

BMJ, Volume 309: Pages 676-677.

Views and reviews

The joy of uncircumcising

Now therefore why do you make trial of God by putting a yoke upon the neck of the disciples which neither our fathers nor we have been able to bear?" With these words St Peter, himself a circumcised Jew, won the argument against compulsory circumcision of Gentile converts to Christianity nearly 2000 years ago. Clearly he knew that that there was a penalty to be paid for being circumcised. This fact seems to have been forgotten by the medical profession during the past 100 years, when circumcision has been widely practised on children as treatment and sometimes as prophylaxis for phimosis. It has even been used as a treatment for masturbation, once considered a dangerous disease. When you look up circumcision in modern surgical textbooks you find the anatomy of the foreskin well described but no mention of its function. You find the indications for circumcision and how to carry it out, but no mention of the consequences.

Like many boys of my generation in Britain, I was circumcised in infancy by a doctor. I grew up knowing that something had been removed from my penis as my older brother was intact, but I was told that this did not matter. The glans was always uncomfortable when rubbed by clothing throughout childhood and on into adult life, so that I always looked for tight supportive underwear to minimise friction. The discomfort was poorly localised, and it is only recently that I have realised that my intolerance of boxer shorts was the direct result of circumcision.

* "It is time that doctors and medical students were taught that the foreskin has functions."

The shaft skin was tight during erection, though I never thought of this as abnormal as I had nothing to compare with. Masturbation was often accompanied by laceration of the skin, so that I learnt to masturbate wearing a condom. I married 25 years ago and at first there were problems of dyspareunia from time to time which we attributed to vaginal dryness, as I considered myself normal. We overcame this by use of artificial lubricants. As time went on we explored ways of maximising our sexual enjoyment. I observed that there was remarkably little sensitivity in the glans, the skin of which seemed to thicken with advancing years. I remarked on this to my wife, who thought it strange. It was when I observed that the most sensitive part of my penis was the skin between the circumcision scar and the glans, that I began to realise for the first time how much I had been harmed by circumcision. This skin was the remnant of the inner lining of the foreskin, the remainder of which had of course been amputated. I assumed that there was nothing whatever to be done about this tragedy and I resolved to make the most of what was left.

A few months ago I saw an article in a newspaper about foreskin restoration without surgery, using the method described by Jim Bigelow in *The Joy of Uncircumcising. Restore Your Birthright and Maximise Sexual Pleasure* (published by

Hourglass Book Publishing, 1992). I started stretching the penile skin with surgical tape and weights, and sent for the book. The first few days were difficult and often uncomfortable, as I had little guidance from the newspaper article on how to apply the tape without discomfort. I persevered and every time something was painful I changed it until it was comfortable. As the first week went by it got easier, and by the end of one week I decided to continue my trial into the second week. Bigelow's book arrived from California on the Monday of the second week. This was most helpful.

I carried on taping and at the end of the tenth day a most unexpected thing happened. I was moved to find that with my glans protected by skin held in place by tape I was more comfortable than I had ever been before in my life. All discomfort caused by contact with clothing had vanished; I no longer cared what sort of underwear I wore. In fact it was obvious that what I had been seeking all the time in the underwear department was a foreskin and now I had found it, and it was an incredible relief. It occurred to me that perhaps the human male's nervous system is wired in such a way that covering the glans causes release of a transmitter in some pleasure giving part of the brain, though I have no evidence for this. I knew that I would never go back to the barbaric practice of leaving the glans exposed. I had either to continue with the slow non-surgical method or submit to skin grafting. I decided to avoid surgery as I felt my penis had been cut enough already.

Since then the benefits described by Bigelow have gradually unfolded. The glans became softer and steadily more sensitive, with great increase in sexual enjoyment. Furthermore after about ten weeks my wife and I both noticed that intercourse became much easier and almost frictionless, due to the expansion of the skin. The foreskin provides a reserve of skin so that on the natural penis there is plenty of slack and during intercourse the penile skin can cling to the vaginal wall while all movement occurs within the layers of the penis itself. When a man is tightly circumcised as I had been this is impossible, and all the movement occurs between the penis and the vagina. Undoubtedly this must often lead to complaints of vaginal dryness. I look forward to the day when I shall feel my foreskin slide over my glans during intercourse, and of course to the day when tape is no longer needed to keep the foreskin in place. I realise that a restored foreskin will never be quite the same as the natural one. How many nerve endings have been lost? The frenulum will not function to hold the foreskin in place. However it will be the best foreskin I can ever hope to have.

It is clear to me that it is time that doctors and medical students were taught that the foreskin has functions. It is as important to the penis as the eyelid is to the eye. It maintains a soft, moist and sensitive glans, protecting it from abrasions. While the outer layer of the foreskin is composed of similar skin to that of the shaft, its inner layer is exquisitely sensitive. Finally it provides a reserve of skin essential for friction free intercourse. If doctors understood these functions they would be reluctant to amputate it and would develop conservative methods of managing phimosis, rather than mutilating children for life.

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Citation:

- Anonymous. The joy of uncircumcising. *BMJ* 1994;309:676-7.

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