rabbis passed a new law--take the whole thing off.

Most Jewish couples have circumcision performed in the hospital, but some have a traditional bris performed in the home. Presided over by a rabbi, the ceremony is performed by two men: the mohel and the sandak (or holder). As an assemblage sings of the blessing of the covenant, the baby is laid down on a pillow. With the sandak holding the baby's legs, the mohel grabs the foreskin in his left hand, picks up the knife with his right, judges the amount to be cut, and sweeps off the foreskin with one quick slice. Needless to say, no anesthesia is used.

Some modern mohels have taken up the clamp or the bell, but the Encyclopaedia Judaica says, "none of these methods excels

traditional Jewish practice." But traditional Jewish practice is changing.

Alternative bris ceremonies involve no holding or cutting. "More and more Jews, especially mothers, are seeking an alternative to traditional ritual," according to Ronald Goldman, who runs the Circumcision Resource Center in Boston. "They don't want to put their baby through pain but want to maintain a connection with Jewish ritual. Some rabbis will participate, but of course many will not. Most of the parents create their own ceremony with a prayer and a personal statement."

As far as my son being Jewish, like me, was concerned, the Encyclopaedia Judaica reads: "[Circumcision] is not a sacrament, and any child born of a Jewish mother is a Jew, whether circumcised or not." My son's mother, though she says "Oy" a bit too much for her own good, is not Jewish.

So I learned a little bit about the care of an uncircumcised penis, because I had to. It didn't involve much. After the foreskin separates from the glans (a period that could take months or years) it should be retracted and washed, with water mostly. A little bit of soap every now and then, but not too much. That's about it. Trying to separate the two before they're ready can lead to complications. I decided to leave it alone, and didn't think much more about it.

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The Joy of Uncircumcising! Restore Your Birthright and Maximize Sexual Pleasure, a book by Jim Bigelow, PhD, is packed with pictures and diagrams of various types of equipment used in circumcisions, testimonials from men who want their foreskins back, medical testimony, a few sarcastic asides on the maintenance-free American penis, a short history of the practice, a discussion of various surgical techniques for foreskin restoration, and a long how-to section on "nonsurgical foreskin renewal." NOCIRC is prominent in the book, as one would expect.

A second edition has just come out, and Meislahn says it's been picked up by a few of the major bookstore chains. Bigelow reports that methods of stretching penis skin were first practiced among the ancient Hebrews, and were attempted by Jews under Hitler. He says that the methods in the book, while not in the infant stages, are still experimental.

Forget woodworking, stamp collecting, and needlepoint; here's the ultimate male hobby. R. Wayne Griffiths didn't know that it would work when he started out eight years ago, but he figured it was worth a shot. Now Griffiths loves his dick.

Griffiths lives out on the west coast, where bumper stickers reading Foreskin Is Good Skin have been spotted, and the rate of infant

circumcision has gone down to about 35 percent. He started taping down loose skin over the head of his penis in 1987. He'd thought about it for a long time, but he wasn't sure how to go about it. An Arizona organization called BUFF (Brothers United for Future Foreskins) had suggestions. "I'd always been envious of men with foreskins, and I wanted to see what it felt like. But the methods were crude. I revised the BUFF information, did research, and I said, I'm going to give it a try for three months. I started taping my skin down every day. After two months the skin stayed in place after I removed the tape. One day, I was in the shower, and a fine spray hit my penis, and I said, 'Woo.' It was delightful. After that I wanted to hurry up the process, so I thought about weights.

"I'm a practical guy. I work as a construction inspector, so I brought a practical methodology that may have been lacking. There was a book written in the early 80s called Foreskin Restoration by a man named Mark Waring, which I'm sure is a pseudonym. He'd recommended marbles."

Griffiths went to a supply house and bought some one-inch and one-and-a-quarter-inch stainless-steel ball bearings. Using two together, he made a barrel hitch out of tape, cut a hole in the end, and attached the device to the end of his penis every day. No one told him not to. He'd been living alone since his divorce in 1984. He wore the ball bearings and tape 12 hours a day.

After about a year, things were looking pretty good. He wrote an article that was published in Uncut magazine ("The Magazine of the Natural Man") and was asked to speak at a men's conference in Los Gatos. There he met Tim Sally, who was trying the same thing, with limited success. The two of them chipped in a couple hundred dollars each and formed a support group that they named RECAP--Re-Cover a Penis.

Eight years and 3,000 inquiries later, they changed the name to NORM--National Organization of Restoring Men. Now there are about 11 chapters nationally, as well as one in London, one in Montreal, and three in Australia. Griffiths, who'll be 62 in July, explains, "We felt that this name is a better expression of what we are.

"At first I was getting about 25 calls a month, but now I'm getting about 200. It takes a lot of my time. Sometimes it's overwhelming--especially since January." Griffiths's name and number were published in the January Penthouse in an article on that magazine's "Penis Page."

Many of the men who called told him they'd never known that anyone else felt this way. "You know, it's OK to talk about breast surgery, or vaginal deodorant spray, but men can't talk about their genitals because people'll think you're 'queer.' We started the

organization to tell men that it's all right to talk about yourself. If you feel wounded, there are other men who feel the same."

Griffiths has four adult children and says, "My main regret is that I allowed my boys to be cut. I apologized to my youngest son recently. He's 34. I had doubts at the time, but the doctor said do it, the woman I was married to said do it, and I was afraid to say anything about it. I thought they'd think I was some kind of pervert."

He maintains that most children who are circumcised after infancy undergo the operation because "doctors aren't taught how to take care of a prepuce. I know parents who went to three or four doctors when their children had problems, and the doctors didn't know what to do. There's no phimosis in babies." He recommends a home remedy for a stuck foreskin that was developed by a doctor in France: "After a bath take two fingers, stick them in, and pull sideways. Don't pull too hard, and don't hurt yourself. Do this ten minutes a day for up to two weeks."

Griffiths is still working with weights and has a half-inch overhang to show for it. He's not afraid to show it--full-color photos of his penis ran in the September-October 1994 issue of the British Journal of Sexual Medicine. And sex? "Sex feels delightful."

What was just a do-it-yourself project when he started has become a small industry. Kits like the "Sensitip" and the "Pud" are sold. Griffiths's entry in the field is a set of weights called "Foreballs." Two stainless-steel ball bearings are attached by a stainless-steel rod, "so they look a little like barbells." They shouldn't be used if there isn't enough skin, and they should be taken off before going to bed, he warns. Getting an erection with a weight on will probably hurt. "If there's any pain at all, don't use them."

Stretching won't make the penis longer, nor will a pullover replace the real thing. It can be a simulation, at best, because the mucous tissues of real foreskin can't be regenerated. But men who've been stretching claim that some of that tissue remains, and once they stretch the skin over it, the glans becomes so sensitive they never want to be uncovered again.

Surgery would be an option as well, but, says Griffiths, "I've talked to several men who've had surgery, and I don't feel surgery is the way to go. Skin grafts can slough off, and it's dangerous."

Brian attempted nonsurgical foreskin renewal for a year, but didn't see any results. "I think it could work," he says, "but I didn't have enough skin left to work with."

Harry Meislahn knows one man who worked at his penile make-over for almost eight years. "He felt it was worth it."

Surgery can involve a skin graft, but Brian says that skin grafts in this area are not useful. "Like in breast surgery, doctors tried grafting skin from the vagina to make a new nipple, but it didn't work. The new nipples dried up, and sometimes the body just outright rejected them." Some penile grafts used the skin off the patient's rear end. That didn't work either.

Brian has opted for a method, called a skin flap, that's still relatively new and not for the squeamish. It has been performed successfully on a dozen men, but it's risky. He describes matter-of-factly what he expects to happen.

"A circular incision will be made in my penis and two incisions on my scrotum. The cuts in the scrotum will be done in a sort of zigzag, and my penis will be inserted inside the skin." He will urinate through a tiny incision in the scrotum.

"This method allows the skin to grow into place and be harvested as new, living skin. The body treats it as skin that should be there. I never would've believed it would work--you'd think it would break at the corners, from an erection or whatever, but it's worked every time. It's amazing how the surgeons have worked this out, like an immensely complicated jigsaw puzzle." His penis will be planted in his scrotum for anywhere from three months to a year before the skin has grown sufficiently.

"I've talked with the first guy who had this surgery--he was so tormented--he's the only person who's been able to understand what I've been going through." He stops for a moment, his voice catching. "He told me he was the guinea pig. It was a crude job; hell, it was the first time it was ever performed, and he said, 'It looks bad, but I don't care. I'm finally how I'm supposed to be.'

"When I told my father I was going to have this surgery, he was almost revolted. The look on his face was like, 'How dare you!' And he's intact! That urologist I went to, the one I didn't pay? He wanted to give me a prostate examination! You know what that is--I told him he could shove his finger up his own ass. This has absolutely nothing to do with my prostate."

There's no guarantee there won't be any complications. "There's a lot of nerve tissue down there, and so things can go wrong. I may wind up growing hair on my penis, because hair grows on scrotal tissue. There's a chance of losing circulation later on. . . . [But] I don't give a shit what it looks like when it's finished. I don't care if it's two-toned, or hairy, I'd do it regardless."

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NOCIRC, NOHARMM, NORM, and other anticircumcision organizations have become more active lately. Seven members of NOHARMM marched outside a hospital in Oakland in February to

protest a circumcision training session. A group of nurses at a hospital in Santa Fe, calling themselves "conscientious objectors," were permitted to stop attending circumcisions. And NOHARMM has planned actions in Philadelphia, San Francisco, and Vancouver in the spring.

A study reported in the British medical journal the Lancet in January, was briefly noted in the Sun-Times on February 3 under the headline "Circumcision Tied to Pain Sensitivity." Dr. Gideon Koren, a pediatrician in Toronto, found that circumcised boys cried longer and harder during inoculations, suggesting that they remembered the pain from the earlier surgery. No other reason could be found.

Whether the surgery leaves mental scars that linger into adulthood is debatable. Meislahn says the evidence is speculative. "Child abuse reveals pathology in the parent," he points out, "and though a child circumcised at birth has certainly been through trauma, the vast preponderance of adult males in this country are circumcised and not homicidal. If combined with something like maternal rejection, you might get a predictor of criminal behavior, and it would be relatively easy to check. You could study violent criminals in prisons, perhaps. But these are little more than straws in the wind."

As to repressed memory of circumcision being responsible for such things as the rise of the "sensitive man," it should be pointed out that Alan Alda is not circumcised. "But there have been cases of boys under the age of five remembering their circumcisions," says Meislahn. "I've read about a couple of them, and they're heartbreaking."

Marilyn Milos, the RN who founded NOCIRC, is quoted at the beginning of *The Joy of Uncircumcising*: "After I saw my first infant circumcision, I began my work to stop the screams of babies, and suddenly men began to scream."

The first NOCIRC KIDS newsletter (KIDS stands for Keep Infants Darn Safe, it says) was released last fall. Part of it reads: "All baby boys are born with a natural penis! Older boys who still have a natural penis are very lucky! They have all the body parts they were born with. They have all the sensitivity and good feelings they were meant to have. Most boys in the world have natural penises. Having a natural penis means having a penis like boys in France, England, Germany, Italy, Russia, Brazil, China, Japan, Switzerland, and all the other countries of Europe, Asia, and South America. (OK, so they left out Africa: NOCIRC is also against female circumcision, or female genital mutilation, but focuses on boys.) A natural penis works properly and is more fun. Let's help stop American boys from being circumcised! Let's let American boys be equal to boys in the rest of the world." But God only knows what boys can do about

it. They certainly don't have any say in the matter.

Art accompanying story in printed newspaper (not available in this archive): Illustration/David K. Nelson.



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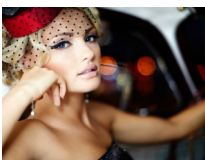
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