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Health: They took my foreskin, and I want it back: Some men feel their circumcision at birth was an assault. Now they can be 'uncircumcised' without surgery, writes Cherrill Hicks

CHERRILL HICKS | Tuesday 03 August 1993

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LIKE many other middle-aged American men, Jim Bigelow was circumcised at birth, but he never felt happy about it. 'I often prayed that God would give my foreskin back to me,' he recalls. 'As I got older, I tried to convince myself it was for the best. But the feelings of loss and violation never went away.'

Four years ago, Dr Bigelow, now aged 60, a psychologist in California, began to 'redevelop' his foreskin. He started to stretch the skin of the penile shaft over the glans, or head of the penis, keeping it in place with surgical adhesive tape. The tape was cut in such a way that he could still urinate, and it was worn constantly; when it fell off, he replaced it with another piece.

'It interfered with spontaneous sex, since you have to pace the sexual relationship with the day you're going to change the tape,' he said.

But Dr Bigelow says it was worth the effort. After four years of gentle, constant stretching of the skin of the penile shaft, he has a foreskin that, when the penis is flaccid, permanently covers more than three-quarters of the glans. After 18 more months of stretching, he hopes it will be covered completely.

The protective covering formed by the new skin, he says, has made the head of his penis more sensitive and sexually responsive. 'The glans has changed in texture from toughened skin to become more like mucous tissue,' he says. 'Having a foreskin has also restored to me a completeness, a psychological sense of wholeness which was missing.'

Dr Bigelow may sound like just another crazy Californian, but his book about redeveloping a foreskin, *The Joy of Uncircumcising: Restore Your Birthright and Maximise Sexual Pleasure*, has had sympathetic reviews in two reputable US medical publications, the *Journal of the American Medical Association* and *Plastic and Reconstructive Surgery*, and sold almost 5,000 copies since it was published at the end of last year.

From his home in a small town on the California coast, Dr Bigelow now runs Uncirc, the Uncircumcising Information Resources Center, for men wishing to 're- create' a foreskin.

His programme of foreskin restoration sounds unlikely, but it is based on tissue expansion, by which existing skin is progressively stretched, a technique common in plastic and reconstructive surgery.

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'If I can redevelop a foreskin, any man can. I was one of those unfortunate males who were very tightly circumcised, so I have had to be very persistent and it has probably taken me longer than average,' Dr Bigelow says.

'I know of other circumcised men who have been able to complete the programme and completely fool the doctor into thinking they are uncircumcised within the space of two years.'

Unlike the British, who largely abandoned the practice in the Fifties, many parents and doctors in the United States still favour routine circumcision at birth, arguing that it lowers the risk of developing infections and disease later. Most research, however, shows the operation confers no medical benefit, and doctors in Britain would argue that modern hygiene practices make using circumcision as a preventive measure unjustified.

Circumcision rates in the United States have fallen recently, but some 90 per cent of American men are thought to have had their foreskins removed, and more than 60 per cent of US babies - or 3,000 a day - still undergo circumcision. To US doctors, the operation is worth dollars 200m (pounds 138m) annually.

'We are one of the last industrial nations on earth to hang on to routine circumcision of our infant males for non-religious reasons,' Dr Bigelow says.

According to Ronald Goldman, director of a centre in Boston that offers support and advice to circumcised men, the operation has become nothing more than a barbaric social ritual.

Mr Goldman is also in the process of 'uncircumcising'; he says he has relived the experience of his own circumcision through primal therapy to help him to come to terms with it.

'When men come to us it is often the first time they have ever talked about it to anyone,' he says. 'When they realise their loss they feel as if they have been violated. It's a human rights issue.'

Growing numbers of health professionals also argue that the operation is painful, traumatic and unnecessary. Marilyn Milos, a nurse, was fired from the Marin General Hospital in San Anselmo, California, for advising parents against the operation. She set up Nocirc (National Organisation of Circumcision Information Resource Centers), a campaign aimed at other health professionals, which she hopes will 'stop the screams of babies'.

'When I was a young mother I had my three sons circumcised because I believed the doctors when they said it didn't hurt,' she says. 'But when I started my training and I saw my first circumcision, with the baby strapped to a plastic board, screaming, while they cut, I was horrified.'

Some doctors now accept that without its protective covering, the surface of the exposed glans gradually becomes tougher and less sensitive. Thomas Ritter, a US surgeon and author of Say No to Circumcision (the first anti-circumcision book by a doctor), points out that once the foreskin is removed, a process begins to

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take place called keratinisation.

The greater the exposure of the skin to abrasion, pressure and use, the thicker the layer of keratin, a fibrous protein that is the main constituent of the outer layer of skin. Exposed to nappies, urine and clothing, he points out, the surface of the glans eventually becomes 'dry, dull, leathery, brownish and keratinised, taking on the character of external skin rather than mucous membrane'.

This toughening process continues throughout life. 'I get letters from older men who say sex with their circumcised penis is like having intercourse with the elbow,' Dr Bigelow says. In the uncircumcised male, he adds, the glans and the inner covering of the foreskin resemble the mucous tissue of the inside of the lip. 'The glans is capable of experiencing and conducting erogenous sensations not sensed by the more toughened glans of the circumcised penis.'

Dr Ritter also describes a 'pleasure dynamic' unknown to circumcised men: the 'exceedingly intense' sensations provided by the mutual stimulation between glans and the foreskin as it slides back and forth during foreplay and penetration.

Other medical researchers agree that there are sexual advantages to having a foreskin: Dr John Taylor, a Canadian pathologist, argues in the book that its inner mucosal surface contains a 'tightly pleated zone' more generously endowed with specialised nerve endings than the glans itself.

The greatest benefit of 'uncircumcising', according to its supporters, is the fact that once the process of tissue expansion begins and the glans is again covered, this toughening process reverses. The regained sensitivity of the glans is, says Dr Bigelow, 'the first and most consistent result reported by men who are restoring their foreskin'. The programme results in 'a responsiveness that men who have been circumcised have never known'.

The 'tissue expansion' technique he describes was pioneered by a few Californian men in the late Seventies who later went on to call themselves Buff - Brothers United for Future Foreskins. They took as their models the 'primitive peoples' who successfully distended earlobes and lips.

But foreskin restoration, sometimes by surgery, has also been practised in other historical periods - notably by Jewish communities at risk of persecution during the Hellenic and early Roman empires, and under the Nazis. Dr Bigelow stresses that anti-circumcision does not equal anti- Semitic; some Jewish parents are also turning against the operation.

As the adhesive tape stretches the skin of the penile shaft and it starts to expand, more tension is needed to make it grow further. This can be provided by attaching a small, weighted device - such as a two- ounce lead fishing weight - to the tape.

Dr Bigelow is in the third and final stage of the programme and



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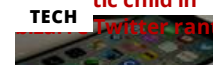


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is using a purpose-built, funnel-shaped 'expansion device' developed by an engineer in California. It is made of stainless steel and fits neatly over the glans, providing the extra tension needed to to make the shaft skin expand further. Foam rubber cones are also available for this purpose. 'The idea is to provide enough tension to fool your penis into believing it is growing to incredible lengths, so that it will then grow the skin to cover it,' he says.

Depending on the individual and tightness of the circumcision, a fully covered glans may take three years to achieve. Carried out correctly, and as long as the skin is stretched gently, says Dr Bigelow, foreskin redevelopment should not cause pain.

Is the result worth the effort? Dr Donald Greer, a doctor from Casper, Wyoming, who specialises in surgical foreskin restoration on circumcised men, says he has seen 'reasonable results' on men who have stretched their skin themselves, although the amount of new tissue obtained is not as much as can be obtained with surgery using skin grafts. But the self-help method does achieve more 'natural' results, although it requires an 'awful lot of dedication', he says.

Emotional support from partners is also vital. 'At first my wife thought what I wanted to do was a little strange,' says Dr Bigelow. 'Once I explained how I felt and that I needed her support and co-operation, she has stood by me.'

One disadvantage of the restored foreskin is its 'unruliness'; it does not always stay in place over the glans, since it does not narrow at the tip like a natural foreskin. If this is really troublesome, minor surgery can be used to reduce the opening of the new foreskin.

Dr Bigelow recommends that if possible, the self-help programme should be carried out under the supervision of a sympathetic doctor. But men who want a foreskin restored are treated with suspicion and sometimes hostility.

Dr Bigelow has apologised to his own son for having him circumcised as a baby; he was, he says, a new father of 19, who dared not disagree with the doctors. Asked why, at 60, he wants his foreskin back, he is fond of quoting another older man who wrote and told him: 'I'm restoring my foreskin because I was born with one, and damn it, I'm going to die with one.'

CUTTING WORDS

'I was circumcised when I was five - 70 years ago. I felt rage then and I still feel rage now.'

'I envy my dog.'

'My mother told me she could hear my screams from the other end of the hall.'

'I have nightmares about being circumcised by force.'

'The head of my penis is just dead.'



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'It hurt. It bled. It left an ugly scar.'

'What possible advantage could there be to removing from the penis its only movable part?'

'I have wondered what it's like to have a foreskin all my life.'

'I was just a baby - I couldn't stop them.'

HOW THE FORESKIN CAN BE RE-CREATED

Stage 1: The skin of the penile shaft is pulled forward over the glans and kept in place with a two- to three- inch strip of adhesive tape, which runs from both sides of the penis and over the glans. The tape is worn virtually 24 hours a day. Another square of tape is stuck, sticky side to sticky side, in the centre of the first piece so that the tape does not stick to the glans.

A small weighted device (two-ounce lead fishing weight) can be attached to the middle of the tape to provide further pull.

Stage 2: Once enough new skin has developed for it to be stretched over and beyond the glans, a strip of tape seven-eighths of an inch long is wrapped around the tip of the skin to form a ring. Again, a small weight can be attached to the tape to add further tension.

Stage 3: Expansion devices are used to allow for further skin expansion. A foam-rubber cone (which comes in various sizes) is fitted over the glans to give extra length, and the foreskin is taped over it.

'The Joy of Uncircumcising]', published by Hourglass Book Publishing, Aptos, California. Write to: Dr Jim Bigelow, Uncirc, PO Box 52138, Pacific Grove, California 93950; dollars 20, international money order or cheque drawn on a US bank, payable to Uncirc.



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