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Cultural circumcision: not really on, is it?

15/01/2011 12:00 pm



We here at the JOE office got chatting recently about the practice of circumcision. While some felt it was largely a harmless practice, I have my reservations, writes [Robert Carry](#).

À

When it comes to the issue of foreskin removal, the argument in favour essentially says that the procedure has some beneficial impact on the male anatomy. Circumcision can supposedly increase sensitivity and sexual pleasure, it's cleaner and just looks better.

Equally, there are men who complain of pain, numbness and discomfort



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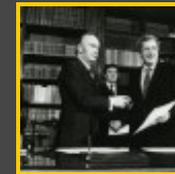
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from their circumcision and many undergo operations to have some semblance of a foreskin restored in order to increase sensitivity during sexual contact.

I can't see how there could be anything dirty about an uncircumcised penis if it's cleaned and although some people might think your member would look better skinned with a scared ring around it, this is very much dependent on what people are used to seeing.

When it comes down to it, there are studies out there that suggest positives to either foreskin option but you get the impression that for many, the medical benefits or otherwise are not the point. In Judaism, for example, circumcision is done because it has always been done. You could come up with a mile high stack of reports showing that circumcision is dangerous, dirty and dysfunctional but I bet you would struggle to put a dent in the traffic that comes the Mohel's way.

The Brit Milah ceremony, during which eight-day-old boys have part of their penis cut off generally without any anaesthetic, is a sacred traditional cultural practice among Jews and it is going nowhere regardless of whether it's of benefit or not.

“ During many Brit Milah ceremonies the Mohel sucks blood from the child's wounded penis straight after he's cut it. ”

This opens up the argument on whether cultural practices should be isolated from laws aimed at protecting people's human rights.

Cutting part of a child's penis off for no clear reason, to me, seems just about as backward and barbaric a practice as I can imagine. During many Brit Milah ceremonies the Mohel sucks blood from the child's wounded penis straight after he's cut it.

In 2004, [The Journal of the American Academy of Pediatrics](#) examined the health implications of this aspect of the ceremony, known as 'metzitzah b'peh', and found eight cases in which genital herpes had been passed onto the infant.

How this has come to be seen as an in anyway acceptable thing to do, for a cultural

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reasons or otherwise, is unfathomable.

There are Mohels out there who have chopped up and then sucked on the penises of thousands of infant boys. Shouldn't they, you know, be rounded up and locked away? If I went out tomorrow and did something like that to a young boy I would be rightly jailed. Take out the shaky, self-justifying medical excuses and what have you got â€” a man mutilating a childâ€™s genitals because... just because.

In fact, I would like to know how, in legal terms, interfering with a childâ€™s right to bodily integrity in this way differs from paedophilia. Are we no longer permitted to object if itâ€™s argued that the practice is done as part of a â€”cultureâ€™?

The tradition is old, but is that relevant? For how many years, exactly, do you have to do something before you can declare it a tradition worthy of legal protection regardless of what other laws it breaks?



I find it surprising that male and female circumcision have been dealt with so differently in the western media. Both are a form of genital mutilation which must be excruciating for the victim, both can impair physically and both are justified on â€”culturalâ€™ grounds. The damage done to young women certainly seems to be more profound, but itâ€™s hard to argue that theyâ€™re not both varying degrees of exactly the same thing.

Perhaps the most alarming thing about circumcision is that children die from this. Estimates vary but figures of between 200 and 480 in the US alone crop up. Children die from

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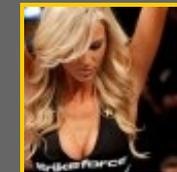
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infections, meningitis, blood loss and a range of horrific conditions stemming directly from the practice.

Eight-day-old Amitai Moshe went into cardiac arrest after a ritual circumcision at Golder's Green Synagogue in London. He was taken from the synagogue directly to hospital and died eight days later. If it wasn't for this ridiculous practice that boy would have had a life. Instead, he had 16 days, most of which he spent in a hospital. He died because he was born into one of several cultures in this world which considers it a good thing to cut pieces off their children.

“ **29-day-old Collis Osaighe died from haemorrhage and shock due to bleeding after a home circumcision carried out by a Nigerian living in Killkenny** ”

Proponents would point out that people die from complications stemming from operations all the time “ but nobody ever died from not being circumcised for non-medical reasons.

The issue isn't a remote one. In 2003, 29-day-old Collis Osaighe died from haemorrhage and shock due to bleeding after undergoing a home circumcision carried out by a Nigerian living in Kilkenny named Osagie Igbinedion.

Igbinedion was hauled in on endangerment charges but was found not guilty after Judge Kevin Haugh told the jury they could not bring what he called their “white western values” to bear when they were deciding this case. Afterwards, Igbinedion said he would like to continue carrying out circumcisions.

When it comes down to it, people should have the right to get circumcised if that's what they want to do. If they decide for whatever reason that they want to cut off the top of their penis, nose, ear or finger then they should feel free to sign up for the procedure. But unless there is some deformity or defect that requires circumcision for a distinct medical purpose, infants should be protected from those who would harm them in this way “ they have no comprehension of what is being done to them let alone a capacity to consent.

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YOUR COMMENTS



AndyNewbridge

15/01/2011 3:44 pm <#>



[Report](#)

As regards to the second last paragraph whereby Judge Kevin Haugh stated the jury could not bring their "White western values" to the case. This is bullshit, if you're living in someone elses country play by their rules, tough shit.



Fianian2000

15/01/2011 11:36 pm <#>



[Report](#)

yeah, that's weird. if you can get away with killing a kid by cutting up his genitals and then letting him bleed to death by saying that it's part of your culture, what else can you get away with?



Restoring Tally

16/01/2011 4:02 am <#>



[Report](#)

I was circumcised at birth and I do not like it. If I had been left intact I would not have to be restoring my foreskin to regain some of what I lost by being cut. The more I restore my foreskin, the more I realize how much better it feels to have a foreskin. My girlfriend likes it because she does not get sore from sex like she used to.



Joseph4GI

16/01/2011 4:38 am <#>



[Report](#)

Why the double-standard when it comes to genital mutilation? Why is it permissible to mutilate the genitals of a boy under pretentious reasons like "religious freedom" and/or "parental choice," but when it comes to girls, these arguments fly out the window? When it comes to boys, all of a sudden it's all about how "studies show potential medical benefit." What amount of "studies" would ever justify female circumcision? It should make us men furious, the very idea that there are people out there "researching" the merits of mutilating our genitals, esp. the genitals of children. The list of "studies" for male circumcision is long. But yet, where are the "studies" to measure the "medical benefits" of female circumcision? Why are "researchers" interested in finding the "medical benefits" of male circumcision only? Sexist double-standards.



TLCTugger





16/01/2011 8:18 am #

[Report](#)

The article makes a very good point. -

NOT ONE national medical association on earth (not even Israel's) endorses routine circumcision. Many condemn it. -

Foreskin feels REALLY good. It's HIS body, and morally it's HIS decision.



jakew

16/01/2011 6:06 pm #



[Report](#)

To correct one of the many errors in this article, it's a gross exaggeration to claim that 200-480 deaths occur per year in the US. Large-scale studies have reported 1 death in 566,000 circumcisions (Speert), no deaths in 100,000 boys (Wiswell), and no deaths in 500,000 circumcisions (King). So a reasonable estimate of the death rate would be 1 in 500,000, and indeed this is the figure quoted by the American Association of Family Physicians. Applied to roughly 1.3 million circumcisions per year, a reasonable estimate is 2.6 deaths per year.

Clearly any deaths are tragic, but let's not overestimate them. Also, let's remember that deaths can also occur due to complications of diseases partially attributable to lack of circumcision; for example a small fraction of urinary tract infections (which are 10x more common in uncircumcised boys) can prove fatal.



Joseph4GI

16/01/2011 8:12 pm #



[Report](#)

I think it's also necessary not to UNDERestimate deaths either. One of the biggest problems with circumcision deaths is that they're not always reported as such; to cover their tracks, hospitals and doctors often attribute deaths directly caused by circumcisions, to other causes, such as "hemmorage" or "septic shock." Furthermore, US hospitals are not required to release any of their data regarding circumcision detahs. Thus it is very hard to get a clear estimate of deaths.

Deaths due to circumcisions will furthermore be downplayed by "researchers" seeking to legitimize circumcision, by overstating the "benefits," while minimizing the risks, including death. A lot of the studies mentioned here were written by "researchers" that gave primacy, not to preventing disease, but to prop up circumcision as the "solution" to a problem. Studies that give primacy to vilifying a body part to

legitimize its destruction and legitimizing a cultural procedure, as opposed to avoiding disease while preserving the human body, are inherently flawed.

The above studies and estimations should also be suspect, because they defy reality; while one of them reports one death, and the others "no deaths," we have records of at least four deaths that occurred in a single year. That may sound close to the 2.6 deaths/year touted here, but these deaths were only the ones that made the news. We do not know how many babies died that were NOT reported in the media. Again, nobody knows because circumcision deaths aren't reported as such, and even the ones that are, do not make the news. What's more, hospitals are not required to release this information to anyone.

A recent study, (see below) shows that after all is considered, at the very least 117 deaths every year in the US due to circumcision complications. These numbers are conservative at best, because, as mentioned above, circumcision deaths are often intentionally misreported to preserve the fiction that circumcision is "riskless."

Bollinger, Dan. "Lost Boys: An Estimate of U.S. Circumcision-Related Infant Deaths."
Thymos: J Journal of Boyhood Studies 4.1 (2010): 78-90

I think it also bears mentioning that every year, scores of boys and young men die in Africa as a direct result of their circumcision initiation. A favorite retort of pro-circumcisionists is that we shouldn't compare male and female circumcision because they're different; female circumcision often results in loss of function, we are told. In the African bush, females are circumcised in harsh conditions, by amateurs using raw utensils like rusty knives and glass shards. Some women die in the process. Well, all of this applies to men in the African bush as well. Let's please not forget them. Scores of them die in circumcision, while others lose their penises to gangrene. Oh but male and female circumcision aren't the same. Oh so not the same at all.

"...let's remember that deaths can also occur due to complications of diseases partially attributable to lack of circumcision; for example a small fraction of urinary tract infections (which are 10x more common in uncircumcised boys) can prove fatal."

And speaking of overestimation, let's speak of urinary tract infections in boys; being more prevalent in baby girls by a factor of four, urinary tract infections are already quite rare in boys. Urinary tract infections are also easily treatable with anti-biotics in girls, as they are in boys. It makes absolutely no sense to be putting a child at risk for infection, ablation of the glans, full ablation of the entire organ, and/or even death, to prevent a condition that is already quite rare, and easily treated.



Barefoot Intactivist

16/01/2011 8:13 pm <#>



[Report](#)

Robert, thanks for writing this article. Your observations are spot on. I'm one of the many men affected by this barbarity that are standing up and saying -- " Hey wait a minute, what gives SOMEBODY ELSE the right to cut off part an important part of my body?"

RE: jakew's comment about urinary tract infections -- absolute bunk. Intact babies do not suffer from any more urinary tract infections. If they do, it's likely from uneducated doctors preaching "forced retraction & cleaning" in infants, which is completely backward. The rule is "Intact baby? DON'T RETRACT. Only clean what is seen. (Wipe like a finger.)

Moreover, baby girls are much more likely to suffer from UTIs... so can we start chopping off parts of their vulva to see if it reduces UTIs? Gimme a break!

Time to ban ALL infant genital mutilation.



jakew

16/01/2011 8:58 pm <#>



[Report](#)

Joseph4GI wrote: "A lot of the studies mentioned here were written by "researchers" that gave primacy, not to preventing disease, but to prop up circumcision as the "solution" to a problem. Studies that give primacy to vilifying a body part to legitimize its destruction and legitimizing a cultural procedure, as opposed to avoiding disease while preserving the human body, are inherently flawed."

The amusing thing about this argument is that it's completely devoid of evidence: studies gave primacy to propping up circumcision according to whom? The authors? Or are you just offering your own opinion, which conveniently allows you to then dismiss the studies as "inherently flawed" (though even that is dubious)?

He continues: "The above studies and estimations should also be suspect, because they defy reality; while one of them reports one death, and the others "no deaths," we have records of at least four deaths that occurred in a single year. That may sound close to the 2.6 deaths/year touted here, but these deaths were only the ones that made the news. We do not know how many babies died that were NOT reported in the media."

To summarise the argument, the numbers extrapolated from the studies closely match reported figures, but other, unreported deaths *might* have occurred, therefore the studies are suspect!

Joeseeph continues: "A recent study, (see below) shows that after all is considered, at the very least 117 deaths every year in the US due to circumcision complications."

Here he cites a paper by Bollinger that incorrectly estimates circumcision deaths by using the difference between male and female infant mortality rates, ignoring the fact that this difference is more or less constant across many countries, whether or not circumcision is widely practiced!

Moving on, Barefoot Intactivist writes: "RE: jakew's comment about urinary tract infections -- absolute bunk. Intact babies do not suffer from any more urinary tract infections. If they do, it's likely from uneducated doctors preaching "forced retraction & cleaning" in infants, which is completely backward. The rule is "Intact baby? DON'T RETRACT. Only clean what is seen. (Wipe like a finger.)"

To be blunt, Barefoot Intactivist is wrong. Around 25 studies of UTIs in circumcised vs uncircumcised boys have been published, including a randomised controlled trial; almost every single study has found reduced risk in circumcised boys. While a little dated, the most recent published meta-analysis (reviewing 12 studies) is: Singh-Grewal D, Macdessi J, Craig J. Circumcision for the prevention of urinary tract infection in boys: a systematic review of randomised trials and observational studies. Arch Dis Child. 2005 Aug;90(8):853-8.



Joseph4GI

16/01/2011 9:48 pm #



[Report](#)

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The studies, as well as the authors, speak for themselves; what was the point of the studies? Was it to prevent disease, or to seek the merits of circumcision? Studies that seek to vilify a particular body part to legitimize its surgical destruction are inherently flawed, because to vilify healthy, normal human anatomy is not the point of medicine. The point of medical studies is to preserve the human body, to avoid its destruction, not to seek alibis for pre-existing procedures. Medical technology always seeks to replace itself; it is a known fact that circumcision was medicalised in western medicine as a "cure" for

masturbation, and circumcision obsessed "researchers" have been trying to find alibi after alibi, excuse after excuse for its justification. Yes, circumcision studies give primacy to ratifying circumcision according to history. The authors will, of course, deny their conflict of interest, but all one has to do is look at their history, and how long they've been "researching" circumcision, particularly the circumcision of infants.

Yes, any study that seeks to preserve a surgical procedure, and not the human body is inherently flawed. We do not "study" the merits of female circumcision, foot binding, or skull trephination, for example. We do not "study" the cutting or extraction of any other healthy limb. We especially do not "study" these things on healthy, non-consenting minors. That is what constitutes quackery and abuse of others. This is why there are people against this; it is a violation of basic human rights.

Jake wrote: "To summarise the argument, the numbers extrapolated from the studies closely match reported figures, but other, unreported deaths *might* have occurred, therefore the studies are suspect!"

Yes. "Studies" that report only one or zero deaths are suspect, in light of the fact that we have evidence of more deaths happening than that.

There were in fact 4 deaths reported in a year, IN THE NEWS MEDIA. But there are more deaths due to circumcision reported that don't make the news; these deaths weren't a "might," they happened, they just didn't make the news. And as I've said, the latest study shows that at least 117 babies die a year all things considered.

Joeseeph continues: "A recent study, (see below) shows that after all is considered, at the very least 117 deaths every year in the US due to circumcision complications."

JakeW wrote: "Here he cites a paper by Bollinger that incorrectly estimates circumcision deaths by using the difference between male and female infant mortality rates, ignoring the fact that this difference is more or less constant across many countries, whether or not circumcision is widely practiced!"

Jakew is merely dismissing this study because it is devastating to his case. He won't even go into it into further detail. The evidence is, of course available for anyone to look up and see for themselves.

JakeW writes: "Moving on..."

(He'd rather)

Remember Jake, you cannot deny the facts I've stated regarding circumcision deaths; they are vastly

under-reported, and even so, hospitals are not required to release this data, so it is hard to get this information. Therefore any number is conservative at best. It's all detailed in the study above. I do encourage readers to read it for themselves.

Low death rates should be suspect coming from researchers with a conflict of interest in reporting a positive outcome for male infant circumcision; they were interested in finding a positive outcome from the beginning. This presents a conflict of interest. Numbers from researchers who WEREN'T interested in vindicating circumcisions would be preferable.

JakeW writes: "To be blunt, Barefoot Intactivist is wrong. Around 25 studies of UTIs in circumcised vs uncircumcised boys have been published, including a randomised controlled trial; almost every single study has found reduced risk in circumcised boys. While a little dated, the most recent published meta-analysis (reviewing 12 studies) is: Singh-Grewal D, Macdessi J, Craig J. Circumcision for the prevention of urinary tract infection in boys: a systematic review of randomised trials and observational studies. Arch Dis Child. 2005 Aug;90(8):853-8."

Why did you ignore this part of my post, JakeW?

To be blunt, as hard as "researchers" may try to exaggerate the "threat" of UTI in boys, it remains clear, that UTIs are lower in boys than in girls by a factor of 4. UTIs are actually easily treatable in boys, as they are in girls. And, as I've stated, it makes absolutely no sense to perform a surgery that puts a child at risk for infection, ablation of the glans, full ablation, and even death, to prevent a condition that is already quite rare, and easily cureable.

The sexism must be noted here; whereas there are all these "studies" that try their hardest to "measure the medical benefits" of male circumcision, there are few, or none at all that look into the "medical benefits" of female circumcision. There is this double-standard that exists between male and female circumcision, that whereas it's "unethical" to even "study" the merit of female circumcision, because it's considered "mutilation," with male circumcision researchers are "studying" to legitimize it as "ethical" to perform in healthy, non-consenting children. This is a gross double-standard that should be noted. Under absolutely NO CIRCUMSTANCES, would "researchers" ever "recommend" female circumcision, or "endorse it" as a "parental decision," not even if "studies showed" there to be some sort of protective "benefit." EVER. This is simply irrefutable. Whereas it is OK to take a healthy child and mutilate him for whatever "potential medical benefits" that "might" exist, under no circumstances, not even under "religious freedom," not even under "parental choice" would doctors ever endorse female circumcision. Absolute abuse, absolute sexism.

One needs to ask when "researchers" are going to start looking for ways to prevent disease and provide the "medical benefits" of circumcision WITHOUT having to mutilate a child's genitals. Circumcision is technology that is at least 2,000 years old! It's about time they've started looking for an alternative. Circumcising healthy newborns is infant genital mutilation and it is a violation of basic human rights. Under absolutely no circumstance would the circumcision of baby girls be acceptable. not even if "studies" showed the same reduction of UTIs, or whatever have you in boys. It's time that "researchers" looked for a different solution. It's time to stop needlessly mutilating healthy, non-consenting children.



TLCTugger

16/01/2011 10:02 pm #



[Report](#)

NOT ONE national medical association on earth (not even Israel's) endorses routine circumcision. Many condemn it..

The reason is because of all the supposed "benefits" of being circumcised, the only legitimate one that befalls the infant before he can make his own rational choice about cosmetic amputations relates to urinary tract infection frequency. But the UTI difference is simply not seen when caregivers are knowledgeable of proper care of the normal genitals, and regardless, UTI affect girls 5 - 10 times as often as any group of boys and we treat those rationally with antibiotics.

When we speak of benefits of an intervention, we have to ask what other ways exist to get the same benefit? Which is least harmful? Which leaves the most doors open to the patient (assuming we are deciding on behalf of someone who can't weigh in) to determine his/her own future?

Over and over panels of experts have re-stated that the known losses, drawbacks, and risks of foreskin amputation do not warrant a recommendation to impose circumcision on healthy normal infants. HIS body, HIS decision.



jakew

16/01/2011 10:26 pm #



[Report](#)

Joseph4GI wrote: "The studies, as well as the authors, speak for themselves; what was the point of the studies? Was it to prevent disease, or to seek the merits of circumcision? Studies that seek to vilify a particular body part to legitimize its surgical destruction are inherently flawed, because to vilify healthy, normal human anatomy is not the point of medicine. The point of medical studies is to preserve the human body, to avoid its destruction, not to seek alibis for pre-existing procedures."

That's a rather narrow perspective, as the intent of the researchers is to a large extent immaterial. If you conduct an experiment and discover that objects fall to earth at 9.8 metres per second per second, does it make any difference what you intended? What matters, after all, is the results.

Continuing: "Medical technology always seeks to replace itself; it is a known fact that circumcision was medicalised in western medicine as a "cure" for masturbation, and circumcision obsessed "researchers" have been trying to find alibi after alibi, excuse after excuse for its justification."

No, I don't think that's a known fact. It's technically called a "conspiracy theory", and as is common of conspiracy theories, people may passionately believe it, but there's no actual proof.

Continuing: "Yes, any study that seeks to preserve a surgical procedure, and not the human body is inherently flawed. We do not "study" the merits of female circumcision, foot binding, or skull trephination, for example. We do not "study" the cutting or extraction of any other healthy limb. We especially do not "study" these things on healthy, non-consenting minors. That is what constitutes quackery and abuse of others. This is why there are people against this; it is a violation of basic human rights."

One of the mistakes you're making here is to conflate two separate issues. The first is whether a study is scientifically sound. The second is whether a study (or, more precisely, that which is studied) is ethically sound. While both are important, the two are quite separate issues.

Continuing: "Yes. "Studies" that report only one or zero deaths are suspect, in light of the fact that we have evidence of more deaths happening than that."

Well, the evidence of deaths that you refer to are reports from anywhere in the entire US. The studies themselves include smaller populations than that, so one would expect the numbers of deaths to be fewer, wouldn't you?

Joseph continues: "There were in fact 4 deaths reported in a year, IN THE NEWS MEDIA. But there are more deaths due to circumcision reported that don't make the news; these deaths weren't a "might," they happened, they just didn't make the news. And as I've said, the latest study shows that at least 117 babies die a year all things considered."

Okay, if you're so sure they happened, who died, and when? And as I pointed out, Bollinger's estimate of 117 deaths was flawed, so I'm not sure why you're bringing it up again.

On that subject, Joseph mysteriously states: "Jakew is merely dismissing this study because it is devastating to his case. He won't even go into it into further detail."

I did actually explain why it was flawed. And, as Joseph acknowledges, anyone can look up the evidence for themselves. The last paragraph of page 82 would be a good place to start...

Continuing: "Low death rates should be suspect coming from researchers with a conflict of interest in reporting a positive outcome for male infant circumcision; they were interested in finding a positive outcome from the beginning. This presents a conflict of interest. Numbers from researchers who WEREN'T interested in vindicating circumcisions would be preferable."

This is another circular argument. First prove that researchers **have** a conflict of interest. Simply asserting that one exists isn't good enough: it's nothing but a weak excuse for rejecting the information.

Continuing: "Why did you ignore this part of my post, JakeW? [para break] To be blunt, as hard as "researchers" may try to exaggerate the "threat" of UTI in boys, it remains clear, that UTIs are lower in boys than in girls by a factor of 4. UTIs are actually easily treatable in boys, as they are in girls. And, as I've stated, it makes absolutely no sense to perform a surgery that puts a child at risk for infection, ablation of the glans, full ablation, and even death, to prevent a condition that is already quite rare, and easily cureable."

I ignored it because it's irrelevant. The question that you're addressing is whether or not circumcision **should** be performed in order to prevent UTIs. Another question you're addressing is how UTIs should be treated if/when they do occur. Neither of these questions are relevant to the issue that I raised, which is that UTIs can happen, do happen more frequently in uncircumcised boys, unfortunately in a small fraction of cases can prove fatal, and that these deaths are no less worthy of consideration as deaths due to circumcision itself.

Continuing: "The sexism must be noted here; whereas there are all these "studies" that try their hardest to "measure the medical benefits" of male circumcision..." You're still failing to provide any evidence for this assertion, and until you do your argument has no validity.



Joseph4GI

16/01/2011 10:28 pm #



[Report](#)

Let's talk about what the foreskin is, first and foremost:

The foreskin is not "extra skin." The foreskin is not a birth defect, deformity or genetic anomaly. The foreskin is normal, natural tissue occurring in all males at birth. In fact, it is being born WITHOUT a foreskin that is considered, even by American doctors, to be a genetic birth defect. It is a birth defect NOT to be born with a foreskin, akin to a sixth finger or a cleft, and this must be documented at a child's birth.

The foreskin serves many functions; it protects the glans (head) of the penis. It keeps the glans moist, supple and sensitive. The inner part of the foreskin, as well as the glans, is mucosal tissue that is sensitive to touch. The foreskin has specialized nerve endings, more than 20,000. The foreskin provides a gliding action that intact men use to masturbate.

Circumcision drastically changes the function of the penis. Without the foreskin, the head of the penis dries out, and slowly becomes hard and desensitized in a process called "keratinization." The head of the penis becomes dry, and most men become dependent on the use of a commercial lubricant both to masturbate, and to have sex. Overtime, the head of the penis becomes desensitized, and depending on each man, sex and/or masturbation simply become impossible. Sex ends. This is of course, not true for ALL men, but for a good majority of men.

In America recently, there has been a growing movement of men, in the thousands, who are taking the time to stretch out a new foreskin in a process called "restoration." Men find different ways to tug at the remnants of the foreskin to stretch out a new piece of skin to cover their glans. After years, they're able to get back a semblance of a foreskin, and men are able to tell the difference. Some men have testified that they thought their sex life was over, until growing back a new foreskin, though not the same as the original thing, has helped them; restoration dekeratinizes the glans, exposing the mucosa beneath it. Since men become more sensitive, they note that they are once again able to have sex, and THEN some; some men report orgasmic sensations never before felt. And still, in others, their female partners notice a difference in the way the man thrusts; it's not so hard because he's no longer working to get a sensation. Wives of said men, by the way, report a difference in their orgasmic sensations too. Some people might say this is anecdotal, but the proof is in the pudding. You can talk to men at TLCTugger dot com. It's so sad that these men have to work hard to get back what should have been theirs to begin with; a whole penis is a man's BIRTHRIGHT.

There have been some men who decided to get circumcised at a later age, only to regret it later on. Sure, when they were first circumcised they thought they had it all, and nothing could stop them... that is until 30 years later when the keratinization set in. Some men who have restored their foreskins having been circumcised later on in life can clearly tell the difference. In one instance that I know of personally, the man stated that while restoration gave him back his sensation, on a scale of one to 10, it was like a 7,

compared to what it USED to be.

So, while circumcision "researchers" will deny it, there is living proof that circumcision is sexually DAMAGING. Young circumcised men can't tell what they've lost because they've had a circumcised penis all their lives, but desensitization sets in at about 35, 40 years of age. People start noticing a decrease in their libido, men start noticing they're not as sensitive anymore, but they never think to ask themselves if it has to do with circumcision because this is all they've known. Restored men can attest to the difference that they feel, and their wives and partners can too.

There are PLENTY of "studies" on circumcision, but when are "studies" going to focus on giving proper respect to the normal intact male genitals, as they do any other part of the body? Let's have someone study the foreskin. Let's have someone study restored men. And please, let it be someone who's actually interested in studying the human body, not merely someone who is trying to look for an alibi for circumcision.

Doctors research on how to keep everything else; doctors study ways in which to save the breasts before they have to be mastectomized. Doctors try to save arms before they have to be amputated. Doctors try to save fingers. Toes. Ears. A lot of other body parts that really, a person could live fine without. Instead of researching and "studying" for ways to cut off the foreskin, why aren't doctors researching how to do without circumcision? Doctors study to phase out most other outdated procedures, when is circumcision going to be next?

Why are there more "studies" being undertaken to seek the "benefits" of mutilating healthy boys and men?

Why are there no "studies" to see the same benefits in cutting women?

Why the deliberate double-standard?

Why the slanderous, hateful, disdainful attitude towards normal, intact men?

Enough is enough already. If men want to circumcise themselves for whatever "potential medical benefits," that should be up to a MAN to decide.

Circumcising healthy boys is a violation of basic human rights.

It takes away our right to our own bodies. Our right to CHOICE.

The time has come to outlaw further circumcision "study," and the circumcision of healthy, baby boys.
The time has come to "research" for better medicine than taking a knife and cutting healthy parts of our children's genitals off.



jakew

16/01/2011 11:12 pm #



[Report](#)

To analyse Joseph4GI's further contributions:

"It is a birth defect NOT to be born with a foreskin, akin to a sixth finger or a cleft, and this must be documented at a child's birth."

Having consulted several physicians about this, I'm reliably informed that it's a myth.

"The foreskin serves many functions; it protects the glans (head) of the penis."

From what? Inflammation? No, studies show that's more common in uncircumcised males.

"It keeps the glans moist, supple and sensitive."

But studies show that the glans is equally sensitive in circumcised and uncircumcised males.

"The inner part of the foreskin, as well as the glans, is mucosal tissue that is sensitive to touch. The foreskin has specialized nerve endings, more than 20,000."

Actually, no study has ever counted the number of nerve endings. The figure "20,000" is actually traceable to a wild estimate made at an anti-circumcision conference.

"Circumcision drastically changes the function of the penis. Without the foreskin, the head of the penis dries out, and slowly becomes hard and desensitized in a process called "keratinization.""

As noted, studies have found no difference in sensitivity and the only study in the literature (Szabo and Short) found that the glans is equally keratinised in circumcised and uncircumcised males.

"There have been some men who decided to get circumcised at a later age, only to regret it later on.

Sure, when they were first circumcised they thought they had it all, and nothing could stop them... that is until 30 years later when the keratinization set in."

So how would you differentiate between loss of sensitivity due to aging (which can occur in both circumcised and uncircumcised males) and this alleged loss of sensitivity due to circumcision? You can't. And when we consult studies of sexually active men circumcised as adults, we generally find no adverse effects, and often even an improvement.



Joseph4GI

17/01/2011 12:14 am #



[Report](#)

JakeW wrote: "That's a rather narrow perspective, as the intent of the researchers is to a large extent immaterial. If you conduct an experiment and discover that objects fall to earth at 9.8 metres per second per second, does it make any difference what you intended? What matters, after all, is the results."

An experiment to measure at what speed objects fall is quite different to experimenting on the body of a healthy, non-consenting individual.

If I'm to understand correctly, then all the things Joseph Mengele did were justified. All the human vivisections that the Japanese conducted on the Chinese and their prisoners of war were also justified. After all, what matters is the results, correct?

JakeW wrote: "No, I don't think that's a known fact. It's technically called a "conspiracy theory", and as is common of conspiracy theories, people may passionately believe it, but there's no actual proof."

Oh no no no. There is no "conspiracy theory" in historical fact. Circumcision did begin in America in the Victorian era, as a "cure" for masturbation. The proof is in the history books. Once it was determined that circumcision did not cure masturbation, "scientists" proceeded to find other things circumcision could cure. The 100yo search for "medical benefit" continues to this day.

This is no "conspiracy theory," this is known historical FACT.

Leonard Glick, who wrote "Marked in Your Flesh" is a Jewish anthropologist and has written in detail the history of circumcision dating from biblical times, to modern times.

There are other sources, but I think he is probably the ultimate authority.

Jakew wrote: "One of the mistakes you're making here is to conflate two separate issues. The first is whether a study is scientifically sound. The second is whether a study (or, more precisely, that which is studied) is ethically sound. While both are important, the two are quite separate issues."

The issue surrounding male circumcision is, of course, that "studies" are trying to legitimize the genital mutilation of healthy, non-consenting children.

I attest that the "studies" are not scientifically sound, that there are great flaws in "studies" that try to legitimize circumcision, particularly infant circumcision, because they are carried out by "researchers" with a conflict of interest; I dare say most, if not all, are circumcised themselves, and either belong to an ethnic group that circumcises out of custom, and/or a religious group that circumcises out of tradition.

But even giving these "studies" the benefit of the doubt, even assuming good faith, even assuming that these studies were as sound as possible, the issue of the ethic of circumcising healthy, non-consenting individuals remains. The fact that the point of most, if not all circumcision "studies", their aim is to legitimize infant circumcision, is at the crux of the debate.

I'm quite sure that "sound" study could be carried out for female circumcision; the fact that while this is considered ethically "un-sound," but the "study" of male circumcision is considered to be "perfectly sound" (by some) is, quite an obvious double-standard.

Why all the search to see if male circumcision is effectatious in preventing aids, and male circumcision only? Why not say, the ablation of the full organ? Result is what is most important, correct? Why aren't scientists interested in "researching" FEMALE circumcision?

JakeW wrote: "Well, the evidence of deaths that you refer to are reports from anywhere in the entire US. The studies themselves include smaller populations than that, so one would expect the numbers of deaths to be fewer, wouldn't you?"

It needs to be made clear that the evidence of deaths that I refer to are from reports that made the NEWS; we don't know about the reports that didn't. The studies that you mention suffer the biggest flaw, and that is that they hail from people who don't want to find a negative outcome to circumcision. But even assuming that they were 100%, could we trust such studies, given the facts that I've already told you? That the true number of deaths in the US will remain unknown because doctors often misreport deaths due to circumcision as being caused by something else? That data is not required to be released by hospitals? So how can I be sure that the studies are at all accurate? That the "researchers" made sure all

circumcision deaths were properly reported? If at all?

In either case, I would expect the number of deaths to be MORE. The fact of the matter is deaths due to circumcision are often attributed to other causes. It is up to a hospital's discretion whether or not to release this data, and they are often reluctant, if not outright refusing. Coupled by the fact that the data is being collected by "researchers" who aren't that interested in finding out that babies are dying due to circumcision, you have studies that are very, very suspect. There is evidence that suggests that there are more deaths than are actually being reported. If Dan Bollinger is correct, that number is 117 deaths per year, and because of the reasons stated, it is a very conservative number.

JakeW wrote: "Okay, if you're so sure they happened, who died, and when? And as I pointed out, Bollinger's estimate of 117 deaths was flawed, so I'm not sure why you're bringing it up again."

If circumcision "researchers" are so sure that circumcision prevented HIV, didn't get it/got it, when? And uh, all you can really say is that Bollinger's estimate was flawed. I'm bringing it up again because I feel you haven't been able to refute this study at all.

JakeW wrote: "I did actually explain why it was flawed. And, as Joseph acknowledges, anyone can look up the evidence for themselves. The last paragraph of page 82 would be a good place to start..."

What Jakew said: "Bollinger incorrectly estimates circumcision deaths by using the difference between male and female infant mortality rates, ignoring the fact that this difference is more or less constant across many countries, whether or not circumcision is widely practiced!"

Even though male infant deaths are the same across countries this does not mean they all died from the same causes. After all we are talking about 1.3% of all US infant male deaths. And the US, besides Israel, is the only country that still circumcises the majority of their boys. In fact to say they all died from the same causes across the board is inherently and simplicity apt to be wrong.

The prior study that had approx. 253 deaths per year involved meticulous review and re-coding of cause-of-death records.

If we go by older studies, the rate of circumcision deaths is as high as about 253 deaths a year. If we go by the latest, it's 117. Both are conservative numbers, because of the reasons I've already stated. Take your pick.

Jakew wrote: "This is another circular argument. First prove that researchers *have* a conflict of interest.

Simply asserting that one exists isn't good enough: it's nothing but a weak excuse for rejecting the information."

There is no circular argument here. It is mere fact that if you come from a country, or cultural background where circumcision is wide-spread, and/or possibly a religious requirement, it is a bias that will be a conflict of interest that compels a "researcher" to report only positive outcomes, while minimizing negative ones, if they decide to report them at all. The fact is that quite a lot of "researchers" are basically Americans, or Jewish, who they themselves are circumcised, and/or are wives to circumcised husbands and/or mothers to circumcised children. Circumcised men, wives of circumcised men, and mothers of circumcised children have a tendency to want to legitimize circumcision for themselves, for their husbands, for their children. (Who wants to believe that what they did to their children, esp. cutting off part of their genitals ISN'T "medically beneficial?") Yes, I'd say that that is a conflict of interest right there.

Jakew wrote: "I ignored it because it's irrelevant. The question that you're addressing is whether or not circumcision *should* be performed in order to prevent UTIs. Another question you're addressing is how UTIs should be treated if/when they do occur. Neither of these questions are relevant to the issue that I raised, which is that UTIs can happen, do happen more frequently in uncircumcised boys, unfortunately in a small fraction of cases can prove fatal, and that these deaths are no less worthy of consideration as deaths due to circumcision itself."

But of course it's relevant. If circumcision is already rare, MUCH rarer in girls, and they're as easily as treated, then who in the right mind would want to circumcise a child, put him at all those risks I've mentioned, including death? What do your studies MATTER if the problem that you are trying to address is already easily remediable WITHOUT cutting?

You are right, UTIs can and do happen, and if your "studies" are correct (I have reason to doubt "studies" that focus on legitimizing genital cutting), then perhaps, yes UTIs may happen in more frequently in intact boys, perhaps, maybe a small fraction of which cases can prove fatal.

But you are ignoring the points that I am making, because they destroy yours; if UTIs are already rare, much more rare than in girls by a factor of 4, and if UTIs are already easily treatable by other, more conventional means, then even IF your studies were correct, it is THEY who are irrelevant.

DO you have studies that measure how many boys in Europe die of UTI infections vs. circumcised boys?

Continuing: "The sexism must be noted here; whereas there are all these "studies" that try their hardest

to "measure the medical benefits" of male circumcision..."

Jakew wrote: "You're still failing to provide any evidence for this assertion, and until you do your argument has no validity."

Jake it is self-evident. It is considered "unethical" to ever circumcise a woman, let alone perform "studies" on circumcising girls and women. Whereas, it is considered perfectly acceptable to circumcise men, even non-consenting boys, for the sake of "study." The list of male circumcision "studies" is long, whereas the list of female circumcision is minimal, if not non-existent. It is sexist to "study" the legitimization of forced genital cutting of one sex, while it is considered "unethical" to study the same thing in the other sex.

That is as sexist as sexist can get.

You can keep denying and dismissing me if you want.



Joseph4GI

17/01/2011 12:25 am #



[Report](#)

Jakew wrote: "Having consulted several physicians about this, I'm reliably informed that it's a myth."

Well -I- have consulted several physicians about this; and -I'M- reliably informed that this is not a myth. Your physicians against mine. I know this because I have a friend whose twin brothers were born with apothia, and this had to be noted at birth. She told me herself.

You must not know too many physicians...

JakeW wrote: "From what? Inflammation? No, studies show that's more common in uncircumcised males."

From urine and feces. You don't really need a study to show that a circumcised boy's glans will be exposed to his own urine and feces, making him even MORE vulnerable to infections.

In fact, studies in Israel show that circumcision is more likely to UP UTIs in a newborn boy.

Jakew wrote: "But studies show that the glans is equally sensitive in circumcised and uncircumcised

males."

Actually, studies show that the foreskin is more sensitive than the glans. The glans is only sensitive to pain, pressure and vibration, the foreskin, with its meissners corpuscles and specialized nerve endings, is sensitive to other kinds of touch, DIFFERENT than the glans.

Jakew wrote: "Actually, no study has ever counted the number of nerve endings. The figure "20,000" is actually traceable to a wild estimate made at an anti-circumcision conference."

So tell us Jake, how many nerve endings does the foreskin have? Do you have a study that counts them? Why isn't this important?

"Circumcision drastically changes the function of the penis. Without the foreskin, the head of the penis dries out, and slowly becomes hard and desensitized in a process called "keratinization.""

Jakew wrote: "As noted, studies have found no difference in sensitivity and the only study in the literature (Szabo and Short) found that the glans is equally keratinised in circumcised and uncircumcised males."

As noted, the Sorrells study actually DID find a difference. And I'm not sure Szabo and Short are reliable; aren't they interested in legitimize circumcision at large and found other reasons why circumcision is just good and wonderful?

And uh, you are not refuting what I have said; circumcision drastically changes the function of the penis. From now on, a man has to use lube to masturbate and have sex, as he lacks a foreskin that keeps his glands moist and supple. He also lacks the rolling action that he can use to masturbate with.

Jakew wrote: "So how would you differentiate between loss of sensitivity due to aging (which can occur in both circumcised and uncircumcised males) and this alleged loss of sensitivity due to circumcision? You can't. And when we consult studies of sexually active men circumcised as adults, we generally find no adverse effects, and often even an improvement."

Actually, yes, you can. The dekeratinization effect is quite noticeable, and there is an increase in sensation; the partner can attest to a difference in thrust behavior. The partner would best be able to attest, because she has been with the man for most of her life, and knows his behavior patterns when having sex.

Studies written by people interested in legitimizing circumcision aren't very valid, especially when the

"study" consisted of just asking men if they felt "satisfied" after being circumcised and told that they were going to not get AIDS, and have the best sex on earth.

A lot of these "studies" weren't even focusing on measuring adverse effects; they were supposed to be "studying" for "reduction of HIV risk" (and years later, reduction of HPV and herpes), and guess what! They found just what they wanted! A "reduction" in HIV, (nevermind the condoms they gave the participants) AND "satisfaction." (Via self-reported written survey.)

Once again; I find the "studies" you mention to be filled with gaping holes, beginning with the fact that "researchers" are "studying" ways to legitimize the destruction of the foreskin at all, when they should be studying ways to prevent disease etc., WITHOUT destroying the human body.

But even if your studies were "sound," they are NOT ethical.

If it is not ethical to perform "circumcision studies" in women and and girls, it is not ethical to perform them in men.

These circumcision "studies" should not be happening. It is a disgrace on modern medicine that "studies" that seek to legitimize genital mutilation, specifically male genital mutilation, can even pass today as "science."

As a an intact male, it makes me FURIOUS that there are so-called "researchers" "studying" ways to legitimize the destruction of my body. The destruction of other people's bodies. The destruction of the bodies of healthy, non-consenting children. The violation of basic human rights in the name of "science." In the name of "potential medical benefit." In the name of "parental choice."

Male circumcision and further circumcision "studies" need to be outlawed. Banned. Condemned.

As female circumcision is.



jakew

17/01/2011 1:12 am #



[Report](#)

To reply to Joseph again:

"An experiment to measure at what speed objects fall is quite different to experimenting on the body of a

healthy, non-consenting individual."

Of course, but they also have similarities. In this case, they're both capable of providing scientific data.

"If I'm to understand correctly, then all the things Joseph Mengele did were justified. All the human vivisections that the Japanese conducted on the Chinese and their prisoners of war were also justified. After all, what matters is the results, correct?"

By "justified" do you mean are they ethical? I certainly wouldn't suggest that Mengele's actions were ethical. But nor would I argue that ethical problems negate the scientific merits (or lack thereof) of his experiments. As I pointed out, the two are separate issues.

"Oh no no no. There is no "conspiracy theory" in historical fact. Circumcision did begin in America in the Victorian era, as a "cure" for masturbation. The proof is in the history books."

It depends on which history book you read. Gollaher traces the origin to Lewis Sayre, ascribing a relatively minor role later on to those who advocated circumcision to prevent masturbation.

"Once it was determined that circumcision did not cure masturbation, "scientists" proceeded to find other things circumcision could cure. The 100yo search for "medical benefit" continues to this day."

Certainly it's true that scientists found that circumcision reduced the risk of certain conditions, but to remind you your claim was that circumcision obsessed researchers have been "trying to find [...] excuse after excuse for its justification." And for that you offer no proof, and I suspect you cannot.

"The issue surrounding male circumcision is, of course, that "studies" are trying to legitimize the genital mutilation of healthy, non-consenting children."

Studies don't try to do anything. They're a sequence of printed words on a page. What you're doing, once again, is making unsupported claims about the motives of the authors.

"I attest that the "studies" are not scientifically sound, that there are great flaws in "studies" that try to legitimize circumcision, particularly infant circumcision, because they are carried out by "researchers" with a conflict of interest; I dare say most, if not all, are circumcised themselves, and either belong to an ethnic group that circumcises out of custom, and/or a religious group that circumcises out of tradition."

I have no idea whether researchers are circumcised or not, and I suspect that you haven't any idea either.

"But even giving these "studies" the benefit of the doubt, even assuming good faith, even assuming that these studies were as sound as possible, the issue of the ethic of circumcising healthy, non-consenting individuals remains. The fact that the point of most, if not all circumcision "studies", their aim is to legitimize infant circumcision, is at the crux of the debate."

No matter how many times you repeat it, you haven't established that the aim of these studies is to legitimize infant circumcision. Do you have any proof, or am I supposed to take your word for it?

"I'm quite sure that "sound" study could be carried out for female circumcision; the fact that while this is considered ethically "un-sound," but the "study" of male circumcision is considered to be "perfectly sound" (by some) is, quite an obvious double-standard."

That statement is demonstrably false. Studies on female genital cutting *have* been performed; try searching PubMed and you'll find some. They're fewer in number and generally find harm rather than benefit, of course, but the fact remains that FGC has been studied.

"Why all the search to see if male circumcision is effectatious in preventing aids, and male circumcision only? Why not say, the ablation of the full organ? Result is what is most important, correct?"

Are you serious? While it would probably work, it would never pass a risk:benefit analysis. Also, can you imagine how difficult it would be to get volunteers for a study on penectomy?

"It needs to be made clear that the evidence of deaths that I refer to are from reports that made the NEWS; we don't know about the reports that didn't. The studies that you mention suffer the biggest flaw, and that is that they hail from people who don't want to find a negative outcome to circumcision."

So you keep claiming, without any evidence.

"But even assuming that they were 100%, could we trust such studies, given the facts that I've already told you? That the true number of deaths in the US will remain unknown because doctors often misreport deaths due to circumcision as being caused by something else? That data is not required to be released by hospitals? So how can I be sure that the studies are at all accurate? That the "researchers" made sure all circumcision deaths were properly reported? If at all?"

If the case of at least one of the studies I mentioned (Wiswell), deaths were those reported for any reason, not just those attributed to circumcision.

"If circumcision "researchers" are so sure that circumcision prevented HIV, didn't get it/got it, when?"

Obviously they cannot reveal that information without breaking patient confidentiality, but they have documented the numbers.

"And uh, all you can really say is that Bollinger's estimate was flawed. I'm bringing it up again because I feel you haven't been able to refute this study at all."

It is flawed because Bollinger's estimate is based on his assumption that circumcision is responsible for the difference between male and female infant mortality rates. It's perfectly true that male infant mortality rates are higher than those for females, but the problem is that this difference is more or less the same in most countries in the world, whether or not circumcision is widely practiced in that country. This suggests, in the absence of any better evidence, that Bollinger's assumption is wrong, and therefore that his figure is an overestimate. Do you understand, or do you need me to explain further?

"The prior study that had approx. 253 deaths per year involved meticulous review and re-coding of cause-of-death records."

Please provide a citation.

"If we go by older studies, the rate of circumcision deaths is as high as about 253 deaths a year. If we go by the latest, it's 117. Both are conservative numbers, because of the reasons I've already stated. Take your pick."

2.6.

"There is no circular argument here. It is mere fact that if you come from a country, or cultural background where circumcision is wide-spread, and/or possibly a religious requirement, it is a bias that will be a conflict of interest that compels a "researcher" to report only positive outcomes, while minimizing negative ones, if they decide to report them at all."

Oh, so it's a condition of citizenship? I hadn't realised. Seriously, do you have any idea how absurd your claim is?

"But of course it's relevant. If circumcision is already rare, MUCH rarer in girls, and they're as easily as

treated, then who in the right mind would want to circumcise a child, put him at all those risks I've mentioned, including death? What do your studies MATTER if the problem that you are trying to address is already easily remediable WITHOUT cutting?"

No, it isn't relevant. The argument you're addressing, which is something like "parents should circumcise their sons in order to prevent UTIs" is a straw man. It's an argument that I haven't made. If you address the argument that I *have* made instead, it might make rather more sense.

"DO you have studies that measure how many boys in Europe die of UTI infections vs. circumcised boys?"

I don't know of any studies that have addressed deaths specifically. One European study of UTIs that springs to mind is Mukherjee S, et al. What is the effect of circumcision on risk of urinary tract infection in boys with posterior urethral valves? J Pediatr Surg. 2009 Feb;44(2):417-21



jakew

17/01/2011 1:31 am #



[Report](#)

JakeW wrote: "From what? Inflammation? No, studies show that's more common in uncircumcised males."

[In response to my asking what the foreskin protects against] "From urine and feces. You don't really need a study to show that a circumcised boy's glans will be exposed to his own urine and feces, making him even MORE vulnerable to infections.

You most assuredly *do* need a study to show that it actually results in more infections. Happily, some already exist. Fergusson et al., and Herzog and Alvarez studies this very issue, finding that circumcised boys were in fact less vulnerable.

"In fact, studies in Israel show that circumcision is more likely to UP UTIs in a newborn boy."

Wrong. The studies to which you refer did not include an uncircumcised control group, and were therefore incapable, by design, of comparing the risk in circumcised vs uncircumcised.

"Actually, studies show that the foreskin is more sensitive than the glans. The glans is only sensitive to pain, pressure and vibration, the foreskin, with its meissners corpuscles and specialized nerve endings,

is sensitive to other kinds of touch, DIFFERENT than the glans."

First, you've changed the subject from your original claim, which was that the glans loses sensitivity as a result of circumcision. Second, in terms of sexual pleasure, the foreskin is the least sensitive part of the penis. See Schober JM, et al. Self-ratings of genital anatomy, sexual sensitivity and function in men using the 'Self-Assessment of Genital Anatomy and Sexual Function, Male' questionnaire. BJU Int. 2009 Apr;103(8):1096-103

[In response to "Actually, no study has ever counted the number of nerve endings. The figure "20,000" is actually traceable to a wild estimate made at an anti-circumcision conference."] "So tell us Jake, how many nerve endings does the foreskin have? Do you have a study that counts them? Why isn't this important?"

These seem to be very strange questions to ask, given that I have just explained that no study exists, from which it is reasonable to deduce that the number is unknown. May I request that you read what I say more carefully in future?

"As noted, the Sorrells study actually DID find a difference.

Tests of statistical significance using data from Sorrells et al. were published in Waskett JH, Morris BJ. Fine-touch pressure thresholds in the adult penis. BJU Int. 2007 Jun;99(6):1551-2 (as full disclosure, I'm the primary author). They showed no statistically significant differences.

"And I'm not sure Szabo and Short are reliable; aren't they interested in legitimize circumcision at large and found other reasons why circumcision is just good and wonderful?"

If you have any proof of their motives, feel free to share it.

"Studies written by people interested in legitimizing circumcision aren't very valid"

This is getting tiresome, Joseph. You appear to want to reject every piece of evidence that you find inconvenient by alleging, with no evidence whatsoever, that the researchers are biased. It's unconvincing, to say the least.

"If it is not ethical to perform "circumcision studies" in women and and girls, it is not ethical to perform them in men."

Yet people do study the effects of female genital cutting. It is thanks to those people that we know of some of the adverse effects of FGC. Are you saying that such work is unethical?



Chriso

17/01/2011 3:00 am #



[Report](#)

Waiting for Round 6 of Jake v. Joseph!!



Joseph4GI

17/01/2011 6:44 am #



[Report](#)

Jakew: "By "justified" do you mean are they ethical? I certainly wouldn't suggest that Mengele's actions were ethical. But nor would I argue that ethical problems negate the scientific merits (or lack thereof) of his experiments. As I pointed out, the two are separate issues.

Of which the ethics, esp. the subjects are healthy, non-consenting infants, is the most important here.

Jakew: "Certainly it's true that scientists found that circumcision reduced the risk of certain conditions, but to remind you your claim was that circumcision obsessed researchers have been "trying to find [...] excuse after excuse for its justification." And for that you offer no proof, and I suspect you cannot."

The proof is in the pudding; and if you look at a great deal of circumcision "studies," especially late ones, one can clearly see that there is a pattern of usual suspects of long-standing advocates of, specifically, infant circumcision. The pattern is one such that centers around circumcision, especially trying to justify the circumcision of minors; they're clearly not interested in preventing disease, rather, in correlating circumcision with the decrease of x disease.

Daniel Halperin, Robert Bailey, Stefan Bailis, Stephen Moses, Malcolm Potts, Ronald Gray, Helen Weiss, Brian Morris, Jeffrey Klausner, Thomas Quinn, Edgar Schoen, and Thomas Wiswell, just to name a few...

Jakew: "Studies don't try to do anything. They're a sequence of printed words on a page. What you're doing, once again, is making unsupported claims about the motives of the authors."

The motives are clear from the history of the authors, and from the studies themselves. Yes they DO try to legitimize circumcision, especially infant circumcision. Most, if not all, begin by placing primacy on

finding the "effect" of circumcision, in quite a lot of them, INFANT circumcision. All one has to do is read these studies and their wordings. Quite a lot of them make some sort of remark about themselves, such as "this should influence the AAP in recommending circumcision as a preventative measure for xxx."

Jakew: "I have no idea whether researchers are circumcised or not, and I suspect that you haven't any idea either."

No, I actually have a pretty good idea. If the researchers are American, Jewish, Muslim, or otherwise come from an ethnic or religious background where circumcision is the norm, there's a pretty good chance that they are. This is important, because as I have said, this would present a glaringly obvious conflict of interest.

JakeW: "No matter how many times you repeat it, you haven't established that the aim of these studies is to legitimise infant circumcision. Do you have any proof, or am I supposed to take your word for it?"

The proof I have is the studies themselves. All readers have to do is read the studies, and what their aim is. Follow the authors and what they say; most, if not all, always end up extrapolating the numbers to say "this is why Africa or x country should engage in mass circumcision campaigns, and this is why American states should support infant circumcision again. American circumcision numbers are dropping, and it's a shame, given the results from these studies," etc., etc.

"I'm quite sure that "sound" study could be carried out for female circumcision; the fact that while this is considered ethically "un-sound," but the "study" of male circumcision is considered to be "perfectly sound" (by some) is, quite an obvious double-standard."

Jakew: That statement is demonstrably false. Studies on female genital cutting *have* been performed; try searching PubMed and you'll find some. They're fewer in number and generally find harm rather than benefit, of course, but the fact remains that FGC has been studied.

But of course I never made the claim that FGC hasn't been studied. I'll let readers read what I posted before, and what you posted afterwards so they can carry out their own deductive reasoning.

"Why all the search to see if male circumcision is effectatious in preventing aids, and male circumcision only? Why not say, the ablation of the full organ? Result is what is most important, correct?"

Jakew: "Are you serious? While it would probably work, it would never pass a risk:benefit analysis. Also, can you imagine how difficult it would be to get volunteers for a study on penectomy?"

Would it never pass? How could you be sure without actually studying it? Yes, it would possibly be difficult to get volunteers for a study on penectomy, but, of course, that's a different question altogether right? ;-)

"It needs to be made clear that the evidence of deaths that I refer to are from reports that made the NEWS; we don't know about the reports that didn't. The studies that you mention suffer the biggest flaw, and that is that they hail from people who don't want to find a negative outcome to circumcision."

Jakew: "So you keep claiming, without any evidence."

Actually, you're ignoring it, or considering what I present irrelevant. Lucky for me others can read and come up with their own conclusions.

"But even assuming that they were 100%, could we trust such studies, given the facts that I've already told you? That the true number of deaths in the US will remain unknown because doctors often misreport deaths due to circumcision as being caused by something else? That data is not required to be released by hospitals? So how can I be sure that the studies are at all accurate? That the "researchers" made sure all circumcision deaths were properly reported? If at all?"

Jakew: "If the case of at least one of the studies I mentioned (Wiswell), deaths were those reported for any reason, not just those attributed to circumcision."

You're not answering my question; how could I be sure that these reports are accurate? Esp. coming from people who are not interested in reporting a negative outcome for circumcision?

"If circumcision "researchers" are so sure that circumcision prevented HIV, didn't get it/got it, when?"

Jakew: "Obviously they cannot reveal that information without breaking patient confidentiality, but they have documented the numbers."

So you felt it graceful to ask a similar question to me regarding circumcision deaths because...

Jakew: "[Bollinger's estimate] is flawed because Bollinger's estimate is based on his assumption that circumcision is responsible for the difference between male and female infant mortality rates. It's perfectly true that male infant mortality rates are higher than those for females, but the problem is that this difference is more or less the same in most countries in the world, whether or not circumcision is widely

practiced in that country. This suggests, in the absence of any better evidence, that Bollinger's assumption is wrong, and therefore that his figure is an overestimate. Do you understand, or do you need me to explain further?"

No, I think you are deliberately dismissing what I said earlier because it is devastating to your claim; your assumption seems to be that all children died from the same causes. Also, that circumcision would be the same across the board in any country. It is inescapable truth that the US is the only country besides Israel that still routinely circumcises a majority of their infant boys. So there's no question of "whether or not." That there is "absence of better evidence," and hence and thenforth Bollinger's assumption is wrong is YOUR deduction. I understand that you are quite an advocate of male infant circumcision; your deduction must be taken with a grain of salt itself. I invite readers to read Dr. Bollinger's study and come up with their own deductions of whether this study is legit, or bunk.

"There is no circular argument here. It is mere fact that if you come from a country, or cultural background where circumcision is wide-spread, and/or possibly a religious requirement, it is a bias that will be a conflict of interest that compels a "researcher" to report only positive outcomes, while minimizing negative ones, if they decide to report them at all."

Jakew: "Oh, so it's a condition of citizenship? I hadn't realised. Seriously, do you have any idea how absurd your claim is?"

No, it's a condition of ethnic/cultural background. I don't think it's that farfetched to assume that people that come from ethnic or religious backgrounds where circumcision is commonly practiced, if not a requirement will have a bias in favor of circumcision.

As I have said previously, I think any "study" that places primacy in legitimizing or finding the "medical benefit" of any amputative procedure should be immediately suspect, period.

"But of course it's relevant. If circumcision is already rare, MUCH rarer in girls, and they're as easily as treated, then who in the right mind would want to circumcise a child, put him at all those risks I've mentioned, including death? What do your studies MATTER if the problem that you are trying to address is already easily remediable WITHOUT cutting?"

Jakew: "No, it isn't relevant. The argument you're addressing, which is something like "parents should circumcise their sons in order to prevent UTIs" is a straw man. It's an argument that I haven't made. If

you address the argument that I *have* made instead, it might make rather more sense."

No, I think you're engaging in definitional retreat. It is quite clear that you are trying to make the case for male infant circumcision as a legitimate measure to prevent, or "reduce the risk of UTIs", whichever you like.

And, as I have shown, in light of the fact that UTI is already quite rare in boys, your studies are rather null, even if they were 100% accurate.



Joseph4GI

17/01/2011 6:45 am #



[Report](#)

Part the 2nd

JakeW wrote: "From what? Inflammation? No, studies show that's more common in uncircumcised males."

[In response to my asking what the foreskin protects against] "From urine and feces. You don't really need a study to show that a circumcised boy's glans will be exposed to his own urine and feces, making him even MORE vulnerable to infections.

Jakew: "You most assuredly *do* need a study to show that it actually results in more infections. Happily, some already exist. Fergusson et al., and Herzog and Alvarez studies this very issue, finding that circumcised boys were in fact less vulnerable."

Either you are really that dense, or you think your audience is really that stupid. A factor you are leaving out is the fact that a child must endure a wound in his penis for up to two weeks. Yes, an open wound in the penis WOULD directly expose him to the pathogens in his own feces and urine. Do Fergusson etc. etc. take this into account?

I stand my case; the foreskin protects the glans from, not only the contact of feces and urine, but from unwanted abrasion from clothing. Without the foreskin, the glans and surrounding tissues keratinize, hardening and desensitizing the area. Studies show that this is precisely what happens. The glans is mucosal tissue that must remain moist and supple; the foreskin keeps it from drying out.

You may bring up the fact that some men are born with apothia; but as I have shown earlier, it is being

born without a foreskin that is the deformity, and genetic anomaly.

"Actually, studies show that the foreskin is more sensitive than the glans. The glans is only sensitive to pain, pressure and vibration, the foreskin, with its meissners corpuscles and specialized nerve endings, is sensitive to other kinds of touch, DIFFERENT than the glans."

Jakew: "First, you've changed the subject from your original claim, which was that the glans loses sensitivity as a result of circumcision. Second, in terms of sexual pleasure, the foreskin is the least sensitive part of the penis. See Schober JM, et al. Self-ratings of genital anatomy, sexual sensitivity and function in men using the 'Self-Assessment of Genital Anatomy and Sexual Function, Male' questionnaire. BJU Int. 2009 Apr;103(8):1096-103

Actually, Sorrells quite demonstrates that circumcision decreases sensitivity in the glans by a factor of 4. Not only that, but it is noteworthy that the study showed that the foreskin is actually the most sensitive part of the penis.

In terms of sexual pleasure? How do you measure that? The Sorrells didn't measure sexual pleasure, rather, sensitivity, which was the original topic of the claim.

Self-ratings vs. actual physical testing of different points on the part of the penis? I think Sorrells wins out. Self-ratings are not that reliable, esp. from a population that has been told that circumcision is supposed to do all these wonders for them. And, especially since most of these men actually WANTED to get circumcised in the first place. A biased survey, given to men who already think circumcision is the next best thing to sliced bread. Would the data collected from such surveys really be reliable?

"As noted, the Sorrells study actually DID find a difference.

Jakew: Tests of statistical significance using data from Sorrells et al. were published in Waskett JH, Morris BJ. Fine-touch pressure thresholds in the adult penis. BJU Int. 2007 Jun;99(6):1551-2 (as full disclosure, I'm the primary author). They showed no statistically significant differences.

Jake Waskett? Are you seriously quoting yourself??? Seriously, what nerve.

Uh... yeah. I think it's only fair people knew: Brian Morris is an adamant advocate of, specifically, male infant circumcision. He never saw an excuse for circumcision he didn't like, and if you read his publications and go to his website, you will see that he advocates male infant circumcision for everything

from "preventing splatter" (?) to because it's popular, to because a son should look like his father. It should also be known that Jake Waskett, boldly JakeW here, is a known circumfetishist who vehemently defends circumcision, even male infant circumcision. He is on record noting his sexual fixation with the circumcised penis, and he defends circumcision to the death. Brian Morris's field is molecular science, and Jake Waskett... well... who IS he... I seriously don't think this "critique" by Morris and Waskett is of any serious value.

Rather than take Morris and Waskett's word for it, I encourage readers to read up on the Sorrells study, and how it was conducted. It is worlds better than their past counterparts for many reasons, namely that it actually goes in depth testing different parts of the penis. Past counterparts, such as the sensitivity study by Masters and Johnson only measure TWO parts of the penis, and they completely ignore the foreskin. What's more, their sample size was something like 20 men. Sorrells actually tests over 100 men.

Read the study for yourselves. Make your own deductions.

"And I'm not sure Szabo and Short are reliable; aren't they interested in legitimize circumcision at large and found other reasons why circumcision is just good and wonderful?"

Jakew: "If you have any proof of their motives, feel free to share it."

By their fruits shall they be known. Readers would be wise to look up Szabo and Short to see what other "studies" they have engaged in; the constant is involvement in male circumcision, particularly trying to find correlations between male circumcision and any "reduction" of STD transmission, and trying to show just how much circumcision doesn't affect a man's sexuality.

Readers, your call.

"Studies written by people interested in legitimizing circumcision aren't very valid"

Jakew: "This is getting tiresome, Joseph. You appear to want to reject every piece of evidence that you find inconvenient by alleging, with no evidence whatsoever, that the researchers are biased. It's unconvincing, to say the least."

I encourage readers to look up the histories of the "researchers" behind all these studies. It's rather easy to connect the dots. Yes, I think readers would do best to find out who the authors of circumcision "studies" are, and to look up their backgrounds.

I continue to reiterate; all studies written by "researchers" with an ethnic or cultural background where circumcision is a norm should be suspect.

Medical researchers should be looking for ways to PRESERVE the human body, not vilify it and legitimize its deliberate destruction.

Studies that place primacy on legitimizing a particular procedure, particularly one for which the same "researchers" have been trying to legitimize for quite a long time, should be suspect.

Just as we do not study the "risks and benefits" of removing any other healthy part of the body, it is completely backwards to begin by studying the "risks and benefits" of removing the foreskin.

Medicine PRESERVES the human body whenever possible. It is AFTER a body part becomes hopefully afflicted with disease that doctors should study the "risks/benefits" of removing it. "Studies" that try to analyze the "risks/benefits" of removing normal, healthy body parts are inherently flawed.

They must be dismissed. And, when it involves the genital cutting of healthy, non-consenting children, outlawed. Thrown out.

"If it is not ethical to perform "circumcision studies" in women and and girls, it is not ethical to perform them in men."

Jakew: "Yet people do study the effects of female genital cutting. It is thanks to those people that we know of some of the adverse effects of FGC. Are you saying that such work is unethical?"

When it is to study the effects of a procedure, I don't think it's unethical at all. The Sorrells study looked at the differences between circumcised and intact males. It is when researchers set out to deliberately find merits in it that it becomes unethical.

I don't think there is anything wrong with studying women who were have had their genitals cut in any way; it is when researchers say "let's circumcise a thousand women, and see if they get AIDS, only so many women got AIDS; this must mean that the women who didn't get AIDS were protected" when I think it crosses the line.

It crosses an entirely differently to take results from such studies to say: "Hence and therefore, all women

should be circumcised, and we should engage in campaigns to circumcise all women, girls and baby girls, immediately, to 'provide' them with this same 'protection.'"

That is essentially the story of the HIV/male circumcision trials in Africa.

You simply do not "study" to legitimize the forced mutilation of ANYBODY.

Primacy should be given to keeping organs INTACT, NOT cutting them off deliberately, especially in healthy, non consenting infants.



freedom0speech

17/01/2011 7:11 am #



[Report](#)

Hi Jake,

I've heard a lot about you lately. Is it true that you are (or were) a member of CIRCLIST? What kind of circumcision fetish do you have? You're a sick man.

Is it true that you have over twice as many Wikipedia edits as the second runner up on the Wikipedia Circumcision article? If so, how long do you think you can get away with that?

Will you respond to any of that?

Anyhow...

Researcher bias isn't a conspiracy. It's simply bias. Claiming your opposition is a conspiracy theorist is a baseless form of ad hominem (and a red herring).

"Circumcision practices are largely culturally determined and as a result there are strong beliefs and opinions surrounding its practice. It is important to acknowledge that RESEARCHERS' PERSONAL BIASES and the dominant circumcision practices of their respective countries MAY INFLUENCE THEIR INTERPRETATION OF FINDINGS."

- Sieffried et al. "Male circumcision for the prevention of heterosexual acquisition of HIV in men." THE COCHRANE LIBRARY Database Systematic Review. (2003)

There are a lot of questions about the researchers. Auvert was pushing circumcision before he was ever "interested in HIV". The same is true (even more so) of Bailey. Wawer and Gray are married. They are all circumcised men (with the exception of Maria)... only circumcised men push circumcision (that brings up interesting psychological questions). The studies are filled with flaws, many of which were (most recently) reported by Lawrence W. Green in "Male Circumcision and HIV Prevention Insufficient Evidence and Neglected External Validity" published in Am J Prev Med (2010).

I'll have to read Bollinger's study to see if it's flawed, as you say. However, after reading your "letter" about the Sorrells study in 2007, I'm not going to hold my breath assuming you found some kind of real glaring error. It seems like you are quick to dismiss, but not very good at "debunking" (maybe it's because you're wrong? who would have thought..).

It seems more likely--to me--that Sorrells et al (2007) and Bollinger (2010) scare the crap out of you, and you'd like nothing more than to remove them from existence.

I particularly love how ethical points are "irrelevant" to you.

I also love how you say that studies show the glans doesn't keratinize; even though the Circumcision to prevent HIV "researchers" posit that the keratinization is what is a barrier to HIV. Which is it? The pro-circ pushers are all over the map... anything to push circ, it doesn't matter what it is.

Well, good luck pushing that human rights violation. I wonder what it's like to be Jake... oh no... scratch that... I'm going to have nightmares.



Joseph4GI

17/01/2011 7:12 am #



[Report](#)

Actually, I forgot to mention something regarding the African circumcision "studies:"

It was more like "Let's circumcise a thousand men, and see if they get AIDS. Let's ALSO tell them to abstain from having sex for 6 weeks following their circumcision procedure, give them condoms and proper sex education. (And, just to be funny, let's cut the studies short, and circumcise the control group, so that followups can never be performed.) Only so many men got AIDS; this must mean that the men who didn't get AIDS were protected, not by condoms, not by wisdom of STD prevention, no. Circumcision."

"Hence and therefore, all men, children and newborns should be circumcised. The CDC and AAP need to approve INFANT circumcision in America, where we have both the highest rates of STDs AND the highest rates of circumcision in the industrialized world, ASAP!!!"

Sheer madness.



jakew

17/01/2011 3:22 pm #



[Report](#)

To respond to Joseph4GI:

"The proof is in the pudding; and if you look at a great deal of circumcision "studies," especially late ones, one can clearly see that there is a pattern of usual suspects of long-standing advocates of, specifically, infant circumcision. The pattern is one such that centers around circumcision, especially trying to justify the circumcision of minors; they're clearly not interested in preventing disease, rather, in correlating circumcision with the decrease of x disease."

That doesn't make a lot of sense, as arguments go. Scientists frequently publish multiple papers on related topics; indeed often they adopt something as a research subject for much of their career. There are, for example, scientists who've dedicated years to researching drugs to alleviate the symptoms of AIDS. But it would be absurd to say on that basis that they're "trying to justify" those drugs; that they're "clearly not interested" in preventing HIV in the first place.

"The motives are clear from the history of the authors, and from the studies themselves. Yes they DO try to legitimize circumcision, especially infant circumcision. Most, if not all, begin by placing primacy on finding the "effect" of circumcision, in quite a lot of them, INFANT circumcision. All one has to do is read these studies and their wordings. Quite a lot of them make some sort of remark about themselves, such as "this should influence the AAP in recommendig circumcision as a preventative measure for xxx." "

Sometimes authors do conclude that circumcision should be encouraged as a result of their findings, sure, but it doesn't seem unreasonable for people to want to use their discoveries to do good. More to the point, a conclusion made once data were available tells us nothing about motives prior to conducting the study.

"No, I actually have a pretty good idea. If the researchers are American, Jewish, Muslim, or otherwise

come from an ethnic or religious background where circumcision is the norm, there's a pretty good chance that they are. This is important, because as I have said, this would present a glaringly obvious conflict of interest."

By the same argument, having an uncircumcised penis would also be a conflict of interest. It's not one of the most persuasive arguments...

[Re Jakew: "Are you serious? While it would probably work, it would never pass a risk:benefit analysis. Also, can you imagine how difficult it would be to get volunteers for a study on penectomy?"] "Would it never pass? How could you be sure without actually studying it? Yes, it would possibly be difficult to get volunteers for a study on penectomy, but, of course, that's a different question altogether right? ;-)"

You can try applying some common sense. Penectomy would effectively prevent sexual intercourse altogether, and that's fairly important to the quality of life of most men (as well as being kind of important to the survival of homo sapiens), so that's significant harm to weigh up against the benefits.

"You're not answering my question; how could I be sure that these reports are accurate? Esp. coming from people who are not interested in reporting a negative outcome for circumcision?"

You haven't offered any evidence that the authors are uninterested in reporting a negative outcome. Perhaps making an accusation is enough for you to take seriously. It isn't for me.

[Re Jakew: "Obviously they cannot reveal that information without breaking patient confidentiality, but they have documented the numbers."] "So you felt it graceful to ask a similar question to me regarding circumcision deaths because..."

Because you confidently claimed that "these deaths weren't a "might," they happened" in spite of having no evidence for that being the case.

[Re Jakew: "[Bollinger's estimate] is flawed because Bollinger's estimate is based on his assumption that circumcision is responsible for the difference between male and female infant mortality rates. It's perfectly true that male infant mortality rates are higher than those for females, but the problem is that this difference is more or less the same in most countries in the world, whether or not circumcision is widely practiced in that country. This suggests, in the absence of any better evidence, that Bollinger's assumption is wrong, and therefore that his figure is an overestimate. Do you understand, or do you need me to explain further?"] No, I think you are deliberately dismissing what I said earlier because it is devastating to your claim; your assumption seems to be that all children died from the same causes.

Also, that circumcision would be the same across the board in any country."

No, Bollinger's assumption is that male and female infant mortality rates would be the same in the US if it were not for infant circumcision. If that were so, wouldn't it be reasonable to expect male rates to be greater than female rates in countries with high rates of infant circumcision, and roughly the same in countries with low rates? But if you look at infant mortality data, what you actually find is that male rates are consistently higher than female rates, the ratio between the two being roughly the same regardless of whether infant circumcision is practiced in that country or not.

"It is inescapable truth that the US is the only country besides Israel that still routinely circumcises a majority of their infant boys."

It's a little unclear what you mean by "routinely" circumcising, but there are reports that Nigeria, for example, circumcises around 87% of boys in infancy.



jakew

17/01/2011 3:39 pm #



[Report](#)

"Either you are really that dense, or you think your audience is really that stupid. A factor you are leaving out is the fact that a child must endure a wound in his penis for up to two weeks. Yes, an open wound in the penis WOULD directly expose him to the pathogens in his own feces and urine. Do Fergusson etc. etc. take this into account?"

Of course. Fergusson et al. documented the number of problems that occurred for any reason.

"I stand my case; the foreskin protects the glans from, not only the contact of feces and urine, but from unwanted abrasion from clothing. Without the foreskin, the glans and surrounding tissues keratinize, hardening and desensitizing the area. Studies show that this is precisely what happens."

Here is the only study of keratinisation by circumcision status. It doesn't support your claim.
Szabo R, Short RV. How does male circumcision protect against HIV infection? BMJ. 2000 Jun 10;320(7249):1592-4.

Here are the published studies of glans sensitivity by circumcision status. They don't support your claim.
Masters, W.H.; Johnson, V.E. (1966). Human Sexual Response. Toronto; New York: Bantam Books. ISBN 0-553-20429-7. p189-91

Bleustein, Clifford B.; Haftan Eckholdt, Joseph C. Arezzo and Arnold Melman (April 26-May 1, 2003). "Effects of Circumcision on Male Penile Sensitivity". American Urological Association 98th Annual Meeting. Chicago, Illinois.

Bleustein CB, Fogarty JD, Eckholdt H, Arezzo JC, Melman A. Effect of neonatal circumcision on penile neurologic sensation. Urology. 2005 Apr;65(4):773-7.

Payne K, Thaler L, Kukkonen T, Carrier S, Binik Y. Sensation and sexual arousal in circumcised and uncircumcised men. J Sex Med. 2007 May;4(3):667-74. Epub 2007 Apr 6.

(We've also discussed Sorrells, and analysis by Waskett and Morris, above.)

"You may bring up the fact that some men are born with aposthia; but as I have shown earlier, it is being born without a foreskin that is the deformity, and genetic anomaly."

You haven't shown anything. You've made an unsupported claim.

"Actually, Sorrells quite demonstrates that circumcision decreases sensitivity in the glans by a factor of 4. Not only that, but it is noteworthy that the study showed that the foreskin is actually the most sensitive part of the penis."

First of all, it says nothing about a factor of four. Second, Sorrells claimed that the foreskin was the most sensitive part of the penis, but their own data contradicted this, as Prof Morris and I demonstrated in our critique. In any case, the type of sensitivity measured was the ability to detect the lightest possible touch, which is not the same as sexual pleasure.

"Self-ratings vs. actual physical testing of different points on the part of the penis? I think Sorrells wins out."

You think so? The problem with physical testing is that you can't measure what matters, which to be blunt is sexual pleasure. So all you can measure is the ability to detect artificial stimulation of a certain kind.

"Self-ratings are not that reliable, esp. from a population that has been told that circumcision is supposed to do all these wonders for them. And, especially since most of these men actually WANTED to get circumcised in the first place. A biased survey, given to men who already think circumcision is the next best thing to sliced bread. Would the data collected from such surveys really be reliable?"

I take it you didn't bother to read the study I cited, then.

"Jake Waskett? Are you seriously quoting yourself??? Seriously, what nerve."

It's common practice when one has published in the relevant sphere of knowledge.

[Personal attacks deleted.]

"And I'm not sure Szabo and Short are reliable; aren't they interested in legitimize circumcision at large and found other reasons why circumcision is just good and wonderful?"

"When it is to study the effects of a procedure, I don't think it's unethical at all. The Sorrells study looked at the differences between circumcised and intact males. It is when researchers set out to deliberately find merits in it that it becomes unethical."

But as far as I can tell, you accuse authors of deliberately trying to find merits simply because they do find merits.



jakew

17/01/2011 3:55 pm #



[Report](#)

To reply to freedom0speech:

[Personal attack deleted.]

"Is it true that you have over twice as many Wikipedia edits as the second runner up on the Wikipedia Circumcision article? If so, how long do you think you can get away with that?"

I don't regard editing Wikipedia as something that I "get away" with, but beyond that I don't discuss Wikipedia outside of Wikipedia itself. Sorry.

"Researcher bias isn't a conspiracy. It's simply bias. Claiming your opposition is a conspiracy theorist is a baseless form of ad hominem (and a red herring)."

If there's real bias, it may be bias. Assuming that there must be bias because you don't like the results is pretty laughable, though.

"There are a lot of questions about the researchers. Auvert was pushing circumcision before he was ever "interested in HIV"."

Please explain what you mean by "pushing circumcision", and provide evidence in support of your claim.

"The same is true (even more so) of Bailey."

Ditto.

"Wawer and Gray are married."

Gosh, that's pretty damning.

"They are all circumcised men (with the exception of Maria)..."

You've personally inspected their penes?

"The studies are filled with flaws, many of which were (most recently) reported by Lawrence W. Green in "Male Circumcision and HIV Prevention Insufficient Evidence and Neglected External Validity" published in Am J Prev Med (2010)."

I have read it. Can't say I found it convincing.

"I'll have to read Bollinger's study to see if it's flawed, as you say. However, after reading your "letter" about the Sorrells study in 2007, I'm not going to hold my breath assuming you found some kind of real glaring error. It seems like you are quick to dismiss, but not very good at "debunking" (maybe it's because you're wrong? who would have thought..)."

Sure, perhaps that's it. ;-)



Joseph4GI

17/01/2011 5:43 pm #



[Report](#)

JakeW: "That doesn't make a lot of sense, as arguments go. Scientists frequently publish multiple papers on related topics; indeed often they adopt something as a research subject for much of their career. There are, for example, scientists who've dedicated years to researching drugs to alleviate the symptoms of AIDS. But it would be absurd to say on that basis that they're "trying to justify" those drugs; that they're "clearly not interested" in preventing HIV in the first place."

There is a difference between trying to find a solution to a disease, and trying to find a disease for your solution.

I'm afraid circumcision "researchers" place primacy on the latter. There are already better ways to prevent HIV that do not require genital mutilation. But apparently they're not interested in that.

Jakew: "Sometimes authors do conclude that circumcision should be encouraged as a result of their findings, sure, but it doesn't seem unreasonable for people to want to use their discoveries to do good."

"Sometimes?" By that you probably mean ALL the time. It doesn't seem unreasonable for people to want to use their "discoveries" for good. It also doesn't seem unreasonable that they're also using their "discoveries" to push a long-standing agenda, which, if one looks at the histories of all these so-called "researchers," it is clear what that is.

Jakew: "More to the point, a conclusion made once data were available tells us nothing about motives prior to conducting the study."

But the problem here is that the assumption that "circumcision prevents AIDS" was already a foregone conclusion before the "studies" even began. If you look at the objectives etc., the "studies" sought to "measure the effect of circumcision on HIV transmission." The assumption, based on flimsy hypotheses that have since been debunked, was that circumcision prevented AIDS; the point of the so-called "studies" was to measure "how much."

By the way, it bears mentioning that all of the so-called "studies" have been based on hypotheses that have one by one been de-bunked. "Researchers" assert, without any proof whatsoever, that the Langerhans cells found in the foreskin were supposed to be the "prime port of entry" for HIV. DeWitte disproved that by showing that, not only do Langerhans cells help FIGHT HIV, but that they are found all over the body, and are thus, impossible to eradicate.

Once THAT hypothesis was through, circumcision "researchers" invented the "HIV can't get through keratinized mucosa" hypothesis. THIS TOO has been long since debunked.

"CONCLUSION: We found no difference between the keratinization of the inner and outer aspects of the adult male foreskin. Keratin layers alone are unlikely to explain why uncircumcised men are at higher risk for HIV infection."

Dinh MH, McRaven MD, Kelley Z, Penugonda S, Hope TJ., Division of Infectious Diseases, Department

of Medicine, Chicago, Illinois 60611, USA.

"STUDY: HIV-1 Interactions and Infection in Adult Male Foreskin Explant Cultures - "No difference can be clearly visualized between the inner and outer foreskin."

HIV-1 Interactions and Infection in Adult Male Foreskin Explant Cultures

Minh H Dinh*, Sheila M Barry, Meegan R Anderson, Scott G McCoombe, Shetha A Shukair, Michael D McRaven, and Thomas J Hope

Northwestern University, Feinberg School of Medicine, Chicago, IL, USA

To date, there hasn't been a single explanation as to HOW exactly circumcision prevents HIV, only the assertion that it just "does," based on these faulty studies that affirm the consequent and deny the antecedent. "Studies show" a "reduced risk in HIV" in circumcised males; but one of many confounding factors could have produced those results, from the fact that men were asked to abstain for 6 weeks after their circumcision, to the fact that they were given condoms and proper sex education, to the fact that the studies were ended early. We will simply never know, because the control group was circumcised, ostensibly on "ethical grounds," but more likely on grounds that couldn't be further from ethical practice. (IE, covering your own tracks.)

The "mass circumcision campaigns" are being carried out in Africa using studies based on nothing, basically. Pure ad hoc/post hoc reasoning.

Jakew: "By the same argument, having an uncircumcised penis would also be a conflict of interest. It's not one of the most persuasive arguments..."

There is absolutely no conflict of interest in defending the whole and natural human body. That is how boys and men are born. The intact penis isn't rendered that way by doctors sewing foreskins onto children. It is circumcision that is the forced phenomenon. Quite frankly, if the men behind these "studies" had not been circumcised, they would not be giving this advice.

Jakew: "You can try applying some common sense. Penectomy would effectively prevent sexual intercourse altogether, and that's fairly important to the quality of life of most men (as well as being kind of important to the survival of homo sapiens), so that's significant harm to weigh up against the benefits."

Well quite a few men, including myself, find their foreskins to be fairly important to the quality of life. I myself, as well as quite a few men who were circumcised as both children and as adults, find circumcision to be a significant harm against any "benefit."

So basically what's happening is researchers are using pseudo-science to push their opinions on others.

Circumcising a healthy, especially non-consenting child causes significant harm, and "researchers" need to find ways to provide "medical benefits" to us WITHOUT cutting off parts of our organs.

"You're not answering my question; how could I be sure that these reports are accurate? Esp. coming from people who are not interested in reporting a negative outcome for circumcision?"

Jakew: "You haven't offered any evidence that the authors are uninterested in reporting a negative outcome. Perhaps making an accusation is enough for you to take seriously. It isn't for me."

No, you simply refuse to acknowledge that coming from an ethnic or cultural background where circumcision is important presents a conflict of interest. You are being ignorant. And that's fine if you like.

Freedom0speech brings up an excellent study I hadn't thought about:

"Circumcision practices are largely culturally determined and as a result there are strong beliefs and opinions surrounding its practice. It is important to acknowledge that RESEARCHERS' PERSONAL BIASES and the dominant circumcision practices of their respective countries MAY INFLUENCE THEIR INTERPRETATION OF FINDINGS."

- Sieffried et al. "Male circumcision for the prevention of heterosexual acquisition of HIV in men." THE COCHRANE LIBRARY Database Systematic Review. (2003)

Jakew: "No, Bollinger's assumption is that male and female infant mortality rates would be the same in the US if it were not for infant circumcision. If that were so, wouldn't it be reasonable to expect male rates to be greater than female rates in countries with high rates of infant circumcision, and roughly the same in countries with low rates?"

Assuming that all the other countries that you're comparing America with, do, like America, also circumcise the majority of their boys.

JakeW: "But if you look at infant mortality data, what you actually find is that male rates are consistently higher than female rates, the ratio between the two being roughly the same regardless of whether infant

circumcision is practiced in that country or not."

The assumption here, being that other countries, like the US, circumcise their infant baby boys.

YOUR assumption, it seems, is that the causes of death would be the same throughout. This simply cannot be true.

Let me reiterate: Aside from Israel, the United States is the only other country that routinely circumcises the majority of their boys.

Jakew: "It's a little unclear what you mean by "routinely" circumcising, but there are reports that Nigeria, for example, circumcises around 87% of boys in infancy."

It is a little unclear what you mean by "in infancy." Do you mean in the neo-natal period? Or 3 or 4 years of age?



Joseph4GI

17/01/2011 5:49 pm #



[Report](#)

Part the 2nd

Jakew: "Of course. Fergusson et al. documented the number of problems that occurred for any reason."

And I should take the word of circumcisers because...

Jakew: "Here is the only study of keratinisation by circumcision status. It doesn't support your claim.

Szabo R, Short RV. How does male circumcision protect against HIV infection? BMJ. 2000 Jun 10;320(7249):1592-4."

Oh? The keratinization myth again? Here are studies that refute the HIV/Keratinization myth:

"CONCLUSION: We found no difference between the keratinization of the inner and outer aspects of the adult male foreskin. Keratin layers alone are unlikely to explain why uncircumcised men are at higher risk for HIV infection."

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Northwestern University, Feinberg School of Medicine, Chicago, IL, USA

Jakew: "Here are the published studies of glans sensitivity by circumcision status. They don't support your claim.

Masters, W.H.; Johnson, V.E. (1966). Human Sexual Response. Toronto; New York: Bantam Books. ISBN 0-553-20429-7. p189-91"

It needs to be mentioned that for this "study," Masters and Johnson only measured two parts of the penis, and completely ignored the foreskin. Their sample size was also something like 20 men. Masters and Johnsons' work is superceded by Sorrels.

Jakew: "Bleustein, Clifford B.; Haftan Eckholdt, Joseph C. Arezzo and Arnold Melman (April 26-May 1, 2003). "Effects of Circumcision on Male Penile Sensitivity". American Urological Association 98th Annual Meeting. Chicago, Illinois.

Bleustein CB, Fogarty JD, Eckholdt H, Arezzo JC, Melman A. Effect of neonatal circumcision on penile neurologic sensation. Urology. 2005 Apr;65(4):773-7.

Payne K, Thaler L, Kukkonen T, Carrier S, Binik Y. Sensation and sexual arousal in circumcised and uncircumcised men. J Sex Med. 2007 May;4(3):667-74. Epub 2007 Apr 6."

I'll admit I'll have to look at these again...

Jakew: (We've also discussed Sorrells, and analysis by Waskett and Morris, above.)

We've also discussed why this piece of work really isn't worth anything...

JakeW: "You haven't shown anything. You've made an unsupported claim."

Actually, yes I have. You are simply refusing to acknowledge it.

Aposthia is a congenital deformity; it is the presence of a foreskin that is the norm.

Jakew: "First of all, it says nothing about a factor of four. Second, Sorrells claimed that the foreskin was the most sensitive part of the penis, but their own data contradicted this, as Prof Morris and I demonstrated in our critique. In any case, the type of sensitivity measured was the ability to detect the lightest possible touch, which is not the same as sexual pleasure."

Actually, no, I'm sorry, the words of you nor Morris aren't worth anything.

And in any case, this study was supposed to measure sensitivity, not sexual pleasure.

The fact remains; the circumcised penis desensitizes over time, and the foreskin is more sensitive than the glans, even more sensitive than the most sensitive part of the circumcised penis.

"Self-ratings vs. actual physical testing of different points on the part of the penis? I think Sorrells wins out."

Jakew: "You think so? The problem with physical testing is that you can't measure what matters, which to be blunt is sexual pleasure. So all you can measure is the ability to detect artificial stimulation of a certain kind."

The point of the study was not to measure sexual satisfaction, but rather, sensitivity.

Self report, especially the ones you mention are suspect for the confounding factors I've mentioned.

"Jake Waskett? Are you seriously quoting yourself??? Seriously, what nerve."

Jakew: "It's common practice when one has published in the relevant sphere of knowledge."

Heh heh, no, it's common practice for you and Morris to quote yourselves, because no one else will.

And it needs to be made clear; you went to Morris, he got your letter published. You are a nobody, Jake.

And no, don't delete the "personal attacks;" they are not "attacks" when they are TRUE.

Jake Waskett is a circumfetishist who belongs, or belonged to CIRCLIST, an online group of people who have a sexual fixation for the circumcised penis.

Jake Waskett is a sick man who is on record saying he's had a sexual fixation for the circumcised penis since he was five years old.

He is the least authority to be talking about all the "benefits" of circumcision, because his sexual fetish presents a conflict of interest.

He is not interested in disease prevention, but rather, ratifying the forced genital mutilation of non-consenting individuals and appease his own disgusting fetish.

Jake Waskett is a sick, sick man.

Readers, I encourage you to google "Jake Waskett" and his alias "JakeW" and words like "CIRCLIST" and "circumcision" to find out just who this Jake person really is.

"And I'm not sure Szabo and Short are reliable; aren't they interested in legitimize circumcision at large and found other reasons why circumcision is just good and wonderful?"

"When it is to study the effects of a procedure, I don't think it's unethical at all. The Sorrells study looked at the differences between circumcised and intact males. It is when researchers set out to deliberately find merits in it that it becomes unethical."

JakeW: "But as far as I can tell, you accuse authors of deliberately trying to find merits simply because they do find merits."

I'll reply by cutting and pasting the rest of my remark above:

I don't think there is anything wrong with studying women who have had their genitals cut in any way; it is when researchers say "let's circumcise a thousand women, and see if they get AIDS, only so many women got AIDS; this must mean that the women who didn't get AIDS were protected" when I think it crosses the line.

It crosses yet another line to go on and say: "Hence and therefore, all women should be circumcised, and we should engage in campaigns to circumcise all women, girls and baby girls, immediately, to 'provide' them with this same 'protection.'"

It goes from "studying" violation of basic human rights, to using "merits" of it to PROMOTE them.

That is essentially the story of the HIV/male circumcision trials in Africa.

To point out the sexism again; would that these same experiments were carried out on women, using FEMALE circumcision, there would be a public outcry.

Yes I'm sure studies were carried out to measure the effects of FGM, but there's a huge difference between THAT and actually seeking to legitimize FGM as "medicine."

You simply do not "study" to legitimize the forced mutilation of ANYBODY.

Primacy should be given to keeping organs INTACT, NOT cutting them off deliberately, especially in healthy, non consenting infants.



jakew

17/01/2011 6:29 pm #



[Report](#)

To respond again to Joseph4GI:

"There is a difference between trying to find a solution to a disease, and trying to find a disease for your solution."

Indeed there is.

"I'm afraid circumcision "researchers" place primacy on the latter. There are already better ways to prevent HIV that do not require genital mutilation. But apparently they're not interested in that."

On the contrary, the more ways there are to prevent HIV, the better. Some methods don't work all the time, others aren't used all the time (and aren't used at all by some). So it's necessary to have a selection of prevention strategies.

[Re Jakew: "Sometimes authors do conclude that circumcision should be encouraged as a result of their findings, sure, but it doesn't seem unreasonable for people to want to use their discoveries to do good."] ""Sometimes?" By that you probably mean ALL the time."

No, I mean sometimes. There are plenty of instances where studies provide useful information about circumcision, but their authors do not advocate it.

"It doesn't seem unreasonable for people to want to use their "discoveries" for good. It also doesn't seem unreasonable that they're also using their "discoveries" to push a long-standing agenda, which, if one looks at the histories of all these so-called "researchers," it is clear what that is."

So you keep saying. And the absence of evidence is, likewise, familiar.

"But the problem here is that the assumption that "circumcision prevents AIDS" was already a foregone conclusion before the "studies" even began. If you look at the objectives etc., the "studies" sought to "measure the effect of circumcision on HIV transmission.""

Yes, so such a measurement would inform whether it decreased, increased, or left the risk unchanged.

"By the way, it bears mentioning that all of the so-called "studies" have been based on hypotheses that have one by one been de-bunked. "Researchers" assert, without any proof whatsoever, that the Langerhans cells found in the foreskin were supposed to be the "prime port of entry" for HIV. DeWitte disproved that by showing that, not only do Langerhans cells help FIGHT HIV, but that they are found all over the body, and are thus, impossible to eradicate."

No, that's far too simplistic. Several studies have shown that HIV enters the body through Langerhans and other target cells. DeWitte, however, showed that the same cells do have a defence against HIV. This explains why it's relatively difficult (or at least, thankfully not too easy) to catch HIV, but it doesn't disprove the other studies.

"To date, there hasn't been a single explanation as to HOW exactly circumcision prevents HIV, only the assertion that it just "does," based on these faulty studies that affirm the consequent and deny the antecedent. "Studies show" a "reduced risk in HIV" in circumcised males; but one of many confounding factors could have produced those results, from the fact that men were asked to abstain for 6 weeks after their circumcision, to the fact that they were given condoms and proper sex education, to the fact that the studies were ended early."

Let's look at these claims logically. First, men were asked to abstain during the healing period, that's true. If this were the reason for the reduced risk, we would expect charts of the relative risk over time to show a large difference in HIV infections in the first 2-3 months, and no difference afterwards. But in fact the charts show consistent protective effect over time. So we can dismiss that as a reason. Second,

circumcised men were given condoms and sex education, but so too were the uncircumcised men. So we can also dismiss that.

"We will simply never know, because the control group was circumcised, ostensibly on "ethical grounds," but more likely on grounds that couldn't be further from ethical practice. (IE, covering your own tracks.)"

Tell me, do you ever tire of making baseless accusations?

"There is absolutely no conflict of interest in defending the whole and natural human body."

So it's impossible to be biased against circumcision? Is that what you're claiming? Bias only exists in those whom you oppose?

"No, you simply refuse to acknowledge that coming from an ethnic or cultural background where circumcision is important presents a conflict of interest. You are being ignorant. And that's fine if you like."

I find claims of bias on the basis of nothing but assumption to be rather comical.

[Re: Jakew: "No, Bollinger's assumption is that male and female infant mortality rates would be the same in the US if it were not for infant circumcision. If that were so, wouldn't it be reasonable to expect male rates to be greater than female rates in countries with high rates of infant circumcision, and roughly the same in countries with low rates?"] "Assuming that all the other countries that you're comparing America with, do, like America, also circumcise the majority of their boys."

I don't think you read my question properly.

[Re: JakeW: "But if you look at infant mortality data, what you actually find is that male rates are consistently higher than female rates, the ratio between the two being roughly the same regardless of whether infant circumcision is practiced in that country or not."] "The assumption here, being that other countries, like the US, circumcise their infant baby boys."

It's not really an assumption. The US, Israel, and Nigeria are three examples of countries with a high infant circumcision rate. The UK, France, and Finland are examples of countries with low infant circumcision rates. But the ratio of male to female infant mortality rates is roughly the same in all of these countries (1.25, 1.05, 1.24, 1.26, 1.22, and 1.2 respectively).

"YOUR assumption, it seems, is that the causes of death would be the same throughout. This simply

cannot be true."

On the contrary, I agree that there are sure to be differences between countries. But what basis is there to assume that male and female infant mortality rates would be equal in the US if infant circumcision were not widespread?

Jakew: "It's a little unclear what you mean by "routinely" circumcising, but there are reports that Nigeria, for example, circumcises around 87% of boys in infancy."

"It is a little unclear what you mean by "in infancy." Do you mean in the neo-natal period? Or 3 or 4 years of age?"

In the neonatal period, I believe.



antosyn1

17/01/2011 6:37 pm #



[Report](#)

jakew,

I've had a piece of my genitalia removed without my consent. If someone were to cut off some of your penis (or any other body part) without your consent in the morning because it MIGHT be beneficial, not proven by any means, would you be happy about it? I think not.



jakew

17/01/2011 6:38 pm #



[Report](#)

"And I should take the word of circumcisers because..."

Circumcisers?

"Oh? The keratinization myth again? Here are studies that refute the HIV/Keratinization myth:"

Hmm, to remind you we were talking about keratinisation of the glans, which neither of the quotes you include actually mention.

[Re: Jakew: "Here are the published studies of glans sensitivity by circumcision status. They don't support your claim.]"It needs to be mentioned that for this "study," Masters and Johnson only measured two parts of the penis, and completely ignored the foreskin."

Why on earth would they need to measure the foreskin? Once again, we're talking about your claim that circumcision causes the *glans* to lose sensitivity.

"Their sample size was also something like 20 men."

312, to be precise.

"I'll admit I'll have to look at these again..."

Good idea.

"Actually, no, I'm sorry, the words of you nor Morris aren't worth anything."

If that were so, you wouldn't bother to debate with me. :-)

"The fact remains; the circumcised penis desensitizes over time, and the foreskin is more sensitive than the glans, even more sensitive than the most sensitive part of the circumcised penis."

You're maintaining this position in spite of the fact that I've just disproven it? Remarkable.

"The point of the study was not to measure sexual satisfaction, but rather, sensitivity."

Why? Why would anyone care about penile sensitivity if it didn't affect sexual satisfaction?

[Further personal attacks deleted.]



Joseph4GI

17/01/2011 7:17 pm #



[Report](#)

"I'm afraid circumcision "researchers" place primacy on the latter. There are already better ways to prevent HIV that do not require genital mutilation. But apparently they're not interested in that."

Jakew: "On the contrary, the more ways there are to prevent HIV, the better. Some methods don't work all the time, others aren't used all the time (and aren't used at all by some). So it's necessary to have a selection of prevention strategies."

And some, like the promotion of the circumcision of healthy infants who do not even engage in sex, so are therefore at ZERO risk for sexually transmitted STDs, are a violation of basic human rights.

The promotion of circumcision as HIV prevention is nothing more than the promotion of genital mutilation using pseudo-science.

"Researchers" need to work on HIV prevention methods that are not only conclusively effective, but preserve the human body, and do not violate the basic human rights of non-consenting individuals.

"It doesn't seem unreasonable for people to want to use their "discoveries" for good. It also doesn't seem unreasonable that they're also using their "discoveries" to push a long-standing agenda, which, if one looks at the histories of all these so-called "researchers," it is clear what that is."

JakeW: "So you keep saying. And the absence of evidence is, likewise, familiar."

No, the presence of the evidence is familiar, as is your insistence of disregarding it.

"But the problem here is that the assumption that "circumcision prevents AIDS" was already a foregone conclusion before the "studies" even began. If you look at the objectives etc., the "studies" sought to "measure the effect of circumcision on HIV transmission.""

JakeW: "Yes, so such a measurement would inform whether it decreased, increased, or left the risk unchanged."

A measurement to an assertion not yet proven.

How does circumcision prevent HIV, Jake? Tell us.

Not even the so-called "researchers" can explain this, beside the assertion that it just "does."

The latest "studies" apparently establish a correlation; correlation does not equal causation. Especially when the results from these so-called "studies" have failed to correlate with reality. (IE, Cameroon, Ghana, Lesotho, Malawi, Rwanda, Swaziland, Malaysia, the United States, etc.)

"By the way, it bears mentioning that all of the so-called "studies" have been based on hypotheses that have one by one been de-bunked. "Researchers" assert, without any proof whatsoever, that the

Langerhans cells found in the foreskin were supposed to be the "prime port of entry" for HIV. DeWitte disproved that by showing that, not only do Langerhans cells help FIGHT HIV, but that they are found all over the body, and are thus, impossible to eradicate."

JakeW: "No, that's far too simplistic. Several studies have shown that HIV enters the body through Langerhans and other target cells. DeWitte, however, showed that the same cells do have a defence against HIV. This explains why it's relatively difficult (or at least, thankfully not too easy) to catch HIV, but it doesn't disprove the other studies."

The Langerhans, contrary to the original hypothesis, help FIGHT the HIV virus. They are a line of DEFENCE, NOT a "main port of entry."

This hypothesis fails. It really is as simple as that.

"To date, there hasn't been a single explanation as to HOW exactly circumcision prevents HIV, only the assertion that it just "does," based on these faulty studies that affirm the consequent and deny the antecedent. "Studies show" a "reduced risk in HIV" in circumcised males; but one of many confounding factors could have produced those results, from the fact that men were asked to abstain for 6 weeks after their circumcision, to the fact that they were given condoms and proper sex education, to the fact that the studies were ended early."

JakeW: "Let's look at these claims logically. First, men were asked to abstain during the healing period, that's true. If this were the reason for the reduced risk, we would expect charts of the relative risk over time to show a large difference in HIV infections in the first 2-3 months, and no difference afterwards. But in fact the charts show consistent protective effect over time. So we can dismiss that as a reason. Second, circumcised men were given condoms and sex education, but so too were the uncircumcised men. So we can also dismiss that."

Not so fast there, Jake; The men who were also abstaining during their healing period also had to come back to the clinic for follow-up visits, during which they would have been exposed to education and condoms more than the intact group. Not to mention the "studies" were cut short. So no, you cannot just "dismiss" that. It must also be noted that quite a lot of men dropped out of the study, confounding the results even further.

"We will simply never know, because the control group was circumcised, ostensibly on "ethical grounds," but more likely on grounds that couldn't be further from ethical practice. (IE, covering your own tracks.)"

JakeW: "Tell me, do you ever tire of making baseless accusations?"

Tell me, do you ever tire of ignoring the facts?

"There is absolutely no conflict of interest in defending the whole and natural human body."

JakeW: "So it's impossible to be biased against circumcision? Is that what you're claiming? Bias only exists in those whom you oppose?"

Ah yes, the complex question.

Yes. When medical "researchers" are studying the human body, the bias should be in favor of preserving it, not vilifying it and seeking its destruction.

If the bias is in favor of destroying, not preserving the human body, then yes, I oppose them.

"Science" that seeks to necessitate, the destruction of part of the human body is quackery, pure and simple"

"No, you simply refuse to acknowledge that coming from an ethnic or cultural background where circumcision is important presents a conflict of interest. You are being ignorant. And that's fine if you like."

JakeW: "I find claims of bias on the basis of nothing but assumption to be rather comical."

Given the facts, it is quite a safe assumption, esp. when the ethnic/religious backgrounds of some of the researchers are actually known.

On Dan Bollinger's study; I'll have to re-read it again.

"It is a little unclear what you mean by "in infancy." Do you mean in the neo-natal period? Or 3 or 4 years of age?"

JakeW: "In the neonatal period, I believe."

Could you provide a source? Having a largely Muslim population, I was under the impression that children there were circumcised at later ages in the Muslim tradition.



Joseph4GI

17/01/2011 7:22 pm #



[Report](#)

"Oh? The keratinization myth again? Here are studies that refute the HIV/Keratinization myth:"

JakeW: "Hmm, to remind you we were talking about keratinisation of the glans, which neither of the quotes you include actually mention."

As if the glans were the only part of the penis that keratinizes...

[Re: Jakew: "Here are the published studies of glans sensitivity by circumcision status. They don't support your claim."] "It needs to be mentioned that for this "study," Masters and Johnson only measured two parts of the penis, and completely ignored the foreskin."

JakeW: "Why on earth would they need to measure the foreskin? Once again, we're talking about your claim that circumcision causes the *glans* to lose sensitivity."

Actually, no, I think we were talking about the sensitivity of the entire organ.

Why on earth would you need to measure the foreskin? Uh, because it's an intrinsic part of the penis? Because that would determine the difference in sensitivity between the glans and the foreskin? Which, if I remember correctly, my claims were that the foreskin is more sensitive than the glans, even the most sensitive part of the circumcised penis?

The foreskin, whether you choose to acknowledge it or not, is not superfluous or "extra," it is an intrinsic part of the whole organ.

I believe your bias is showing.

"Actually, no, I'm sorry, the words of you nor Morris aren't worth anything."

JakeW: "If that were so, you wouldn't bother to debate with me. :-)"

Let's not equivocate; we're talking about your silly letter.

"The fact remains; the circumcised penis desensitizes over time, and the foreskin is more sensitive

than the glans, even more sensitive than the most sensitive part of the circumcised penis."

JakeW: "You're maintaining this position in spite of the fact that I've just disproven it? Remarkable."

But you haven't disproven anything; you only keep asserting that the letter you wrote is actually of any significance. I'm sorry, but your silly letter fails to make a dent in the Sorrells study.

The Sorrells study maps out differences in sensitivity in different parts of the intact and circumcised penis. It is superior to other studies, because they actually measure the sensitivity in ALL the organ. (Which, science is supposed to take the WHOLE of the human body into account, not just those parts which you think that matter.)

"The point of the study was not to measure sexual satisfaction, but rather, sensitivity."

Jake: "Why? Why would anyone care about penile sensitivity if it didn't affect sexual satisfaction?"

Uh, because the claims of circumcision "researchers" are that circumcision does not reduce penile sensitivity?

And, I think I've established that the self-reported surveys are a poor indicator of "sexual satisfaction."

And you are wrong; thousands of men restoring are living proof that circumcision reduces sexual satisfaction. Their wives attest to the before/after difference, and men who were circumcised as adults and restored later can tell both parts of the story.

Circumcision is genital mutilation, it is quackery to "study" the deliberate destruction of the human body, and it is a violation of basic human rights to mutilate the genitals of healthy, non-consenting individuals.

When an act is a violation of basic human rights, it doesn't MATTER how many "studies" have been written to justify it.



Joseph4GI

17/01/2011 7:56 pm #



[Report](#)

Here is the bottom line:

The foreskin is not a birth defect, deformity or genetic anomaly. The foreskin is natural, normal, healthy tissue found in all boys at birth. The foreskin is an intrinsic part of a whole penis.

Without a clinical or medical indication, the circumcision of healthy, non-consenting individuals is genital mutilation.

Unless there is a clinical or medical indication, doctors have absolutely no business performing surgery on healthy, non-consenting individuals, much less presenting parents with any kind of "decision" to make.

Doctors that reap profit from performing non-medical procedures on healthy, non-consenting individuals are engaging in medical fraud.

Unless a child is actually suffering from problems that require surgery, a doctor has the duty to refuse to perform circumcisions in healthy boys, just as he has the duty to refuse to perform circumcisions in healthy girls.

Unless there is an actual medical or clinical indication, the circumcision of healthy, non-consenting minors is nothing short of abuse.

It is professional abuse on behalf of the doctor, it is the abuse of parental naivete, and ultimately, it is abuse of the healthy, non-consenting child himself.

Unless there is concrete medical or clinical indication, the circumcision of healthy, non-consenting infants is a violation of basic human rights.

There is no amount of "study," that will ever legitimize the circumcision of girls.

The same needs to apply to boys.

Arguing about "studies" that show "potential medical benefits" is pointless, in light of the fact that there are better, less invasive, more conservative ways to provide the exact same "benefits."

And it is pointless to talk about "studies" that "show a reduction in STDs" in light of the fact that babies do not have sex, and are at absolute zero risk for them, and in light of the fact that condoms make circumcision a completely moot point.

Whether or not a person wants to be circumcised should be entirely up to that individual to decide; not anybody else.

Forcefully circumcising a healthy, non-consenting individual is a violation of basic human rights.

When medical "researchers" are studying the human body, the bias should be in favor of preserving it, not vilifying it and seeking its destruction. "Studies" that place primacy in the destruction of the human body, as opposed to its preservation and conservation are inherently flawed.

Male circumcision, and so-called circumcision "studies" are a shameful disgrace; a blight on modern medicine.

The very idea that people are "studying" to legitimize deliberate human rights violations are sick and disgusting.

Male circumcision, and any further "study" of it needs to be condemned. Banned. Outlawed.

Male circumcision is nothing less than genital mutilation.

We have to stop it.

We have to stop it NOW.



Joseph4GI

17/01/2011 8:04 pm #



[Report](#)

Studies cannot be used to take rights away from others.

Using "studies" to legitimize the deliberate violation of basic human rights of others are an abuse of science.



jakew

17/01/2011 8:53 pm #



[Report](#)

Responding again to Joseph4GI:

"And some, like the promotion of the circumcision of healthy infants who do not even engage in sex, so are therefore at ZERO risk for sexually transmitted STDs, are a violation of basic human rights."

You're entitled to that belief, but you must understand that not everybody shares it.

[Re: JakeW: "Yes, so such a measurement would inform whether it decreased, increased, or left the risk unchanged."]"A measurement to an assertion not yet proven."

Sorry, I don't understand what you're trying to say.

"How does circumcision prevent HIV, Jake? Tell us."

My opinion is that there is no one single mechanism, but a collection of individual mechanisms working together. These include: removal of the preputial sac which acts as a reservoir to hold virus next to the skin; indirect protection through reduced risk of ulcerative STDs; removal of areas with large numbers of target cells next to the surface; etc.

"The latest "studies" apparently establish a correlation; correlation does not equal causation. Especially when the results from these so-called "studies" have failed to correlate with reality. (IE, Cameroon, Ghana, Lesotho, Malawi, Rwanda, Swaziland, Malaysia, the United States, etc.)"

Actually, randomised controlled trials do establish a causative relation. That's the point of doing them.

"The Langerhans, contrary to the original hypothesis, help FIGHT the HIV virus. They are a line of DEFENCE, NOT a "main port of entry." [para break] This hypothesis fails. It really is as simple as that."

No, let me try to explain another way. The protein (Langerin) helps to protect Langerhans cells, but they are still a port of entry. By analogy, think of a medieval castle. Any intruder will likely enter through the main gate, so the occupant deploys archers and other fighters to fiercely defend that gate. As a result, that gate is fairly well defended, but even so that gate is still more vulnerable than any other part of the castle.

"Not so fast there, Jake; The men who were also abstaining during their healing period also had to come back to the clinic for follow-up visits, during which they would have been exposed to education and condoms more than the intact group."

Actually, all men had to return for follow-up visits. That's essential in order to test their HIV status.

"Not to mention the "studies" were cut short. So no, you cannot just "dismiss" that. It must also be noted that quite a lot of men dropped out of the study, confounding the results even further."

That doesn't introduce confounding unless there's a plausible reason to believe that drop outs would differ from those who remained in the study.

"Ah yes, the complex question. [para break] Yes. When medical "researchers" are studying the human body, the bias should be in favor of preserving it, not vilifying it and seeking its destruction. [p.b.] If the bias is in favor of destroying, not preserving the human body, then yes, I oppose them."

That's not what I'm asking. I'm not interested in whether or not you oppose a researcher. I'm interested in whether you acknowledge that biases can work both ways.

"On Dan Bollinger's study; I'll have to re-read it again."

No problem.

"Could you provide a source? Having a largely Muslim population, I was under the impression that children there were circumcised at later ages in the Muslim tradition."

One that springs to mind is Okeke LI, et al. Epidemiology of complications of male circumcision in Ibadan, Nigeria. BMC Urol. 2006 Aug 25;6:21.

Whether Muslim boys are circumcised at birth or later seems to vary from place to place. Other countries that perform neonatal circumcisions at least to some extent include Oman, Jamaica, Tanzania, Iran, Turkey, and Pakistan.

Speaking of sources, have you found the citation for that study that "had approx. 253 deaths per year involved meticulous review and re-coding of cause-of-death records"?



jakew

17/01/2011 9:13 pm #



[Report](#)

"As if the glans were the only part of the penis that keratinizes..."

Or, more to the point, doesn't!

"Actually, no, I think we were talking about the sensitivity of the entire organ."

No, we were discussing your claim that: "I stand my case; the foreskin protects the glans from, not only the contact of feces and urine, but from unwanted abrasion from clothing. Without the foreskin, the glans and surrounding tissues keratinize, hardening and desensitizing the area. Studies show that this is precisely what happens."

"Why on earth would you need to measure the foreskin? Uh, because it's an intrinsic part of the penis? Because that would determine the difference in sensitivity between the glans and the foreskin? Which, if I remember correctly, my claims were that the foreskin is more sensitive than the glans, even the most sensitive part of the circumcised penis?"

We discussed those claims separately, and I showed that they were erroneous. But here, we're discussing whether the loss of the foreskin causes the glans to desensitize. And testing the foreskin cannot help answer that question, can it?

"I believe your bias is showing."

No, I think you'll find that what's showing is my determination to stick to the subject. :-)

"Let's not equivocate; we're talking about your silly letter."

And, I note with interest, you haven't remarked on its merits. Instead you've relied upon argumentum ad hominem.

"But you haven't disproven anything; you only keep asserting that the letter you wrote is actually of any significance. I'm sorry, but your silly letter fails to make a dent in the Sorrells study."

Good, perhaps you'll actually address the substance of the letter. All the data is derived from Sorrells et al., and all the statistical tests are reproducible, so I'll look forward to your explanation.

"Uh, because the claims of circumcision "researchers" are that circumcision does not reduce penile sensitivity?"

That seems a poor reason for conducting a study, if it's really the **only** reason. Are you really saying

that sensitivity doesn't matter at all, and the only reason for measuring it is to score a cheap point?

"And, I think I've established that the self-reported surveys are a poor indicator of "sexual satisfaction.""

Not very persuasively, no.

"And you are wrong; thousands of men restoring are living proof that circumcision reduces sexual satisfaction. Their wives attest to the before/after difference, and men who were circumcised as adults and restored later can tell both parts of the story."

I've spoken to many, many men who've been circumcised as adults and have found that it enhanced their sex lives. While anecdotal, their testimony is consistent with the results of published studies.



Barefoot Intactivist

17/01/2011 9:22 pm <#>



[Report](#)

So, JakeW, your circumfetishist friends are happy they were circumcised as adults. Fine. How does that give you the right to take a knife to a minor's genitals against his will?



jakew

17/01/2011 9:41 pm <#>



[Report](#)

"So, JakeW, your circumfetishist friends are happy they were circumcised as adults. Fine. How does that give you the right to take a knife to a minor's genitals against his will?"

First, I'm not altogether sure what a circumfetishist is, but I somehow doubt that most of these men would qualify. I'm sorry if that disappoints you.

Now, to answer your question, I don't claim to have the right to "take a knife to a minor's genitals against his will", which I assume is intended as a melo-dramatic way of saying "circumcising a boy". I'm not a doctor, and am not qualified to perform surgery. Nor do I advocate that anyone else performs circumcisions. I reject the anti-circumcision viewpoint, but I would describe my views as pro-parental choice rather than pro-circumcision.

I'm discussing with Joseph4GI what effect circumcision has on sexual satisfaction, and in response to the anecdotal evidence he introduced, I'm introducing some contrary anecdotal evidence. Nothing more,

nothing less.



Joseph4GI

17/01/2011 10:51 pm #



[Report](#)

"As if the glans were the only part of the penis that keratinizes..."

JakeW: "Or, more to the point, doesn't!"

The glans doesn't keratinize?

"Actually, no, I think we were talking about the sensitivity of the entire organ."

JakeW: "No, we were discussing your claim that: "I stand my case; the foreskin protects the glans from, not only the contact of feces and urine, but from unwanted abrasion from clothing. Without the foreskin, the glans and surrounding tissues keratinize, hardening and desensitizing the area. Studies show that this is precisely what happens."

"Why on earth would you need to measure the foreskin? Uh, because it's an intrinsic part of the penis? Because that would determine the difference in sensitivity between the glans and the foreskin? Which, if I remember correctly, my claims were that the foreskin is more sensitive than the glans, even the most sensitive part of the circumcised penis?"

Jakew: "We discussed those claims separately, and I showed that they were erroneous. But here, we're discussing whether the loss of the foreskin causes the glans to desensitize. And testing the foreskin cannot help answer that question, can it?"

No no no, you're mixing points here, and no, you haven't showed that any of my claims were "erroneous."

Point 1: The foreskin DOES protect the glans. It keeps it from getting dirty with human waste, and it keeps the glans from keratinizing. Without the foreskin, the glans and surrounding tissues DO keratinize, hardening and desensitizing the area. Sorrells show that this is precisely what happens.

Point 2: The foreskin IS an intrinsic part of the penis. Some people might think it is "extra" or "superfluous," but this is erroneous. The normal, natural penis is the one with the foreskin; circumcision

is a forced phenomenon. Therefore it is important to see what functions it has, what sensations it is capable of. It is a separate, but intrinsic part of the penis, separate from the glans, in and of itself.

Point 3: Sorrells shows that not only is the foreskin more sensitive than the glans; it is more sensitive than the most sensitive part of the circumcised penis.

The fact that you keep bringing up your insignificant letter does not render these results "erroneous." Well, maybe in your head it does.

DOES the loss of the foreskin cause the glans to desensitize? Yes. It does. There is a clear difference in sensitivity between the glans of the intact penis, and the glans of the intact penis, and this is noted.

You are correct; it is not necessary to test the foreskin to answer the question of whether or not the glans becomes desensitized in the circumcised penis; but that's not why they were testing the foreskin. The entire purpose of the study was to map sensitivity among different parts of the penis, both circumcised and intact to compare. It would be erroneous to simply ignore the foreskin, because it is part of the penis. It is important to test the sensitivity of the foreskin because it must be compared with the sensitivity of other parts of the penis, both circumcised and intact. The results show, and this is important, that not only the foreskin is more sensitive than the glans itself, but that it is more sensitive than the most sensitive part of the circumcised penis.

The first question, whether or not circumcision results in the desensitization of the glans is important. But more important is the comparison of the sensations of the foreskin, with everything else.

Some have objected to the study on the grounds of "well that's not right, the circumcised penis doesn't have a foreskin; the foreskin should be ignored." As if the circumcised penis were the naturally occurring phenomenon! It's a true observation, but that's not the fault of the researchers; the researchers' job is to document EVERYTHING, not just the parts that SOME people think matter.

"Let's not equivocate; we're talking about your silly letter."

JakeW: "And, I note with interest, you haven't remarked on its merits. Instead you've relied upon argumentum ad hominem."

I'm sorry if you're hurt by my pointing out that you and Morris have a conflict of interest.

JakeW: "Good, perhaps you'll actually address the substance of the letter. All the data is derived from

Sorrells et al., and all the statistical tests are reproducible, so I'll look forward to your explanation."

I'm sorry, Jake, I know too much about you and Morris to consider anything you have to say about Sorrells of any value. You and Morris are circumfetishists. You are both on record. I'd rather look at material that isn't inherently biased. Your known bias is a conflict of interest.

JakeW: "That seems a poor reason for conducting a study, if it's really the *only* reason. Are you really saying that sensitivity doesn't matter at all, and the only reason for measuring it is to score a cheap point?"

Well I suppose there are MORE reasons; for example, that previous studies regarding the sensitivity of the penis weren't as extensive. Previous studies were flawed because they ignored the presence of the foreskin and assumed that all penises were circumcised.

"And, I think I've established that the self-reported surveys are a poor indicator of "sexual satisfaction.""

JakeW: "Not very persuasively, no."

I'm not sure you'll ever be persuaded, as you have an inherent bias in favor of circumcision.

The facts remain, that a self-reported survey, with questions written by biased "researchers," presented to men who were geared towards circumcision isn't exactly the best way to collect data on "sexual satisfaction." I find it peculiar that along with circumcision "studies" that seek to establish some sort of correlation with HIV risk reduction, "researchers" all of a sudden thought sexual satisfaction might be important, important enough to pop a survey to men who were recently circumcised, who were told that circumcision would save them from HIV. I'm supposed to believe that all of these men were truthful when they said "yes!! of course!!"? Were the "researchers" studying HIV prevention? Or sexual satisfaction? Which of the two? It just seems that "sexual satisfaction" only matters as long as they got a positive answer from the men they just circumcised.

The men were asked within a relatively short amount of time from their circumcisions. Their penises are still fresh and raw. But what will these men say in 20-30 years? Because that's how long it takes for the desensitization sets in. Are our dear "researchers" going to come back in 30 or so years? Or were they satisfied with the tick on the "Yes, I'm satisfied" box on their survey?

This is enough to persuade you? Well, good for you. I'm afraid this is poor, and not at all the "rigorous study" that I expected.

I think the Sorrells study provides us with much harder data than this.

"And you are wrong; thousands of men restoring are living proof that circumcision reduces sexual satisfaction. Their wives attest to the before/after difference, and men who were circumcised as adults and restored later can tell both parts of the story."

JakeW: "I've spoken to many, many men who've been circumcised as adults and have found that it enhanced their sex lives. While anecdotal, their testimony is consistent with the results of published studies."

Well, as I've stated above; I'd like to know more about these men. When did you ask them? Was it right after? How much time had elapsed since their circumcision? Their testimony might be consistent with the results of the published studies if the circumstances were the same; the men wanted to get circumcised, and they were asked about their "satisfaction" fairly recently since their circumcision.

I've spoken to many men who were circumcised as adults; they tell me that initially they felt great. They felt never better, and it was the best thing that ever happened in their lives, and the intactivists were full of it, and it even enhanced their sexual satisfaction. But then, 30 years later, not so much. These men that I am telling you about decided to restore at about ages of 45 - 50, and they tell me that they noticed a difference, that they managed to get some, but not all of the sensations they lost, back. In a few cases, they tell me that their wives noticed the changes first; easier thrusting, shorter ejaculation time, the orgasms seemed deeper. Some men told me that their wives would ask them "are you almost finished? I'm starting to get sore." In some cases, sex stopped altogether. That is, until they decided to try out restoring.

Yes, this might be anecdotal too, but it also contradicts these "studies" that say that "sexual satisfaction is no different."

This tells me that whatever studies say, at the very least, it needs to be up to an individual to decide what he wants for himself. It is not fair that this choice on how one wants to have his penis is taken away at childbirth. This is wrong. This is a violation of basic human rights.

How a man wants to have his penis should be HIS body, HIS choice, and nobody else's.



Joseph4GI





JakeW: "First, I'm not altogether sure what a circumfetishist is, but I somehow doubt that most of these men would qualify. I'm sorry if that disappoints you."

Will you stop being so coy! A circumfetishist is someone that has a sexual fixation with circumcision.

Jake, it is a known fact that you belong, or once belonged to CIRCLIST. You are on record saying that you have had a fixation with the circumcised penis since you were 5 years of age. This is not a personal attack, these are simply the facts. Why do you deny them?

Why are these important? Because people know that your assertions aren't without a conflict of interest.

JakeW: "Now, to answer your question, I don't claim to have the right to "take a knife to a minor's genitals against his will", which I assume is intended as a melodramatic way of saying "circumcising a boy". I'm not a doctor, and am not qualified to perform surgery. Nor do I advocate that anyone else performs circumcisions. I reject the anti-circumcision viewpoint, but I would describe my views as pro-parental choice rather than pro-circumcision."

Jake, if the child does not have a medical or clinical condition that requires surgery, what "choice" does a parent really have?

Without a medical or clinical indication, how can doctors even be performing surgery on healthy, non-consenting children, let alone be giving parents any kind of "choice?"

If parents can simply choose what surgeries their child will have point blank, with no medical indication, simply because they request them, what is the list? What other non-medical surgeries are parents allowed to ask for their children?

JakeW: "I'm discussing with Joseph4GI what effect circumcision has on sexual satisfaction, and in response to the anecdotal evidence he introduced, I'm introducing some contrary anecdotal evidence. Nothing more, nothing less."

Actually, more than that, we're also talking about the validity of studies that place primacy on the destruction of the body, rather than its preservation.

In all honesty, I think that sexual satisfaction is rather secondary. Circumcision may diminish, or enhance "sexual satisfaction." The crux of the entire argument against circumcision is the violation of basic

human rights.

I think "studies" that center on legitimizing circumcision are totally bogus outright, but whatever "studies" say, ultimately, it should be a man's right to choose. Circumcising minors violates human rights and takes away this self-autonomy.

Circumcision is the destruction and permanent disfiguration of a non-consenting person's genitals; it is genital mutilation, and it must be stopped.



R Carry

17/01/2011 11:18 pm <#>



[Report](#)

Right lads - we cannot have our comment facility being used for personal attacks - they need to stop immediately. We've had to delete a couple of messages because they have made claims about other individuals. We're not in a position to substantiate or refute these claims, which means we can't stand over them, which means we have to prevent them from appearing on our site.

We really, really don't want to be blocking people but if they keep cropping up, that's pretty much the only option we'll be left with if they appear again.

Many Thanks,

Robert Carry
Editorial Team.



jakew

18/01/2011 12:12 am <#>



[Report](#)

"What, that children are at zero risk for sexually transmitted STDs? Or that circumcising healthy infants violates their basic human rights?"

Either statement is questionable. Children almost invariably become adults, so it is short-sighted to claim that their STD risk is zero. And it seems dubious to claim that circumcision violates human rights.

"It needs to be established that circumcision does indeed reduce the risk of HIV before this "effect" could be measured."

Sorry, that's backwards. You need a measurement in order to establish it.

"The mechanism by which the removal of the foreskin actually reduces the risk of HIV has not been established."

Doesn't matter. It's not always necessary to know why something is true; often it's sufficient to know that it's true. We don't know for sure why objects have mass, for example, but science proceeds quite happily knowing that they do.

"These trials do not establish a causative relation; only a correlation. We're given a statistic (that 60% of the circumcised men did not get infected with HIV in 1.5 years), and we're expected to believe that it was circumcision, when, in fact, it could have been a number of other factors."

No, they're *experimental* evidence; they establish causation by design.

"The problem with this is that while circumcision removes some of the langerhans cells, it does not, nor cannot remove them all, as DeWitte has shown."

Um, DeWitte didn't show any such thing. I think it was Cold and Taylor who made that argument. It's not a very strong argument because you don't have to remove every Langerhans cell in order to reduce the risk.

"There is still the question of, what actually caused the reduction in HIV transmission; was it indeed the circumcision? Or was it the use of condoms? Or was it their abstinence? How many of the men were faithful? What was their religious status? (Muslim men are more apt to remain faithful to their wives and not engage in risky sexual activities.) How many of the transmissions that did happen were due to sex, and not to other activities like needle sharing?"

The whole point of random assignment to a control or intervention group is to ensure that there are no associations with religion, for example, that would bias the results in one direction or the other. So, excluding statistical noise, any differences between the groups must be a result of the intervention. That's what makes the design so powerful.

"Those figures are high enough in themselves to cast doubt on the validity of the results, but circumcised men who found they had HIV would be disillusioned with the trials and less likely to return. It would take only 25, 25 and 23 such men respectively to completely nullify the trials, and fewer to render the results

non-significant. [p.b] What do you think?"

It's unconvincing at best. How are they expected to find that they have HIV? Are they going to pay for testing? When they can get free testing as part of the study? That doesn't make much sense.

"And what do you think of the fact that the results from these "studies" have failed to correlate in other countries that I've mentioned? In Cameroon, Ghana, Lesotho, Malawi, Rwanda, and Swaziland, HIV was shown to be more prevalent among the circumcised. Not to mention Malaysia, where, according to Malaysian AIDS Council vice-president Datuk Zaman Khan, more than 70% of the 87,710 HIV/AIDS sufferers in the country are Muslims (where all men are circumcised)."

I don't think it's very surprising. What you're talking about are surveys that have sampled a small fraction of the population, and have distilled from this data on associations between circumcision and HIV prevalence. In epidemiology, they're called observational studies. And like all human studies, they're imperfect. The weaker the study design (and observational studies are fairly weak), the more likely it is that they'll deliver the wrong results. In practice, there have been maybe 60 or even 70 observational studies to date, and the majority (especially the better-designed studies) have found results consistent with the randomised controlled trials.

"Not to mention America, where we have both the highest rate of circumcised men, AND HIV transmission rates higher than quite a few countries that do not circumcise?"

Not terribly surprising, when you think about the fact that the US has had, historically at least, poor sex ed and low levels of condom use. Interestingly, between-country comparisons such as these are a type of observational study, known as an ecological study. They're generally considered to be the weakest of all designs.

"And what do you think of the Wawer study that showed that women were 50% more likely to get HIV from a circumcised partner?"

The difference was not statistically significant.

"Circumcision, if "studies" are legit, would only "reduce the risk of 60%" in MEN. Women would be 100% exposed to viral load in semen. A condom would protect BOTH partners by 95%, plus the prevention of other diseases, plus the prevention of unwanted pregnancy, far outshining circumcision. [para break] How does it even begin to MAKE SENSE to be promoting an alternative to the superior mode of HIV prevention?"

Wouldn't it make more sense to think about circumcision *and* condoms? That way, if condoms should fail to protect (or if they're forgotten in the heat of the moment), circumcision acts as a fallback.

You're not talking about bias, or at least I hope you're not. A bias in favour of preserving the foreskin might manifest itself in unbalanced discussion of the literature, faulty analysis of data, or - in extreme cases - falsification of data itself. We should hope never to see such a bias (in any direction), since it undermines the foundation that scientific knowledge is built upon. The intent to preserve the foreskin, on the other hand, is not by itself harmful. I would say that it can occasionally be misguided, but that is because I believe that maximising the patient's wellbeing and quality of life should be the goal, and occasionally tissue preservation conflicts with that goal. But that's my belief system, and you're free to disagree with it.

"My sources are a mess at the moment. I cannot find it for now. The study I mention was supposed to be the predecessor to Dan Bollinger's current one."

Okay. Let me know if you find it. I think your memory is incorrect, incidentally: you could be talking about Baker's (1979) estimate of 229/year, but that wasn't based on review/re-coding. Rather, it was derived by extrapolation using Gairdner's data which covered circumcision of older children under general anaesthesia in the 1940s, and hence unsurprisingly had a higher death rate.

"It happened last year, when a young boy, [name deleted], died as a direct result of being circumcised. The child was already struggling to survive because he had a heart condition, but doctors decided to circumcise him anyway. Written in full detail on the mother's blog were the cascade of events that lead to this child's death, and it was well documented that the child bled for 7 hours before doctors decided to check and realize the child needed a stitch. The reported cause of death? Not circumcision of course; it was due to complications with his heart problem, and had absolutely nothing to do with the fact that he bled from his penis for 7 hours. Both the hospital and the mother deny that the child's death had anything to do with circumcision; but this is only a death we were able to find out about because the mother posted it online."

I have to say that circumcising an infant with a heart condition troubles me, but having said that, is there any actual proof that circumcision was actually the cause of death? I'm not saying that it wasn't, but if there's no proof it seems wiser not to make a claim either way...

"The glans doesn't keratinize?"

To be precise, the glans does is keratinised, but it doesn't keratinise further as a result of circumcision.

"Point 1: The foreskin DOES protect the glans. It keeps it from getting dirty with human waste, and it keeps the glans from keratinizing. Without the foreskin, the glans and surrounding tissues DO keratinize, hardening and desensitizing the area. Sorrells show that this is precisely what happens."

Wrong. I've already cited the relevant studies above. They show that a) the glans of the circumcised and uncircumcised penes are equally keratinised, and b) that only one of the 5 sensitivity studies found a significant difference, and as analysis by Waskett and Morris showed, that claim was erroneous.

"Point 3: Sorrells shows that not only is the foreskin more sensitive than the glans; it is more sensitive than the most sensitive part of the circumcised penis."

That's what they claim, true, but as their own numbers show, the claim is wrong.

"DOES the loss of the foreskin cause the glans to desensitize? Yes. It does. There is a clear difference in sensitivity between the glans of the intact penis, and the glans of the intact penis, and this is noted."

But, inconveniently for your argument, studies show that it does not desensitise.

[Re JakeW: "Good, perhaps you'll actually address the substance of the letter. All the data is derived from Sorrells et al., and all the statistical tests are reproducible, so I'll look forward to your explanation."] I'm sorry, Jake, I know too much about you and Morris to consider anything you have to say about Sorrells of any value. [Personal attack deleted.] You are both on record. I'd rather look at material that isn't inherently biased. Your known bias is a conflict of interest."

This is getting absurd. For the sake of argument, let's assume that I'm the ghost of Adolf Hitler himself. So I'm a bad guy. That still doesn't nullify what I have to say. Bad guys sometimes make good arguments.

"Well I suppose there are MORE reasons; for example, that previous studies regarding the sensitivity of the penis weren't as extensive. Previous studies were flawed because they ignored the presence of the foreskin and assumed that all penises were circumcised."

But if sensitivity is really totally unimportant then would it really matter whether the studies of it were any good or not? If the question is important, after all, then it's worth expending the effort to find the right

answer, but if it truly doesn't matter, why bother? Does sensitivity matter or not? And if it does matter, why? I don't think you'll be able to answer this without acknowledging that it matters because of sexual satisfaction. And so assessing sexual satisfaction *directly*, rather than testing the ability to feel little bits of nylon filament and then guessing about what that might mean, seems like quite a good study design to me.

"The men were asked within a relatively short amount of time from their circumcisions. Their penises are still fresh and raw. But what will these men say in 20-30 years? Because that's how long it takes for the desensitization sets in."

This would be the special kind of desensitisation that magically vanishes whenever it's studied?

"Well, as I've stated above; I'd like to know more about these men. When did you ask them? Was it right after? How much time had elapsed since their circumcision?"

Sometimes a few months; sometimes a few years.

"I've spoken to many men who were circumcised as adults; they tell me that initially they felt great. They felt never better, and it was the best thing that ever happened in their lives, and the intactivists were full of it, and it even enhanced their sexual satisfaction. But then, 30 years later, not so much."

Not surprising; aging affects sexual sensation.

"These men that I am telling you about decided to restore at about ages of 45 - 50, and they tell me that they noticed a difference, that they managed to get some, but not all of the sensations they lost, back."

Classic placebo effect.

"In a few cases, they tell me that their wives noticed the changes first; easier thrusting, shorter ejaculation time, the orgasms seemed deeper."

Hardly surprising: they're both expecting a change, they're waiting for it, aware of each other's bodies, probably talking more about what they feel, and so on. More or less exactly the things to do to enhance a couple's sex life, of course.

"Will you stop being so coy! A circumfetishist is someone that has a sexual fixation with circumcision. [personal attacks deleted]"

Okay. To my knowledge none of the men I mentioned qualify under that definition.

"Jake, if the child does not have a medical or clinical condition that requires surgery, what "choice" does a parent really have?"

The choice of either having their son circumcised or not having him circumcised, obviously.

"If parents can simply choose what surgeries their child will have point blank, with no medical indication, simply because they request them, what is the list? What other non-medical surgeries are parents allowed to ask for their children?"

I would certainly hope that parents would be refused surgeries that were actually harmful, but in the case of circumcision, which is on balance neutral or beneficial, it seems entirely reasonable that they should decide.



TLCTugger

18/01/2011 12:44 am #



[Report](#)

It's great that this article brings up a child's basic human right to remain intact and enjoy his whole body. Far too few people consider the value of the exquisite foreskin.

For example in 2009 when Wawer/Gray reported that they circumcised hundreds of Ugandan men and then found they were 50% MORE likely to infect their partners with HIV than men left intact were, the study was halted due to "futility." Futile as an attempt to promote circumcision, apparently, because in the write-up, the authors said even though - if the result was valid - circumcising men would put their partners at risk, that all men (even HIV+ men) should be offered circumcision anyway. Why? The motives of the authors are transparent.

So in the end the best that could be said of the study was that it did NOT prove that women are protected by a man's circumcision, because the early halting prevented the numbers from rising to statistical significance.

So here's my question: Given that women very well MAY be at 50% increased risk with cut partners according to Wawer/Gray 2009, WHERE is the urgent follow-up study to prove that a HUGE mistake is not being made by Swaziland, Rwanda, and a few other nations where billboards and outright bribery are

cajolling young men into having their foreskins amputated? (Ironically Swaziland and Rwanda are among the nations where it is the CIRCUMCISED who already have a markedly higher HIV incidence).

And when Bailey followed up with Kenyan men in 2010 and reported that the cut population did NOT have a lower HIV incidence as might have been predicted by his earlier "controlled" trial (the one where the cut men abstained for 6 weeks, received armloads of condoms, and had multiple follow-up counseling sessions on safe sex) WHERE is his press junket to trumpet these results as fervently and loudly as he did years earlier when he pretended he HAD found a way to prevent AIDS? The author's motives are transparent.



jakew

18/01/2011 12:58 am #



[Report](#)

To respond to TLCTugger:

"For example in 2009 when Wawer/Gray reported that they circumcised hundreds of Ugandan men and then found they were 50% MORE likely to infect their partners with HIV than men left intact were, the study was halted due to "futility." [...] So in the end the best that could be said of the study was that it did NOT prove that women are protected by a man's circumcision, because the early halting prevented the numbers from rising to statistical significance."

That's a huge assumption: why on earth do you assume that, if allowed to continue, the numbers would have risen in such a way? It seems very unlikely, for several reasons. First, consider previous studies. While observational in nature, these generally indicated that there might be a protective effect of circumcision. So on the basis of other evidence one would expect a protective effect or, at worst, no effect. Second, on the basis of the evidence from this study, no statistically significant difference is no effect, so the prediction would have to be no effect if allowed to continue. Finally, Wawer found that the bulk of infections coincided with couples who had resumed sex too early (that is, while there was still a raw wound). So, continuing the study would have given more healing time, thus reducing this confounding effect.

"And when Bailey followed up with Kenyan men in 2010 and reported that the cut population did NOT have a lower HIV incidence as might have been predicted by his earlier "controlled" trial (the one where the cut men abstained for 6 weeks, received armloads of condoms, and had multiple follow-up counseling sessions on safe sex)"

These claims have been discussed above.

"WHERE is his press junket to trumpet these results as fervently and loudly as he did years earlier when he pretended he HAD found a way to prevent AIDS? The author's motives are transparent."

I'm sure that it's great fun to ascribe evil motives to your opponents and allude to hypocrisy, but might it not be more rational to assume that, as an epidemiologist, Bailey is familiar with the basics of epidemiology, and knows that a randomised controlled trial is much, much stronger evidence than yet another observational study?



freedom0speech

18/01/2011 4:12 am #



[Report](#)

Jake (and Brian) used Bonferroni's correction to attack Sorrells' claims. Bonferroni's correction can obscure real differences. One website says that while Bonferroni's test decreases the chance of a false positive, it raises the chance of a false negative.

<http://www.quantitativeskills.com/sisa/calculations/bonhlp.htm>

Jake claims that Sorrells' mathematics are wrong. How can we choose between the two?

1. Both Sorrells et al. and Morris and Waskett are activists, and so is Hugh Young, who answered Morris and Waskett. As all of the participants are activists, we should proceed with caution.

2. Sorrells' paper is peer reviewed, so that's one up on the letters from both Morris and Waskett and Hugh Young. A peer reviewed article is likely to be more reliable than a letter, because letters aren't peer reviewed.

3. Bonferroni's correction is itself not without controversy, so that's another point that needs to be cleared up before we accept the conclusions of Morris and Waskett or of Hugh Young.

4. Hugh Young answered Morris and Waskett, stating that they had misapplied Bonferroni's correction. That means that there is a real question to be settled about whether the Bonferroni correction should have been applied in the first place. <http://www3.interscience.wiley.com/cgi-bin/fulltext/118508003/HTMLSTART>

Perhaps the best thing to do is to read the study and follow that up with the letters both for and against.

http://www3.interscience.wiley.com/cgi-bin/fulltext/118508429/PDFSTART
http://www3.interscience.wiley.com/cgi-bin/fulltext/118508593/HTMLSTART
http://www3.interscience.wiley.com/cgi-bin/fulltext/118508003/HTMLSTART

In the mean time, however, it stands to reason that removing tissue from the penis would reduce sensitivity, whether or not the person involved would notice the difference.



Joseph4GI

18/01/2011 4:25 am #



[Report](#)

"What, that children are at zero risk for sexually transmitted STDs? Or that circumcising healthy infants violates their basic human rights?"

Jakew: "Either statement is questionable. Children almost invariably become adults, so it is short-sighted to claim that their STD risk is zero. And it seems dubious to claim that circumcision violates human rights."

Yes, children become adults, at which point they become capable of understanding and choice; it should be THEM to decide what they want to do with their bodies, to decide whether or not they would like this "protection." As children, STD prevention is a moot point.

Unless there is an actual medical indication, a violation of basic human rights is what circumcision is.

"It needs to be established that circumcision does indeed reduce the risk of HIV before this "effect" could be measured."

JakeW: "Sorry, that's backwards. You need a measurement in order to establish it."

I'm sorry, that's backwards. It needs to be proven that circumcision prevents HIV. "We circumcised these men (and gave them education and condoms), the intact group of men got HIV more, circumcision prevents HIV" denies the antecedent, confirms the consequent and damns alternatives. This study is logically flawed.

"The mechanism by which the removal of the foreskin actually reduces the risk of HIV has not been established."

JakeW: "Doesn't matter. It's not always necessary to know why something is true; often it's sufficient to know that it's true. We don't know for sure why objects have mass, for example, but science proceeds quite happily knowing that they do."

Oh yes it does. Before "researchers" can make the claim "circumcision reduces the risk of HIV," it needs to be proven that this is so. Your second statement is an attempt to blind with science and an analogical fallacy.

The fact is that these "results" are limited to the "researchers'" rigged studies. They do not correlate with reality.

"These trials do not establish a causative relation; only a correlation. We're given a statistic (that 60% of the circumcised men did not get infected with HIV in 1.5 years), and we're expected to believe that it was circumcision, when, in fact, it could have been a number of other factors."

JakeW: "No, they're *experimental* evidence; they establish causation by design."

So how does circumcision prevent HIV?

"The problem with this is that while circumcision removes some of the langerhans cells, it does not, nor cannot remove them all, as DeWitte has shown."

JakeW: "Um, DeWitte didn't show any such thing. I think it was Cold and Taylor who made that argument. It's not a very strong argument because you don't have to remove every Langerhans cell in order to reduce the risk."

It's a very strong argument for many reasons; it proves that it is impossible to eliminate the "prime port of entry" for HIV, and because the very same cells exist in the mucosa of the vulva; circumcision would also benefit women, because it would remove "the prime port of entry" then as well. But then nobody is going to "study" that, I'm sure.

"There is still the question of, what actually caused the reduction in HIV transmission; was it indeed the circumcision? Or was it the use of condoms? Or was it their abstinence? How many of the men were faithful? What was their religious status? (Muslim men are more apt to remain faithful to their wives and not engage in risky sexual activities.) How many of the transmissions that did happen were due to sex, and not to other activities like needle sharing?"

JakeW: "The whole point of random assignment to a control or intervention group is to ensure that there are no associations with religion, for example, that would bias the results in one direction or the other. So, excluding statistical noise, any differences between the groups must be a result of the intervention. That's what makes the design so powerful."

The results are already biased; "finding the effects of male circumcision" already assumes that male circumcision is effective; this needs to be established first. Not to mention researcher bias, whether you choose to acknowledge it or not.

Additionally, isn't the weakness in these studies that they were NOT DOUBLE-BLINDED?

As far as I'm aware, the gold standard for determining whether a medical treatment works is the double-blind, placebo-controlled study.

"And what do you think of the fact that the results from these "studies" have failed to correlate in other countries that I've mentioned? In Cameroon, Ghana, Lesotho, Malawi, Rwanda, and Swaziland, HIV was shown to be more prevalent among the circumcised. Not to mention Malaysia, where, according to Malaysian AIDS Council vice-president Datuk Zaman Khan, more than 70% of the 87,710 HIV/AIDS sufferers in the country are Muslims (where all men are circumcised)."

JakeW: "I don't think it's very surprising. What you're talking about are surveys that have sampled a small fraction of the population, and have distilled from this data on associations between circumcision and HIV prevalence. In epidemiology, they're called observational studies. And like all human studies, they're imperfect. The weaker the study design (and observational studies are fairly weak), the more likely it is that they'll deliver the wrong results. In practice, there have been maybe 60 or even 70 observational studies to date, and the majority (especially the better-designed studies) have found results consistent with the randomised controlled trials."

Oh? "Wrong results?" Why would the "results" be the "wrong" ones and not the "correct" ones?

What good are 60-70 "observational studies" if they all have the same flaw of data extrapolation?

I think that the surveys are more powerful than the trials. Why? Because they were simply studies looking out to measure reality; they weren't out to establish a link between male circumcision and a reduced risk of HIV.

You don't need to run experiments where you circumcise a thousand men and then check to see if they got HIV in a half-a-year. All you need to do is see who is already circumcised, who is not, and test them for HIV.

The trials were a controlled environment, the surveys were measuring reality.

"Not to mention America, where we have both the highest rate of circumcised men, AND HIV transmission rates higher than quite a few countries that do not circumcise?"

JakeW: "Not terribly surprising, when you think about the fact that the US has had, historically at least, poor sex ed and low levels of condom use."

Oh?

JakeW: "Interestingly, between-country comparisons such as these are a type of observational study, known as an ecological study. They're generally considered to be the weakest of all designs."

Interestingly, using data collected from studies in Africa to establish policies in America, where the situation is completely different, is precisely what so-called "reseachers" are doing.

"And what do you think of the Wawer study that showed that women were 50% more likely to get HIV from a circumcised partner?"

JakeW: "The difference was not statistically significant."

It all depends on who you ask; not statistically significant for the authors, that's for sure; everyone else can see right through them.

"Circumcision, if "studies" are legit, would only "reduce the risk of 60%" in MEN. Women would be 100% exposed to viral load in semen. A condom would protect BOTH partners by 95%, plus the prevention of other diseases, plus the prevention of unwanted pregnancy, far outshining circumcision. [para break] How does it even begin to MAKE SENSE to be promoting an alternative to the superior mode of HIV prevention?"

JakeW : "Wouldn't it make more sense to think about circumcision *and* condoms? That way, if condoms should fail to protect (or if they're forgotten in the heat of the moment), circumcision acts as a

fallback."

No. I'd rather make sure I have a condom and not have part of my penis cut off.

Jakew: "You're not talking about bias, or at least I hope you're not. A bias in favour of preserving the foreskin might manifest itself in unbalanced discussion of the literature, faulty analysis of data, or - in extreme cases - falsification of data itself." We should hope never to see such a bias (in any direction), since it undermines the foundation that scientific knowledge is built upon. The intent to preserve the foreskin, on the other hand, is not by itself harmful. I would say that it can occasionally be misguided, but that is because I believe that maximising the patient's wellbeing and quality of life should be the goal, and occasionally tissue preservation conflicts with that goal. But that's my belief system, and you're free to disagree with it."

Well yes, I disagree. The bias should be in favor of preserving the human body first, the removal of hopelessly diseased tissue second. Preserving the body wherever possible, while destroying it whenever there is actual clinical, medical necessity is sound reasoning. It is unsound reasoning to be destroying perfectly healthy tissue to prevent a disease for which there are already more conservative alternatives. "Maximising the patient's wellbeing and quality of life," in my belief system, can and should be achieved avoiding destroying his/her body as much as possible. Only when tissue is hopelessly diseased, and the situation cannot be helped should doctors think about removing it. That is when a person's wellbeing and quality of life are in peril. Not when they are healthy and not in need of surgery.

JakeW: "I have to say that circumcising an infant with a heart condition troubles me, but having said that, is there any actual proof that circumcision was actually the cause of death? I'm not saying that it wasn't, but if there's no proof it seems wiser not to make a claim either way..."

The circumcision of healthy, non-consenting individuals troubles ME enough. The circumcision of medically unstable children is a whole 'nother ballgame.

The details were written in the blog that is now taken down. I think it's ridiculous to argue the cause of death where the cause is blatantly obvious; like when people are trying to argue whether a person actually died of a gunshot wound, or because of "hemorrhaging" or "cardiac arrest."

"The glans doesn't keratinize?"

JakeW: "To be precise, the glans does is keratinised, but it doesn't keratinise further as a result of circumcision."

This is totally and completely false. Men who begin restoring their foreskin go through a phase where the keratin on their glans literally peels off. I question the source you got this from.

"Point 1: The foreskin DOES protect the glans. It keeps it from getting dirty with human waste, and it keeps the glans from keratinizing. Without the foreskin, the glans and surrounding tissues DO keratinize, hardening and desensitizing the area. Sorrells show that this is precisely what happens."

JakeW: "Wrong. I've already cited the relevant studies above. They show that a) the glans of the circumcised and uncircumcised penes are equally keratinised, and b) that only one of the 5 sensitivity studies found a significant difference, and as analysis by Waskett and Morris showed, that claim was erroneous."

Again, I find your studies questionable, because of bias, and because I've seen realities that disproves the claim that the glans isn't further keratinized. Studies that defy reality are questionable. b) I'd like to see a rebuttal of the Sorrells study that WASN'T written by known circumcision advocates, thank you. Apparently all you and Morris did was use a different mathematical curve to change the results in your favor.

"Point 3: Sorrells shows that not only is the foreskin more sensitive than the glans; it is more sensitive than the most sensitive part of the circumcised penis."

JakeW: "That's what they claim, true, but as their own numbers show, the claim is wrong."

Or at least that's what you and your buddy Morris insist..

"DOES the loss of the foreskin cause the glans to desensitize? Yes. It does. There is a clear difference in sensitivity between the glans of the intact penis, and the glans of the intact penis, and this is noted."

JakeW: "But, inconveniently for your argument, studies show that it does not desensitise."

You mean to say, the studies that YOU acknowledge show that it does not desensitise. Sorrells shows otherwise.

[Re JakeW: "Good, perhaps you'll actually address the substance of the letter. All the data is derived from Sorrells et al., and all the statistical tests are reproducible, so I'll look forward to your explanation."] I'm sorry, Jake, I know too much about you and Morris to consider anything you have to say about Sorrells

of any value. [Personal attack deleted.] You are both on record. I'd rather look at material that isn't inherently biased. Your known bias is a conflict of interest."

Jakew: "This is getting absurd. For the sake of argument, let's assume that I'm the ghost of Adolf Hitler himself. So I'm a bad guy. That still doesn't nullify what I have to say. Bad guys sometimes make good arguments."

It's true. I'm sure Hitler wasn't a bad guy when he wasn't talking about exterminating the Jews, just as I'm sure that when circumfetishists aren't always so horrible when they're not talking about how every man in the world should be circumcised...

"Well I suppose there are MORE reasons; for example, that previous studies regarding the sensitivity of the penis weren't as extensive. Previous studies were flawed because they ignored the presence of the foreskin and assumed that all penises were circumcised."

Jakew: "But if sensitivity is really totally unimportant then would it really matter whether the studies of it were any good or not?"

Sure, I suppose if you consider sensitivity to be unimportant...

JakeW: "If the question is important, after all, then it's worth expending the effort to find the right answer, but if it truly doesn't matter, why bother?"

Yes, why bother. For better or worse, people find the question to be important...

JakeW: "Does sensitivity matter or not? And if it does matter, why? I don't think you'll be able to answer this without acknowledging that it matters because of sexual satisfaction."

Is it safe to deduce, then, that a reduction in sensitivity = a reduction of sexual satisfaction?

JakeW: "And so assessing sexual satisfaction *directly*, rather than testing the ability to feel little bits of nylon filament and then guessing about what that might mean, seems like quite a good study design to me."

But as you seem to point out above, the ability to feel might be directly connected to sexual satisfaction.

To use an old analogy, colorblind people say they see just fine, despite the fact that they aren't getting the full experience.

I'm sure they can see just fine -for them-, the fact of the matter is they aren't seeing the full picture.

And, if Sorrells is correct, then circumcision is causing a phenomenon similar to colorblindness. I'm sure circumcised men say that they are satisfied... well, at least for the first part of their circumcised lives...

"The men were asked within a relatively short amount of time from their circumcisions. Their penises are still fresh and raw. But what will these men say in 20-30 years? Because that's how long it takes for the desensitization sets in."

JakeW: "This would be the special kind of desensitisation that magically vanishes whenever it's studied?"

Well, it doesn't vanish if you acknowledge it... it seems you are insistant on refusing to acknowledge the Sorrells study. That's fine I suppose, but the facts are what they are...

"I've spoken to many men who were circumcised as adults; they tell me that initially they felt great. They felt never better, and it was the best thing that ever happened in their lives, and the intactivists were full of it, and it even enhanced their sexual satisfaction. But then, 30 years later, not so much."

JakeW: "Not surprising; aging affects sexual sensation."

As well as the desensitization caused by circumcision...

"These men that I am telling you about decided to restore at about ages of 45 - 50, and they tell me that they noticed a difference, that they managed to get some, but not all of the sensations they lost, back."

JakeW: "Classic placebo effect."

The kind of placebo effect that might happen in men who get circumcised and claim it has "enhanced" their experience?

"In a few cases, they tell me that their wives noticed the changes first; easier thrusting, shorter ejaculation time, the orgasms seemed deeper."

JakeW: "Hardly surprising: they're both expecting a change, they're waiting for it, aware of each other's bodies, probably talking more about what they feel, and so on. More or less exactly the things to do to enhance a couple's sex life, of course."

Not always the case; in quite a few of the cases, the wives thought their husbands were crazy for uptaking restoration. Which means that not always were both partners expecting a change. The surprising thing to me is that wives that weren't expecting a change, saw one.

Interesting you mention talking more about what they feel as being "exactly the things to do to enhance a couple's sex life," a lot of the men actually went in for marriage counseling and therapy, which did NOT work, which is why they tried restoration.

"Will you stop being so coy! A circumfetishist is someone that has a sexual fixation with circumcision. [personal attacks deleted]"

Jakew: "Okay. To my knowledge none of the men I mentioned qualify under that definition."

We know of at least two who are on record: Morris and Waskett

"Jake, if the child does not have a medical or clinical condition that requires surgery, what "choice" does a parent really have?"

JakeW: "The choice of either having their son circumcised or not having him circumcised, obviously."

Without medical or clinical indication, do they in fact have this choice? Can a doctor be performing surgery in a healthy, non-consenting individual without clinical or medical indication, let alone allow parents to make this choice?

"If parents can simply choose what surgeries their child will have point blank, with no medical indication, simply because they request them, what is the list? What other non-medical surgeries are parents allowed to ask for their children?"

JakeW: "I would certainly hope that parents would be refused surgeries that were actually harmful, but in the case of circumcision, which is on balance neutral or beneficial, it seems entirely reasonable that they should decide."

And I would certainly hope that before doctors even offer parents surgeries, that there is actual established medical or clinical indication.

Surgeries are performed because there is a necessity, Jake, not merely because of the opinion that they are not "harmful."

Unless there is a clinical, or medical indication, the circumcision of healthy, non-consenting individuals, which destroys normal, healthy tissue, and permanently alters a child's genitals physically and functionally, is medical fraud, genital mutilation, and a violation of the child's basic human rights.



jakew

18/01/2011 2:46 pm #



[Report](#)

To respond to freedom0speech:

"Jake (and Brian) used Bonferroni's correction to attack Sorrells' claims."

That's not quite correct. We used Bonferroni's correction to assess one of Sorrells' claims. Our other points did not make use of it.

"Jake claims that Sorrells' mathematics are wrong. How can we choose between the two?"

You can repeat the statistical tests. All the data are provided.



Joseph4GI

18/01/2011 2:50 pm #



[Report](#)

@freedom0speech

Read the letters in response to Sorrells. So basically Jake and Brian not only are they mistaken in their application of the Bonferroni correction, because only one hypothesis is being tested, they also seem to argue that points on the foreskin should be disregarded because they're not found on the circumcised penis? Repeating the same mistake of its Masters and Johnson predecessor?

Seriously?

As if the circumcised penis were supposed to be the prime point of reference.

Uh, yeah, it's the INTACT penis that is the natural, normal phenomenon, and therefore the default point of reference, not the other way around.



Joseph4GI

18/01/2011 2:54 pm <#>



[Report](#)

Why, if we compare sensitivity of intact and circumcised vulvas, I'm sure there would be no difference, IF we disregarded the parts missing in the circumcised vulva (ie, the vulva and/or the clitoris).

If we compared the vision of a person who lost an eye, with a person who has both eyes, I'm sure the outcome would be the same, if we only tested one eye on the person fortunate enough to have both.

What silly, silly reasoning.



Joseph4GI

18/01/2011 2:58 pm <#>



[Report](#)

(the labia* and/or the clitoris.)

(my bad)



jakew

18/01/2011 3:02 pm <#>



[Report](#)

"Read the letters in response to Sorrells. So basically Jake and Brian not only are they mistaken in their application of the Bonferroni correction, because only one hypothesis is being tested,"

Actually, it was entirely appropriate. In terms of statistical testing, there's a p value for every hypothesis. Look at Sorrells' Table 3. Count the p values (you don't have to include both columns).

"they also seem to argue that points on the foreskin should be disregarded because they're not found on the circumcised penis?"

Where on earth do we argue that?



jakew

18/01/2011 3:31 pm #



[Report](#)

"Yes, children become adults, at which point they become capable of understanding and choice; it should be THEM to decide what they want to do with their bodies, to decide whether or not they would like this "protection." As children, STD prevention is a moot point."

The problem with that argument is that circumcision in adults is riskier, more expensive, results in the loss of medical benefits through childhood, causes more scarring, is much more inconvenient, and so on. So forcing the child to choose later imposes a number of disadvantages on him.

"Unless there is an actual medical indication, a violation of basic human rights is what circumcision is."

So you keep saying.

"I'm sorry, that's backwards. It needs to be proven that circumcision prevents HIV. "We circumcised these men (and gave them education and condoms), the intact group of men got HIV more, circumcision prevents HIV" denies the antecedent, confirms the consequent and damns alternatives. This study is logically flawed."

As I've already explained the uncircumcised men were also given education and condoms. I don't understand why you keep making these claims after I've corrected you.

"Oh yes it does. Before "researchers" can make the claim "circumcision reduces the risk of HIV," it needs to be proven that this is so. Your second statement is an attempt to blind with science and an analogical fallacy."

It has already been proven that circumcision reduces the risk of HIV.

[Re JakeW: "Um, DeWitte didn't show any such thing. I think it was Cold and Taylor who made that argument. It's not a very strong argument because you don't have to remove every Langerhans cell in order to reduce the risk."] "It's a very strong argument for many reasons; it proves that it is impossible to eliminate the "prime port of entry" for HIV, and because the very same cells exist in the mucosa of the vulva; circumcision would also benefit women, because it would remove "the prime port of entry" then as well."

First, it's perfectly possible to reduce the number of ports of entry, and thus the risk. Second, studies of female genital cutting have generally not found that it is protective, so your hypothesis appears incorrect.

"The results are already biased; "finding the effects of male circumcision" already assumes that male circumcision is effectaceous; this needs to be established first."

Wrong, as I've explained previously.

"Additionally, isn't the weakness in these studies that they were NOT DOUBLE-BLINDED?"

Let's be realistic. It's impossible for a man not to know whether he's circumcised, so a double-blinded trial is an impossibility.

As far as I'm aware, the gold standard for determining whether a medical treatment works is the double-blind, placebo-controlled study.

"Oh? "Wrong results?" Why would the "results" be the "wrong" ones and not the "correct" ones?"

It stands to reason that, with poorer-quality studies in particular, sometimes the wrong result will be found as a result of confounding.

"What good are 60-70 "observational studies" if they all have the same flaw of data extrapolation?"

Collectively, they're not at all bad at predicting the results of better studies.

"I think that the surveys are more powerful than the trials. Why? Because they were simply studies looking out to measure reality; they weren't out to establish a link between male circumcision and a reduced risk of HIV. [p.b] You don't need to run experiments where you circumcise a thousand men and then check to see if they got HIV in a half-a-year. All you need to do is see who is already circumcised, who is not, and test them for HIV."

Exactly, so there are confounding factors such as those you've already mentioned: correlations between cultural/religious affiliations and circumcision, for example. That's a serious weakness.

[Re JakeW: "Not terribly surprising, when you think about the fact that the US has had, historically at least, poor sex ed and low levels of condom use."] "Oh?"

Yes. Here are a few refs for you: Michael RT, et al. Private sexual behavior, public opinion, and public health policy related to sexually transmitted diseases: a US-British comparison. Am J Public Health. 1998 May;88(5):749-54. Weinberg MS, et al. AIDS risk reduction strategies among United States and Swedish heterosexual university students. Arch Sex Behav. 1998 Aug;27(4):385-401. Brick P. How does Europe do it? Fam Life Matters. 1999 Winter;(36):3

"It all depends on who you ask; not statistically significant for the authors, that's for sure; everyone else can see right through them."

Are you seriously claiming that the difference is statistically significant when tested by you? What statistical test of significance are you using, on what data, and what are your results?

"The details were written in the blog that is now taken down. I think it's ridiculous to argue the cause of death where the cause is blatantly obvious; like when people are trying to argue whether a person actually died of a gunshot wound, or because of "hemorrhaging" or "cardiac arrest.""

Well, my point is that it isn't blatantly obvious to me. That's why I'm asking.

"This is totally and completely false. Men who begin restoring their foreskin go through a phase where the keratin on their glans literally peels off. I question the source you got this from."

Szabo and Short, cited above. As an aside, how do you know what what peels off is keratin? Has it been sent for testing? Or are you just making an assumption?

"Again, I find your studies questionable, because of bias, and because I've seen realities that disproves the claim that the glans isn't further keratinized. Studies that defy reality are questionable."

Oh well. You're free to believe that black is white, I guess.

"You mean to say, the studies that YOU acknowledge show that it does not desensitize. Sorrells shows otherwise."

Sorrells et al. claim otherwise, but publish enough data in their table to allow that claim to be tested. Which is what we did. And it's completely reproducible, so go ahead and try for yourself.

[Personal attack deleted.]

[Re JakeW: "Does sensitivity matter or not? And if it does matter, why? I don't think you'll be able to answer this without acknowledging that it matters because of sexual satisfaction."] "Is it safe to deduce, then, that a reduction in sensitivity = a reduction of sexual satisfaction?"

You only have to compare the results of Schober et al. with those of Sorrells et al. (with or without reanalysis) to see that sexual pleasure appears to be unrelated to the light-touch sensitivity that Sorrells et al tested. So clearly the relationship is a little more complicated. And this brings us back to my earlier point: given that we appear to agree that sensitivity is important *because of* sexual pleasure, isn't it more sensible to assess pleasure directly, rather than trying to extrapolate on the basis of the ability to feel nylon filaments?

"To use an old analogy, colorblind people say they see just fine, despite the fact that they aren't getting the full experience. [...] And, if Sorrells is correct, then circumcision is causing a phenomenon similar to colorblindness. I'm sure circumcised men say that they are satisfied... well, at least for the first part of their circumcised lives..."

Where the analogy falls down, of course, is that we have plenty of studies of men circumcised as adults. In your analogy, they must have suddenly lost colour vision, so you'd expect them to notice. But they don't. And that suggests that the analogy is flawed.

"Well, it doesn't vanish if you acknowledge it... it seems you are insistant on refusing to acknowledge the Sorrells study. That's fine I suppose, but the facts are what they are..."

On the contrary, I fully acknowledge it, in particular the data in Table 3 which show no statistically significant differences in glans sensitivity. And as I've said above, these are simple, reproducible statistical tests.

[Re JakeW: "Not surprising; aging affects sexual sensation."] "As well as the desensitization caused by circumcision..."

The desensitisation that you're doggedly hanging on to in spite of the evidence?

"The kind of placebo effect that might happen in men who get circumcised and claim it has "enhanced" their experience?"

That would depend on expectations.

"Interesting you mention talking more about what they feel as being "exactly the things to do to enhance a couple's sex life," a lot of the men actually went in for marriage counseling and therapy, which did NOT work, which is why they tried restoration."

And, as I pointed out, the result of that would be exactly the right kind of behavioural change.

[Personal attack deleted.]

"Without medical or clinical indication, do they in fact have this choice? Can a doctor be performing surgery in a healthy, non-consenting individual without clinical or medical indication, let alone allow parents to make this choice?"

Yes, it happens very frequently.



Joseph4GI

18/01/2011 4:14 pm #



[Report](#)

"Yes, children become adults, at which point they become capable of understanding and choice; it should be THEM to decide what they want to do with their bodies, to decide whether or not they would like this "protection." As children, STD prevention is a moot point."

Jakew: "The problem with that argument is that circumcision in adults is riskier, more expensive, results in the loss of medical benefits through childhood, causes more scarring, is much more inconvenient, and so on. So forcing the child to choose later imposes a number of disadvantages on him."

The problem in THIS argument is that it assumes that the child will indeed want to grow up to be circumcised, that there are indeed medical benefits in circumcising a healthy child that cannot be obtained any other way. A child wouldn't be "forced" to choose; that's why it's called a "choice."

"I'm sorry, that's backwards. It needs to be proven that circumcision prevents HIV. "We circumcised these men (and gave them education and condoms), the intact group of men got HIV more, circumcision prevents HIV" denies the antecedent, confirms the consequent and damns alternatives. This study is logically flawed."

JakeW: "As I've already explained the uncircumcised men were also given education and condoms. I don't understand why you keep making these claims after I've corrected you."

And I will keep reiterating; it needs to be proven that circumcision prevents HIV. The "studies" appear to document a reduction in HIV transmission in circumcised men, that much is known. That this reduction is indeed due to the fact that the men were circumcised has yet to be proven. Insisting that it was circumcision does not give us any proof.

"Oh yes it does. Before "researchers" can make the claim "circumcision reduces the risk of HIV," it needs to be proven that this is so. Your second statement is an attempt to blind with science and an analogical fallacy."

JakeW: "It has already been proven that circumcision reduces the risk of HIV."

Then it should be no trouble for you, or any researcher to show us how this happens.

[Re JakeW: "Um, DeWitte didn't show any such thing. I think it was Cold and Taylor who made that argument. It's not a very strong argument because you don't have to remove every Langerhans cell in order to reduce the risk."] "It's a very strong argument for many reasons; it proves that it is impossible to eliminate the "prime port of entry" for HIV, and because the very same cells exist in the mucosa of the vulva; circumcision would also benefit women, because it would remove "the prime port of entry" then as well."

JakeW: "First, it's perfectly possible to reduce the number of ports of entry, and thus the risk. Second, studies of female genital cutting have generally not found that it is protective, so your hypothesis appears incorrect."

The problem is that there haven't been any similar studies in women. There are a couple that I know of that show a correlation, I'm sure you'll dismiss the Stallings study for this or that reason, but that's probably the best that there is. Again, "researchers" don't seem to be interested reducing HIV; they seem to be interested in solidifying the circumcision of men as "preventative medicine," and the circumcision of men only. Otherwise, we'd see similar studies in women.

I'd like to know why Auvert, Bailey and Halperin haven't conducted similar studies in women. When one looks at their histories, their motives become transparent.

"The results are already biased; "finding the effects of male circumcision" already assumes that male

circumcision is effectaceous; this needs to be established first."

JakeW: "Wrong, as I've explained previously."

You did not explain anything. You merely repeated yourself.

The studies assume that the removal of the foreskin does indeed reduce the risk of HIV transmission without proving how that happens.

How does circumcision prevent HIV, Jake?

And why don't the results of the studies correlate with realities in other countries?

"Additionally, isn't the weakness in these studies that they were NOT DOUBLE-BLINDED?"

JakeW: "Let's be realistic. It's impossible for a man not to know whether he's circumcised, so a double-blinded trial is an impossibility."

[Re JakeW: "Not terribly surprising, when you think about the fact that the US has had, historically at least, poor sex ed and low levels of condom use."] "Oh?"

JakeW: "Yes. Here are a few refs for you: Michael RT, et al. Private sexual behavior, public opinion, and public health policy related to sexually transmitted diseases: a US-British comparison. Am J Public Health. 1998 May;88(5):749-54. Weinberg MS, et al. AIDS risk reduction strategies among United States and Swedish heterosexual university students. Arch Sex Behav. 1998 Aug;27(4):385-401. Brick P. How does Europe do it? Fam Life Matters. 1999 Winter;(36):3"

It seems you are agreeing with me that sex ed and condom use, and not circumcision, are what reduces HIV.

"It all depends on who you ask; not statistically significant for the authors, that's for sure; everyone else can see right through them."

JakeW: "Are you seriously claiming that the difference is statistically significant when tested by you? What statistical test of significance are you using, on what data, and what are your results?"

No, I'm claiming that the results were significant, just not significant to the authors, making their motives transparent.

The studies were ended early because they didn't like the trend in which it was going; circumcision was not preventing HIV. Studies and their results, it seems, only matter when circumcision yields a positive outcome.

"Again, I find your studies questionable, because of bias, and because I've seen realities that disproves the claim that the glans isn't further keratinized. Studies that defy reality are questionable."

JakeW: "Oh well. You're free to believe that black is white, I guess."

As are you...

"You mean to say, the studies that YOU acknowledge show that it does not desensitise. Sorrells shows otherwise."

JakeW: "Sorrells et al. claim otherwise, but publish enough data in their table to allow that claim to be tested. Which is what we did. And it's completely reproducible, so go ahead and try for yourself."

No, I've actually saw what you did; you basically did what Masters and Johnsons did and completely disregarded the foreskin, because in your mind, it shouldn't be tested because the circumcised penis doesn't have it. And furthermore you tried to apply the Bonferroni correction to produce results you and your colleague liked better.

[Further analysis is irrelevant in light of the above point...]

"To use an old analogy, colorblind people say they see just fine, despite the fact that they aren't getting the full experience. [...] And, if Sorrells is correct, then circumcision is causing a phenomenon similar to colorblindness. I'm sure circumcised men say that they are satisfied... well, at least for the first part of their circumcised lives..."

JakeW: "Where the analogy falls down, of course, is that we have plenty of studies of men circumcised as adults. In your analogy, they must have suddenly lost colour vision, so you'd expect them to notice. But they don't. And that suggests that the analogy is flawed."

The studies of men circumcised as adults... which ones are you talking about? Are they the self-reported surveys conducted just after the men were circumcised and then never seen again?

But the Sorrells study shows that the circumcised penis is desensitized.

"Well, it doesn't vanish if you acknowledge it... it seems you are insistant on refusing to acknowledge the Sorrells study. That's fine I suppose, but the facts are what they are..."

JakeW: "On the contrary, I fully acknowledge it, in particular the data in Table 3 which show no statistically significant differences in glans sensitivity. And as I've said above, these are simple, reproducible statistical tests."

You also seem to make the foreskin and the points measured on it vanish as well. (You completely disregarded them.) You misapplied the Bonferroni correction, magically producing results that show no significance.

Ignore data you don't like and play with numbers enough and you'll get results favorable to you.

[Re JakeW: "Not surprising; aging affects sexual sensation."] "As well as the desensitization caused by circumcision..."

JakeW: "The desensitisation that you're doggedly hanging on to in spite of the evidence?"

The evidence shows desensitization. It is you that insists on applying your own mathematical curve and ignoring data to get results you like.

"Without medical or clinical indication, do they in fact have this choice? Can a doctor be performing surgery in a healthy, non-consenting individual without clinical or medical indication, let alone allow parents to make this choice?"

JakeW: "Yes, it happens very frequently."

Yes but the argument is that it shouldn't.

There is no other operation that a doctor is obliged to perform on a healthy child merely at a parents' whims; for most, actually any other operation, there must be a medical or clinical indication present.

A doctor will not circumcise a baby girl to comply with a parents' wishes for example.



Joseph4GI

18/01/2011 4:17 pm #



[Report](#)

By now, I think Jake's bias should be obvious to readers.

We can go on forever talking about studies that say this or that.

But the bottom line is, they don't matter. Studies that place primacy in condemning the foreskin and legitimizing (male) circumcision are inherently flawed. The very idea that they pass for "science" is both unethical and despicable. They are a disgrace and a blight on modern medicine.

No matter what "studies" say, they cannot be used to legitimize promote the destruction of the human body, especially in healthy, non-consenting individuals. "Studies" cannot be used to legitimize the violation of the basic human rights of others. Such "research" is logically flawed.

No amount of study would ever be enough to medically legitimize female circumcision; the same applies to male circumcision.

It is completely illogical that the anatomically correct penis even has to be apologized for in the first place.

Further "research" that seeks to legitimize the deliberate circumcision of the healthy, especially healthy, non-consenting individuals, needs to be banned, condemned and outlawed. It is backwards, it is quackery, it is sick.

To return to the premise of Robert's original article, ultimately what it comes down to is, unless there is any medical or clinical indication, doctors have no business performing surgery on healthy minors, much less be giving parents any kind of "choice" in the matter.

"Religious freedom" and "parental choice" are not enough to justify female genital cutting in girls, not even a simple nick to draw blood; it is a sexist double-standard that these alibis only work in justifying the genital cutting of boys.

The circumcision of healthy, non-consenting individuals is a violation of basic human rights. It needs to

be outlawed in boys, as it is in girls.

Unless I see anything new, other than Jake trying to blind readers with science, I'm done with this thread.



Joseph4GI

18/01/2011 4:27 pm #



[Report](#)

Oh I forgot to address this!

JakeW: "Let's be realistic. It's impossible for a man not to know whether he's circumcised, so a double-blinded trial is an impossibility."

There are lots of other problems, but the real problem is that it wasn't properly controlled. You can't have a proper control with only two groups. The correct way to run the study (if it were ethical) would be to have a circumcised group, and intact group, and two control groups. The control groups wouldn't get any special treatment, but the circumcised and intact groups would get the same treatment outside of the surgery. This way you could see if (and how) anything done in the clinical setting is effecting the results.

OK I'm done...



jakew

18/01/2011 4:49 pm #



[Report](#)

"The problem is that there haven't been any similar studies in women. There are a couple that I know of that show a correlation, I'm sure you'll dismiss the Stallings study for this or that reason, but that's probably the best that there is."

I know of eleven observations studies, including Stallings. Two have found results consistent with a protective effect. One has found results consistent with a harmful effect. The remainder generally found no difference. It may help your argument to cherry-pick Stallings' paper, but doing so has no scientific validity.

"I'd like to know why Auvert, Bailey and Halperin haven't conducted similar studies in women."

Why would they? The available evidence indicates that it would be a total waste of time to study FGC.

"And why don't the results of the studies correlate with realities in other countries?"

Do you mean why have some observational studies found differing results? As explained, observational studies are imperfect, and sometimes get the wrong result.

"It seems you are agreeing with me that sex ed and condom use, and not circumcision, are what reduces HIV."

I'm agreeing that sex ed and subsequent condom use reduce HIV, certainly. However, so too does circumcision.

"No, I'm claiming that the results were significant, just not significant to the authors, making their motives transparent."

Do you understand what "statistically significant" means, or would you like me to explain?

"The studies were ended early because they didn't like the trend in which it was going; circumcision was not preventing HIV."

Yet another accusation without any evidence?

"No, I've actually saw what you did; you basically did what Masters and Johnsons did and completely disregarded the foreskin, because in your mind, it shouldn't be tested because the circumcised penis doesn't have it."

Incorrect. The foreskin was not disregarded at all; it was the subject of comparisons between different points, which we discussed. It was not included in the comparison between the same points (that is, comparing point A on the circumcised penis with point A on the uncircumcised penis), because that is an impossibility. However, since we were discussing the sensitivity of the glans, I believe, that's a moot point.

"You misapplied the Bonferroni correction, magically producing results that show no significance."

On what basis do you believe it was misapplied?

"The evidence shows desensitization. It is you that insists on applying your own mathematical curve and ignoring data to get results you like."

No, that's not what the evidence shows. If you want to ignore the results of four fifths of the available studies, and cling to the results of one paper, in spite of the fact that the claim made by that paper is testable and can easily be shown to be wrong, that's up to you.

"A doctor will not circumcise a baby girl to comply with a parents' wishes for example."

The obvious difference is that when benefits, disadvantages, and risks are considered, female genital cutting is a net harm.

"By now, I think Jake's bias should be obvious to readers."

My bias? Yes, obviously. ;-)

"Unless I see anything new, other than Jake trying to blind readers with science, I'm done with this thread."

Okay. I won't say it's been a pleasure, but it has been interesting.



R Carry

18/01/2011 5:05 pm #



[Report](#)

Well done gentlemen, that was quite a debate. Nobody could read this article and collection of comments without coming away being fully, thoroughly, exhaustively informed on all the key issues relating to circumcision. Hopefully you will both drop by again.



James Mac

18/01/2011 5:51 pm #



[Report](#)

Thanks for a great article.

The illusion of medical benefit being derived from the partial amputation of a child's penis is like the story of the emperor's new clothes. The 'weavers' of fanciful stories (of improved health in this case) are being exposed and the whispers of the crowd are growing louder as a groundswell of support for genital autonomy grows.

The right of all children to keep and enjoy all the body parts they were born with should be absolute, save for reasons of genuine medical need. Advocates of circumcision don't seem to understand basic human rights. They don't seem to understand that interfering with the penises of little boys is wrong. They don't seem to understand that taking a blade to a little boy's penis is wrong.

Because the supposed benefits of circumcision exist is "studies", but not in the real-world, advocates of circumcision are quick to play down observational data. Dismissing observational data is nothing less than a corruption of science. Stephen Hawking:-

"...you can disprove a theory by finding even a single observation that disagrees with the prediction of the theory. As philosopher of science Karl Popper has emphasized, a good theory is characterized by the fact that it makes a number of predictions that could in principle be disproved or falsified by observation. Each time new experiments are observed to agree with the predictions the theory survives, and our confidence in it is increased; but if ever a new observation is found to disagree, we have to abandon or modify the theory. At least that is what is supposed to happen..."

Jake, tell us how generations of near-universal, forced genital cutting of males has benefited the United States? Of course, there is no benefit.

Circumcision is not a health issue. It never has been a health issue. It is a human rights issue, pure and simple. If not for the illusion of health benefits, the sexually abusive nature of the practice would be patently obvious to all.



jakew

18/01/2011 6:05 pm #



[Report](#)

"The right of all children to keep and enjoy all the body parts they were born with should be absolute, save for reasons of genuine medical need. Advocates of circumcision don't seem to understand basic human rights. They don't seem to understand that interfering with the penises of little boys is wrong. They don't seem to understand that taking a blade to a little boy's penis is wrong."

Or, put in a less opinionated fashion, they don't agree with your interpretation of human rights, nor what you believe is wrong.

"Because the supposed benefits of circumcision exist is "studies", but not in the real-world, advocates of circumcision are quick to play down observational data. Dismissing observational data is

nothing less than a corruption of science."

Um, observational data are generally presented in the form of studies. Or are you somehow suggesting that data can emerge spontaneously without anybody studying an issue?

"...you can disprove a theory by finding even a single observation that disagrees with the prediction of the theory..."

This is true, though there is an important qualification: you have to know that the single observation is correct. If there's any reason to doubt the observation, then you haven't disproved the theory.

"Jake, tell us how generations of near-universal, forced genital cutting of males has benefited the United States? Of course, there is no benefit."

If you mean how widespread circumcision has led to benefit. Of course it's impossible to know what rates of disease might have been in the US if circumcision were not widespread, but we can deduce that they'd be higher based upon what's known from research.



Doulalee

18/01/2011 6:26 pm #



[Report](#)

The bottom line here is the gross violation of basic human rights that newborn babies are just as entitled to as everyone else, but don't get. For the sake of making money, OMG. Does anyone care that as an adult, these people suffer physically, mentally, and emotionally for the rest of their lives?? No one has the right to do this to another individual NO ONE!!! How can this barbaric practice be defended in any way? It's sick, and has no benefits, except for those that profit by it. It should be illegal, unless medically necessary, or if someone chooses to have it done when they are of age to make this decision. Oh yeah, who the hell is ever gonna choose this as an adult??? Oops, there goes the money making. I guess we just have to mutilate our innocent babies because they can't do or say a DAMN thing to protect themselves!!!!



James Mac

18/01/2011 7:04 pm #



[Report](#)

"Or, put in a less opinionated fashion, they don't agree with your interpretation of human rights, nor what you believe is wrong."

Yes, my understanding of human rights precludes restraining a defenceless child and slicing healthy living flesh (especially erogenous flesh) from his or her body.

[JM: "...you can disprove a theory by finding even a single observation that disagrees with the prediction of the theory..."]

"This is true, though there is an important qualification: you have to know that the single observation is correct. If there's any reason to doubt the observation, then you haven't disproved the theory."

Do you have any reason to doubt Robert C. Bailey's (et al) observational data? (There appears no clear pattern of association between male circumcision and HIV prevalence. In 8 of 18 countries with data, HIV prevalence is lower among circumcised men, while in the remaining 10 countries HIV prevalence is higher among circumcised men.)

If you do not doubt Bailey's observational data, by logical conclusion, you accept the AIDS / circumcision theory to be false.

"If you mean how widespread circumcision has led to benefit. Of course it's impossible to know what rates of disease might have been in the US if circumcision were not widespread, but we can deduce that they'd be higher based upon what's known from research."

If I understand you correctly, you're saying the nation with the worst sexual health in all of the developed world would have EVEN WORSE sexual health outcomes had they not been cutting half the skin system from little boy's penises for several generations. Is that what you're saying? Perhaps I've misunderstood? Perhaps there's a reason to doubt the 'observation' that the U.S. has appalling genital health?

As before, I believe children should have a right to keep all their body parts. There is no rational or moral argument that gets around this most basic right. Circumcision grossly violates a child's body and his human rights.

Section (and Figure) 9.1

www.measuredhs.com/pubs/pdf/CR22/CR22.pdf



jakew

18/01/2011 7:15 pm #



Report

[Re "This is true, though there is an important qualification: you have to know that the single observation is correct. If there's any reason to doubt the observation, then you haven't disproved the theory."] "Do you have any reason to doubt Robert C. Bailey's (et al) observational data?"

Well, observational data is **inherently** susceptible to confounding factors, so there's always reason to doubt it.

"(There appears no clear pattern of association between male circumcision and HIV prevalence. In 8 of 18 countries with data, HIV prevalence is lower among circumcised men, while in the remaining 10 countries HIV prevalence is higher among circumcised men.)"

Hmm, and if you look at the numerous other published observational studies, some 80-90% of the studies have results consistent with a protective effect. So, if we count the countries you mention as additional studies, that's perhaps 60-70% finding a protective effect, consistent with the RCTs.

"If I understand you correctly, you're saying the nation with the worst sexual health in all of the developed world would have EVEN WORSE sexual health outcomes had they not been cutting half the skin system from little boy's penises for several generations. Is that what you're saying?"

That's right, yes.

"Perhaps I've misunderstood? Perhaps there's a reason to doubt the 'observation' that the U.S. has appalling genital health?"

None that I'm aware of.

"As before, I believe children should have a right to keep all their body parts. There is no rational or moral argument that gets around this most basic right. Circumcision grossly violates a child's body and his human rights."

I respect your right to hold that belief, even though I personally disagree with it.



James Mac





18/01/2011 8:03 pm #

[Report](#)

I'm reposting the quote below because I thought you agreed with it, but now you're equivocating.

"...you can DISPROVE a theory by finding even a SINGLE observation that disagrees with the prediction of the theory. As philosopher of science Karl Popper has emphasized, a good theory is characterized by the fact that it makes a number of predictions that could in principle be disproved or falsified by observation. Each time new experiments are observed to agree with the predictions the theory survives, and our confidence in it is increased; but if EVER a new observation is found to disagree, we have to ABANDON or MODIFY the theory. At least that is what is SUPPOSED to happen..."

Under honest scientific principles, the AIDS / circumcision connection is dead. Dead. There are SEVERAL observations that disagree with the theory of an AIDS / circumcision connection and STILL no working hypothesis as to WHY it would work. Simply a claim that it does. Sometimes. In some places. The 'science' was always a ruse. Bailey's (with an eye on his reputation and legacy) has commenced the climb-down. Others will follow.

To take a blade to the genitals of a young child in the absence of immediate medical need demands an EXTRAORDINARY justification. You say a net health benefit is good enough justification. Quite frankly, it's not. Not by a long way.

The fact that you (along with some others) 'personally disagree' with children having a right to keep all their body parts is exactly why laws are urgently needed to afford this protection to boys.



jakew

18/01/2011 9:19 pm #



[Report](#)

"I'm reposting the quote below because I thought you agreed with it, but now you're equivocating. [para break]" "...you can DISPROVE a theory by finding even a SINGLE observation that disagrees with the prediction of the theory. As philosopher of science Karl Popper has emphasized, a good theory is characterized by the fact that it makes a number of predictions that could in principle be disproved or falsified by observation. Each time new experiments are observed to agree with the predictions the theory survives, and our confidence in it is increased; but if EVER a new observation is found to disagree, we have to ABANDON or MODIFY the theory. At least that is what is SUPPOSED to happen...""

No, I do agree with it. But, as I said, the observation has to be correct.

"Under honest scientific principles, the AIDS / circumcision connection is dead. Dead."

Nonsense.

"There are SEVERAL observations that disagree with the theory of an AIDS / circumcision connection"

Have you forgotten that they're all observational studies, and observational theories are inherently limited by confounding?

"and STILL no working hypothesis as to WHY it would work. Simply a claim that it does. Sometimes. In some places. The 'science' was always a ruse. Bailey's (with an eye on his reputation and legacy) has commenced the climb-down. Others will follow."

Don't be absurd. There's no "climb-down". He's a scientist, and scientists report what they observe.

"To take a blade to the genitals of a young child in the absence of immediate medical need demands an EXTRAORDINARY justification. You say a net health benefit is good enough justification. Quite frankly, it's not. Not by a long way."

Okay, then, don't circumcise your sons. Others can and do believe it *is* a good enough justification, and so they act accordingly.

"The fact that you (along with some others) 'personally disagree' with children having a right to keep all their body parts is exactly why laws are urgently needed to afford this protection to boys."

You can't make a convincing argument, so you want to enlist the government to enforce your views on others. Hmm, that's telling.



LaurenJenks

18/01/2011 9:37 pm #



[Report](#)

@jakew -

If you don't feel that circumcision causes keratinization of the glans, which it turn causes loss of sensitivity, then I have a personal experiment you can do to prove otherwise.

If you are circumcised, get a protective cup that you can wear over the glans that will keep it from rubbing against clothes. etc. Wear it for a few months, and then try to go without wearing it. You will notice a huge

increase in sensitivity. The keratinized skin will begin to slough off if the glans is protected. See for yourself!! No "research" or "studies" needed.

Intact men who tape their foreskin back and try to run around in gym shorts will become aroused due to the natural sensitivity of the penis. Circumcised men don't even notice the difference when they do the same thing.



jakew

18/01/2011 9:48 pm #



[Report](#)

"@jakew -

If you don't feel that circumcision causes keratinization of the glans, which it turn causes loss of sensitivity, then I have a personal experiment you can do to prove otherwise.

If you are circumcised, get a protective cup that you can wear over the glans that will keep it from rubbing against clothes. etc. Wear it for a few months, and then try to go without wearing it. You will notice a huge increase in sensitivity. The keratinized skin will begin to slough off if the glans is protected. See for yourself!! No "research" or "studies" needed."

I'll pass on that, thank you. But you probably would notice an increase in perceived sensitivity, much as cities seem incredibly noisy to people who are used to living in quiet countryside. But that doesn't mean that city dwellers are partially deaf: they've just learned to tune out uninteresting sounds, and can still hear things if they need to.



LaurenJenks

18/01/2011 10:02 pm #



[Report](#)

If you do the experiment, you would see that it is definitely not "perceived". If you want to find out the truth about circumcision and lack of sensitivity, this is how you can see it for yourself.



jakew

18/01/2011 10:08 pm #



[Report](#)

"If you do the experiment, you would see that it is definitely not "perceived". If you want to find out the truth about circumcision and lack of sensitivity, this is how you can see it for yourself."

And how, exactly, would you suggest that I distinguish between perceived sensitivity and other

sensitivity? ;-)



James Loewen

18/01/2011 10:52 pm #



[Report](#)

Thanks very much for this article Mr. Carry. The good work of those who bring awareness to this issue of human rights is increasingly being recognized and understood by the general public. When I look over the medical photos of the genitals of children botched beyond recognition by "routine infant circumcision" I am sickened by the despicable "researchers" who continue to promote this insane abuse of children.

When faced with the question about how these horrific circumcision accidents factor into their skewed statistics, the sick proponents of circumcision like to say, "These don't happen with a 'skilled operator' or a 'properly trained' medical professional." The truth is that many children die or have to live with the horrific results of surgical "accidents" to their genitals. Also, the truth is that to perform circumcision one doesn't even have to be a doctor!

Arrogant disregard for the victims of botched circumcision and disdain for human rights is the default position of those promoting circumcision.

Thank you to all who shed light on this horrific subject and stand up for the rights of infants and children to body integrity.



James Loewen

18/01/2011 10:58 pm #



[Report](#)

Thanks very much for this article Mr. Carry. The good work of those who bring awareness to this issue of human rights is increasingly being recognized and understood by the general public. When I look over the medical photos of the genitals of children botched beyond recognition by "routine infant circumcision" I am sickened by the despicable "researchers" who continue to promote this insane abuse of children.

When faced with the question about how these horrific circumcision accidents factor into their skewed statistics, the sick proponents of circumcision like to say, "These don't happen with a 'skilled operator' or a 'properly trained' medical professional." The truth is that many children die or have to live with the horrific results of surgical "accidents" to their genitals. Also, the truth is that to perform circumcision one

doesn't even have to be a doctor!

Arrogant disregard for the victims of botched circumcision and disdain for human rights is the default position of those promoting circumcision. It takes a certain kind of willful ignorance to look at the photos of severely damaged children and say circumcision is "harmless."

Thank you to all who shed light on this horrific subject and stand up for the rights of infants and children to body integrity.



zenbuoyant

19/01/2011 1:43 am <#>



[Report](#)

"Don't be absurd. There's no "climb-down". He's a scientist, and scientists report what they observe."

Scientist with a pro-mgm bias will report what they WANT to observe. These "scientists" have made it their careers to propagate male genital cutting. They'll go into a "research" searching specifically for ways to justify circumcision. This is "junk science".

Why isn't there a "research" being conducted on the "benefits" of the removal of any other body part uhmmm?



jakew

19/01/2011 1:53 am <#>



[Report](#)

"Scientist with a pro-mgm bias will report what they WANT to observe. These "scientists" have made it their careers to propagate male genital cutting. They'll go into a "research" searching specifically for ways to justify circumcision. This is "junk science". "

It's rather amusing that you make these claims when Dr Bailey has just published a paper documenting a study in which circumcision had no effect. So either a) Bailey isn't a scientist with a bias, or b) your claim that he'll observe what he wants to observe is false. Which of these do you suppose is the case?

"Why isn't there a "research" being conducted on the "benefits" of the removal of any other body part uhmmm?"

The consequences of removing various body parts have, in fact, been studied, often in some depth.



James Loewen

19/01/2011 2:16 am <#>



[Report](#)

In the sordid history of genital mutilation of children we have seen many attempts to vilify the genitals of human beings with fraudulent medical studies to support this abuse. As the late John Erickson said, "Its not circumcision that needs to be studied but circumcisers."

As this debate continues the public gets introduced to the disturbed individuals who hide behind "medical studies" all the while ignoring or downplaying the severe physical and psychological damage done to children, and the adults they become.



StanB

19/01/2011 2:43 am <#>



[Report](#)

Non-therapeutic circumcision of healthy boys is a gross violation of the principals of medical ethics that govern all other pediatriic surgery. For all other surgery on infants and children the medical benefits of the surgery must significantly outweigh the medical risks and harms or the surgery must correct a congenital abnormality. Non-therapeutic circumcision does not even come close to meeting that standard of care!

There is no other surgery that a doctor will perform on a child for cultural or religious reasons. There is no other healthy part of a child's body that a doctor will cut off for cultural or religious reasons. Non-therapeutic male circumcision is a shameful exception to the principals of medical ethics.



VanDerMaas

19/01/2011 3:14 am <#>



[Report](#)

From a European perspective, the debate about the "merits" of circumcision is quite pointless. It is clear from lived experience there are none. In Europe, circumcision is very rare, yet ALL of the problems that circumcision supposedly "solves" are far lower than in the US where circumcision has been the norm until recently. HIV, HPV, all STDs really, cervical cancer, cancer of the penis, etc. etc. The uselessness of circumcision to fight any of these problems, as well as the problems circumcision creates for those who have been subjected to it, led the Royal Dutch Medical Association to denounce routine infant circumcision in their most recent public statement on the issue. Circumcision is a "cure in search of a disease" as one writer put it, and in many cases may be the disease itself.



jakew

19/01/2011 3:40 am <#>



[Report](#)

"From a European perspective, the debate about the "merits" of circumcision is quite pointless. It is clear from lived experience there are none. In Europe, circumcision is very rare, yet ALL of the problems that circumcision supposedly "solves" are far lower than in the US where circumcision has been the norm until recently. HIV, HPV, all STDs really, cervical cancer, cancer of the penis, etc. etc."

There are several problems with this line of reasoning, but the obvious question is, *why* are the rates of many of these diseases lower in some European countries than in the US? Are you claiming that it is a direct result of differences in circumcision (ie., that circumcision is harmful)? If not, you must accept that there are other differences between these countries (most likely differences in sex education, condom use, etc), and these differences are responsible for the different rates of disease. Having accepted this fact, it's impossible to avoid the conclusion that comparing these countries has failed to isolate the effect of circumcision, ie., there are confounding factors that make it impossible to determine the effect (or lack thereof) of circumcision. Consequently it's an error to conclude that circumcision has no benefit.



VanDerMaas

19/01/2011 3:59 am <#>



[Report](#)

Jake, thank you for making my point for me. Yes, that is precisely the point. The solutions to these issues rest in things like condom use, quality sex education, robust health-care systems, and other social services, not circumcision.



James Mac

19/01/2011 4:05 am <#>



[Report](#)

VanDerMass has hit the nail on the head.

Non-circumcising Europe is simply not suffering the scary diseases circumcision is meant to prevent.

Circumcising America suffers greatly from diseases circumcision is meant to prevent.

If there was any real-world evidence, it would be held up as such, but there is not. Confounding observational data or inconvenient truth?

If NOTHING else, the real-world evidence from Europe, Scandinavia, Japan etc. etc. clearly shows that an anatomically complete body is in no way health risk.

The illusion that circumcision is an effective health measure and a valid parental choice is collapsing. The small number of wicked individuals desperately trying to mask the abuse and mutilation of the sex organs of children using fraudulent science should be ashamed of themselves. I look forward to the day that anyone taking a blade to the genitals of a healthy child is prosecuted as any violent sexual abuser of children would be.

Every child deserves the right to keep all of their body parts, just as every boy deserves the right to keep his entire penis.



Joseph4GI

19/01/2011 4:08 am #



[Report](#)

Jakew: "I know of eleven observational studies, including Stallings. Two have found results consistent with a protective effect. One has found results consistent with a harmful effect. The remainder generally found no difference. It may help your argument to cherry-pick Stallings' paper, but doing so has no scientific validity. "

Yes, but there haven't been "studies" as "rigorous" as the male circumcision RCTs. How can we be sure that female circumcision doesn't prevent HIV if there haven't been RCTs on female circumcision with "better design" as the latest (and supposedly greatest) male circumcision RCTs?

"I'd like to know why Auvert, Bailey and Halperin haven't conducted similar studies in women."

JakeW: "Why would they? The available evidence indicates that it would be a total waste of time to study FGC."

But the available evidence 10 or so years ago indicated it would have been a total waste of time to "study" MC.

And yet they insisted to "study it" until they were finally able to establish the connection they wanted.

This makes motives clear. HOW many male circumcision "studies" were conducted before they finally found the weak, "vaccine-like effect" of "60% reduction?"

Only eleven studies for FGC?

Why try for decades to "research" circumcision, and to "refine study methods" for circumcision, but give up easily for FGC?

Yeah. We'll let the readers figure THAT one out.

"And why don't the results of the studies correlate with realities in other countries?"

JakeW: "Do you mean why have some observational studies found differing results? As explained, observational studies are imperfect, and sometimes get the wrong result."

No, I actually asked why the results of the "studies" don't correlate in reality with other countries. It's what I said. Can't you read?

If "studies" are correct, then HIV should be markedly lower in countries that circumcise the majority of their children, and it should be ragingly rampant in countries where the majority of the men have anatomically correct genitals.

HIV transmission should be lower in the US, where the majority of the male population is circumcised, than in countries in Europe, where the majority of the male population is intact.

But it's not.

"It seems you are agreeing with me that sex ed and condom use, and not circumcision, are what reduces HIV."

JakeW: "I'm agreeing that sex ed and subsequent condom use reduce HIV, certainly. However, so too does circumcision."

And this is immediately self evident. ;-)

Incidentally, doesn't the argument that all men and boys in Africa should be circumcised, go something like "well condoms and sex ed aren't working, so we must circumcise all the men and boys for their own good, seeing as they're simply too stup... I mean er, erm uh, they're simply not getting it."

Here we have Jake telling us that the reason America has higher HIV transmission rates is because of the crummy sex-ed and neglect of condom use.

Yet, if I'm to understand, this, the claim that African men simply aren't into sex ed and condoms (actually, I've seen evidence that sex ed and condoms was doing quite well before the circumcision cabal invaded Africa), is the reason why "mass circumcision campaigns" should be implemented.

What didn't work in America, is somehow expected to work miracles in Africa!

Figure that.

"No, I'm claiming that the results were significant, just not significant to the authors, making their motives transparent."

JakeW: "Do you understand what "statistically significant" means, or would you like me to explain?"

No, I understand what "statistically significant" means. And it means that the results were "statistically significant" enough for Wawer to end her study; the observation that women were 50% more likely to get HIV from circumcised men was enough of an indicator that it wasn't working, so she shut the project down.

"The studies were ended early because they didn't like the trend in which it was going; circumcision was not preventing HIV."

JakeW: "Yet another accusation without any evidence?"

This is self evident. Readers should look into the Wawer study instead of taking the words of a known pro-circumcision activist for it.

"No, I've actually saw what you did; you basically did what Masters and Johnsons did and completely disregarded the foreskin, because in your mind, it shouldn't be tested because the circumcised penis doesn't have it."

JakeW: "Incorrect. The foreskin was not disregarded at all; it was the subject of comparisons between different points, which we discussed. It was not included in the comparison between the same points (that is, comparing point A on the circumcised penis with point A on the uncircumcised penis), because that is an impossibility. However, since we were discussing the sensitivity of the glans, I believe, that's a

moot point."

You're basically re-wording what I said. You and Brian whine that point A on the intact penis can't be used to compare, because it doesn't exist on the circumcised penis. Of COURSE it's impossible to compare point A on the intact penis to point A on the circumcised penis; IT'S BEEN CUT OFF!

And no, I believe the study does not focus on the sensitivity of the glans, but on measuring the sensitivity of the entire organ, both circumcised and anatomically correct.

"You misapplied the Bonferroni correction, magically producing results that show no significance."

JakeW: "On what basis do you believe it was misapplied?"

Well, I'm not a researcher myself, I must admit. But basically Hugh Young argues that "The Bonferroni correction is not applicable because only one hypothesis is being tested."

Is he correct or incorrect? If he is I think you and your colleague better refute him.

And incidentally, it must be noted, that aside from the complaints from you and Brian, the study itself hasn't been refuted and retracted.

Of course readers must realize that while Morris and Waskett can deride all they want, the fact is that Sorrells went through a rigorous peer-review process before being published, and the article hasn't been refuted in a peer-review journal.

"The evidence shows desensitization. It is you that insists on applying your own mathematical curve and ignoring data to get results you like."

JakeW: "No, that's not what the evidence shows. If you want to ignore the results of four fifths of the available studies, and cling to the results of one paper, in spite of the fact that the claim made by that paper is testable and can easily be shown to be wrong, that's up to you."

Yes, that is exactly what the evidence shows. It is you who are ignoring the Sorrells study. Sorrells is superior to the other four studies because it doesn't commit the error of its predecessors, completely ignoring the foreskin. You haven't shown Sorrells to be wrong, and Sorrells has not been refuted in a peer

reviewed journal. The study stands.

"A doctor will not circumcise a baby girl to comply with a parents' wishes for example."

JakeW: "The obvious difference is that when benefits, disadvantages, and risks are considered, female genital cutting is a net harm."

But you're arguing that a parent has all prerogative on their child. Either children are chattels for parents to do whatever they want with them, and doctors have every obligation to do as the parents say, or they are not.

You cannot argue both.

If we're going to shift our focus of the argument to "benefits, disadvantages and risks," then it stands to reason that "parental choice" and "religious freedom" fall short as arguments.

No, parent's CAN'T do exactly everything they want to their children.

I'm glad to see that others are speaking out; it's the only reason I decided to post again.

Nice to hear a perspective from Europe, where most men are intact, VanDerMaas.



James Loewen

19/01/2011 4:47 am #



[Report](#)

VanDerMass definitely hit the nail on the head, soon the coffin will be closed and genital mutilation of children will be a thing of the past. We're now hearing the last dying gasp from the arrogant "researchers" desperate to prove some "benefits" to cutting into the healthy genitals of children. The credibility of these pro circumcision quacks now rests on the shakiest ground ever. People are becoming informed, outraged and speaking out in ever increasing numbers. Circumcision of children is the illness, a self-perpetuating sexual sickness, not unlike other forms of child abuse, but in many cases worse.



StanB

19/01/2011 5:34 am #



[Report](#)

JakeW: "The obvious difference is that when benefits, disadvantages, and risks are considered, female

genital cutting is a net harm."

The standard of care for pediatric surgery requires the medical benefits of the surgery to far outweigh the medical risks and harms or for the surgery to correct a congenital abnormality. Non-therapeutic male circumcision does not even come close to meeting that standard of care. It is a unique and very shameful exception to the principles of medical ethics that govern all other surgery on infants and children.



Joseph4GI

19/01/2011 6:07 am #



[Report](#)

I feel I must talk about the following point a bit more thoroughly:

"I know of eleven observational studies, including Stallings. Two have found results consistent with a protective effect. One has found results consistent with a harmful effect. The remainder generally found no difference. It may help your argument to cherry-pick Stallings' paper, but doing so has no scientific validity."

Jake is mixing two different topics, that of HIV transmission and that of harm, or lack thereof. Of course, it is necessary to know what are the harms of a practice, versus its benefits (Actually, I argue that it is necessary to establish medical/clinical necessity before deciding the pros and cons of administering surgery, but we'll stick to "harms/benefits" train of thought for now...).

How many of the eleven studies were, like the three latest RCTs, focused on measuring the effect of female genital cutting on HIV transmission? How many of them were measuring other things? (IE, "harm" or "sexual response?")

I'd like to focus on only those female genital cutting studies whose purpose was, like the male circumcision trials, to measure any effect on HIV transmission. Sorry if that sounds like "cherry-picking." To my knowledge there have only been two such studies, and they're not even of the same caliber as the latest male circumcision trials?

Am I correct?

Can a proper risk/harm analysis be made when the majority of FGC studies focus on finding detrimental effect, and only two (if I am correct) focus on "preventive effect" on HIV transmission? And the two don't

even come close to what the latest male circumcision trials?

There's an imbalance here that serves to underscore the bias and sexist double-standards.

With male circumcision, finding "potential medical benefits" in circumcising healthy men and children is the focus of most "studies." "Harm" seems to be a secondary concern, if it ever is at all. The "potential medical benefits" found in circumcision-based "studies" would seem to overwhelm the "harm" found in studies, but then again, there is an overwhelming amount of studies that focus on finding the "potential medical benefits" of circumcision vs. studies that seek to measure detrimental effect. (5, was it?)

With female genital cutting, "studies" conducted focus more on measuring the harm. Those overwhelm the studies that measure "potential medical benefit." A total of only 11 studies? And only 2 try to measure any "benefit?"

In contrast, HOW many studies have been conducted to try to find "potential medical benefit" in male circumcision? (IE, prevention of penile and prostate cancer, HIV, HPV, a whole range of other STDs, UTI, etc., etc.) Versus, HOW many studies have actually focused on the physical harms of circumcision?

The question remains; WHY all this "rigorous study" to find the "medical benefit" in male circumcision, and male circumcision only? Why is there no interest in the "possible medical benefits" of female genital cutting? Why does there seem to be more interest in finding harm in female circumcision, while down playing it in male circumcision?

But the REAL kicker is, why are "researchers" seeking to legitimize a destructive medical procedure in healthy men? Why are "researchers" seeking to legitimize this in healthy, non-consenting individuals? WHY don't "researchers" seem to be interested in finding an alternative to radical surgery that permanently alters the appearance and function of the anatomically correct penis?

I reiterate that "research" that places primacy in legitimizing surgical procedure, as opposed to preserving the integrity of the human body, the integrity of the rights of the individual, is complete quackery, pure and simple.

We may as well still be looking into the medical benefits of blood letting. Skull trephination. Feet binding. Breast ironing. Neck stretching. Removal of the labia and/or the clitoris. Subincisions. Penectomies... the list goes on and on.

Bottom Line: Medical research should focus on preserving the integrity of the human body, not on

legitimizing surgery in the healthy. "Research" that places primacy in necessitating destructive surgery in the healthy, especially healthy, non-consenting individuals, is devoid of logic, reason, and ethics.

Circumcision "research" is a modern-day disgrace. It is a blight on modern medicine, and self-respecting doctors, researchers and scientists need to work to end it.



Joseph4GI

19/01/2011 7:36 am #



[Report](#)

If "researchers" are going to conduct "studies" to see the effects of male circumcision on, HIV, HPV, herpes, and other STDs, as well as UTIs, penile cancer, cervical cancer, prostate cancer etc., then it's only fair that the same "studies" be conducted to see the effects of female circumcision on these same diseases.

While the literature on the "benefits" of male circumcision abounds, literature on the benefits of female genital cutting is quite lacking, and it isn't because "researchers" have actually set out to study the benefits of female genital cutting and found there to be none; it is because researchers have not thoroughly studied female genital cutting for any "benefit." Ostensibly, "the harm of female genital cutting outweighs the benefit."

It is inappropriate to compare the harms and benefits of male circumcision, when "research" focuses on finding benefit, and slighting the harm.

Likewise, it is inappropriate to compare the harms and benefits of female genital cutting, when research focuses on measuring the harms, and the research for the benefits of female circumcision is minimal and poor.

But ultimately, it is inappropriate to "research" the deliberate necessitation of the destruction of normal, natural human anatomy in the healthy, especially healthy, non-consenting individuals. I dare say, that "research" that focuses on finding "benefit" in the deliberate destruction of the human body is sheer quackery.

Medical research should place primacy on preserving the integrity of the human body, not necessitating its deliberate destruction.

All "research" that seeks to necessitate the deliberate destruction of the human body is inherently

flawed.



aReaderInTune

19/01/2011 7:48 am #



[Report](#)

Putting aside all issues of decreased sensitivity, supposed (primarily future) health benefits, how can any person--physician, parent, innocent bystander--justify the removal of healthy, functioning tissue from a healthy infant b/c he MIGHT develop some hypothetical condition or disease somewhere down the road? It's pure and simple logic, coming down to nothing but an individual's basic human right to remain in possession of all his functioning, healthy body parts until or unless a current, diagnosed medical condition necessitates the removal or alteration of such for the sake of maintaining his health OR until he has reached an age at which he is capable and willing to consent to such removal or alteration for prophylactic purposes.

Some women are now choosing elective mastectomies after undergoing genetic testing and learning they possess the gene for breast cancer. Some may consider this a smart move, some may not, but the root of it is that these are adult women in possession of the facts and risks, making a CHOICE that they feel is best for them. Based on the line of reasoning given to promote routine infant circumcision, should parents with family histories of breast cancer have their daughters genetically tested for the breast cancer gene and, if they have it, choose to submit their daughters to elective mastectomies when they develop breasts? I mean, after all, parents have the right to make this prophylactic choice for their minor sons, why shouldn't they do the same for their minor daughters? That seems awfully sexist to me.

So, which is it? Do daughters matter less? Some studies have claimed that removal of the labia will reduce UTIs, that STI/HIV transmission is reduced. So, why isn't everyone jumping on the FGM bandwagon? Or, perhaps, is it that sons matter less? Proponents of FGM use all the same claims to support it as do proponents of MGM. Proponents can squabble all they want, but there's no denying there are risks to MGM and that it changes function, just as there are risks and changes in function for FGM. So, why is that Americans are up in arms about FGM and not to its analogous partner MGM?

That's the argument. That's the hurdle. Getting past the American cultural attitude that the foreskin is dirty, disease-breeding, ugly, laughable, and pointless so that Americans can finally realize that circumcision is analogous to FGM and should be treated as such.



Joseph4GI

19/01/2011 7:57 am <#>



[Report](#)

Incidentally, if the resent "research" is correct, circumcision would "reduce the risk of herpes by 28%" in males.

Which means that circumcised men would still be at a 72% risk.

Positiveguy is right: Living with herpes IS a hard life to many people.

There is still no known cure for herpes.

Don't take your chances with circumcision.

It fails, which is why circumcised men still need to wear condoms.



James Mac

19/01/2011 1:37 pm <#>



[Report](#)

Iâ€™m guessing the reason a pro-circumcision activist jumped on this article with such a vigorous defence is due to the fact the article was written outside of a circumcising culture, where the appalling and abusive reality of forced genital cutting is so much more apparent.

The author doesnâ€™t follow the usual media formula of circumcision articles, where unquestioning parroting of health myths, lightly skipping over risks, the rights of parents to make decisions for their children and no mention of human rights of medical ethics is the norm.

Rather, the article addresses the tragic and totally avoidable deaths, the abusive nature of the practice, the sexist double-standards at play, the self-justifying medical excuses and a direct comparison with paedophilia.

These are seditious sentiments for those with financial, religious, and sexual fetish interests in seeing the sexual mutilation of little boys continue unabated and unquestioned.

Thank you Robert Carry for your truthful reporting of a very real, mostly unrecognised (and never prosecuted), institutionalised form of sexual assault upon defenceless children.



jakew

19/01/2011 3:02 pm <#>



[Report](#)

"Jake, thank you for making my point for me. Yes, that is precisely the point. The solutions to these issues rest in things like condom use, quality sex education, robust health-care systems, and other social services, not circumcision."

A more rational conclusion, perhaps, would be "and circumcision".



jakew

19/01/2011 3:52 pm <#>



[Report](#)

To respond to James Mac:

"If NOTHING else, the real-world evidence from Europe, Scandinavia, Japan etc. etc. clearly shows that an anatomically complete body is in no way health risk."

Actually, as I pointed out, between-country comparisons do not isolate the effect of circumcision and therefore any conclusion about it is fundamentally erroneous.

To respond to Joseph4GI:

[Re studies of FGC and HIV] "Yes, but there haven't been "studies" as "rigorous" as the male circumcision RCTs. How can we be sure that female circumcision doesn't prevent HIV if there haven't been RCTs on female circumcision with "better design" as the latest (and supposedly greatest) male circumcision RCTs?"

You appear not to understand that RCTs are expensive studies that are only conducted if it is thought that there is a reasonable chance of a successful result. And the only available data for predicting that is observational. Now, nine of the eleven FGC studies (82%) have found results *inconsistent* with a protective effect of FGC. What scientist in his/her right mind would propose an RCT on that basis?

"But the available evidence 10 or so years ago indicated it would have been a total waste of time to "study" MC."

Roughly eleven years ago, a meta-analysis reported that "Twenty-seven studies were included. Of these, 21 showed a reduced risk of HIV among circumcised men, being approximately half that in uncircumcised men (crude RR = 0.52, CI 0.40-0.68). In 15 studies that adjusted for potential confounding factors, the association was even stronger (adjusted RR = 0.42, CI 0.34-0.54)." Ref: Weiss HA, et al. Male circumcision and risk of HIV infection in sub-Saharan Africa: a systematic review and meta-analysis. AIDS. 2000 Oct 20;14(15):2361-70.

"No, I actually asked why the results of the "studies" don't correlate in reality with other countries. It's what I said. Can't you read?"

I can read; I'm just trying to understand what you mean. Would you explain what you mean by "don't correlate with reality"?

"If "studies" are correct, then HIV should be markedly lower in countries that circumcise the majority of their children, and it should be ragingly rampant in countries where the majority of the men have anatomically correct genitals."

If you're willing to assume that other factors affecting HIV (eg., sex education, condom use, drug abuse, prostitution, etc) are the same in all countries, that might be a safe bet, but that seems a huge assumption.

"No, I understand what "statistically significant" means. And it means that the results were "statistically significant" enough for Wawer to end her study; the observation that women were 50% more likely to get HIV from circumcised men was enough of an indicator that it wasn't working, so she shut the project down."

Would you explain what you think is meant by "statistically significant"?

"You're basically re-wording what I said. You and Brian whine that point A on the intact penis can't be used to compare, because it doesn't exist on the circumcised penis. Of COURSE it's impossible to compare point A on the intact penis to point A on the circumcised penis; IT'S BEEN CUT OFF!"

We don't say it can't be used to compare. Sorrells et al essentially make two claims: a) that five points on the foreskin are more sensitive than the most sensitive part of the uncircumcised penis, and b) that the glans of the circumcised penis is less sensitive than that of the uncircumcised penis. The p values in

their Table allow point (a) to be checked, but they did not present comparisons between the same points, meaning that point (b) cannot be checked without performing some additional calculations. That is why we performed those calculations and presented the results in our Table. And as we showed, both claims (a and b) were contradicted by their data.

"Well, I'm not a researcher myself, I must admit. But basically Hugh Young argues that "The Bonferroni correction is not applicable because only one hypothesis is being tested." [para break] Is he correct or incorrect? If he is I think you and your colleague better refute him."

I've already done so, above, where I said: "In terms of statistical testing, there's a p value for every hypothesis. Look at Sorrells' Table 3. Count the p values (you don't have to include both columns)."

"Of course readers must realize that while Morris and Waskett can deride all the want, the fact is that Sorrells went through a rigorous peer-review process before being published, and the article hasn't been refuted in a peer-review journal."

Ah, does this mean that you suddenly accept all studies published in a peer-reviewed journal? :-)

"The evidence shows desensitization. It is you that insists on applying your own mathematical curve and ignoring data to get results you like."

[JakeW: "No, that's not what the evidence shows. If you want to ignore the results of four fifths of the available studies, and cling to the results of one paper, in spite of the fact that the claim made by that paper is testable and can easily be shown to be wrong, that's up to you."] "Yes, that is exactly what the evidence shows. It is you who are ignoring the Sorrells study. Sorrells is superior to the other four studies because it doesn't commit the error of its predecessors, completely ignoring the foreskin."

Which is completely irrelevant, since we're talking about the sensitivity of the glans.

"But you're arguing that a parent has all prerogative on their child."

I'm arguing no such thing. Parents may make reasonable decisions for their children, where reasonable means "not causing any significant harm". Nowhere have I argued that parents may decide to harm children.

Joseph4GI | today at 1:07 am

I feel I must talk about the following point a bit more thoroughly:

[Re: "I know of eleven observational studies, including Stallings. Two have found results consistent with a protective effect. One has found results consistent with a harmful effect. The remainder generally found no difference. It may help your argument to cherry-pick Stallings' paper, but doing so has no scientific validity."] "Jake is mixing two different topics, that of HIV transmission and that of harm, or lack thereof."

No, I'm talking about a single topic: FGC and HIV transmission. Two studies reported decreased risk, one reported increased risk.

"How many of the eleven studies were, like the three latest RCTs, focused on measuring the effect of female genital cutting on HIV transmission? How many of them were measuring other things? (IE, "harm" or "sexual response?")"

All of the studies were focused on HIV transmission. Otherwise I wouldn't have mentioned them.

"With male circumcision, finding "potential medical benefits" in circumcising healthy men and children is the focus of most "studies." "Harm" seems to be a secondary concern, if it ever is at all. The "potential medical benefits" found in circumcision-based "studies" would seem to overwhelm the "harm" found in studies, but then again, there is an overwhelming amount of studies that focus on finding the "potential medical benefits" of circumcision vs. studies that seek to measure detrimental effect. (5, was it?)"

Searching PubMed for "circumcision complications", I immediately found 83 studies. There are probably more, but to find them I'd have to search for specific complications.

"With female genital cutting, "studies" conducted focus more on measuring the harm. Those overwhelm the studies that measure "potential medical benefit." A total of only 11 studies? And only 2 try to measure any "benefit?""

With a little searching, I found 133 studies on FGC. It's certainly true that most of these report harms rather than benefits, but it seems reasonable to suppose that FGC simply has few beneficial effects and several harmful effects.

"If "researchers" are going to conduct "studies" to see the effects of male circumcision on, HIV, HPV, herpes, and other STDs, as well as UTIs, penile cancer, cervical cancer, prostate cancer etc., then it's only fair that the same "studies" be conducted to see the effects of female circumcision on these same diseases."

Including prostate cancer? ;-) Seriously, studies get done because a researcher spots what (s)he guesses might be a correlation, and suspects might be worth investigating further. They don't, as a rule, get done because people have a bizarre idea of equivalence.

"Incidentally, if the resent "research" is correct, circumcision would "reduce the risk of herpes by 28%" in males. [para break] Which means that circumcised men would still be at a 72% risk."

First of all, the research you refer to studied human papillomavirus, not herpes. Second, risk reduction is relative to that in uncircumcised men, so it wouldn't be an absolute risk of 72%, but rather less than that.



James Mac

19/01/2011 4:13 pm #



[Report](#)

"A more rational conclusion, perhaps, would be "and circumcision"."

Except that violating a child's human rights and mutilating his most private parts is not 'rational', it's abusive, immoral and unethical. Safe sex and education is both rational and effective. Forced genital cutting is not.



jakew

19/01/2011 4:21 pm #



[Report](#)

[Re "A more rational conclusion, perhaps, would be "and circumcision"."] "Except that violating a child's human rights and mutilating his most private parts is not 'rational', it's abusive, immoral and unethical. Safe sex and education is both rational and effective. Forced genital cutting is not."

Well, you may believe that circumcision is a human rights violation and mutilative, but that viewpoint is far from universal. You may have to accept the fact that other people disagree with it.



James Mac

19/01/2011 4:47 pm #



[Report](#)

Many people are still blissfully unaware of the disastrous consequences of botched circumcisions and the tragic deaths of (otherwise) healthy children. Circumcision advocates, on the other hand, are well aware of 'adverse outcomes' and appear comfortable to see children suffer and die as a direct result of

an unnecessary surgical intervention, they just prefer to remain silent about it.



VanDerMaas

19/01/2011 4:58 pm #



[Report](#)

In the end, the only person who should be deciding what is abusive is the person whose body it is themselves.



Joseph4GI

19/01/2011 5:11 pm #



[Report](#)

JakeW:[Re "A more rational conclusion, perhaps, would be "and circumcison"."]

James Mac: "Except that violating a childs human rights and mutilating his most private parts is not 'rational', it's abusive, immoral and unethical. Safe sex and education is both rational and effective. Forced genital cutting is not."

JakeW "Well, you may believe that circumcison is a human rights violation and mutilative, but that viewpoint is far from universal. You may have to accept the fact that other people disagree with it."

The same is true for female genital cutting.

The question is always thus:

Is surgery in children performed because there is medical necessity?

Or because the people involved in the circumcison of the child "don't believe it's mutilative and a human rights violation?"

What other surgeries can be performed in healthy children simply because the parents nor the doctor think it's "harmful?"



Joseph4GI

19/01/2011 5:17 pm #



[Report](#)

JakeW: "Actually, as I pointed out, between-country comparisons do not isolate the effect of circumcison

and therefore any conclusion about it is fundamentally erroneous."

So then, you must agree that using "studies" that were conducted on adult consenting males in Africa to justify infant genital mutilation in America is also, as you say "fundamentally erroneous."

"If "studies" are correct, then HIV should be markedly lower in countries that circumcise the majority of their children, and it should be ragingly rampant in countries where the majority of the men have anatomically correct genitals."

JakeW: "If you're willing to assume that other factors affecting HIV (eg., sex education, condom use, drug abuse, prostitution, etc) are the same in all countries, that might be a safe bet, but that seems a huge assumption."

That's strange, circumcision doesn't to be one of those factors...

"You're basically re-wording what I said. You and Brian whine that point A on the intact penis can't be used to compare, because it doesn't exist on the circumcised penis. Of COURSE it's impossible to compare point A on the intact penis to point A on the circumcised penis; IT'S BEEN CUT OFF!"

JakeW: "We don't say it can't be used to compare."

But you essentially exclude it.

JakeW: "Sorrells et al essentially make two claims: a) that five points on the foreskin are more sensitive than the most sensitive part of the uncircumcised penis, and b) that the glans of the circumcised penis is less sensitive than that of the uncircumcised penis. The p values in their Table allow point (a) to be checked, but they did not present comparisons between the same points, meaning that point (b) cannot be checked without performing some additional calculations. That is why we performed those calculations and presented the results in our Table. And as we showed, both claims (a and b) were contradicted by their data."

You are a computer programmer, and Morris is a professor of molecular sciences. What on EARTH has led you to believe that you or Morris know anything of what you're talking about? Why should ANY peer-reviewed journal take either of you seriously? If your critique meant anything, the study would have been retracted.

Not that it matters, but it also seems Hugh Young was successful in refuting your letter. Aren't you going

to tag him back?

"Of course readers must realize that while Morris and Waskett can deride all they want, the fact is that Sorrells went through a rigorous peer-review process before being published, and the article hasn't been refuted in a peer-review journal."

JakeW: "Ah, does this mean that you suddenly accept all studies published in a peer-reviewed journal? :-)"

Sure, if you accept mine. ;-)

JakeW: "Which is completely irrelevant, since we're talking about the sensitivity of the glans."

Heh heh, no, YOU'RE talking about the sensitivity of the glans. You can keep talking about it if you want...

"But you're arguing that a parent has all prerogative on their child."

JakeW: "I'm arguing no such thing. Parents may make reasonable decisions for their children, where reasonable means "not causing any significant harm". Nowhere have I argued that parents may decide to harm children."

But what if a parent believes FGC is "reasonable?" What if parents don't believe FGC causes any "significant harm?"

The question has been asked before, but is surgery performed because there is a medical or clinical necessity? Or because parents believe it's "reasonable?"

I keep asking, but I can't seem to get a straight answer; what other surgery can parents "choose" to have performed on their healthy child merely because they think it's "reasonable?"

Joseph4GI | today at 1:07 am

I feel I must talk about the following point a bit more thoroughly:

JakeW: "No, I'm talking about a single topic: FGC and HIV transmission. Two studies reported decreased risk, one reported increased risk."

No you argue: "I know of eleven observations studies, including Stallings. Two have found results consistent with a protective effect. One has found results consistent with a harmful effect. The remainder generally found no difference."

So were the studies testing for FGC to HIV transmission? or "Harmful effect?"

JakeW: "All of the studies were focused on HIV transmission. Otherwise I wouldn't have mentioned them."

Yet, for whatever reason, "harmful effect" seems to come into the picture. Were the studies testing for STD transmission? Or "harmful effect?"

JakeW: "Searching PubMed for "circumcision complications", I immediately found 83 studies. There are probably more, but to find them I'd have to search for specific complications."

Oh good. I'm relieved. I'll have to check and see who wrote them, because you know, cultural bias can come into play...

"With female genital cutting, "studies" conducted focus more on measuring the harm. Those overwhelm the studies that measure "potential medical benefit." A total of only 11 studies? And only 2 try to measure any "benefit?""

JakeW: "With a little searching, I found 133 studies on FGC. It's certainly true that most of these report harms rather than benefits, but it seems reasonable to suppose that FGC simply has few beneficial effects and several harmful effects."

But how many were testing for benefits, such as HIV transmission, the transmission of other STDs, UTI etc., how many were searching for "harmful effects?"

"If "researchers" are going to conduct "studies" to see the effects of male circumcision on, HIV, HPV, herpes, and other STDs, as well as UTIs, penile cancer, cervical cancer, prostate cancer etc., then it's only fair that the same "studies" be conducted to see the effects of female circumcision on these same diseases."

JakeW: "Including prostate cancer? ;-) Seriously, studies get done because a researcher spots what (s)he guesses might be a correlation, and suspects might be worth investigating further. They don't, as a rule, get done because people have a bizarre idea of equivalence."

Oh-ho-hoh, they DON'T??? Story of circumcision's LIFE... I mean GEEZ! Are you seriously saying circumcision studies don't get done because people have a bizarre idea of equivalence? Would you actually like me to open up a history book and list all the diseases and sicknesses circumcision was believed to prevent? You can't be serious!

I mention prostate cancer because, hey! "Studies" found a correlation between anatomically correct male genitalia and cervical cancer, didn't they? Well maybe the smegma of the vulva causes penile cancer in intact men. Maybe as a result of thrusting, the smegma gets push up through the urethra all the way up to the prostate. Without studies, how can we be sure this isn't the case? ;-)

"Incidentally, if the resent "research" is correct, circumcision would "reduce the risk of herpes by 28%" in males. [para break] Which means that circumcised men would still be at a 72% risk."

JakeW: "First of all, the research you refer to studied human papillomavirus, not herpes. Second, risk reduction is relative to that in uncircumcised men, so it wouldn't be an absolute risk of 72%, but rather less than that."

Uh, first of all, the studies that I refer to, the ones put out by Johns Hopkins, supposedly reported a "reduction" in the risk of HPV by 35%, and of herpes by 28%. Do those numbers sound familiar to you?

So if circumcision "cuts the risk" of HPV by 35%, and of herpes by 28%, then what about that 65% and 72%?

I personally can't see for the life of me why Johns Hopkins actually thought this was even significant given the fact that BOTH of these are FAR better prevented by condoms.

It looks to me like they're tripping over their own ears:

If I remember correctly from the Hopkins "study," the researchers were trying to argue that their discoveries were a "good thing" because HPV and herpes "independently increase susceptibility to HIV infection."

Do correct me if I'm wrong.

But, if circumcised men are getting herpes 72% of the time, and syphilis 65% of the time, and these conditions "independently increase susceptibility to HIV infection," doesn't this mean that the risk of HIV

in circumcised men with these conditions ISN'T "reduced" to 60%, but is as high as 72% and 65% when they acquire each of these diseases respectively?

And aren't these diseases already easily preventable with proper hygiene, faithfulness, safe sex practices and the correct use of condoms?

Bottom line; this article deals in the circumcision of infants who are at zero risk for STDs.

That is unless a mohel sucks on their penises and gives them herpes...



Joseph4GI

19/01/2011 5:19 pm #



[Report](#)

You can argue all you want, Jake, I have peace of mind knowing that you're just a computer engineer, and Morris is merely a professor of molecular sciences, so neither of you are actually any authorities to speak on the matter. Additionally, the both of you are known pro-circumcision activists, which presents a clear conflict of interest.

Dan Bollinger and Sorrells' studies were published because they underwent a rigorous peer-review process, and I thank goodness neither you nor Morris were part of it. It's true this means that I must acknowledge the faulty trials you quote, but that only means that YOU must acknowledge the ones that I quote.

At the very least, 117 babies die a year in America as a direct result of circumcision complications. As it stands, Dan Bollinger's estimate is the best that has been done, hasn't been refuted in a peer-reviewed journal, and is often cited.

Sorrells also stands untouched, giving testimony that circumcision is in fact damaging and adversely effective.

In my mind, these studies don't actually matter, and it's a shame that they even had to be conducted to apologize for the anatomically correct male organ.

Furthermore, no study that you quote can deny reality; if circumcision did anything to prevent HIV it would be self evident. HIV transmission rates would be lower in America, where the vast majority of men are circumcised, and they would be sky-rocketting in countries in Europe, where the vast majority of men

sport anatomically correct organs. HIV transmission rates are in fact HIGHER in the US, where most men are circumcised, and LOWER in European countries where they are not.

These studies are also quite irrelevant to the original post by Robert, as we are discussing the circumcision of healthy, non-consenting individuals who are at absolute zero risk for HIV transmission.

I reiterate that it is inappropriate to "research" the deliberate necessitation of the destruction of normal, natural human anatomy in the healthy, especially healthy, non-consenting individuals. I dare say, that "research" that focuses on finding "benefit" in the deliberate destruction of the human body is sheer quackery.

Medical research should place primacy on preserving the integrity of the human body, not necessitating its deliberate destruction. All "research" that seeks to necessitate the deliberate destruction of the human body is inherently flawed.

Circumcision "research" is a modern-day disgrace. It is a blight on modern medicine, and self-respecting doctors, researchers and scientists need to work to end it.

The circumcision of healthy, non-consenting individuals is a violation of basic human rights, there is no study that can ever be used to justify it.

Unless medical or clinical indication mandates it in a child, circumcision should be a MAN'S choice to make.

NOT his parents, NOT his doctors.

HIS body, HIS choice.



jakew

19/01/2011 5:48 pm #



[Report](#)

[JakeW: "If you're willing to assume that other factors affecting HIV (eg., sex education, condom use, drug abuse, prostitution, etc) are the same in all countries, that might be a safe bet, but that seems a huge assumption."] "That's strange, circumcision doesn't to be one of those factors..."

Yes, that's what the word "other" indicates...

[Re JakeW: "We don't say it can't be used to compare."] But you essentially exclude it.

We exclude it from the comparison of the same points, yes. But we don't exclude it from comparison of different points.

"Not that it matters, but it also seems Hugh Young was successful in refuting your letter. Aren't you going to tag him back?"

I hadn't noticed any sensible argument from him.

"But what if a parent believes FGC is "reasonable?" What if parents don't believe FGC causes any "significant harm?""

Well, in most Western nations they'll find that's illegal, because society holds that FGC is not reasonable. I suppose parents could, in principle, travel to a country without such a law, and find a doctor who agreed that it was reasonable, and who would hence be willing to carry it out.

"So were the studies testing for FGC to HIV transmission? or "Harmful effect?""

They were assessing risk of HIV infection by FGC status. As such they were capable of detecting benefit or harm.

"But how many were testing for benefits, such as HIV transmission, the transmission of other STDs, UTI etc., how many were searching for "harmful effects?""

Any of the things you list as benefits could just as easily be harms. An increase in risk is a harm, a decrease is a benefit. For example, there was a study of FGC and UTI: it found increased risk of UTI in women who'd undergone FGC.

"Oh-ho-hoh, they DON'T??? Story of circumcision's LIFE... I mean GEEZ! Are you seriously saying circumcision studies don't get done because people have a bizarre idea of equivalence? Would you actually like me to open up a history book and list all the diseases and sicknesses circumcision was believed to prevent? You can't be serious!"

Some people do seem to have the bizarre idea that circumcision and FGC are equivalent, sure, but generally researchers are more ... dare I say ... rational.

"Uh, first of all, the studies that I refer to, the ones put out by Johns Hopkins, supposedly reported a "reduction" in the risk of HPV by 35%, and of herpes by 28%. Do those numbers sound familiar to you?"

My apologies; I was thinking of a different study.

"But, if circumcised men are getting herpes 72% of the time, and syphilis 65% of the time, and these conditions "independently increase susceptibility to HIV infection," doesn't this mean that the risk of HIV in circumcised men with these conditions ISN'T "reduced" to 60%, but is as high as 72% and 65% when they acquire each of these diseases respectively?"

As I've already explained, the risk reduction is relative: that is, it's expressed as a fraction of the risk in an uncircumcised man. To illustrate, suppose one uncircumcised man in five (ie., 20%) in a given population will get syphilis. If circumcision reduces the risk by 35%, then the risk for circumcised men will be 65% of 20%, which is 13%.

"Bottom line; this article deals in the circumcision of infants who are at zero risk for STDs."

Yes, because they're Peter Pan, and never grow up.

"You can argue all you want, Jake, I have peace of mind knowing that you're just a computer engineer, and Morris is merely a professor of molecular sciences, so neither of you are actually any authorities to speak on the matter. Additionally, the both of you are known pro-circumcision activists, which presents a clear conflict of interest. [p.b] Dan Bollinger and Sorrells' studies were published because they underwent a rigorous peer-review process,..."

I note with amusement that you're not troubled by the fact that Bollinger is "just" a men's workshop leader who runs an anti-circumcision organisation, or that all of the Sorrells authors have documented links to anti-circumcision organisations. Note that I'm *not* claiming that this invalidates what they have to say, because I am familiar with logic and I know that argumentum ad hominem is a logical fallacy, and furthermore I'm intelligent enough to be able to understand and explain the flaws in their work.

At the very least, 117 babies die a year in America as a direct result of circumcision complications. As it stands, Dan Bollinger's estimate is the best that has been done, hasn't been refuted in a peer-reviewed journal, and is often cited."

You're not troubled, then, by the fact that Bollinger's estimate is based upon a flawed estimate?

"Furthermore, no study that you quote can deny reality; if circumcision did anything to prevent HIV it would be self evident. HIV transmission rates would be lower in America, where the vast majority of men are circumcised, and they would be sky-rocketing in countries in Europe, where the vast majority of men sport anatomically correct organs. HIV transmission rates are in fact HIGHER in the US, where most men are circumcised, and LOWER in European countries where they are not."

As I've already pointed out, there are multiple risk factors for HIV. So to predict HIV rates on the basis of circumcision rates alone is utterly nonsensical.



James Loewen

19/01/2011 10:14 pm #



[Report](#)

Arrogant disregard for human rights fuelled by a sexual fetish for sexual cutting will not excuse those who are still promoting circumcision for specious reasons. The general public is quickly waking up to this human rights atrocity. This is reflected daily with video posts from irate individuals who, (like those who take the time to write a letter to the editor) represent a far greater number of people who feel the same way.

As people are waking up to this issue the disturbed individuals who are promoting this atrocity (genital cutting of children) will be held responsible. I recall a public presentation by renowned urologist Dr. Jim Snyder who showed medical photos of children so badly damaged by routine genital mutilation that their sex was almost unrecognizable. One photo of the lower torso of an American teenager showed a reconstructed phallus, crudely fashioned from the tissue of his abdomen. Snyder said that this young man was "beyond angry" about what had happened to him.

It will be very interesting indeed to see the proponents of circumcision held accountable for the damage they are still doing. As this reaches the tipping point, (it may already be there) people are going to be looking for someone to blame. The few sick individuals who are putting their names to this medical fraud will have some explaining to do.



Rood

20/01/2011 8:28 am #



[Report](#)

Ah, I see our Jake is still at it ... trying to convince people that his personal preference for the genitally mutilated penis should be embraced by everyone. He cites studies and argues points, but when you

learn that his REAL interest is not in facts, but in his life-long fascination for genital cutting, and for the permanently exposed glans.

If Jake gets off on these things, fine, but why try to convince other people to share his childhood fantasy. Might it be a lack self-confidence and a craving for the approval and support from others? After all, it was a childhood fantasy that turned him on to genital cutting ... NOT his vaunted "studies". Here he is ... confessing the truth in his own words

(Note: CIRCLIST was once a Yahoo forum for Circumsexuals ... a forum long ago dropped by management for cause from Yahoo Groups)

CIRCLIST Message 26279, dated 27 July 2003 at 4:00 AM

"Six days ago, I finally got circumcised by Dr. Zarifa of London. He was very agreeable and performed at my request what looks like it will be a 'total' circumcision (ie one that is tight when flaccid and the skin completely immobile and slightly shiny when erect, with pubic hair and the scrotum pulled onto the lower shaft). The scar line is about half way down my shaft when flaccid (I'm still trying to minimise erections so watch this space for later reports). ... I'm really proud to be circumcised at last, and look forward to keeping everyone here updated." Jake

That confession brought a congratulatory message from one Vernon Quaintance, to which Jake responded:

CIRCLIST Message 26333 dated 30 July 2003 at 3:15 AM

Hi, Vernon

Thank you!

Yes, I recall our correspondence. i find it difficult to believe that I would regret something that I've regretted *not* having done since age 5!" Jake

Age "5". Pretty young to have read up all those scientific "studies" on the supposed benefits of male genital mutilation. But see how it colours his attitude towards children of that age! (Of course the following exchange is later in time, long after Jake overcame a penile infection which he attributed to the procedure of having his foreskin amputated).

NOTE: The following message was again posted at CIRCLIST, but it is addressed to the father of two young boys ... one aged 3 years, and the other 10 months. The circumcised father had written to CIRCLIST to inquire into the advisability of amputating the foreskins of his two boys. Jake's response follows:

CIRCLIST Message 31662 dated 22 September 2004 - 4:20 PM

"Hi ...

What matters most is not the opinion of you and your girlfriend, but that of your sons. I think that you should consider how they will feel in years to come. Nobody can know for sure, but you and your girlfriend will be bringing them up, so you're in the best position to guess.

I'd say if you can put your hand on your heart and say that your sons will appreciate it, then there's no reason not to go ahead. But if there's doubt in your mind, I wouldn't advise it.

While 10 months is too young, it ought to be possible (if challenging) to talk to a three year old about this, and I think his wishes should be taken into account.

That's my opinion.
Jake (also in the UK).

A three year old boy?

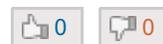
Jake's attitude has nothing to do with this couples two sons ... but everything to do with his own experience. Perhaps Jake would like to elaborate on his penchant for male genital mutilation ... a fantasy that he had "since age 5". Perhaps then we might better access his ability to gage the thought processes of 3 year-old boys and determine for ourselves if Jake's experience holds true for other children, aged 3 - 5.

Rood



Chriso

20/01/2011 9:07 am #



[Report](#)

After keeping tabs on this discussion since it began, its been interesting to see the debate between Jake and Joseph along with the other contributors.

But what I'm most looking forward to is Jake's response to Rood's comment. Fair play to ya Rood. This debate has just been taken up a gear.



jakew

20/01/2011 3:38 pm <#>



[Report](#)

"But what I'm most looking forward to is Jake's response to Rood's comment."

I'm sorry to disappoint, but I'm afraid that nothing in Rood's comment seems worthy of a response.



Chriso

20/01/2011 7:19 pm <#>



[Report](#)

Joseph4GI: "If parents can simply choose what surgeries their child will have point blank, with no medical indication, simply because they request them, what is the list? What other no-medical surgeries are parents allowed to ask for their children?"

JakeW: "I would certainly hope that parents would be refused surgeries that were actually harmful, but in the case of circumcision, which is on balance neutral or beneficial, it seems entirely reasonable that they should decide."

(Rood's comment) JakeW: While 10 months is too young, it ought to be possible (if challenging) to talk to a three year old about this, and I think his wishes should be taken into account.

So at this point in time you believe parents have absolute right to decide what to do with their son's genitalia yet 6 years ago you argue that the topic should be discussed with the child, albeit a 3 year old, and his wishes taken into account!!!

I used to work in a kids activity centre during college. I don't know how many 3 year old's you've spoken to in your lifetime but you can be sure that I've dealt with a lot more of them than you ever will. I've never met a 3 year old who doesn't think beyond Ben 10, batman or Dora the explorer. Some still need help going to the toilet.

For you to believe that a 3 year old is even capable of slightly comprehending the complexity and enormity of the subject such useless parents would bring to him, is frankly absurd and disturbing.



jakew

20/01/2011 8:52 pm #



[Report](#)

"Joseph4G1: "If parents can simply choose what surgeries their child will have point blank, with no medical indication, simply because they request them, what is the list? What other non-medical surgeries are parents allowed to ask for their children?"

JakeW: "I would certainly hope that parents would be refused surgeries that were actually harmful, but in the case of circumcision, which is on balance neutral or beneficial, it seems entirely reasonable that they should decide."

"So at this point in time you believe parents have absolute right to decide what to do with theirs son's genitalia"

I'm perplexed by this comment, as you seem to have interpreted it to mean almost the exact opposite of what it actually says. It says, to paraphrase, that rather than an absolute right there must be a condition of lack of harm.

" yet 6 years ago you argue that the topic should be discussed with the child, albeit a 3 year old, and his wishes taken into account!!!"

I believe that the wishes of children should be taken into consideration when contemplating any medical procedure. Obviously one would not give a small child as much input as a ten year old, and some children will be more competent than others, but if a child is capable of forming and expressing an opinion, I think it is wrong to ignore it completely.



Chriso

20/01/2011 9:48 pm #



[Report](#)

JakeW: I'm perplexed by this comment, as you seem to have interpreted it to mean almost the exact opposite of what it actually says. It says, to paraphrase, that rather than an absolute right there must be a condition of lack of harm.

It appears you have misinterpreted MY comment. You argue that circumcision causes no harm and so should be a procedure parents allow be performed on their sons, yet you agree that it is a serious enough procedure that the wishes of the child should be considered, suggesting the child may see it as

harmful, physically or psychologically.

Which is it? harmless and performed at the whim of the parents or potentially damaging to the child, hence seeking to understand his wishes.

Obviously for a parent to suggest this procedure to a child in the first place, then it is their wish for the child to be circumcised. What happens if (as preposterous as it sounds) a 3 year old or indeed 10 year old understands the ramifications of getting this procedure and does not wish to have it done?

(bearing in mind 10yr olds still laugh at the thought of kissing girls let alone understand sex, STI's, UTI's and HIV or anything else related to the penis for that matter). Will the parents fear for their child's future health or be disappointed he doesn't want to look like Dad?

If, as you suggest, parents should include the child in discussions about HIS body, common sense would dictate that the child be fully capable of understanding the risks and repercussions.....say, at the age of consent.

Circumcision should be a compulsory procedure for every child or one of personal life choice taken at an appropriate age. If circumcision was a benefit to all males, it would be as widespread as the MMR vaccine and only avoided by paranoid afraid of dirty needles etc. As this is not the case, the only remaining option is to remove the ability of parents to make this choice for their child and let the young male adult make the decision himself.



jakew

20/01/2011 10:16 pm #



[Report](#)

"It appears you have misinterpreted MY comment. You argue that circumcision causes no harm and so should be a procedure parents allow be performed on their sons, yet you agree that it is a serious enough procedure that the wishes of the child should be considered, suggesting the child may see it as harmful, physically or psychologically."

We must consider the child might have strong views on the subject, and to perform a procedure in spite of opposition would be a psychological harm that might swing the overall balance towards a net harm.

Now, you might argue that circumcising a newborn baby carries the risk of resentment, and that's true, but there are two important differences. Firstly, the level of knowledge is different: an older child can form an opinion (if a primitive one) and express it; a baby cannot so one has to make a guess based on statistics and individual circumstances. Secondly, the balance between risks and benefits is different between babies and older children, partly because there are fewer benefits when circumcising at an older

age, and partly because the risks are greater. So it takes less to swing the balance towards harm.

"If, as you suggest, parents should include the child in discussions about HIS body, common sense would dictate that the child be fully capable of understanding the risks and repercussionssay, at the age of consent."

That's certainly an option, but another is to perform the procedure in infancy, where the risks are smallest and the benefits are greatest. Yes, there's a risk that he might resent it, but that risk is unavoidable, as not circumcising also carries the risk of resentment. Fortunately neither risk is particularly significant, and furthermore most well-adjusted are, by definition, able to adjust to decisions made for them as children.



StanB

20/01/2011 11:22 pm #



[Report](#)

JakeW: "that rather than an absolute right there must be a condition of lack of harm."

But "lack of harm" is not the criteria used for any other surgery on children! The criteria for pediatric surgery requires the medical benefits of the surgery to FAR outweigh the risks and harms. Non-therapeutic circumcision does not even come close to meeting that criteria.

It is unethical and inappropriate to use one standard of care for surgery on a boy's penis and a totally different standard of care for all other pediatric surgery.



jakew

20/01/2011 11:36 pm #



[Report](#)

"But "lack of harm" is not the criteria used for any other surgery on children! The criteria for pediatric surgery requires the medical benefits of the surgery to FAR outweigh the risks and harms. Non-therapeutic circumcision does not even come close to meeting that criteria.

It is unethical and inappropriate to use one standard of care for surgery on a boy's penis and a totally different standard of care for all other pediatric surgery."

What other surgery would meet the "lack of harm" criterion? As far as I'm aware, neonatal circumcision is unique among surgical procedures in that, even in the absence of disease or medical conditions that might indicate a requirement for the procedure, it is still neutral or beneficial. So I suggest there's no

double standard at all.



Chriso

20/01/2011 11:42 pm #



[Report](#)

JakeW:the balance between risks and benefits is different between babies and older children, partly because there are fewer benefits when circumcising at an older age, and partly because the risks are greater.

Just for myself and any other readers who don't know, can you list the different risks involved in infant versus adult circumcision?

Also can you tell us the benefits of infant circumcision and which benefits are lost as a result of the procedure being performed on older males?



Chriso

20/01/2011 11:42 pm #



[Report](#)

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Also can you tell us the benefits of infant circumcision and which benefits are lost as a result of the procedure being performed on older males?



jakew

21/01/2011 12:00 am #



[Report](#)

"Just for myself and any other readers who don't know, can you list the different risks involved in infant versus adult circumcision?"

It's not that the risks are different, but rather that the chances are greater. The most recent systematic review, published last year, reported that for infant circumcision, "The median frequency of any adverse event was 1.5% (range 0-16%), and median frequency of any serious adverse event was 0% (range 0-2%)." For children, "The median frequency of any adverse event was 6% (range 2-14%), and median

frequency of any serious adverse event was 0% (range 0-3%)." Ref: Weiss HA, Larke N, Halperin D, Schenker I. Complications of circumcision in male neonates, infants and children: a systematic review. BMC Urol. 2010 Feb 16;10:2

"Also can you tell us the benefits of infant circumcision and which benefits are lost as a result of the procedure being performed on older males?"

Sure. The benefits lost through delayed circumcision are: a) protection against urinary tract infection, which in boys has the greatest risk in infancy, with the (rare) risk of kidney damage as a result; b) protection against penile cancer, which appears to be protective only in infancy (though this may be due to confounding); c) protection against balanitis and acquired phimosis during childhood. Other benefits (presumably unaffected by neonatal-vs-early adult circumcision) include reduced risk of HIV, HPV, chancroid, herpes, candidiasis, and syphilis. Less certain benefits, for which only poor quality data are available, include reduced risks of prostate cancer and several other STDs.



StanB

21/01/2011 12:06 am #



[Report](#)

JakeW: "protection against penile cancer"

If someone proposed cutting the genitals of girl's for protection against vulva cancer, most people would be outraged. In my opinion there is no ethical difference between using the reduced risk of penile cancer as a justification for cutting the genitals of boys and using the reduce risk of vulva cancer as a justification for cutting the genitals of girls.

Shame on you for promoting medically unnecessary surgery on the genitals of children!



StanB

21/01/2011 12:11 am #



[Report](#)

"Unnecessarily invasive procedures should not be used where alternative, less invasive techniques, are equally efficient and available. It is important that doctors keep up to date and ensure that any decisions to undertake an invasive procedure are based on the best available evidence. Therefore, to circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate." ~ British Medical Association

There are effective, non-invasive methods of prevention or treatment for all the conditions listed by JakeW.



jakew

21/01/2011 12:19 am #



[Report](#)

"If someone proposed cutting the genitals of girl's for protection against vulva cancer, most people would be outraged."

Yes, as a result of informally and intuitively weighing that hypothetical benefit against the risks and harms.

""[...] Therefore, to circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate." ~ British Medical Association [para break.] There are effective, non-invasive methods of prevention or treatment for all the conditions listed by JakeW."

But we're not discussing circumcision for therapeutic reasons. We're discussing circumcision for elective reasons and whether that is, in part, justified as a result of prophylactic benefit.



StanB

21/01/2011 12:23 am #



[Report](#)

JakeW: "What other surgery would meet the "lack of harm" criterion? As far as I'm aware, neonatal circumcision is unique among surgical procedures in that, even in the absence of disease or medical conditions that might indicate a requirement for the procedure, it is still neutral or beneficial."

Neutral or slightly beneficial is not good enough! It does not meet the ethical criteria that are used for all other pediatric surgery.

For surgery on children to be ethical, the medical benefits of the surgery MUST FAR OUTWEIGH the medical risks and harms. Non-therapeutic circumcision does not meet that requirement.

Non-therapeutic male circumcision is a human rights issue because it does not even come close to meeting the ethical requirements that govern all other pediatric surgery. It is shameful that medical organizations have thrown the principle of medical ethics out the window in order to accommodate an

outdated and harmful cultural and religious practice.



jakew

21/01/2011 12:31 am #



[Report](#)

"For surgery on children to be ethical, the medical benefits of the surgery MUST FAR OUTWEIGH the medical risks and harms. Non-therapeutic circumcision does not meet that requirement."

I disagree with your claim that this is a requirement.



StanB

21/01/2011 12:45 am #



[Report](#)

StanB: "For surgery on children to be ethical, the medical benefits of the surgery MUST FAR OUTWEIGH the medical risks and harms. Non-therapeutic circumcision does not meet that requirement."

JakeW: "I disagree with your claim that this is a requirement."

Name one other surgery that doctors perform on children that does not meet that requirement.

Non-therapeutic male circumcision is a unique exception to the principles of medical ethics that govern pediatric surgery. It is the only surgery that doctors will perform on children for cultural or religious reasons.

The fact that Muslim and Jewish parents believe that male circumcision is a religious requirement is not a sufficiently good reason for doctors to throw the principles of medical ethics out the window in order to accommodate a religious ritual.



jakew

21/01/2011 12:54 am #



[Report](#)

"Name one other surgery that doctors perform on children that does not meet that requirement."

I can't think of any, but that doesn't mean that your requirement is the standard criterion. As I already pointed out above: "What other surgery would meet the "lack of harm" criterion? As far as I'm aware, neonatal circumcision is unique among surgical procedures in that, even in the absence of disease or

medical conditions that might indicate a requirement for the procedure, it is still neutral or beneficial. So I suggest there's no double standard at all."



irishwinters2000

21/01/2011 1:30 am <#>



[Report](#)

StanB: "For surgery on children to be ethical, the medical benefits of the surgery MUST FAR OUTWEIGH the medical risks and harms."

jake: "I disagree with your claim that this is a requirement."

Ooohhhh I think he has you there jake. You've backed yourself into a corner by going against a pretty much self-evident point.



jakew

21/01/2011 1:34 am <#>



[Report](#)

"Ooohhhh I think he has you there jake. You've backed yourself into a corner by going against a pretty much self-evident point."

On the contrary, if it were self-evident I wouldn't be challenging it. :-)



CynDaVaz

21/01/2011 6:29 am <#>



[Report](#)

Rood - thank you for shining the light on JakeW. Quite interesting how he's so talkative in many respects except when it comes to addressing the points you raised. Says quite a lot, that ...

It's amazing the lengths people will go to in order to promote genital mutilation.



CynDaVaz

21/01/2011 6:32 am <#>



[Report](#)

"For surgery on children to be ethical, the medical benefits of the surgery MUST FAR OUTWEIGH the medical risks and harms. Non-therapeutic circumcision does not meet that requirement."

Indeed. But unfortunately, there are many unethical doctors out there.



CynDaVaz

21/01/2011 6:39 am #



[Report](#)

"As far as I'm aware, neonatal circumcision is unique among surgical procedures in that, even in the absence of disease or medical conditions that might indicate a requirement for the procedure, it is still neutral or beneficial."

It's not neutral - and the supposed benefits are outweighed by the risks and damage associated with the surgery. There's no legitimate reason to partially amputate a normal, healthy, fully functional penis. It's unethical for doctors to continue performing this unnecessary procedure on a non-consenting human being.



Joseph4GI

21/01/2011 7:40 am #



[Report](#)

"Ooohhhh I think he has you there Jake. You've backed yourself into a corner by going against a pretty much self-evident point."

JakeW: "On the contrary, if it were self-evident I wouldn't be challenging it. :-)"

I don't think you're challenging this because it is not self-evident. ;-)



Joseph4GI

21/01/2011 7:53 am #



[Report](#)

A note on the "studies" that Jake is trying to use; Halperin D[aniel], the self-same Halperin who led one of the circumcision trials in Africa, is openly Jewish, and he is on record that he wants to carry on his grandfather's legacy, his grandfather being a mohel.

Schenker I[non] is the head of "Operation Abraham," a group from Israel specifically going around the world evangelizing circumcision. Note the name "Abraham" is the name of the Jewish patriarch who was first circumcised according to their religion.

These men have a conflict of interest, and anything they produce on the subject of circumcision needs to

be taken with a grain of salt.

Some might say that I'm being unfair and even "racist."

But it's not any more "racist" to point out the fact that circumcision is central to Jewish culture, than it is to point out the fact that eating whale is a long-standing Japanese "custom," or that eating beef is taboo for "Hindus." Circumcision "research" performed by Jewish men should be as suspect as whale "research" performed by Japanese, as should also be the case with cow "research" performed by Indian researchers.

"Researching" a procedure that also happens to be a central part of your culture presents a glaringly obvious conflict of interest.

JakeW: "The benefits lost through delayed circumcision are: a) protection against urinary tract infection, which in boys has the greatest risk in infancy, with the (rare) risk of kidney damage as a result;"

The risk of UTI is already 4x lower in boys than they are in girls, which means that even "the greatest risk" of UTI is actually quite rare, and it is easily treatable with anti-biotics in girls, as it is in boys.

It makes no sense to mutilate a child's genitals to reduce a "risk" that is already quite rare, and much less the risk of diseases that are already quite easily treatable.

JakeW: "b) protection against penile cancer, which appears to be protective only in infancy (though this may be due to confounding);"

Because infants get penile cancer?

JakeW: "c) protection against balanitis and acquired phimosis during childhood."

First off, phimosis cannot be diagnosed in child hood. "Phimosis" is a condition where the foreskin is unable to retract behind the glans. This condition cannot be diagnosed in children because the foreskin is fused to the glans, like a fingernail to its bed at birth. It is perfectly normal, and actually expected, that a child's foreskin does not retract until puberty.

Phimosis is most definitely a real condition, but it IS quite rare, and actually, modern technology has found better ways to treat it other than circumcsion. Only a very small percentage of men ever need surgical intervention for phimosis.

Second of all, balanitis is a contentious point, because this is often iatrogenically induced. Outdated medicine teaches that boys should have their foreskins retracted in order to "clean" under it." This medicine is old and outdated, and mistaken, and it is actually responsible for causing balanitis and phimosis itself.

The best protection against balanitis and acquired phimosis is to leave the child's penis alone. It is forcefully retracting the foreskin of infants that causes these infections.

JakeW: "Other benefits (presumably unaffected by neonatal-vs-early adult circumcision) include reduced risk of HIV, HPV, chancroid, herpes, candidiasis, and syphilis. Less certain benefits, for which only poor quality data are available, include reduced risks of prostate cancer and several other STDs."

Children are not at any risk for the transmission of any STDs. Nor are they at any risk for prostate or penile cancer.

It makes absolutely no sense to be performing non-medical surgery in children to "reduce the risk of STDs", when there are already less invasive and more effective methods for preventing STDs.

It must be noted that the latest trials in Africa were carried out on adult men giving their full consent. The "protective benefit" was found in ADULT men making their own decisions.

Even IF circumcision were found to have all these "benefits," (and this is dubious), it must be up to an adult man to make this choice.

Circumcision is a radical permanent procedure that completely alters the appearance of the penis, and the way it works. Circumcision is the deliberate destruction of normal, healthy tissue.

Given the facts, circumcision may not be an option that men may WANT.

Circumcising healthy, non-consenting infants violates their human rights because it destroys their healthy bodies, and eliminates their choice.

There are already better ways to afford the "benefits" circumcision provides, WITHOUT cutting into a child.

THOSE are the measures doctors need to be presenting to parents, not deliberate genital mutilation.



Joseph4GI

21/01/2011 8:15 am #



[Report](#)

[JakeW: "If you're willing to assume that other factors affecting HIV (eg., sex education, condom use, drug abuse, prostitution, etc) are the same in all countries, that might be a safe bet, but that seems a huge assumption."] "That's strange, circumcision doesn't to be one of those factors..."

JakeW: "Yes, that's what the word "other" indicates..."

So then HIV transmission is influenced by factors, "other" than circumcision.

[Re JakeW: "We don't say it can't be used to compare."] But you essentially exclude it.

JakeW: "We exclude it from the comparison of the same points, yes. But we don't exclude it from comparison of different points."

It almost sounds like you're the ones who conducted the study! Thank goodness you didn't...

"Not that it matters, but it also seems Hugh Young was successful in refuting your letter. Aren't you going to tag him back?"

JakeW: "I hadn't noticed any sensible argument from him."

Rather, you'd rather not address it... because you can't.

"But what if a parent believes FGC is "reasonable?" What if parents don't believe FGC causes any "significant harm?""

JakeW: "Well, in most Western nations they'll find that's illegal, because society holds that FGC is not reasonable. I suppose parents could, in principle, travel to a country without such a law, and find a doctor who agreed that it was reasonable, and who would hence be willing to carry it out."

So then, surgery can't be performed on children merely because of the parents' beliefs that it is "reasonable." And nations can and do place bans on abusive practices, regardless of how "reasonable" the parents think it is.

The bottom line is, unless there is actual medical or clinical indication, it doesn't really matter how "reasonable" the procedure is perceived to be.

Surgery is performed because there is a presence of a medical indication, not an absence of harm.

Without the presence of medical indication, surgery IS presence of harm. It is deliberate assault on a healthy, non-consenting individual.

"Oh-ho-hoh, they DON'T??? Story of circumcision's LIFE... I mean GEEZ! Are you seriously saying circumcision studies don't get done because people have a bizarre idea of equivalence? Would you actually like me to open up a history book and list all the diseases and sicknesses circumcision was believed to prevent? You can't be serious!"

JakeW: "Some people do seem to have the bizarre idea that circumcision and FGC are equivalent, sure, but generally researchers are more ... dare I say ... rational."

Well, for all intents and purposes, genital cutting is genital cutting no matter what sex. Some forms of FGC are more severe than male circumcision, such as infibulation, but then most are actually quite equivalent, if not less severe, such as labia and/or clitoral hood removal.

Some people seem to have the bizzare idea that forcefully cutting the genitals in healthy, non-consenting individuals is vindicated by "potential medical benefits." Strangely, they seem to be reluctant to study the "potential medical benefits" of cutting female genitals with the same rigor as they study the cutting of male genitals.

I reiterate; It is sheer quackery to be "researching" the merit of deliberately necessitating the destruction of perfectly healthy and normal anatomy.

"Bottom line; this article deals in the circumcision of infants who are at zero risk for STDs."

JakeW: "Yes, because they're Peter Pan, and never grow up."

Yes. And when they grow up, they cease being children, becoming adults capable of making their own decisions.

"You can argue all you want, Jake, I have peace of mind knowing that you're just a computer engineer, and Morris is merely a professor of molecular sciences, so neither of you are actually any authorities to

speak on the matter. Additionally, the both of you are known pro-circumcision activists, which presents a clear conflict of interest. [p.b] Dan Bollinger and Sorrells' studies were published because they underwent a rigorous peer-review process,..."

JakeW: "I note with amusement that you're not troubled by the fact that Bollinger is "just" a men's workshop leader who runs an anti-circumcision organisation, or that all of the Sorrells authors have documented links to anti-circumcision organisations. Note that I'm *not* claiming that this invalidates what they have to say, because I am familiar with logic and I know that argumentum ad hominem is a logical fallacy, and furthermore I'm intelligent enough to be able to understand and explain the flaws in their work."

The fact is Bollinger has way, way more credentials than you, a mere computer programmer. His work was also peer-reviewed and hasn't been refuted. How is your field related to urology in any way, shape or form? How is it that you even feel qualified to critique what he has to say?

Sorrells et al do have documented links to anti-circumcision organizations, it's true. But it is also true that their work was peer-reviewed, and it was published in the British Journal of Urology. If Sorrells' peers would have found something flawed in the study, then it wouldn't have been published.

Furthermore, if the journal would have thought your letter with Brian's endorsement to be of any significant value, then they would have retracted the study. As it stands, the study remains. Not that it matters much, but Hugh Young did refute your claims. Sorrells is the best study on penile sensitivity to date, and it far supercedes its out-dated predecessors. There hasn't been a study as extensive as Sorrells.

Jakew: "You're not troubled, then, by the fact that Bollinger's estimate is based upon a flawed estimate?"

No, because the claim that Bollinger's estimate is based on a flawed estimate is not being made by anybody significant.

If the study was indeed discovered to be flawed, then it would be retracted and you would have a point.

It is not.

"Furthermore, no study that you quote can deny reality; if circumcision did anything to prevent HIV it would be self evident. HIV transmission rates would be lower in America, where the vast majority of men are circumcised, and they would be sky-rocketting in countries in Europe, where the vast majority of men

sport anatomically correct organs. HIV transmission rates are in fact HIGHER in the US, where most men are circumcised, and LOWER in European countries where they are not."

JakeW: "As I've already pointed out, there are multiple risk factors for HIV. So to predict HIV rates on the basis of circumcision rates alone is utterly nonsensical."

And yet, this is precisely what Auvert, Bailey, and Halperin do.

It's what all of these so-called circumcision "studies" do; they try to attribute a reduction in risk of disease solely to circumcision while ignoring other factors.

The studies are logically flawed; they affirm the consequent, deny the antecedent and damn the alternatives.

All "research" that seeks to necessitate the deliberate destruction of the human body, as opposed to preserving its integrity, is inherently flawed.

You never answered the question I asked earlier:

Doesn't the argument that all men and boys in Africa should be circumcised, go something like "well condoms and sex ed aren't working, so we must circumcise all the men and boys for their own good, seeing as they're simply too stupid... I mean er, erm uh, they're simply not getting it."

Here you keep saying that America has higher HIV transmission rates is because of the crummy sex-ed and neglect of condom use.

Yet, if I'm to understand, this, the claim that African men simply aren't into sex ed and condoms, is the reason why "mass circumcision campaigns" should be implemented?

Why is something that didn't work in America, is somehow expected to work miracles in Africa?



Joseph4GI

21/01/2011 8:55 am #



[Report](#)

Random factoid:

If American figures are to be trusted, 1 in 6 men will get prostate cancer.

About 80% of American males are circumcised.

Circumcision? Relevant in the reduction of prostate cancer?

I'll let readers make their own assessments...

(WHY anyone thought it was worth it to mention prostate cancer and circumcision in the same breath is beyond me...)



jakew

21/01/2011 2:59 pm #



[Report](#)

To respond to CynDaVaz:

"It's not neutral - and the supposed benefits are outweighed by the risks and damage associated with the surgery."

In 2007, the CDC held a Consultation on Public Health Issues Regarding Male Circumcision in the United States for the Prevention of HIV Infection and Other Health Consequences on April 26â€“27, 2007, in Atlanta. Those invited included "epidemiologists; researchers; health economists; ethicists; physicians; and representatives of practitioner associations, community-based organizations, and groups objecting to elective circumcision". One of the conclusions was "Medical benefits outweigh risks for infant MC, and there are many practical advantages of doing it in the newborn period. Benefits and risks should be explained to parents to facilitate shared decision-making in the newborn period."

Ref: Smith DK, et al. Male circumcision in the United States for the prevention of HIV infection and other adverse health outcomes: report from a CDC consultation. Public Health Rep. 2010 Jan-Feb;125 Suppl 1:72-82.



jakew

21/01/2011 3:30 pm #



[Report](#)

To respond to Joseph4GI:

"A note on the "studies" that Jake is trying to use; [...] These men have a conflict of interest, and anything they produce on the subject of circumcision needs to be taken with a grain of salt."

I'd hardly call being Jewish a conflict of interest, but more to the point, the study I cited is a systematic review. In other words, everything in it can be verified by obtaining the cited sources and checking what they say. So if Weiss et al. have made any errors, it's comparatively trivial for you to show exactly what mistakes they made.

[Re UTIs] "It makes no sense to mutilate a child's genitals to reduce a "risk" that is already quite rare, and much less the risk of diseases that are already quite easily treatable."

Remember that nobody is proposing to circumcise for the sole purpose of reducing UTIs. But when weighing benefits against risks, it's important to weigh all benefits, even those that are relatively rare (which in this case is approx. 2%).

"Because infants get penile cancer?"

That can happen, but usually penile cancer affects men in their 60s or older. Neonatal circumcision reduces the risk significantly; circumcision at a later age appears not to have a significant effect (though, as I mentioned, there may be masking due to confounding factors).

"First off, phimosis cannot be diagnosed in child hood."

Incorrect. It's perfectly possible to diagnose acquired phimosis in childhood: a formerly retractable foreskin that is no longer retractable and the presence of thickened scar tissue (often white, if lichen sclerosus is present) at the tip are good signs.

"The best protection against balanitis and aquired phimosis is to leave the child's penis alone. It is forcefully retracting the foreskin of infants that causes these infections."

How would you go about proving that?

"Children are not at any risk for the transmission of any STDs. Nor are they at any risk for prostate or penile cancer."

Are you planning to kill them off before their 18th birthday? If not, they're going to be at risk eventually.

"So then HIV transmission is influenced by factors, "other" than circumcision."

Why on earth do you think that's a logical conclusion?

"It almost sounds like you're the ones who conducted the study! Thank goodness you didn't..."

"We" refers to the authors of Waskett and Morris. Since I am one of those individuals, it is customary, I believe, to use the term "we".

[Re Young's letter] "Rather, you'd rather not address it... because you can't."

As I said, he didn't make any valid points worth addressing. However, if you would like me to respond to any arguments, I'm happy to do so. I've already addressed his mistake regarding the number of hypotheses being tested above. If you wish me to address others, please list them.

"So then, surgery can't be performed on children merely because of the parents' beliefs that it is "reasonable." And nations can and do place bans on abusive practices, regardless of how "reasonable" the parents think it is."

Absolutely, yes. And circumcision is generally considered to be a reasonable choice for parents to make. Which is why they're permitted to make it.

"Sorrels et al do have documented links to anti-circumcision organizations, it's true. But it is also true that their work was peer-reviewed, and it was published in the British Journal of Urology. If Sorrels' peers would have found something flawed in the study, then it wouldn't have been published."

Then, by the same argument, you would surely have to argue that if reviewers had found flaws in the studies you reject, they wouldn't have been published either? Does this mean that all published studies are flawless?

"Furthermore, if the journal would have thought your letter with Brian's endorsement to be of any significant value, then they would have retracted the study."

You think so? Journals usually only publish retractions for two reasons: 1) at the request of the authors, or 2) (in extreme cases) where research is proven to be fraudulent. As a rule, they don't publish retractions because flaws in a study have been highlighted.

"No, because the claim that Bollinger's estimate is based on a flawed estimate is not being made by anybody significant."

More ad hominem, amusing. So you're uninterested in the fact that anybody with a copy of Bollinger's paper can check what I say and confirm that the flaw exists?

[Re JakeW: "As I've already pointed out, there are multiple risk factors for HIV. So to predict HIV rates on the basis of circumcision rates alone is utterly nonsensical."] "And yet, this is precisely what Auvert, Bailey, and Halperin do."

Where do they predict HIV rates? Please provide a citation.

"It's what all of these so-called circumcision "studies" do; they try to attribute a reduction in risk of disease solely to circumcision while ignoring other factors."

On the contrary, they don't ignore other factors. They use increasingly sophisticated study designs to control for them.

"If American figures are to be trusted, 1 in 6 men will get prostate cancer. [pb] About 80% of American males are circumcised. [pb] Circumcision? Relevant in the reduction of prostate cancer?"

And what would the prevalence have been if, say, 10% were circumcised?



CynDaVaz

21/01/2011 8:57 pm #



[Report](#)

"I'd hardly call being Jewish a conflict of interest,"

Of course it is. And those studies you often quote - especially the ones about HIV/AIDS are based on flawed methodology. Everything you present is highly suspect - especially given what's already been exposed about you.



CynDaVaz

21/01/2011 9:02 pm #



[Report](#)

"That can happen, but usually penile cancer affects men in their 60s or older. Neonatal circumcision

reduces the risk significantly;"

Cutting off any body part would reduce cancer risk significantly. Cutting off the vulva would reduce the risk of vulva cancer significantly. The rate of vulvar cancer is higher than the rate of penile cancer - no one is advocating for the routine removal of the vulva in women.

Why, exactly, are you pushing SO hard for the mutilation of babies? Especially given the fact that everything you've been presented has been effectively refuted. You really have nothing to stand on here except your own personal preference for a cut penis, and your desperate attempts to normalize the unnatural.



CynDaVaz

21/01/2011 9:08 pm <#>



[Report](#)

Correction: Especially given the fact that everything you've presented has been effectively refuted.



jakew

21/01/2011 9:12 pm <#>



[Report](#)

To respond to CynDaVaz:

[Re "I'd hardly call being Jewish a conflict of interest,"] Of course it is. And those studies you often quote - especially the ones about HIV/AIDS are based on flawed methodology. Everything you present is highly suspect - especially given what's already been exposed about you."

Just a tip: you might want to read up on logical fallacies, specifically one called argumentum ad hominem.

"Cutting off any body part would reduce cancer risk significantly. Cutting off the vulva would reduce the risk of vulva cancer significantly. The rate of vulvar cancer is higher than the rate of penile cancer - no one is advocating for the routine removal of the vulva in women."

There's no evidence that it would make any difference; in fact there is some (admittedly weak) evidence indicating that FGC is a risk factor for cancer of the vulva.



CynDaVaz

21/01/2011 9:13 pm #



[Report](#)

"And circumcision is generally considered to be a reasonable choice for parents to make. Which is why they're permitted to make it."

That's only because it's culturally accepted in many areas to mutilate baby boys, even though the same type of mutilation is frowned upon when it comes to girls. This is a sexist double-standard made possible because of how blind many people are to the irrationality and unethical practice of circumcision. And the desperate measures some people take to cling to (or even advance) this barbaric act reveal just how deeply entrenched the cutting mindset has become.



CynDaVaz

21/01/2011 9:18 pm #



[Report](#)

"There's no evidence that it would make any difference;"

Sure it would. Cut off the body part, remove the chance of cancer. This is the logic proponents of baby cutting engage in all the time, no matter how extremely RARE penile cancer actually is. The rate of male breast cancer is even higher than penile cancer.



CynDaVaz

21/01/2011 9:18 pm #



[Report](#)

"I'd hardly call being Jewish a conflict of interest,"

Then prove how it isn't.



CynDaVaz

21/01/2011 9:20 pm #



[Report](#)

And again: why, exactly, are you pushing SO hard for the mutilation of babies?



irishwinters2000

21/01/2011 9:25 pm #



[Report](#)

What do you reckon jakew, should we circumcise our pets aswell? It might enance their sex lives and help prevent urinary tract infections too!



jakew

21/01/2011 9:29 pm #



[Report](#)

"Sure it would. Cut off the body part, remove the chance of cancer. This is the logic proponents of baby cutting engage in all the time, no matter how extremely RARE penile cancer actually is. The rate of male breast cancer is even higher than penile cancer."

If there's evidence, please provide citations for it.

[Re the claim that being Jewish is a conflict of interest] "Then prove how it isn't."

I'd again urge you to learn the basics of logical fallacies. One of particular relevance here is usually known as "negative proof". (This is, of course, in addition to ad hominem, as already noted. You're doing well.)

"And again: why, exactly, are you pushing SO hard for the mutilation of babies?"

I have no interest whatsoever in pushing for mutilation of babies. I'm not even interested in pushing for circumcision, which is a different matter. I'm pro-parental choice, and opposed to irrational anti-scientific nonsense, which is why I tend to argue with it a lot.



CynDaVaz

21/01/2011 9:33 pm #



[Report](#)

"If there's evidence, please provide citations for it."

What are the citations that prove FGC is a risk factor for cancer of the vulva?

"I'd again urge you to learn the basics of logical fallacies. "

I'd again urge you to explain how it isn't a conflict of interest.

"I have no interest whatsoever in pushing for mutilation of babies. I'm not even interested in pushing for circumcision, which is a different matter. I'm pro-parental choice, and opposed to irrational anti-scientific nonsense, which is why I tend to argue with it a lot."

This doesn't fly, given your history all over the internet when it comes to this subject.



CynDaVaz

21/01/2011 9:38 pm #



[Report](#)

"and opposed to irrational anti-scientific nonsense"

Then you should be opposed to cutting.



jakew

21/01/2011 9:48 pm #



[Report](#)

""If there's evidence, please provide citations for it."

What are the citations that prove FGC is a risk factor for cancer of the vulva?

There's a discussion in: Hamoudi A, Shier M. Late complications of childhood female genital mutilation. J Obstet Gynaecol Can. 2010 Jun;32(6):587-9.

"I'd again urge you to learn the basics of logical fallacies. "

I'd again urge you to explain how it isn't a conflict of interest.

A Jewish person, assuming (s)he is observant, will believe in circumcision for Jews as a religious act, but we're talking about medical questions, which are not religious issues. Hence no conflict of interest.

"This doesn't fly, given your history all over the internet when it comes to this subject."

If you've already made up your mind, why bother asking?



CynDaVaz

21/01/2011 9:52 pm #



[Report](#)

"A Jewish person, assuming (s)he is observant, will believe in circumcision for Jews as a religious act, but we're talking about medical questions, which are not religious issues. Hence no conflict of interest."

You're making the assumption that a Jewish person's perspective on the medical questions won't be influenced by their religious practices.



StanB

21/01/2011 9:53 pm #



[Report](#)

JakkeW: "I'm pro-parental choice"

In other words you are against the rights of other males to make personal body modification decisions about their own body. Shame on you!



CynDaVaz

21/01/2011 9:54 pm #



[Report](#)

"There's a discussion in: Hamoudi A, Shier M. Late complications of childhood female genital mutilation. J Obstet Gynaecol Can. 2010 Jun;32(6):587-9."

A discussion about ONE patient. Hardly anything compelling. As you already said - it's weak.



CynDaVaz

21/01/2011 9:56 pm #



[Report](#)

"If you've already made up your mind, why bother asking?"

Because some people reading this probably don't know your history - and it's rather interesting to see your attempts to wiggle out from under direct questioning.



CynDaVaz

21/01/2011 9:56 pm #



[Report](#)

"In other words you are against the rights of other males to make personal body modification decisions about their own body. Shame on you!"

Agreed.



StanB

21/01/2011 10:02 pm #



[Report](#)

JakeW: "A Jewish person, assuming (s)he is observant, will believe in circumcision for Jews as a religious act, but we're talking about medical questions, which are not religious issues. Hence no conflict of interest."

The belief that male circumcision is a religious requirement has as much potential for introducing bias in research related to male circumcision as employment at a formula manufacturer has for introducing bias in research related to breastfeeding or employment at a tobacco company has for introducing bias in research related to second hand smoke.



jakew

21/01/2011 10:06 pm #



[Report](#)

"You're making the assumption that a Jewish person's perspective on the medical questions won't be influenced by their religious practices."

Should we distrust a Catholic's views on the nutritional value of bread, since that food plays a ceremonial role in their faith? It seems absurd to me, but it's the logical consequence of your argument.

"In other words you are against the rights of other males to make personal body modification decisions about their own body. Shame on you!"

No, I'm not against that at all.

"A discussion about ONE patient. Hardly anything compelling. As you already said - it's weak."

It *is* weak, certainly, but the full text contains some general discussion about the problem.

"Because some people reading this probably don't know your history - and it's rather interesting to see

your attempts to wiggle out from under direct questioning."

I've given you a straightforward answer; unfortunately there's nothing I can do if you reject it, and it's an absurd waste of time to argue with someone else about what viewpoint I hold.



StanB

21/01/2011 10:16 pm #



[Report](#)

StanB: "In other words you are against the rights of other males to make personal body modification decisions about their own body. Shame on you!"

JakeW: "No, I'm not against that at all."

If you argue that someone else has the right to cut off a normal, healthy part of my body without my consent, you are against my right to make that decision for myself. The record is clear Jake, you oppose the rights of males to grow to adulthood with all of their normal, healthy body parts intact.



StanB

21/01/2011 10:17 pm #



[Report](#)

StanB: "In other words you are against the rights of other males to make personal body modification decisions about their own body. Shame on you!"

JakeW: "No, I'm not against that at all."

If you argue that someone else has the right to cut off a normal, healthy part of my body without my consent, you are against my right to make that decision for myself. The record is clear Jake, you oppose the rights of males to grow to adulthood with all of their normal, healthy body parts intact.



jakew

21/01/2011 10:24 pm #



[Report](#)

"If you argue that someone else has the right to cut off a normal, healthy part of my body without my consent, you are against my right to make that decision for myself."

No, that doesn't make sense. Suppose your parents had chosen not to circumcise you - a decision that I

obviously support. You're arguing that I'm against your right to decide to be circumcised now, as an adult. That's quite simply wrong. I absolutely support that right.

It would be more accurate to say that I'm against the proposition that *only* you can make the decision to be circumcised.



CynDaVaz

21/01/2011 10:25 pm #



[Report](#)

"Should we distrust a Catholic's views on the nutritional value of bread, since that food plays a ceremonial role in their faith? It seems absurd to me, but it's the logical consequence of your argument."

When you're talking about unnecessary and permanent body modifications against a non-consenting human being, anyone advocating support of such mutilation is suspect. Especially when their religious/cultural beliefs are rooted in the practice. Kind of like how proponents of female cutting often try to rationalize (or show 'scientific' reasons) why it's such a good thing to do to women.

"No, I'm not against that at all."

Of course you are. Otherwise you wouldn't be working so hard to promote this unnecessary practice.

"I've given you a straightforward answer;"

Not really. Your answer doesn't match up with what you do. You say you're not interested in promoting circumcision, but your actions say otherwise.



StanB

21/01/2011 10:35 pm #



[Report](#)

JakeW: "And circumcision is generally considered to be a reasonable choice for parents to make. Which is why they're permitted to make it."

Not long ago slavery was generally considered to be a reasonable choice for people to make. Thankfully public attitudes changed and slavery was abolished.

Male circumcision is a shameful exception to the principles of medical ethics that govern all other surgery on children. The foreskin is the only part of a child's body that doctors will amputate for cultural or religious reasons. Thankfully public attitudes are changing. People are starting to realize that boys have the same right to be protected from genital cutting as girls.



CynDaVaz

21/01/2011 10:55 pm #



[Report](#)

"It would be more accurate to say that I'm against the proposition that **only** you can make the decision to be circumcised."

And this demonstrates that you are fundamentally in favor of someone ELSE removing that right from the owner of the penis. Unless there is an immediate medical issue at hand (which is **extremely** rare), then the ethical 'right' to make such a permanent decision belongs ONLY to the owner of the penis, and no one else. Not even parents. You are attempting to claim otherwise. Thus, you are absolutely against a person's inherent right to an intact body and their right to make such a decision about this for themselves. You may claim otherwise, but your actions disprove the claim.



jakew

21/01/2011 11:20 pm #



[Report](#)

"When you're talking about unnecessary and permanent body modifications against a non-consenting human being, anyone advocating support of such mutilation is suspect."

The fact that you say this in the middle of a discussion about whether **other** people are biased is incredible. I'm amazed at your audacity! You're essentially arguing **against** even-handed treatment of evidence, deliberately introducing bias against evidence on the basis of your ideology.

"Of course you are. Otherwise you wouldn't be working so hard to promote this unnecessary practice."

As noted previously, of course, I don't actually promote circumcision.

"Not really. Your answer doesn't match up with what you do. You say you're not interested in promoting circumcision, but your actions say otherwise."

In that case you should be able to cite examples of where I've said "you should circumcise your son", or

"children should be circumcised", or similar.



jakew

21/01/2011 11:22 pm <#>



[Report](#)

"Unless there is an immediate medical issue at hand (which is **extremely** rare), then the ethical 'right' to make such a permanent decision belongs ONLY to the owner of the penis, and no one else. Not even parents. You are attempting to claim otherwise."

Indeed, I do dispute your assertion. I believe it is perfectly acceptable - and ethical - for parents to make that decision for their sons.



StanB

21/01/2011 11:48 pm <#>



[Report](#)

JakeW: "I don't actually promote circumcision."

That is like someone who argues that slavery is an acceptable cultural practice saying they do not promote slavery because they never actually say that people "should" own slaves.

If you argue that cutting off a normal, healthy part of any boy's penis is an acceptable cultural practice, you promote circumcision. If you argue that it is acceptable to use a very different ethical standard for male circumcision than is used for all other surgery on children, you promote circumcision.



jakew

22/01/2011 12:05 am <#>



[Report](#)

"That is like someone who argues that slavery is an acceptable cultural practice saying they do not promote slavery because they never actually say that people "should" own slaves."

I think slavery is abhorrent, but that doesn't give me the right to accuse people of promoting slavery when they aren't actually doing so. There's a difference between holding the view that slavery is acceptable and actually promoting it.

"If you argue that cutting off a normal, healthy part of any boy's penis is an acceptable cultural practice, you promote circumcision."

No, that's not promotion. Promotion is defined as acting to further or encourage something. Saying "you should circumcise your son" is promoting it. Saying that's acceptable is not by itself promotion. You could legitimately use the term "defend" in such a situation, but you can't legitimately call it "promotion" unless you're actively seeking to assure people that it *should* be done.

"If you argue that it is acceptable to use a very different ethical standard for male circumcision than is used for all other surgery on children, you promote circumcision."

I'm not sure why you raise this because, as I've shown above, I apply exactly the same standard in all cases.



StanB

22/01/2011 12:37 am #



[Report](#)

JakeW: " I apply exactly the same standard in all cases."

What other normal, healthy part of a child's body is it ethical for a doctor to amputate for cultural or religious reasons?

What other surgery will doctors perform on children where the medical benefits of the surgery do not FAR OUTWEIGH the medical risks and harms?

Non-therapeutic male circumcision is the only exception to the ethical principles that govern all other surgery on children. It is past time for doctors to apply the same standard of care to a boy's penis that they use for all other parts of a child's body.



jakew

22/01/2011 12:55 am #



[Report](#)

[Re JakeW: " I apply exactly the same standard in all cases."]

"What other normal, healthy part of a child's body is it ethical for a doctor to amputate for cultural or religious reasons? [p.b.] What other surgery will doctors perform on children where the medical benefits of the surgery do not FAR OUTWEIGH the medical risks and harms?"

Neither of these questions are relevant to the standard that I actually apply in all cases. The standard that I actually apply is, in terms of medical benefit vs risk/harm, lack of net harm. Furthermore, when all pros and cons are considered (ie., medical as well as other benefits, risks, and harms), there is a net benefit. There's no exception for circumcision. This works equally well for surgery as well as other decisions made for children, and I've yet to see a situation where it fails as an ethical framework.

To consider a few examples:

Setting a broken leg. Huge benefit (future use of the leg), some risk. Acceptable under my system and yours.

Female genital cutting. Little if any benefit, considerable risks & harms. Not acceptable under my system or yours.

Correction of a disfiguring birthmark. Some psychological benefit, some risk. Acceptable under my system. Unclear whether it is under yours.

Circumcision. Some benefit, some risks, some net benefit. Acceptable under my system. Not under yours.



James Mac

22/01/2011 12:59 am #



[Report](#)

"What other normal, healthy part of a child's body is it ethical for a doctor to amputate for cultural or religious reasons?"

I'll start the list and perhaps Jake can add to it:

- 1) The mobile and highly erogenous penile foreskin of a male child.
- 2)...
- 3)...
- 4)...
- 5)...
- 6)...
- 7)...
- 8)...
- 9)...
- 10)...



Rood





22/01/2011 1:21 am #

[Report](#)

At 4:29PM on 21 January 2011, JakeW wrote: "I have no interest whatsoever in pushing for mutilation of babies. I'm not even interested in pushing for circumcision, which is a different matter. I'm pro-parental choice, and opposed to irrational anti-scientific nonsense, which is why I tend to argue with it a lot."

Your motivations are a bit more complicated than that, Jake, as you well know.

<http://uk.groups.yahoo.com/group/roundheadsuk/message/2> dated Friday, 20 March 2006 5:44 am ...
from Jake Waskett

"Many groups don't like discussion of infant circumcision here, because it's controversial. I think that's a mistake. As far as I'm concerned I'm happy for it to be discussed and even debated here.

"My own position on infant circ(sic) is moderate, or at least I think so, anyway. I dislike advocacy. I'm in favour of *informing*(sic) the public, parents especially, about circumcision, and *enabling* them to make decision. I respect and support their choice on the subject of circumcision, whatever it may be. I would personally choose to circumcise a son (and hopefully I will on day adopt), but am not about to tell others what to do. "

Jake's position, quoted above, may on the surface seem innocuous and fair, even harmless, but think: Jake apparently wants to adopt a child not for the child's sake, not to imbue a boy with high cultural values. No, he wants to adopt a child so that he may mutilate the boy's genitals. Of course the child has to be male, as to my knowledge Jake has never expressed an interest in females. Perhaps, because he's gay? I'm not speaking out of turn, here, either ... see below.

(Wikipedia user Jakew, 20 April 2005 ... "My name is Jake Waskett. I am a 27 year old gay man, currently living in the North of England.")

However, Jake's interest in adopting a young boy so that he may amputate the child's foreskin has even deeper roots ... it (and everything about Jake's interest in genital cutting, including his fascination for academic "studies") dates back to his own childhood yearning to be rid of his foreskin. His was not a case of acting clearly and cleanly on that deep need, as a child. He didn't simply ask his caregiver to allow him to have his foreskin amputated. No. In point of fact he was deeply hesitant and uncertain ... ashamed, you might say, of that overwhelming need to cut:

"...I had been thinking about getting circumcised for some time, but I was hesitant and uncertain. I felt, as

must so many of us, that I was weird, strange, and probably alone in the world for wanting what I did."
(Jake Waskett, CIRCLIST 24 May 2005, 12:06 pm.)

Perhaps only a psychiatrist would be able to determine if Jake's desire to circumcise an adopted boy is an attempt to relive his own childhood obsession ... to put right what went wrong. Whatever the truth, his need to cut the genitals of other males seems a shabby reason to wish the be a father.



Joseph4GI

22/01/2011 4:36 am #



[Report](#)

"A note on the "studies" that Jake is trying to use; [...] These men have a conflict of interest, and anything they produce on the subject of circumcision needs to be taken with a grain of salt."

JakeW: "I'd hardly call being Jewish a conflict of interest, but more to the point, the study I cited is a systematic review. In other words, everything in it can be verified by obtaining the cited sources and checking what they say. So if Weiss et al. have made any errors, it's comparatively trivial for you to show exactly what mistakes they made."

Being Jewish IS a conflict of interest; circumcision is central to Jewish ethnic, cultural and religious identity.

It is a conflict of interest; someone other than them needs to be conducting this "research."

Actually, no, sane, rational scientists, doctors and researchers need to study other ways of STD prevention that do not involve genital mutilation.

[Re UTIs] "It makes no sense to mutilate a child's genitals to reduce a "risk" that is already quite rare, and much less the risk of diseases that are already quite easily treatable."

JakeW: "Remember that nobody is proposing to circumcise for the sole purpose of reducing UTIs. But when weighing benefits against risks, it's important to weigh all benefits, even those that are relatively rare (which in this case is approx. 2%)."

And UTIs are a moot point, in light of the fact that it is already quite rare (4x higher in girls), and advanced medical technology has made it so that we don't need circumcision anymore.

That's the beauty of medical research; (usually, unless it involves circumcision) it seeks to outdate itself and find better solutions and alternatives to invasive surgery.

"Because infants get penile cancer?"

JakeW: "That can happen, but usually penile cancer affects men in their 60s or older. Neonatal circumcision reduces the risk significantly; circumcision at a later age appears not to have a significant effect..."

Significantly? I think not; sorry JakeW, but there are "other factors" involved as well, such as smoking habits etc.

"...(though, as I mentioned, there may be masking due to confounding factors)."

So why would you want to circumcise a child to prevent penile cancer, a vanishingly rare disease, when that alibi, in and of itself is dubious?

Bottom line is, children aren't at risk for penile cancer. Penile cancer can be prevented in other ways.

It is unsound reasoning to mutilate a healthy child's genitals to prevent a condition that is already quite rare, and which is already quite preventable by other means.

At 1 out of 6 men getting prostate cancer in the US, prostate cancer is exponentially a bigger problem than penile cancer.

Your reasoning seems to command that all children's prostates be extracted to prevent prostate cancer.

"First off, phimosis cannot be diagnosed in child hood."

JakeW: "Incorrect. It's perfectly possible to diagnose acquired phimosis in childhood: a formerly retractable foreskin that is no longer retractable and the presence of thickened scar tissue (often white, if lichen sclerosus is present) at the tip are good signs."

But why would a child's foreskin be "formerly retractable?" Knowing the facts, that a child's foreskin is fused to the glans during the first years of life, and that forceful retraction involves ripping the foreskin from the glans, putting the child at risk for infection etc., this can only mean that the reason the child's foreskin was "retractable" in the first place is because people have had to forcefully retract it,

iatrogenically causing problems for the child, which often result in acquired phimosis.

I maintain; phimosis cannot be diagnosed in childhood. If it is, then it has got to be a sign that the child was manhandled.

This is a problem with doctors using outdated information, not with the presence of a foreskin

"The best protection against balanitis and acquired phimosis is to leave the child's penis alone. It is forcefully retracting the foreskin of infants that causes these infections."

JakeW: "How would you go about proving that?"

See above.

Forcefully retracting a child's foreskin before its due time is equivalent to taking a pipe cleaner and scrubbing out a girl's vagina.

It does not end well; it is then that problems are diagnosed in children.

"Children are not at any risk for the transmission of any STDs. Nor are they at any risk for prostate or penile cancer."

JakeW: "Are you planning to kill them off before their 18th birthday? If not, they're going to be at risk eventually."

Remember Jake, that when children grow, they become adults fully capable of weighing the risks and benefits for themselves, and making their own choices and decisions.

Remember the crux of the argument; choice and informed consent.

"So then HIV transmission is influenced by factors, "other" than circumcision."

JakeW: "Why on earth do you think that's a logical conclusion?"

It's a conclusion YOU came up with.

Even if the African "studies" were 100% accurate, America shows that circumcision fails as HIV

prevention policy.

"It almost sounds like you're the ones who conducted the study! Thank goodness you didn't..."

"We" refers to the authors of Waskett and Morris. Since I am one of those individuals, it is customary, I believe, to use the term "we".

Bottom line; you are merely a computer programmer, and Brian a professor of molecular sciences; neither of you are qualified to be saying anything.

Your non-peer-reviewed letter is insignificant.

[Re Young's letter] "Rather, you'd rather not address it... because you can't."

JakeW: "As I said, he didn't make any valid points worth addressing. However, if you would like me to respond to any arguments, I'm happy to do so. I've already addressed his mistake regarding the number of hypotheses being tested above. If you wish me to address others, please list them."

No, no, you should write in. Hugh has had the last word. He wins.

"So then, surgery can't be performed on children merely because of the parents' beliefs that it is "reasonable." And nations can and do place bans on abusive practices, regardless of how "reasonable" the parents think it is."

JakeW: "Absolutely, yes. And circumcision is generally considered to be a reasonable choice for parents to make. Which is why they're permitted to make it."

As it was once female circumcision.

The fallacy being used here is appeal to the masses; just because circumcision is "generally considered" to be a "reasonable" choice to make doesn't make it so.

It is "generally accepted" as "reasonable" to "Sunnat" baby girls in Indonesia, Malaysia and Singapore.

It is absolutely unreasonable for doctors to be performing surgery where there is no medical or clinical need.

"Sorrels et al do have documented links to anti-circumcision organizations, it's true. But it is also true that their work was peer-reviewed, and it was published in the British Journal of Urology. If Sorrels' peers would have found something flawed in the study, then it wouldn't have been published."

JakeW: "Then, by the same argument, you would surely have to argue that if reviewers had found flaws in the studies you reject, they wouldn't have been published either? Does this mean that all published studies are flawless?"

Ah yes, there's that complex question again...

Yes. if reviewers had found the flaws in the studies I reject, then they wouldn't have been published.

Are all studies flawless? No, not all studies are flawless.

Those are two different questions.

I think that I accepted the fact that the studies I reject were also published in peer-reviewed journals a couple of posts above quite gracefully.

YOU on the other hand...

"Furthermore, if the journal would have thought your letter with Brian's endorsement to be of any significant value, then they would have retracted the study."

JakeW: "You think so? Journals usually only publish retractions for two reasons: 1) at the request of the authors, or 2) (in extreme cases) where research is proven to be fraudulent. As a rule, they don't publish retractions because flaws in a study have been highlighted."

Really? Well that's good to know... it seems you're trying to imply that you and Brian have actually highlighted any flaws in the study... that there is a flaw in this study is you and Brian's opinion, and you are by all means entitled to it.

"No, because the claim that Bollinger's estimate is based on a flawed estimate is not being made by anybody significant."

JakeW: "More ad hominem, amusing. So you're uninterested in the fact that anybody with a copy of

Bollinger's paper can check what I say and confirm that the flaw exists?"

Well it's not ad hominem if the fact is TRUE. The fact of the matter is that bias and a person's background can and do present conflicts of interest.

If there is a flaw in the study, I would really much rather hear it from a neutral authority, not somebody who is known to be a rabid circumcision advocate.

[Re JakeW: "As I've already pointed out, there are multiple risk factors for HIV. So to predict HIV rates on the basis of circumcision rates alone is utterly nonsensical."] "And yet, this is precisely what Auvert, Bailey, and Halperin do."

Uh, I think it's quite common knowledge that these men predict a decrease in HIV prevention rates, based on circumcision alone.

This is why they urge "mass circumcision campaigns." Is it not?

"It's what all of these so-called circumcision "studies" do; they try to attribute a reduction in risk of disease solely to circumcision while ignoring other factors."

JakeW: "On the contrary, they don't ignore other factors. They use increasingly sophisticated study designs to control for them."

And that is at the heart of the dispute in their studies.

Oh and, uh, incidentally, how does circumcision prevent HIV?

"If American figures are to be trusted, 1 in 6 men will get prostate cancer. [pb] About 80% of American males are circumcised. [pb] Circumcision? Relevant in the reduction of prostate cancer?"

JakeW: "And what would the prevalence have been if, say, 10% were circumcised?"

What would be the prevalence if 100% of the men had their prostate out as children?



Joseph4GI

22/01/2011 6:27 am #



Report

JakeW: "Just a tip: you might want to read up on logical fallacies, specifically one called argumentum ad hominem."

It is not a logical fallacy to present evidence of a conflict of interest.

"Circumcision practices are largely culturally determined and as a result there are strong beliefs and opinions surrounding its practice. It is important to acknowledge that RESEARCHERS' PERSONAL BIASES and the dominant circumcision practices of their respective countries MAY INFLUENCE THEIR INTERPRETATION OF FINDINGS."

- Sieffried et al. "Male circumcision for the prevention of heterosexual acquisition of HIV in men." THE COCHRANE LIBRARY Database Systematic Review. (2003)

"Sure it would. Cut off the body part, remove the chance of cancer. This is the logic proponents of baby cutting engage in all the time, no matter how extremely RARE penile cancer actually is. The rate of male breast cancer is even higher than penile cancer."

JakeW: "If there's evidence, please provide citations for it."

I'm not sure why you need evidence for logic anybody can follow.

If you cut off a finger, you will logically be unable to get cancer in that finger.

But the point of medicine is to preserve the finger.

Actually, the point of medicine, and medical research is to preserve any part of the body, saving amputation or extraction of a body part as a very last resort.

Which is why I reiterate: The "study" of finding merit in the deliberate destruction of the healthy human body is absolute quackery.

"I have no interest whatsoever in pushing for mutilation of babies. I'm not even interested in pushing for circumcision, which is a different matter. I'm pro-parental choice, and opposed to irrational anti-scientific nonsense, which is why I tend to argue with it a lot."

JakeW: You are on record. You, sir, are a liar.



Joseph4GI

22/01/2011 6:29 am #



[Report](#)

JakeW: "A Jewish person, assuming (s)he is observant, will believe in circumcision for Jews as a religious act, but we're talking about medical questions, which are not religious issues. Hence no conflict of interest."

False. Circumcision is not always a religious act for Jewish people; it is a known fact that circumcision is central to Jewish identity whether they are observant or not.

It is also a known fact that circumcision has become an important part of American culture in the past century, not to mention that circumcision is also important in the Muslim tradition.

The reason that cultural/ethnic background is a conflict of interest is because presenting a negative outcome to circumcision research will be at odds with a researcher's cultural, traditional, and religious convictions. Contrarily-wise, researchers of a background where circumcision is a norm, if not a social requirement, would be more than eager to publish, if not exaggerate a positive outcome.

Circumcision has come increasingly under scrutiny, and more than ever, people that practice circumcision as a matter of culture, tradition and religion want to prove how circumcision is not child abuse or mutilation, and they think that this is possible by connecting it with some sort of "potential medical benefit."

Without "potential medical benefit," male circumcision stands as naked as female circumcision, and I dare say that more than ever, advocates of circumcision are scrambling to produce more "research" that highlights "benefit."

I will reiterate; a cultural, traditional, religious background where circumcision is a norm, or even a requirement presents a conflict of interest that will taint any "research" on circumcision.

And I will reiterate; "research" that seeks to necessitate the deliberate destruction of the human body is inherently flawed.

"Researching" the merits of genital mutilation is unsound reasoning, and dare I say, quackery.

"Researchers" should be looking for ways to PRESERVE the human body, not deliberately DESTROY it.



Joseph4GI

22/01/2011 6:31 am #



[Report](#)

StanB: "The belief that male circumcision is a religious requirement has as much potential for introducing bias in research related to male circumcision as employment at a formula manufacturer has for introducing bias in research related to breastfeeding or employment at a tobacco company has for introducing bias in research related to second hand smoke."

I couldn't put it better.

And, just for good measure:

"Circumcision practices are largely culturally determined and as a result there are strong beliefs and opinions surrounding its practice. It is important to acknowledge that RESEARCHERS' PERSONAL BIASES and the dominant circumcision practices of their respective countries MAY INFLUENCE THEIR INTERPRETATION OF FINDINGS."

- Sieffried et al. "Male circumcision for the prevention of heterosexual acquisition of HIV in men." THE COCHRANE LIBRARY Database Systematic Review. (2003)

JakeW: "Should we distrust a Catholic's views on the nutritional value of bread, since that food plays a ceremonial role in their faith? It seems absurd to me, but it's the logical consequence of your argument."

This actually wouldn't be too farfetched, IF a Catholic were conducting "research" on the nutritional value of the host, and IF the Catholic were spewing the madness that eating the host prevents HIV.

But we need to find an example that hits closer to home. Tell us, Jake, do you think that the Pope's recent condemnation of condoms had anything to do with his religious background?

CynDaVaz: "Because some people reading this probably don't know your history - and it's rather interesting to see your attempts to wiggle out from under direct questioning."

JakeW: "I've given you a straightforward answer; unfortunately there's nothing I can do if you reject it, and it's an absurd waste of time to argue with someone else about what viewpoint I hold."

Jake, you are on record. It is a known fact that you are a rabid circumcision advocate, nevermind the fact that you have teamed up with Brian Morris, another known advocate of circumcision.

It is not a waste of time to argue your conflicts of interests with others; this is important information that people need to know before they take you seriously.

"Circumcision practices are largely culturally determined and as a result there are strong beliefs and opinions surrounding its practice. It is important to acknowledge that RESEARCHERS' PERSONAL BIASES and the dominant circumcision practices of their respective countries MAY INFLUENCE THEIR INTERPRETATION OF FINDINGS."

- Sieffried et al. "Male circumcision for the prevention of heterosexual acquisition of HIV in men." THE COCHRANE LIBRARY Database Systematic Review. (2003)



Joseph4GI

22/01/2011 6:44 am #



[Report](#)

CynDaVaz: "Unless there is an immediate medical issue at hand (which is *extremely* rare), then the ethical 'right' to make such a permanent decision belongs ONLY to the owner of the penis, and no one else. Not even parents. You are attempting to claim otherwise."

JakeW: "Indeed, I do dispute your assertion. I believe it is perfectly acceptable - and ethical - for parents to make that decision for their sons."

Where there is no medical decision to make?

StanB: "If you argue that it is acceptable to use a very different ethical standard for male circumcision than is used for all other surgery on children, you promote circumcision."

JakeW: "I'm not sure why you raise this because, as I've shown above, I apply exactly the same standard in all cases."

Except, of course, in the matter of male infant circumcision...

JakeW: "Neither of these questions are relevant to the standard that I actually apply in all cases. The standard that I actually apply is, in terms of medical benefit vs risk/harm, lack of net harm. Furthermore, when all pros and cons are considered (ie., medical as well as other benefits, risks, and harms), there is a net benefit. There's no exception for circumcision. This works equally well for surgery as well as other decisions made for children, and I've yet to see a situation where it fails as an ethical framework."

You are trying to wriggle your way out.

What other surgery can doctors perform on a perfectly healthy child at the behest of parents on the sole purpose of "net benefit?"

Surgery is performed because there is a medical or clinical necessity present, not because there is an absence of harm, or presence of net benefit.

Circumcision is the exception to the rule.

JakeW: "To consider a few examples:

Setting a broken leg. Huge benefit (future use of the leg), some risk. Acceptable under my system and yours.

Female genital cutting. Little if any benefit, considerable risks & harms. Not acceptable under my system or yours.

Correction of a disfiguring birthmark. Some psychological benefit, some risk. Acceptable under my system. Unclear whether it is under yours.

Circumcision. Some benefit, some risks, some net benefit. Acceptable under my system. Not under yours."

Bogus dilemmas and gross assumptions. First, that all benefits, considerable risks and harms of female genital cutting have actually been well researched; they have not. Second, that the genital cutting of healthy children of any sex is even comparable to situations like a broken leg or the presence of a disfiguring birthmark.

The presence of a foreskin is not anything like a broken leg or a disfiguring birthmark.

The foreskin is not a birth defect. Neither is it a congenital deformity or genetic anomaly akin to a cleft, 6th finger, or a disfiguring birthmark.

The presence of a foreskin is not an illness or medical condition, such as a broken leg, burst appendix or gall stones.

The foreskin is normal, healthy tissue found in all boys at birth.

Circumcision in healthy boys and men is the destruction of normal, healthy genital tissue.

Without medical or clinical indication, circumcision is genital mutilation. It is medical fraud to be performing non-medical surgery in healthy, non-consenting children, and it is and a violation of a child's basic human rights.

Deliberately injuring a healthy child on the dubious premise of "net benefit" is quackery and charlatanism, pure and simple.



Joseph4GI

22/01/2011 6:47 am #



[Report](#)

Rood wrote; "...I had been thinking about getting circumcised for some time, but I was hesitant and uncertain. I felt, as must so many of us, that I was weird, strange, and probably alone in the world for wanting what I did.' (Jake Waskett, CIRCLIST 24 May 2005, 12:06 pm.)

Perhaps only a psychiatrist would be able to determine if Jake's desire to circumcise an adopted boy is an attempt to relive his own childhood obsession ... to put right what went wrong. Whatever the truth, his need to cut the genitals of other males seems a shabby reason to wish the be a father."

There are words to describe someone who views his/her own body as unnatural and in need of amputation to make it "whole."

One of these words is "apotemnophilia." And Wiki describes it as:

"...a neurological disorder in which otherwise sane and rational individuals express a strong and specific desire for the amputation of a healthy limb or limbs... When experienced very strongly, some people with apotemnophilia come to feel discontented with their bodies and want to actually remove an otherwise healthy limb, a condition called body integrity identity disorder. Some apotemnophiles seek surgeons to perform an amputation or purposefully injure a limb in order to force emergency medical amputation. A

separate, though occasionally comorbid, definition of Apotemnophilia is erotic interest in being or looking like an amputee. This separate definition should not be confused with acrotomophilia, which is the erotic interest in people who are amputees."

It sounds as though Jake Waskett suffers, not only from apotemnophilia, but also from body integrity identity disorder. [PART OF COMMENT REMOVED BY EDITOR FOR BREAKING THE TERMS AND CONDITIONS OF THOSE POSTING ON JOE.IE]

As a known circumcision advocate, and as somebody who has had a known fixation with circumcision since a small child, Jake Waskett is not qualified, and dare I say mentally stable enough, to speak about male circumcision, as his background presents a glaringly obvious conflict of interest.

Readers would do best to take what Jake Waskett has to say with a grain of salt.

"Circumcision practices are largely culturally determined and as a result there are strong beliefs and opinions surrounding its practice. It is important to acknowledge that RESEARCHERS' PERSONAL BIASES and the dominant circumcision practices of their respective countries MAY INFLUENCE THEIR INTERPRETATION OF FINDINGS."

- Sieffried et al. "Male circumcision for the prevention of heterosexual acquisition of HIV in men." THE COCHRANE LIBRARY Database Systematic Review. (2003)



James Mac

22/01/2011 9:14 am #



[Report](#)

Readers of these comments have been privy to some fascinating insights.

1) Days of strident arguments by the world's most active defender of circumcision have failed to identify a single real-world benefit in terms of improved health outcomes from forced genital cutting.

2) A peek (albeit disturbing) inside the mind of an individual determined to see the cutting of children's genitals continue (regardless of the suffering and human cost) and a real-world example of how the stated motivation (health) is used as a cover for the true motivation.

It is obvious that "studies" supporting circumcision serve but one purpose; to provide aid and comfort to those ripping-open and slicing parts from the genitals of frightened, tortured and defenceless

baby boys.

Morally, is there any real difference between a child abuser and someone who knowingly and enthusiastically provides aid and comfort to the abuser?



CynDaVaz

22/01/2011 9:20 am #



[Report](#)

"It sounds as though Jake Waskett suffers, not only from apotemnophilia, but also from body integrity identity disorder. PART OF COMMENT REMOVED BY EDITOR."

Which is why it's necessary to dig beneath the surface of certain rabid pro-cutters; these people need to be exposed for what they're ultimately about.



Joseph4GI

22/01/2011 10:05 am #



[Report](#)

Bottom line:

"Potential benefit" would not be enough to justify FEMALE infant genital mutilation, not even if "studies showed" it. It is a sexist double-standard "rigorous research" exists in trying to legitimize the forced genital cutting of only one sex.

I reiterate:

The point of medicine, and medical research is to preserve any part of the body, saving amputation or extraction of a body part as a very last resort.

The "study" of finding merit in the deliberate destruction of the healthy human body is absolute quackery.

"Researchers" need to find ways to provide "protection" and "medical benefit" that do not involve the forced genital cutting of healthy, non-consenting individuals.

The further "research" of male genital mutilation needs to be condemned, banned and outlawed.

Circumcision "research" is a modern-day disgrace; a blight on modern medicine.

Circumcision in healthy individuals is the deliberate destruction of normal, healthy tissue. Circumcising healthy, non-consenting individuals constitutes abuse, medical fraud, and the violation of basic human rights.

We have to stop it.

We have to stop it NOW.



jakew

22/01/2011 3:46 pm #



[Report](#)

"Being Jewish IS a conflict of interest; circumcision is central to Jewish ethnic, cultural and religious identity."

So you keep claiming, but as I pointed out, medical issues are none of the above. And, as I've also pointed out, it's a *review* paper, so all of the data are verifiable by checking the cited sources.

"And UTIs are a moot point, in light of the fact that it is already quite rare (4x higher in girls), and advanced medical technology has made it so that we don't need circumcision anymore."

No, I wouldn't agree that it's a moot point.

[Re JakeW: "That can happen, but usually penile cancer affects men in their 60s or older. Neonatal circumcision reduces the risk significantly; circumcision at a later age appears not to have a significant effect..."] "Significantly? I think not; sorry JakeW, but there are "other factors" involved as well, such as smoking habits etc."

Of course there are other factors, but that doesn't make the effect of neonatal circumcision insignificant.

"So why would you want to circumcise a child to prevent penile cancer, a vanishingly rare disease, when that alibi, in and of itself is dubious?"

I would consider circumcising for the sole purpose of preventing penile cancer to be highly questionable at best. But when weighing benefits against risks you have to consider everything.

"Your reasoning seems to command that all children's prostates be extracted to prevent prostate

cancer."

Have you considered the disadvantages?

"But why would a child's foreskin be "formerly retractable?" Knowing the facts, that a child's foreskin is fused to the glans during the first years of life, and that forceful retraction involves ripping the foreskin from the glans, putting the child at risk for infection etc., this can only mean that the reason the child's foreskin was "retractable" in the first place is because people have had to forcefully retract it, iatrogenically causing problems for the child, which often result in acquired phimosis."

Actually, Gairdner reported that a small fraction of foreskins are actually retractable at birth, and in any case the proportion of retractable foreskins rapidly rises with age. So, to consider a hypothetical example, it is perfectly possible that an eight year old boy has been retracting his foreskin for a couple of years, and then finds (perhaps as a result of infection) that it is no longer retractable. Hence, acquired phimosis in childhood.

"Remember Jake, that when children grow, they become adults fully capable of weighing the risks and benefits for themselves, and making their own choices and decisions."

I agree. But it remains inaccurate to say that children aren't at risk from STDs. They grow, as you acknowledge.

"No, no, you should write in. Hugh has had the last word. He wins."

I'm afraid it doesn't work like that.

"It is absolutely unreasonable for doctors to be performing surgery where there is no medical or clinical need."

That's merely argument by assertion.

"I think that I accepted the fact that the studies I reject were also published in peer-reviewed journals a couple of posts above quite gracefully. [pb] YOU on the other hand..."

I don't consider mere publication of a study to be an answer to criticism of it.

"Really? Well that's good to know... it seems you're trying to imply that you and Brian have actually

highlighted any flaws in the study... that there is a flaw in this study is you and Brian's opinion, and you are by all means entitled to it."

There are most certainly flaws - anyone can verify what Morris and I said - but there is not any evidence of fraud.

"I'm not sure why you need evidence for logic anybody can follow. [pb] If you cut off a finger, you will logically be unable to get cancer in that finger."

But you've also introduced a site of trauma, and possibly infection. So the question is, was the risk of cancer in the finger more or less than the risk of cancer in the introduced scar? It's difficult to predict.

[Re "I have no interest whatsoever in pushing for mutilation of babies. I'm not even interested in pushing for circumcision, which is a different matter. I'm pro-parental choice, and opposed to irrational anti-scientific nonsense, which is why I tend to argue with it a lot."] "JakeW: You are on record. You, sir, are a liar."

Having claimed that I'm a liar, the onus of proof is on you.

"The reason that cultural/ethnic background is a conflict of interest is because presenting a negative outcome to circumcision research will be at odds with a researcher's cultural, traditional, and religious convictions. Contrarily-wise, researchers of a background where circumcision is a norm, if not a social requirement, would be more than eager to publish, if not exaggerate a positive outcome."

By the same argument, then, researchers from a background where lack of circumcision is the norm will exaggerate a negative outcome. It's an interesting hypothesis, but how would you propose to test it?

[Re JakeW: "I'm not sure why you raise this because, as I've shown above, I apply exactly the same standard in all cases."] "Except, of course, in the matter of male infant circumcision..."

Including circumcision.

"What other surgery can doctors perform on a perfectly healthy child at the behest of parents on the sole purpose of "net benefit?""

As I've pointed out above, circumcision appears to be unique among surgeries in that it is on balance neutral or beneficial.

"Bogus dilemmas and gross assumptions. First, that all benefits, considerable risks and harms of female genital cutting have actually been well researched; they have not."

Certainly true, but sometimes we proceed based on patchy information.

"Second, that the genital cutting of healthy children of any sex is even comparable to situations like a broken leg or the presence of a disfiguring birthmark."

They're all situations which require the application of ethical principles to decision making, which is why I included them. Do you disagree?



PlasticPaddy

22/01/2011 6:33 pm #



[Report](#)

Some of you guys commenting on this story need to get a room together to bash things out once and for all. Having said that, the chances of you ever agreeing on this issue is virtually nil. By going on and on and citing research paper and counter research paper, you're really not helping either side of the argument. Both sides clearly have some valid points, but obsessing like this on a site like this is using up a lot of energy that really should be spent on doing something else.



Joseph4GI

22/01/2011 9:43 pm #



[Report](#)

"Being Jewish IS a conflict of interest; circumcision is central to Jewish ethnic, cultural and religious identity."

JakeW: "So you keep claiming, but as I pointed out, medical issues are none of the above. And, as I've also pointed out, it's a *review* paper, so all of the data are verifiable by checking the cited sources."

Just like the Sorrells study. Right?

JakeW: "Actually, Gairdner reported that a small fraction of foreskins are actually retractable at birth, and in any case the proportion of retractable foreskins rapidly rises with age. So, to consider a hypothetical example, it is perfectly possible that an eight year old boy has been retracting his foreskin for a couple of years, and then finds (perhaps as a result of infection) that it is no longer retractable. Hence, acquired

phimosis in childhood."

I can see that the possibility may in fact exist.

And I will agree that this condition would need to be addressed, when it happens, if it happens at all.

"Remember Jake, that when children grow, they become adults fully capable of weighing the risks and benefits for themselves, and making their own choices and decisions."

JakeW: "I agree. But it remains inaccurate to say that children aren't at risk from STDs. They grow, as you acknowledge."

It remains very accurate that as children, when boys are sexually inactive, they are at absolute zero risk for STDs.

Yes, children grow into adults who have sex, when they begin to be at risk, but at that point, they are fully capable of making their own decisions.

"It is absolutely unreasonable for doctors to be performing surgery where there is no medical or clinical need."

JakeW: "That's merely argument by assertion."

Assertion of the truth.

Surgery is only performed when there is medical or clinical necessity.

Circumcision is the only exception to the rule.

"Really? Well that's good to know... it seems you're trying to imply that you and Brian have actually highlighted any flaws in the study... that there is a flaw in this study is you and Brian's opinion, and you are by all means entitled to it."

JakeW: "There are most certainly flaws - anyone can verify what Morris and I said - but there is not any evidence of fraud."

Actually, it seems only you and Morris disagree...

"I'm not sure why you need evidence for logic anybody can follow. [pb] If you cut off a finger, you will logically be unable to get cancer in that finger."

JakeW: "But you've also introduced a site of trauma, and possibly infection."

Excellent observation! The same thing happens with circumcision.

"The reason that cultural/ethnic background is a conflict of interest is because presenting a negative outcome to circumcision research will be at odds with a researcher's cultural, traditional, and religious convictions. Contrarily-wise, researchers of a background where circumcision is a norm, if not a social requirement, would be more than eager to publish, if not exaggerate a positive outcome."

JakeW: "By the same argument, then, researchers from a background where lack of circumcision is the norm will exaggerate a negative outcome. It's an interesting hypothesis, but how would you propose to test it?"

Interesting source of words, "lack of circumcision." Of course we must remember that anatomically correct genitalia aren't "lacking" anything; it is the circumcised penis that lacks a foreskin.

The foreskin is normal, natural, standard anatomy; it is circumcision which is the forced phenomenon.

Anatomically correct anatomy needs no apology; it is circumcision that needs explanation.

It is advocates of circumcision that have an axe to grind, not advocates of the human body.

"What other surgery can doctors perform on a perfectly healthy child at the behest of parents on the sole purpose of "net benefit?""

JakeW: "As I've pointed out above, circumcision appears to be unique among surgeries in that it is on balance neutral or beneficial."

To be quite sure, it is the only such surgery; no other surgery is performed because it "may or may not be beneficial."

"Bogus dilemmas and gross assumptions. First, that all benefits, considerable risks and harms of female genital cutting have actually been well researched; they have not."

JakeW: "Certainly true, but sometimes we proceed based on patchy information."

Surgery is performed because there is a definite and established medical and clinical indication.

It'd be interesting to know what other surgeries are performed based on "patchy information."

"Second, that the genital cutting of healthy children of any sex is even comparable to situations like a broken leg or the presence of a disfiguring birthmark."

JakeW: "They're all situations which require the application of ethical principles to decision making, which is why I included them. Do you disagree?"

When and if there is a decision to make.

Surgery is performed because there is a definite, established medical or clinical indication.

Where there is no established medical or clinical indication, there is no surgery to be performed, and thus no "decision" to make.



jakew

22/01/2011 10:21 pm #



[Report](#)

[Re JakeW: "And, as I've also pointed out, it's a *review* paper, so all of the data are verifiable by checking the cited sources."] "Just like the Sorrells study. Right?"

No, the Sorrells paper is a primary source, so it's the first time that the data has appeared in print. There is, however, no reason to believe that the data is fabricated.

"Yes, children grow into adults who have sex, when they begin to be at risk, but at that point, they are fully capable of making their own decisions."

That is true, but it is nevertheless true that infant circumcision does reduce these risks. It seems to me that this is a separate issue from whether infant circumcision can be justified on that basis. Can we at least agree on that point?

"Surgery is only performed when there is medical or clinical necessity. [pb] Circumcision is the only exception to the rule."

That's obviously untrue: cosmetic surgery, for example, is almost by definition performed without medical necessity.

"Actually, it seems only you and Morris disagree..."

I can't see that either of us have any way of knowing how many people agree or disagree with Waskett and Morris.

[Re JakeW: "But you've also introduced a site of trauma, and possibly infection."] "Excellent observation! The same thing happens with circumcision."

Yes, though in the case of circumcision we have evidence that the net risk is decreased, indicating that the risk due to trauma is smaller than the risk reduction due to removal of the foreskin.

"Interesting source of words, "lack of circumcision." Of course we must remember that anatomically correct genitalia aren't "lacking" anything; it is the circumcised penis that lacks a foreskin."

Call it "absence of circumcision" if you like; my point is unaffected.

[Re JakeW: "Certainly true, but sometimes we proceed based on patchy information."] Surgery is performed because there is a definite and established medical and clinical indication. [pb] It'd be interesting to know what other surgeries are performed based on "patchy information.""

In point of fact we were discussing your point that "First, that all benefits, considerable risks and harms of female genital cutting have actually been well researched; they have not." In other words, we're discussing a surgery that is *not* performed based on patchy information.

[Re JakeW: "They're all situations which require the application of ethical principles to decision making, which is why I included them. Do you disagree?"] "Where there is no established medical or clinical indication, there is no surgery to be performed, and thus no "decision" to make."

Whether that's true is dependent upon the system of ethics being employed. Under *your* system, apparently, it is unethical to perform surgery without "definite and established medical and clinical indication". So in the absence of such an indication, a proposed surgery would fail your test. But that

doesn't mean that it would fail the test of every ethical system. It seems to me that a useful way of exploring differences between such systems is to consider specific examples and try to understand how they would pass or fail various tests. Do you think this is unreasonable?



StanB

22/01/2011 11:18 pm #



[Report](#)

Joseph4GI: "Surgery is only performed when there is medical or clinical necessity. Circumcision is the only exception to the rule."

JakeW: "That's obviously untrue: cosmetic surgery, for example, is almost by definition performed without medical necessity."

With the unique exception of non-therapeutic male circumcision, doctors do not perform cosmetic surgery on minors unless they are correcting a congenital abnormality. A foreskin is not a birth defect!

JakeW: "Under *your* system, apparently, it is unethical to perform surgery without 'definite and established medical and clinical indication'"

It is not just "his" system of ethics; it is the system of ethics doctors use for ALL other surgery on children with the unique exception of non-therapeutic male circumcision. Non-therapeutic male circumcision is the ONLY surgery that doctors will perform on children that does not meet the ethical requirement that the medical benefits of the surgery far outweigh the medical risks and harms or the surgery corrects a birth defect.



Joseph4GI

22/01/2011 11:21 pm #



[Report](#)

"Surgery is only performed when there is medical or clinical necessity. [pb] Circumcision is the only exception to the rule."

JakeW: "That's obviously untrue: cosmetic surgery, for example, is almost by definition performed without medical necessity."

Yes. It's true. And unless it is to correct a birth defect, congenital deformity, or genetic anomaly, like a cleft, a sixth finger, or disfiguring birth defect, cosmetic surgery is usually performed in adults making an

informed and conscientious choice.

Choice; that is the crux of the entire argument.

[Re JakeW: "But you've also introduced a site of trauma, and possibly infection."] "Excellent observation! The same thing happens with circumcision."

JakeW: "Yes, though in the case of circumcision we have evidence that the net risk is decreased, indicating that the risk due to trauma is smaller than the risk reduction due to removal of the foreskin."

Surgery is performed because there is clinical or medical necessity.

Once again; circumcision seems to be the only surgery performed on healthy infants based on this warped way of thinking you present.

"Interesting source of words, "lack of circumcision." Of course we must remember that anatomically correct genitalia aren't "lacking" anything; it is the circumcised penis that lacks a foreskin."

JakeW: "Call it "absence of circumcision" if you like; my point is unaffected."

No, call it "anatomically correct," because that is exactly what it is.

Intact genitals aren't "missing" or "lacking" anything.

It is the circumcised penis that is missing parts, not the other way around.

Get it straight.

JakeW: "Whether that's true is dependent upon the system of ethics being employed. Under *your* system, apparently, it is unethical to perform surgery without "definite and established medical and clinical indication". So in the absence of such an indication, a proposed surgery would fail your test. But that doesn't mean that it would fail the test of every ethical system. It seems to me that a useful way of exploring differences between such systems is to consider specific examples and try to understand how they would pass or fail various tests. Do you think this is unreasonable?"

I'm sure there are different systems of ethics, yes.

Medicine commands that to perform surgery, there needs to be an established medical or clinical indication, and that it should be as a very last resort, having tried other less invasive treatment and failed.

Circumcision is the only exception to this rule.



AndyNewbridge

22/01/2011 11:24 pm <#>



[Report](#)

Well this is a popular topic?? get over it lads fuck sake my inbox is dying!



Joseph4GI

22/01/2011 11:29 pm <#>



[Report](#)

I really wish I could just post some final remarks and leave, but I keep getting these notifications in my e-mail, which makes me burn with curiosity.

Could joe.ie do something about this please?



jakew

22/01/2011 11:32 pm <#>



[Report](#)

To respond to StanB:

Joseph4GI: "Surgery is only performed when there is medical or clinical necessity. Circumcision is the only exception to the rule."

JakeW: "That's obviously untrue: cosmetic surgery, for example, is almost by definition performed without medical necessity."

StanB: "With the unique exception of non-therapeutic male circumcision, doctors do not perform cosmetic surgery on minors unless they are correcting a congenital abnormality. A foreskin is not a birth defect!"

Joseph4GI's statement didn't refer to minors. It was a blanket statement about surgery.

"It is not just "his" system of ethics; it is the system of ethics doctors use for ALL other surgery on

children with the unique exception of non-therapeutic male circumcision. Non-therapeutic male circumcision is the ONLY surgery that doctors will perform on children that does not meet the ethical requirement that the medical benefits of the surgery far outweigh the medical risks and harms or the surgery corrects a birth defect."

You keep asserting that this is an "ethical requirement", but empty assertions aren't very convincing...

To respond to Joseph4GI:

[Re JakeW: "But you've also introduced a site of trauma, and possibly infection."] "Excellent observation! The same thing happens with circumcision."

JakeW: "Yes, though in the case of circumcision we have evidence that the net risk is decreased, indicating that the risk due to trauma is smaller than the risk reduction due to removal of the foreskin."

Surgery is performed because there is clinical or medical necessity.

Once again; circumcision seems to be the only surgery performed on healthy infants based on this warped way of thinking you present.

"Interesting source of words, "lack of circumcision." Of course we must remember that anatomically correct genitalia aren't "lacking" anything; it is the circumcised penis that lacks a foreskin."

JakeW: "Call it "absence of circumcision" if you like; my point is unaffected."

"No, call it "anatomically correct," because that is exactly what it is."

As I say, my point doesn't depend on what it's called, so you can call it "onion soup" if it makes you happy.



Joseph4GI

22/01/2011 11:33 pm #



[Report](#)

I really wish I could just post some final remarks and leave, but I keep getting these notifications in my e-mail, which makes me burn with curiosity.

Could joe.ie do something about this please?



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