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Boys and the Hood - Page 2

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Religious and tribal rites aside, the history of circumcision is largely a history of sexual desire. Rabbi Moses Maimonides, a 12th-century philosopher active in the codification of Jewish law, wrote that circumcision "has not been prescribed with a view to perfecting what is defective congenitally, but to perfecting what is defective morally...The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable." Moralists have long condemned extramatrimonial orgasm, whether alone or with a partner, but it wasn't until the late 1700s that auto-erotic anxiety seized the medical profession. Girls and boys were drugged or restrained in chastity belts and spiked penile rings lest they touch their genitals. In Britain, children were circumcised in the vain hope that the procedure would reduce "amorosity" and prevent masturbation. The mania crossed the Atlantic, and Dr. John Kellogg took up the cause. The influential Corn Flakes creator (he believed in bland food, sexual abstinence and a daily yogurt enema) felt vital fluids were lost during orgasm. In his 1888 medical treatise Treatment for Self-Abuse and Its Effects, he advised, "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 brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment. In females, the author has found the application of pure carbolic acid to the clitoris an excellent means of allaying the abnormal excitement."

Dr. Stubbs slits the scrotum in two places and threads the penis through. As it lies like a pig in a blanket, the skin grafts onto the shaft, leaving a movable "foreskin."

As immigrants poured in, changing the face of North American cities, circumcision became a sign of rank and social order, a mark of those who were able to afford the benefits of institutionalized medicine. In the new culture of cleanliness, the foreskin and its attendant smegma were proclaimed harbingers of disease and pollution, themselves indications of immorality. Tuberculosis, venereal disease and penile cancer could all be avoided if only the unclean foreskin was snipped.

It wasn't until 1949 that circumcision received its first major medical denunciation, with the *British Medical Journal*'s publication of Dr. Douglas Gairdner's "The Fate of the Foreskin," in which he revealed an average of 16 young boys died in Britain each year while under anaesthetic, or from hemorrhage or infection after the procedure. The Cambridge pediatrician described how the foreskin protects the infant glans and urethral opening from urine, feces and other dirt. The study also noted that an unretracted foreskin, often diagnosed as the abnormal condition phimosis, is natural in an infant, and separation from the glans is a gradual process that can take many years to complete. Britain's newly formed National Health Service subsequently refused to fund infant circumcision, and rates plummeted throughout the British Isles.

Canada's numbers followed a much gentler decline. In 1971, Ontario parents were circumcising 60 per cent of infant boys in hospital immediately after birth, but four years later, the Canadian Paediatric Society cautioned against the "obsolete operation." Unless deemed medically necessary, provincial health plans (with the exception of Manitoba's) stopped paying for it. Ten years ago—looking at the procedure in relation to urinary tract infection, STDs, penile and cervical cancer, and at surgical complications such as infection, hemorrhage and the accidental amputation of the glans—the CPS concluded that "circumcision of newborns should not be routinely performed." The current Ontario stat for infant boy circumcision in hospitals has dropped to 18 per cent (private procedures are not tabulated).

Yet still it persists as a surgery in need of a rationale. Today's headlines tout circumcision as a barrier against HIV, even though the studies are of sub-Saharan African populations whose huge infection rates suggest major social and cultural differences with western countries.

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1 of 2 7/4/2015 12:03 PM

Newspapers rarely address the paradox of why the U.S. has the highest incidence of HIV and STDs of industrialized nations yet the largest rate of circumcised males outside of Israel.



Page: 1 2 3 4 5



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2 of 2 7/4/2015 12:03 PM