



## The Circumcision Decision

(Revised Edition)

*If our baby is a boy, should he be circumcised? There's so much to think about. Our doctor said there's no reason for circumcision, but that it's up to us. I'm circumcised, and I'd kind of like to have him look like me... I've heard it's easier to keep the penis clean if you're circumcised, and it keeps you safe from cancer and VD and bladder and kidney infections — but our doctor said that isn't true... Little boys are always handling themselves. I don't like that. Does circumcision prevent that? I don't suppose so... I wish circumcision wasn't surgery. The baby is so little he can't understand what's happening. It must hurt a lot. I'd hate to have anything go wrong, like infection or hemorrhage, or taking off too much skin... What does a guy's penis look like if he isn't circumcised?... I don't know what's right. Maybe we'll have a girl...*  
[The editors]

The confusion felt by many on the subject of circumcision is expressed above. Although the circumcision rate in the United States is declining, intense debate continues among physicians and also between parents, extended family members, and friends, as they consider this decision for the babies they love. In the late 1970s the circumcision rate in the US was 85 per cent; today it is less than 60 per cent. If the decline continues at its present rate, nonreligious circumcision may cease to be practiced by the turn of the century. Yet, today, many prospective parents remain uninformed and face a difficult personal decision as they learn the facts about circumcision.

If your baby is a boy and you live in the United States, you will likely be asked to make a decision whether to have your son circumcised. Parents in virtually no other country are asked to make such a decision.

In most parts of the world, the circumcision decision is a cultural one, reflecting the country of origin. If the child is born in *any* European country, the Soviet Union, Southeast Asia, China, Japan or Latin America, there will be little or no choice because children born in these countries are rarely circumcised.

However, if you are Jewish or Moslem, or come from one of several countries in Africa, or the Australian outback, there will be little or no choice for *you* either. These children are usually circumcised.

Beliefs about circumcision in the English-speaking countries — England, Canada, the United States, Australia and New Zealand have fluctuated. Until about 100 years ago, circumcision was not customary, but it was introduced in the Victorian era in hopes of preventing or curing many ills such as "hypersexuality" and masturbation, rheumatism, asthma, epilepsy, cholera, feeble-mindedness, gout, alcoholism and lunacy. The circumcision rates climbed rapidly until the 1940s. But today, the nonreligious circumcision rates in England and New Zealand have dropped to zero. In Australia and Canada, the rates are about 25% and diminishing. This happened because beliefs about the preventive and curative powers of circumcision were not confirmed with research, and most English-speaking countries turned away from circumcision.

As for the United States, the circumcision rate is now rapidly declining, but it remains the *only* country where a large proportion of male newborns are routinely circumcised for *nonreligious* reasons. Long after the other countries abandoned routine newborn circumcision, the American medical establishment alone continued to believe that the surgery provided many health benefits (discussed below). Because circumcision is a unique surgery, laden with social, cultural, religious and sexual overtones, it is necessary to separate fact from fiction. As the public and the medical profession have learned more about the risks and reputed benefits of circumcision, the practice has declined in the US as well. No state, county or individual hospital

has reported an increase in the circumcision rate in over 20 years. Many United States insurance carriers, such as Prudential, Pennsylvania Blue Shield, and others, no longer cover routine circumcision.

Thus, US parents today are caught up in this change in attitude toward circumcision. What is the right thing to do? How can you make the correct decision?

The purpose of this pamphlet is to provide factual information to help you make an *informed* decision on circumcision of the newborn for nonreligious reasons.

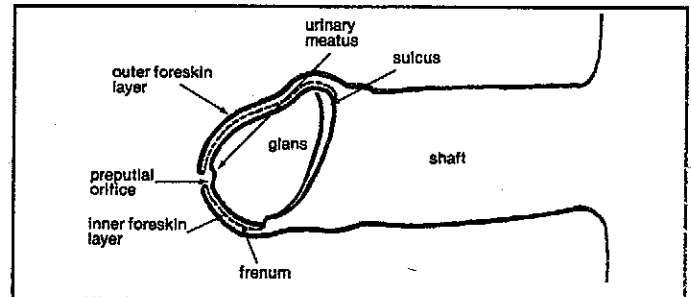


Fig. 1. Anatomy of the penis: A = shaft; B = glans; C = sulcus; D = urinary meatus; E = outer foreskin layer; F = preputial orifice; G = inner foreskin layer; H = frenum. (Reproduced with permission of Edward Wallerstein).

### What is circumcision?

Let us begin by defining the term. Circumcision is a surgical procedure in which the sleeve of skin (the foreskin) that covers the head (glans) of the penis is removed. (See figs. 1 and 2).

After the infant is placed on a special restraining apparatus which keeps him from moving, the penis is cleaned. At this point some physicians inject a local anesthetic into several areas of the penis (the "dorsal penile block"). Most do not, however, either because of concerns over harmful effects of the anesthetic, or because they believe the baby feels little pain. Then a probe separates the foreskin from the glans (as in Figure 2, A); the foreskin is retracted and a dome placed over the glans (B); the foreskin is stretched over the dome and tied (C); the Gomco Clamp is applied (D); and the foreskin cut off with a scalpel (E). The clamp is then removed, and a lubricated gauze bandage applied. Another method utilizes the Plastibell plastic dome. After Step A, the dome covers the glans and the foreskin is tied tight over the dome. Circulation to the foreskin is thus prevented. After a few days it dies and drops off. (There is a hole in the dome, which allows the baby to urinate.)

### Jewish Circumcision

Many people believe that Jewish ritual circumcision is primarily a health measure. This has been vehemently denied by Jewish theologians. For observant Jews, circumcision represents a Covenant between God and Abraham — ex-

clusively a religious rite and not done for reasons of health. For example, if a son, born to Orthodox Jewish parents, dies before the eighth day, which is the date specified for the circumcision ritual, the corpse is circumcised before burial — hardly a health measure.

### The Medical Debate

Circumcision has been practiced for at least 6,000 years, and hundreds of millions of operations have been performed. It was not until 1963, however, that the editors of the *Journal of the American Medical Association* stated doubts about circumcision benefits and risks. In 1975, the American Academy of Pediatrics (AAP) appointed a Task Force on Circumcision which concluded, "There is no valid medical indication for circumcision in the newborn period." The circumcision rate in the United States began to decline as the public became aware. In 1989, however, the AAP neutralized its stand stating that, "Newborn circumcision has potential medical benefits and advantages as well as disadvantages and risks when circumcision is being considered the benefits and risks should be explained to parents and informed consent obtained."

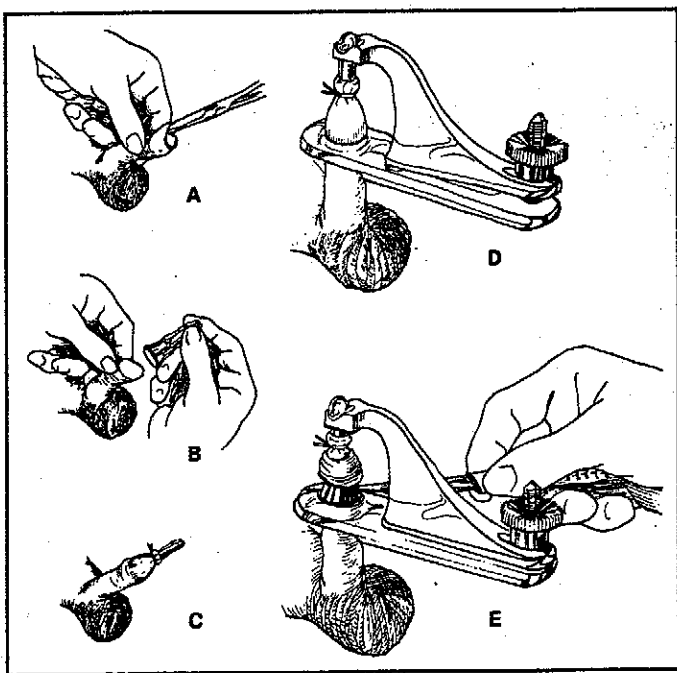


Fig. 2. Circumcision with the Gomco Clamp. (Reproduced with permission of Edward Wallerstein)

### Benefits vs. Risks

In any surgical procedure, the potential benefits must be weighed against the potential risks. How does this apply in the case of circumcision? As we examine this question, we should clarify several points.

### Therapeutic vs. Prophylactic Circumcision

It is important to distinguish between "therapeutic" and "prophylactic" circumcision. Therapeutic circumcision is done to cure a defect or problem. Prophylactic circumcision is done to prevent a possible future problem.

Worldwide, newborn or infant circumcision is rarely necessary for therapeutic reasons. But occasionally problems can develop with the foreskin, as, for that matter, with any body tissue. If a serious problem does occur, therapeutic circumcision may on rare occasions be necessary. However, almost all circumcisions in the United States are performed to prevent a possible future problem, that is, for

prophylactic reasons.

Such thinking is reminiscent of the prophylactic tonsillectomies recommended for most children a generation ago. When it became obvious that the risks exceeded the benefits, physicians rejected the procedure.

The assumed benefits for routine circumcision are discussed below, along with appraisal of the arguments.

### Smegma, the "Carcinogen"

Perhaps the most potent circumcision argument was and still is, for some people, that the surgery prevented cancer of the cervix, prostate and penis. The reason given was that the secretion produced under the foreskin, called smegma, was thought to be carcinogenic (cancer causing). Several researchers have attempted to prove that smegma causes cancer; all have failed. Not only is smegma not harmful, it is actually beneficial, serving as a protective coating and lubricant for the glans.

It should be noted that females produce identical smegma under the clitoral hood. No one, in recent years, has suggested female circumcision to eliminate the "carcinogen."

### Circumcision & Cancer

Let us now examine each of the cancers that circumcision is said to prevent. First, it is important to note some basic facts. The cause or causes of most cancers are not known. Where cancer causes are known, they are attributable to environmental factors, or chemicals, for example, tars in cigarette smoke, asbestos, diethylstilbestrol (DES), and others. All these are exogenous substances (from outside the body); smegma is endogenous (produced within the body).

Genetics and other factors appear to play a role in whether one is disposed to or immune to specific cancers. This has been repeatedly noted in both national and international cancer studies. For example, the Netherlands has the highest incidence of female breast cancer and male leukemia, while Thailand reports the lowest rates of these cancers.

*Cervical cancer* in the female sex partner was attributed to lack of circumcision, because it was found less frequently in Jewish women. It is only a myth. Cervical cancer is associated with intercourse at a young age and multiple sexual partners, whatever their circumcision status.

*Cancer of the prostate.* A generation ago prostatic cancer was thought to be related to non-circumcision. Today, the evidence disproving any relationship between circumcision and prostatic cancer is overwhelming, and the possibility is rarely mentioned in the medical literature.

*Cancer of the penis* is a rare disease (less than 1 per 100,000 men). While it is true that it occurs most frequently in uncircumcised males, it requires a combination of lack of circumcision and poor hygiene for prolonged periods. Most men with penile cancer also have certain sexually transmitted diseases which may themselves lead to cancer.

A definitive statement about circumcision and cancer was made in 1981 in the medical journal *Obstetrics and Gynecology* by E. Grossman, MD and N. A. Posner, MD, recognized authorities on Jewish circumcision practices. They wrote: "No one today seriously promotes circumcision as a prophylactic agent against cancer of any form. No significant correlation between cancer and circumcision has ever been proved."

### Venereal (Sexually Transmitted) Disease

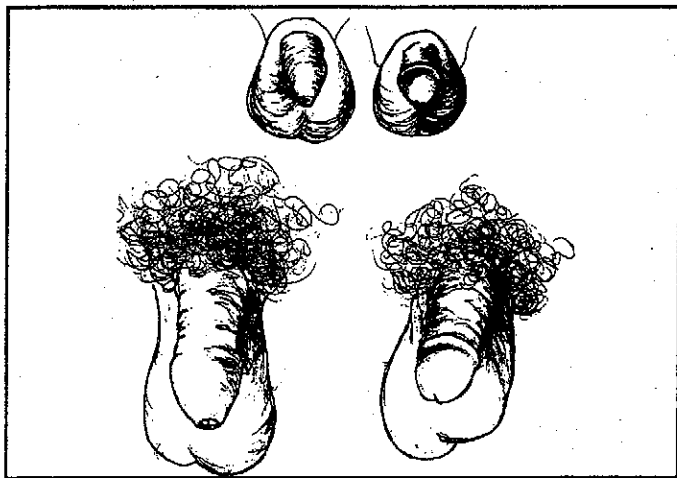
As recently as the 1970s, many American physicians claimed that circumcision prevented venereal disease (VD). This claim loses plausibility when the circumcision rate is com-

pared with the VD rate. With the steady increase in the circumcision rate in the United States, the VD rate should have declined. The opposite has occurred; we are in the midst of an epidemic of sexually transmitted diseases, primarily among young people. The overwhelming majority of males with VD are circumcised. Claims that genital herpes and AIDS can be prevented by circumcision are not supported by any evidence. In the USA, AIDS is clearly associated with intravenous drug use and multiple sexual partners, particularly among male homosexuals or bisexuals. Circumcision status has not been investigated.

### Urinary Tract Infections

In the late 1980s, some reports in the US medical literature have claimed that circumcision may prevent urinary tract infections (UTI). This conclusion was drawn after reviewing Army hospital records of admissions for UTI. The rate for circumcised boys was 1 in 1000; for uncircumcised boys, 1 in 100 (for girls, 4 in 1000). The AAP cautions that the studies may have been designed poorly and the results may be biased. There is no definitive proof of this claim. We do not know whether hygiene or other factors may be important in prevention of UTI in uncircumcised children.

Moreover, as new and additional pro-circumcision arguments unfold, it should be borne in mind that medical professionals in virtually every country are familiar with them, but do not believe they merit a policy of routine newborn circumcision. For example, the Canadian Paediatric Society remains opposed.



*Fig. 3. Parents frequently are uncertain of the differences in appearance between uncircumcised and circumcised penises. Above: Uncircumcised and circumcised newborn penises. Below: Uncircumcised and circumcised adult penises. Illustration by Maryann Malecki, RN*

### Penile Hygiene

The uncircumcised penis is said to be difficult to keep clean; so difficult that newborn surgery is thought to be essential for hygiene. American parents have been warned for generations that foreskin retention will necessitate a lifelong regimen of penile hygiene. That is true. It is also true that all body hygiene, (bathing, shampooing, brushing teeth) is a lifelong necessity. Obviously one cannot stop any hygienic practices without dire consequences. Why then single out the penis?

The major problems of penile hygiene are the lack of education and the fear of masturbation. Boys are told to wash themselves "between their legs," but seldom taught how to do it. At the same time, they are often warned not to touch themselves "down there." It is simply impossible

to wash the penis properly without touching oneself "down there." The Victorian fear of masturbation, although considerably abated, is still with us.

The distortions of the problems of penile hygiene become more obvious when compared to female genital hygiene, which is more difficult to maintain, because of the positioning of anatomic structures. No one suggests removal of the clitoral hood or labia in the newborn girl without anesthesia, to promote hygiene. Both girls and boys have to be taught how to keep their genitals clean.

### Caring for the Uncircumcised Penis

Some physicians believe that if not circumcised, the boy's foreskin should be pulled back (retracted) immediately after birth. This is wrong and based on misunderstanding of the development of the penis. The foreskin and glans develop as one tissue during pregnancy, and while separation occasionally occurs before birth, it usually takes several months or even years. Forced foreskin retraction may be painful and even cause scarring and adhesions which may make circumcision necessary.

The foreskin of the newborn requires little or no attention. If smegma appears, it may be washed off. One need not worry about pushing the foreskin back; that will come in time. Most newborn males have erections, thus retracting the foreskin naturally. All infants discover their genitals and may retract the foreskin themselves.

If they wish, parents may check the foreskin by attempting retraction — gently. If it retracts easily, fine. It should never be forced. If the foreskin is mistakenly retracted or pushed back too soon, it may tear the connecting tissue and the glans will be very tender for a few days. If this occurs, diapers should be changed frequently, and a protective ointment applied to the glans. Once full retraction has taken place, this can be done daily during bathing. It is really quite simple. Such daily experience will condition the child to retract his foreskin when he is old enough to bathe himself.

### Like Father, Like Son

Many parents worry that if their son's penis does not match his father's, negative emotional consequences will result. Certainly, a boy identifies with his father — but within the bounds of reason.

If the father wears eyeglasses or dentures, or has a tattoo or surgical scar, should the child be similarly provided? Obviously not, but the penis is said to carry some special hidden meaning or power. The speciousness of this argument may be understood by examining the circumcision practice in the United States over the past century.

As the practice of nonreligious circumcision increased in the United States between 1870 and 1950, many boys who were circumcised had fathers who were not circumcised. Few concerns were raised then about father/son identification. When penile differences were noted, as they undoubtedly were, parents probably explained with calmness and assurance that it was better to be circumcised. With the reverse situation at hand, parents can also reassure their sons that it is now considered better not to have the newborn undergo surgery.

It is worth noting here that even if the circumcision status of both father and son are the same, their penises look very different from one another, in terms of size and presence or absence of pubic hair. These differences are actually more immediately obvious than the presence or absence of a foreskin. Children seem to take those differences in stride and they also take circumcision differences in stride.

## **If Later, Why Not Now?**

Parents may be warned that if they do not opt for circumcision in infancy, medical problems will likely make it necessary later in life. This statement is unfounded. There are no accurate nationwide data on the incidence or reasons for adult circumcision. It is known that some Americans undergo the surgery for cosmetic reasons (they feel it looks better), or out of misguided belief it will prevent cancer, or for religious reasons.

A crude estimate of the adult circumcision rate in the United States (including for cosmetic effect, cancer fear, and religion) is less than 3 per 1,000 uncircumcised males per year. Conversely, 997 out of 1,000 uncircumcised adult males do not undergo circumcision. The number of adult circumcisions for purely medical reasons is not known. In most countries, foreskin problems which may occur are treated medically, rarely surgically. Although the figure of 3/1000 is small, it is 50 times higher than the adult circumcision rate in Finland (about 6 per 100,000 per year).

## **Circumcision & Sex**

Circumcision advocates maintain that sex is better with a circumcised male; his staying power is said to be longer. An uncircumcised male is said to be more likely to ejaculate prematurely. The reason is thought to be that the foreskin is too erogenous, causing early arousal and early ejaculation. Remove the foreskin and the glans will become toughened and orgasm will be delayed.

And yet, given the high circumcision rate in the US, the problem of premature ejaculation has not passed from the American scene. In fact, it is the most common symptom presented by males, particularly young males, in sexual dysfunction clinics today. Most of these men are circumcised.

And what about Jewish males? Circumcised from time immemorial, Jewish men should never or rarely ejaculate prematurely. Jewish men will tell you that this is not true. Sex clinics in the United States have their full complement of Jewish males who ejaculate prematurely.

## **Risks**

Thus far, we have examined each of the alleged advantages of circumcision and found that they can not be substantiated. The question now to be addressed is: Are there any problems, disadvantages, or risks of circumcision?

## **Pain**

Is circumcision painful? The answer is yes. Circumcision is a surgical procedure, usually performed without anesthesia, during which a firmly restrained newborn has very sensitive tissue cut off. It is undeniably painful, despite the fact that some physicians have written that it is either painless or no more painful than an injection; others have claimed that there is as much or more pain from being restrained as from the surgery.

For almost a century, circumcision pain was ignored in the medical literature, because of the belief that the newborn's brain development was not sufficiently advanced to either comprehend or localize pain. Recent studies — within the past decade — have demonstrated that the exact opposite is true. The fetus reacts to some stimuli in the uterus. It is known that newborns can see, hear, respond to touch, odors, etc. A newborn can feel both painful and pleasurable sensations. Moreover, pain tolerance is highly individualized. In addition, newborns, if sedated via the mother (if she receives pain medication in labor), will manifest less pain reaction to surgery than the normal, unsedated newborn, for whom circumcision is unquestionably painful. Most babies scream during the operation.

Recently, as scientists have become increasingly aware that infants feel pain and have at least some ability to remember, the use of anesthesia for circumcision has increased. The "dorsal penile block" involves injections of local anesthesia at the base of the penis, thus numbing it. The procedure, though painful in itself, appears to reduce the total pain of the procedure. Vital signs return to normal more rapidly after circumcision with anesthesia. Of course, the baby is exposed to the potential risks of local anesthesia. Because published reports so far have included a small total number, we do not yet know enough to determine the risks of the anesthesia.

One might question the wisdom of finding ways to make an unnecessary and risky procedure less disturbing, rather than simply doing away with the procedure in the first place.

## **Surgical Risk**

Circumcision is surgery, and with any surgery, there are attendant risks: for example, surgical error, excessive bleeding, infection. The extent of these risks from circumcision is not known. There has not been one nationwide risk study. Therefore, no one really knows the incidence of morbidity and mortality. While some have claimed repeatedly that morbidity (illness or injury) or mortality (death) is practically zero, others suggest a morbidity of 12,000 annually and possibly 225 deaths. No one really knows. Data gathering is difficult. Hospital records on circumcision problems are often far from complete.

The risks of the surgery depend to a great extent on the competence of the surgeon. There have been reports of inexperienced surgeons and medical students performing circumcisions without adequate supervision. It is not surprising, therefore, that dozens of articles in the medical literature reveal cases of infection, hemorrhage and an occasional serious surgical mishap, including mutilation. Deaths have been reported — fortunately rarely. The most comprehensive study of circumcision risk was reported from one city, based upon 5,000 circumcisions over a ten year period. After defining risks and excluding "minor events," these researchers found that significant complications occur in one out of every 500 circumcisions. One thing is certain: Circumcision is not innocuous.

## **Conclusion**

Despite the absence of official support of routine nonreligious circumcision by the US medical profession, the practice continues, and will continue until health consumers take the responsibility to become knowledgeable about circumcision; only then can they make informed decisions.

Routine nonreligious circumcision is a solution in search of a problem. After examining the reasons given for circumcision, many parents today conclude that the practice serves no medical purpose and is potentially dangerous; and therefore, they decide against circumcision for their sons.

*This pamphlet was written by Edward Wallerstein, illustrations 1 and 2 reproduced with permission of Edward Wallerstein, illustration 3 by Maryann Malecki. Copyright © 1980, 1987, 1990 by Edward Wallerstein. All rights reserved. No part of this pamphlet may be reproduced by any means without the written permission of the author and publisher.*

*Published by the International Childbirth Education Association, Inc. (ICEA). Additional copies can be purchased from ICEA. Quantity discounts are available. ICEA, PO Box 20048, Minneapolis, Minnesota 55420 USA.*