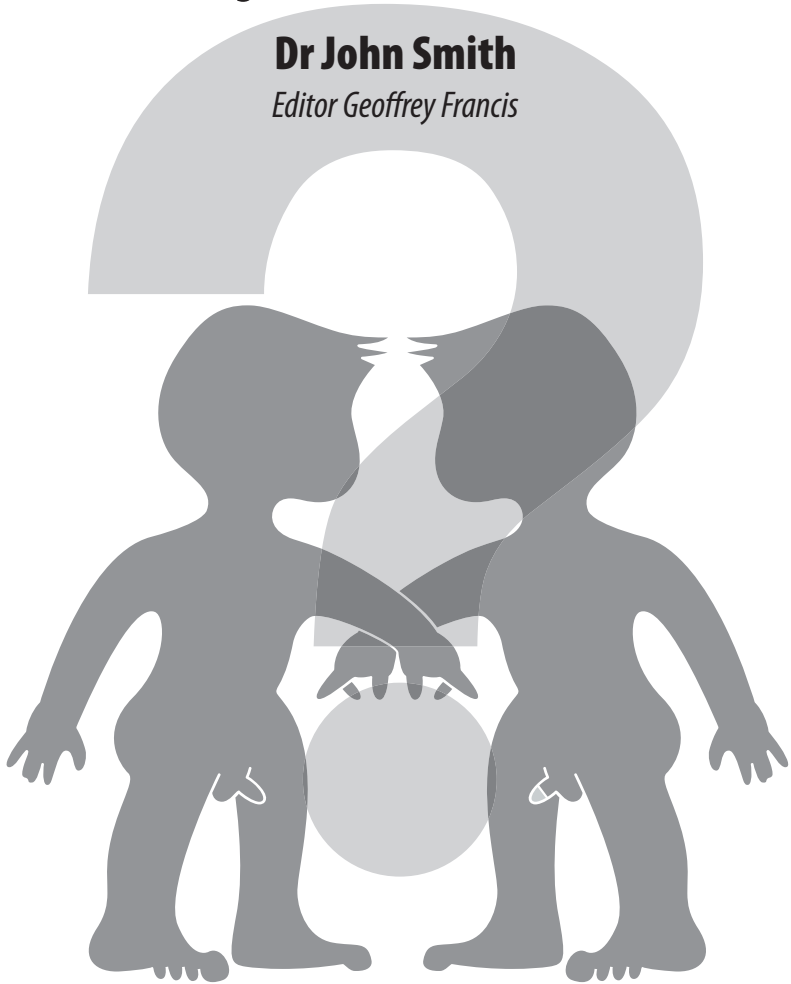


# Circumcision

*A guide to a decision*

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*First published 1979*

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# CIRCUMCISION

*"There's a divinity that shapes our ends, rough-hew them how we will"*  
*Hamlet Act V. Scene 2.*

Circumcision, or removal of the foreskin, is an operation of great antiquity. As a magical or initiation rite it was introduced independently by aboriginal tribes in Australia, Africa and the Americas. Circumcision was practised by the Egyptians of 3,000 B.C., at first as a privilege of the nobility, but it later became the custom for all males. Presumably what started as a religious rite was found to be a useful hygienic measure in a hot climate. The Jews learned from the Egyptians and incorporated ritual circumcision into their religion and later the Moslem faith adopted the same custom. In more recent history there are records of the operation being performed for abnormalities of the foreskin which interfered with passing water or sexual intercourse.

What is the status of circumcision at the present day? Although it may originally have been a non-medical rite it is now a standard surgical operation which, rightly or wrongly, is performed to prevent or cure certain genital troubles. One would have thought that after performing the operation for several thousand years there would now be general agreement about the merits of circumcision. Most doctors agree about circumcision to cure certain diseases of the foreskin but there is a sharp division of opinion about the advisability of routine circumcision of the newborn as a preventative measure. Preventative medicine always seems to be controversial whether it be circumcision, immunization or fluoridation but in this instance doctors who usually show a strictly scientific approach to the prevention and treatment of disease seem to attach an importance to the preservation of the foreskin which they do not accord to other parts of the body. Consequently one sees articles in the medical and lay press which discuss the topic in highly emotional terms with selected facts presented so as to confirm the pro or anti-circumcision views of the writer. My aim in this booklet is to present the available information in an unemotional way so that in a situation where doctors differ you can make up your own mind whether to have yourself and/or your sons circumcised.

The current policy in the United Kingdom was established in 1949 by Gairdner's paper 'The Fate of the Foreskin' in which he stated that many infants had anatomically unnecessary circumcisions and the operation caused at least 16 deaths a year. He concluded that the hazard to life outweighed any possible advantages from the operation. Since then, within the N.H.S., circumcision has only been done for a narrow range of indications and routine operation at birth is strongly discouraged. At the same time as Gairdner published his article doctors in the rest of the English-speaking world were encouraging circumcision at birth as a safe and beneficial procedure. The explanation of these conflicting views is that the deaths in Gairdner's series were due to general anaesthesia and not the operation itself, while the other reports concerned newborn babies circumcised without anaesthesia.

Millions of circumcisions in the U.S.A. and elsewhere in the last quarter century have confirmed that operation without anaesthesia soon after birth is devoid of

serious complications. The advent of an anaesthetic agent called 'Ketalar' has taken away the risks of general anaesthesia in infants and young children if circumcision is not done at birth.

## **THE NORMAL FORESKIN**

In most boys at birth the foreskin or prepuce is adherent to the head of the penis and cannot be drawn back. It is also rather long and projects well beyond the head of the penis in the infant. During growth and development the prepuce gradually separates from the head of the penis or glans. This process takes place earlier in some boys than others, but by the age of 4 most lads can retract the foreskin so as to completely expose the head of the penis. When the prepuce becomes retractable, washing this part with soapy fingers to remove the smegma (smelly cheesy material) which tends to accumulate can be included in the bath time routine. The boy should be taught to pull back his foreskin when passing water, which avoids soiling the glans and ensures that he can direct the stream in the right direction, getting less on his pants and the floor! If by the age of 4 the prepuce still cannot easily be drawn back, medical advice should be sought to see if separation of the adhesions under an anaesthetic, or circumcision is necessary. The age of 4 is arbitrarily chosen so that if intervention is necessary, it can take place before the child starts school. The mature youth should be able to completely retract his foreskin and replace it with his penis erect without any pain or difficulty because this manoeuvre is essential for sexual intercourse.

A prudent parent will ask his teenager about this matter before the lad leaves school, so that in the few cases where circumcision has become necessary it can be done in a school holiday before he starts work. This questioning is all the more important since routine medical examination of schoolleavers is no longer carried out – thus the boy and his parents may not realize that he is suffering from puberty induced phimosis. Although 10-15% of British schoolboys are circumcised there is evidence that at least 5% leave school needing the operation. The lad should also be instructed to retract his prepuce and wash his penis daily to maintain the standard of sexual hygiene required of an adult. The foreskin tends to shorten during development and the glans remains completely covered in only 45% of men, partially covered in 32% and is completely uncovered (auto-circumcision) in 23%. The fact that without surgery at least half the male population have the appearance of being partially or completely circumcised should allay the wrath of those who would regard operation on anyone with a persistent long infantile foreskin as an unnatural mutilation. There is also variation in the length of the prepuce in different races, the foreskin being typically rather long in Negroes, and very short in Chinese and Japanese. It has been suggested that the purpose of the foreskin is to protect the glans from urine during the time the child is in nappies, but it does not seem to have any essential function in the adult apart from retracting out of the way for sexual intercourse.

## INDICATIONS FOR CIRCUMCISION

In order to show the relative importance of the various indications, or alleged indications, for circumcision they will be discussed under three headings:- Essential, Advisable and Optional.

### 1 CIRCUMCISION IS ESSENTIAL

#### a. Religion.

The operation is obligatory for infant Jewish and Moslem males as a religious rite so it is not open for discussion.

#### b. Parental request.

Routine circumcision at birth other than for religious reasons is a custom in several countries and in some families in this country. Most males are circumcised soon after birth in the U.S.A., Canada, Australia and New Zealand but until recently this was rare in Continental Europe. In Britain, routine operation is much more common among the well-to-do than manual workers; and it is an open secret that Prince Charles was done by a Mohel, or Jewish circumciser, and that his two brothers are also circumcised. Every parent wants to do what he thinks best for his child and this may include a sincere belief in the benefits of circumcision. Common reasons given by parents requesting the operation are "His father was done"; "It's more hygienic" and "It will prevent trouble later in life". One can sympathize with the man who has unpleasant memories of having the operation later in life and thus seeks to avoid the same situation in his sons by requesting circumcision at birth. Likewise, one can understand the request when an older son, or child of a relative, is distressed by circumcision later in childhood.

#### c. Desire to be circumcised.

It is not uncommon for a man to be dissatisfied with the size or appearance of his penis. Quite a number of men have an intense desire to be circumcised, which usually arises after seeing the circumcised organs of brothers or school fellows. In time, this initially simple wish to have the appearance of his penis improved becomes an obsession in which he feels that the continuing presence of his foreskin is affecting his sex life. If he is brave enough to confide in his doctor he will be told that his penis is quite normal, operation is not necessary, and he should see a psychiatrist and not a surgeon. Most surgeons are unsympathetic and would refuse to operate on these unfortunate individuals even as private patients. Whilst it is true that the patient's mental attitude is the cause of his sexual disability, it is equally true that circumcision cures the condition. The stand taken by doctors on this issue is quite inconsistent when one considers that a woman who thinks her breasts or nose are not quite the right shape is sent to see a plastic surgeon without any investigation of her psyche.

#### d. Tight foreskin.

After infancy the foreskin should be loose enough to be drawn back so as to completely expose the whole penis head and to be pulled forward again without

pain or difficulty. In the mature youth this action should be possible with the penis erect. If it cannot be retracted at all (phimosis), washing is not possible and smegma accumulates. Phimosis also makes sexual intercourse unsatisfactory and low deposition of semen in the vagina due to poor penetration may cause infertility. Occasionally the opening becomes so small that even passing water becomes difficult. If a tight prepuce is forcibly drawn back (e.g. during intercourse) it may become jammed and incapable of being pulled forward again (paraphimosis). In this painful condition the foreskin strangulates the glans and emergency treatment is necessary. So heed the warning signs that paraphimosis is going to occur if you are no longer able to draw the foreskin forward after sexual intercourse until the erection subsides or when painful little splits appear in the tip of the prepuce during sexual intercourse. Phimosis may follow injury (e.g. zipfastener!), inflammation (see below), or it may be a developmental abnormality. Parents are often surprised to learn that their teenager needs a circumcision, having been assured he was perfectly normal earlier in life. The explanation is that before puberty the opening in the prepuce was large enough to allow the glans to pass through but during the rapid growth of the penis after puberty only that part of the foreskin which covers the glans enlarges. In consequence, the tip of the prepuce which lies beyond the glans does not grow, the opening stays the same size and the much enlarged glans will no longer pass through. A tight prepuce **cannot be cured by stretching** at any age because this only causes little splits which heal with scarring making the condition worse than before.

#### **e. Inflammation.**

In spite of adequate hygiene one may suffer from persistent or recurrent soreness, itching or redness of the inner aspect of the foreskin and penis head – a condition called balanitis. Occasionally there may be an acute attack with a discharge of pus which resembles gonorrhoea. Balanitis may also occur before the prepuce has fully separated from the glans in childhood when washing is not possible. A long prepuce tends to retain moisture predisposing to this condition which is often precipitated by warm weather (summer balanitis). Balanitis occurs especially in sportsmen and others who sweat a lot. One or more acute attacks or recurrent mild attacks heal with scarring of the foreskin and phimosis develops. Similarly, inflammation affecting the glans may heal with scarring and narrowing of the water pipe opening (meatal stenosis). If passing water becomes difficult an operation (meatotomy) to enlarge the opening may be necessary. A variety of germs will flourish under a damp prepuce and they are difficult to permanently eradicate until the area is rendered permanently dry by circumcision. Thrush or Monilia, a fungus infection, is quite common in the vagina of women on 'the pill' and their male consorts are liable to get 'thrush balanitis'. Due to the presence of sugar in their water diabetics are also prone to balanitis. Similarly warts under the prepuce, which are caused by a virus infection, are difficult to cure until circumcision is performed. If you suffer from balanitis seek medical advice and **do not treat yourself with a strong antiseptic** which may make the condition worse.

#### **f. Torn or tight frenulum.**

The frenulum (also called frenum or fraenum) is a band of skin containing a blood vessel and some sensory nerves which joins the inner aspect of the prepuce to the glans on the under surface of the penis. Drawing back the prepuce pulls upon the frenulum and in full penetration during sexual intercourse the frenulum is quite taut. If the frenulum is short or tight, full penetration may cause discomfort which may last for several days; or the structure may tear causing a painful wound for a longer period. Occasionally smart bleeding occurs which requires emergency treatment. Surgical division of the frenulum usually cures the trouble and this can easily be done under local anaesthesia. Sometimes circumcision has to be done as well to relieve the tension in the frenular area. A lad should be instructed to check that his frenulum is satisfactory before he leaves school. He should be able to completely retract his prepuce so that it lies flat along the shaft of his erect penis without causing pain or markedly bending the glans downwards.

### **SUMMARY AND COMMENTS**

Phimosis and persistent balanitis are the most common medical reasons for circumcision in this country. Have yourself circumcised if you suffer from these troubles because they will get worse with time and may lead to more serious complications in later life. A vicious circle develops in which balanitis produces phimosis which prevents washing the penis and leads to further attacks of balanitis, due to lack of hygiene, with more scarring. If phimosis is the primary condition then balanitis will sooner or later be a complication and the same cycle of events results. Men who get cancer of the penis usually give a history of 20-40 years of phimosis and/or chronic balanitis so these troubles have more than just a nuisance value. It is not generally known that the tendency to penis troubles is inherited so if a man has trouble with his prepuce or frenulum he should seriously consider having his sons circumcised at birth as a preventative measure.

## **2 CIRCUMCISION IS ADVISABLE**

### **a. Climate or occupation.**

Balanitis and its complications may occur in this country but are even more likely to occur in individuals who are going to live in a warm climate. In hot and humid countries the inhabitants are aware of the problem and practice routine circumcision in childhood as a preventative measure. Merchant seamen, particularly engine-room staff, are also at risk and although circumcision is not a condition of employment it is a sensible precaution and advised by some firms. Whilst one cannot predict that anyone will have trouble abroad or at sea, it is probably better to lose a normal prepuce at a suitable time under optimum conditions in the U.K. than find that the operation has become necessary when conditions are primitive, the time is inconvenient, the foreskin is inflamed and medical aid is not readily available. The normal penis heals rapidly after circumcision but healing may be delayed and the wound become infected in tropical conditions, particularly in the presence of balanitis. To be unable to work because of an attack of tropical balanitis is embarrassing enough – but no one will believe that it is not really a dose of V.D.!

Chefs and other kitchen workers are a further example of those at risk – with the added complication that food hygiene can be compromised if one is constantly rubbing at the irritated foreskin.

### **b. Redundant foreskin.**

As we have already seen in over half the male population the prepuce shortens during development leaving the glans partially or completely exposed but in the remainder the long infantile form persists. The persistence of a long foreskin must be regarded as a failure of normal development because of the greater incidence of troubles associated with this state. Foreskin length is an inherited characteristic; thus if a man finds his long prepuce is a nuisance then his sons are likely to grow up also wishing they had been circumcised when they were small. A long foreskin retains moisture so that the inner aspect of the prepuce and the glans become white, sodden and malodorous. Balanitis develops in the devitalized tissues and even if the inflammation is mild, phimosis may follow in a few years. A long prepuce may be an anatomical cause of premature or early ejaculation, a condition in which a man 'comes' too quickly during sexual intercourse and sometimes even before he has entered the vagina. It seems that the glans is too sensitive due to a combination of over-protection from an excess of foreskin and some degree of balanitis. A long foreskin may also be a nuisance during intercourse due to its sheer bulk. An excess of prepuce may cause social embarrassment or to quote one youth "I'm fed up with the comments about my elephant's trunk in the school showers". The troubles which may be associated with a rather long foreskin suggest that it is a redundant or unwanted piece of skin and it would be better to complete the development process by shortening it surgically. It is interesting to record that a man with a long prepuce living in the U.K. runs a much greater risk of foreskin troubles than he would of developing say tetanus, T.B., polio or other diseases against which he will, however, probably have been protected by immunisation.

### **c. Very loose foreskin.**

Having shown that a tight prepuce is a definite indication for circumcision one would expect that a rather loose one would be an advantage. A loose, short foreskin usually causes no trouble during sexual intercourse but it may ride to-and-fro during everyday activities trapping pubic hairs. A long, loose foreskin may be a nuisance if it will not remain retracted as a collar behind the glans during sexual intercourse but tends to slip forward re-covering the glans. The man virtually masturbates inside his foreskin during intercourse and his partner complains of lack of stimulation.

### **d. Physical or mental handicap.**

Severely physically handicapped males may be unable to wash their own genital area, while the mentally handicapped may be incapable of learning and appreciating the need to do so daily. It is therefore desirable to relieve them of this problem, and the resulting risk of serious infection, by performing a complete circumcision. Where the degree of handicap is obvious in infancy then this is naturally the best time to perform the operation, otherwise in the early teens. If the severely handicapped



boy is to live in a residential institution (even on a weekday only basis) he should be circumcised before starting there so as to avoid unnecessary embarrassment.

### **3 CIRCUMCISION IS OPTIONAL**

#### **a. Prevention of cancer of the penis.**

Cancer of the penis affects men in the 40-70 age group and being fairly rare only causes 80-100 deaths every year in the U.K. It is treated by partial or complete amputation of the penis and about half of the victims survive for 3 years. Men who develop this cancer give a history of phimosis and/or balanitis over a period of years. Smegma seems to be the cancer producing agent which accumulates before the foreskin becomes retractable in the child, or later in life when hygiene is not practised due to phimosis or ignorance. Complete circumcision in the first three years of life completely prevents this disease and a lesser degree of protection is afforded if circumcision is incomplete or done later in life. Whether it would be justifiable to circumcise all new born boys to protect the small number who will later in life get penile cancer is a matter for debate. It has been suggested that it is better to lose a little bit than risk losing the lot!

#### **b. Prevention of cancer of the neck of the womb.**

The low incidence of cancer of the neck of the womb or cervix in Jewesses has been known for a long time and investigation has shown that it is associated with circumcision of their menfolk and is not a racial immunity. Statistics in Moslems and other groups practising circumcision in various parts of the world have produced conflicting results and overall the operation seems to be less effective in preventing cancer in non-Jewish people. Jewish and the other circumcised groups may not be strictly comparable because whilst all Jews are thoroughly circumcised soon after birth the others may have been incompletely circumcised at various times after birth, or into their teens. Also unreliable answers about circumcision status may be given by men (and/or their wives) when they are not Jewish or Moslem. It is now known that a number of factors are involved in cancer of the cervix and circumcision is of secondary importance compared with the other variables – personal hygiene, age at first intercourse, and number of partners. Good personal hygiene may well be the relevant factor and this is ensured by circumcision; but herpes virus infection has recently been implicated in the causation of cervical cancer.

#### **c. Prevention of cancer of the prostate gland.**

The prostate gland lies at the base of the bladder and supplies part of the liquid which forms the semen ('come'). Cancer of the gland may occur in later life and it causes about 3,000 deaths a year in the U.K. Circumcision may be a preventative measure since the disease is less common in Jews than Gentiles and herpes virus has now also been implicated in the causation of this disease.

#### **d. Hygiene.**

Those who argue that soap and water are all that is required for penile hygiene and that circumcision is quite unjustified are ignoring the evidence that many males forget or ignore this part of their toilet. Parents must show the boy how to retract

his prepuce at bath time until he is old enough to do this for himself. Due to fear, ignorance or embarrassment in dealing with his 'privates' they often fail to give this instruction; and subsequently to ensure that he keeps this part clean. Circumcision renders the penis permanently clean and avoids the washing and inspection which may draw unnecessary attention to his penis at an early age. As we have already seen, where the hygiene problem is the result of physical or mental handicap then circumcision becomes not just optional but highly desirable.

#### **e. Aesthetic considerations.**

Many women think that their baby sons look neater and tidier after circumcision. In their husbands some think the circumcised penis is more handsome and do not regard the operation as a mutilation. They may well be 'turned on' by the sight of the naked glans but the absence of smell and smegma may be contributory factors. Women are more willing to participate in fellatio (oral sex) if their partner is circumcised. The glans without its masking foreskin tends to produce a more prominent bulge in tight clothing which some females find sexually stimulating.

#### **f. Delays orgasm.**

A male reaches his climax or orgasm ('comes') in about half the time it takes a female to achieve orgasm. The ideal is for the female to have one or more orgasms before the male reaches his climax. It is not uncommon, particularly for inexperienced men, to have difficulty in delaying orgasm to meet the needs of their partner. Various measures, including circumcision, may be used to delay orgasm. After circumcision the glans becomes dry, tougher and less sensitive. Most men find that after the operation orgasm is delayed but much more intense and their partners notice that they 'last longer'.

#### **g. Improved stimulation during intercourse.**

After circumcision the glans increases in girth, since it is no longer constricted by the prepuce, and the margins of the base of the glans become more prominent. In the uncircumcised man the rolled back foreskin masks the margins of the glans hence circumcision makes these parts more prominent during intercourse. The circumcised penis thus makes better contact with the vagina increasing stimulation and pleasure for both partners.

#### **h. Increases the efficiency of a small penis.**

Whilst there is no exact relationship between stature and the size of the penis there is a general tendency for the shorter man to have a smaller penis. In Britain growth of the penis is complete by about the seventeenth birthday and the average man then has an organ which when erect is 6" (15 cm) long and 5" (12.5 cm) in circumference at the base. The importance of penis size as a factor in sexual adequacy has been exaggerated but it must be apparent that to give the same amount of stimulation the man with a short penis must insert a greater proportion of his organ than his better endowed neighbour. A limiting factor in penetration is how far a prepuce can be drawn back without causing discomfort. The size of the

penis cannot be increased but circumcising a small organ may be a useful measure in enabling a man to give greater satisfaction to his partner.

**i. Reduces the risk of V.D.**

Circumcision does not prevent V.D. but men who are circumcised, or have naturally short foreskins, are less likely to become infected than those with long foreskins. The protection afforded is due to the toughening of the glans and the dry conditions which are unfavourable for the growth of germs. Circumcision does not affect the incidence of gonorrhoea and syphilis, but of the other sexually transmitted diseases genital herpes, genital warts and thrush balanitis are much more common in uncircumcised males. Circumcision may be necessary as part of the treatment of thrush balanitis and genital warts. There is no effective treatment for herpes simplex virus and if it is confirmed that it plays a part in the causation of cancer of the cervix then, in the face of increasing promiscuity, circumcision at birth may be advocated as a preventative measure. Recent research has indicated that circumcised males are slightly less likely to contract AIDS than their uncircumcised brethren in similar circumstances (this is due to the drying and toughening of the circumcised glans and the reduced risk of tearing of the frenulum). It has also been shown that circumcised infants are less likely to suffer from non-specific urethritis (inflammation of the urethra, or water pipe), which can lead to permanent damage to the kidneys in more severe cases.

**j. Circumcised brothers.**

A small number of boys show signs of distress if they are different from their brothers in respect of their circumcision status. This is particularly true at the time when a young uncircumcised boy starts to notice the difference between himself and his older circumcised brother or brothers. The resulting psychological disturbance can lead to various problems including enuresis (bed-wetting). Parents may therefore wish to consider the advisability of having younger sons circumcised at birth if their older brothers have already been circumcised. Similarly if one son needs a circumcision for medical reasons then his parents may want to consider having all his brothers, both younger and older, circumcised at the same time to keep them alike and avoid possible future problems.

**k. Unsatisfactory circumcision.**

Between 10% and 16% of males in this country are circumcised and most of them are satisfied that the operation has produced a trouble-free penis of acceptable appearance which functions well during intercourse. In circumcision for medical reasons (usually phimosis) there may be incomplete removal of the prepuce and the penis looks the same as in the 20% or so of men who have naturally short foreskins. The patient is usually quite satisfied because the operation has cured his trouble and the preputial remnant does not cause any bother. A minority are dissatisfied with their circumcision because the penis looks untidy due to the remnant of prepuce, or an ugly wound scar, and occasionally because the operation has failed to cure the balanitis for which it was performed. If an individual finds his circumcision functionally or aesthetically unsatisfactory he can be re-circumcised to give a better

'end' result. If the problem is physical rather than aesthetic then revision surgery should be available under the N.H.S.

## **DISADVANTAGES OF CIRCUMCISION IN SOME SITUATIONS**

### **a. Unnecessary Operation.**

If performed in the absence of essential indications, or as a routine procedure, it may be an unnecessary operation. Some men who were circumcised in infancy feel that they have been mutilated and deprived of an important structure without their consent and they are just as obsessive about this as those who clamour to be circumcised. On the other hand feelings of regret or resentment are not engendered in men who are coerced into having the operation when it is not essential (e.g. going to sea or request of fiancée) and they are just as pleased as those who are done for, say, phimosis.

### **b. Theoretical Risk.**

As with any other operation there are theoretical risks of bleeding, infection, surgical error and death under the anaesthetic. Out-of-date statistics and 'horror' stories from the past are still quoted even though modern infant circumcision with a 'Plastibell' under 'Ketalar' anaesthesia is devoid of these complications. Adults and adolescents can be circumcised using only local anaesthesia so as to again eliminate the risks.

### **c. Psychological Harm.**

It has been suggested that the operation may cause psychological harm if it is performed at an unsuitable age. It may well be that separation from parents and not the operation is the factor because I have never been able to find any evidence of psychological trauma. Also if circumcision is not explained the child may be disturbed to find he is different from his brothers and friends. Life may also be made miserable by remarks from his uncircumcised school-fellows in the showers about the shorn state of his organ. Conversely in a society where infant circumcision is the rule it is the uncircumcised scholar who is made to feel inferior by his class-mates.

### **d. Meatitis.**

If an uncircumcised infant gets a nappy (diaper) rash his foreskin becomes inflamed but his glans is protected. In the circumcised infant the glans becomes involved, a sore (meatitis) develops at the opening of the water pipe (meatus) and passing water is painful. The meatus soon heals, occasionally there is slight scarring and very rarely the opening may have to be stretched. Nappy rash is caused by urine in sodden nappies decomposing and releasing ammonia so the condition can be prevented by proper hygiene. Modern high-absorbancy disposable nappies also make the risk negligible. The risk of meatitis, which is the most common complication of circumcision in infancy, is advanced as the main argument against routine circumcision but little mention is made of the fact that balanitis in the uncircumcised male later in life is the most common cause of meatal scarring. Severe inflammation of the foreskin due to nappy rash can result in phimosis or balanitis and thus in any case lead to a need for circumcision.

#### **e. Loss of Sensitivity.**

A number of men complain that a loss of sensitivity or dryness of the glans following circumcision has spoiled their sex lives. At the other extreme are those who seek the operation to achieve these changes in the glans to enhance their sex lives. These complaints are similar to the mutilation obsession because men with naturally short foreskins are not troubled by having the glans exposed.

There are also a couple of alleged disadvantages which are just 'old wives tales':-

#### **f. Prevention of Masturbation.**

"Masturbation is prevented." This is definitely untrue but after circumcision the technique may have to be changed and a little lubricant may be initially required.

#### **g. Pain.**

"Patients are in agony for weeks after the operation." There is obviously some discomfort for a few days and the scar is a bit tender for a couple of weeks but that is about all. If there is active balanitis or the prepuce has been adherent to the glans then there is more post-operative discomfort. It is also untrue that the exposed glans rubbing against clothing is uncomfortable.

### **CONTRA-INDICATIONS**

As with practically every medical procedure there are some circumstances where circumcision is to be avoided unless the direct medical benefits outweigh the contra-indications.

Short term reasons include:-

- a.** Prematurity – circumcision should be delayed until the baby has left the premature baby unit and is thriving.
- b.** Failure to thrive – circumcision should be delayed until the baby has not only regained birth weight but is showing consistent weight gain.
- c.** Illness at the planned time of circumcision – the operation should be delayed until the boy is well again.

There are only two long term contra-indications:-

- a.** Haemophilia – because this condition causes prolonged bleeding from even minor cuts any surgery is normally to be avoided. However, the 'Plastibell' might sometimes be able to be used since it acts by crushing and sealing the blood vessels rather than by cutting through them. There is also the possibility of using a medical laser for the circumcision.
- b.** Hypospadias – in this condition the urethra, or water pipe, opens onto the under surface of the penis shaft instead of the end of the glans. The normal treatment, which is not commenced until the boy is about 4 or 5 years old, is to use the foreskin to reconstruct the urethra. The boy will end up circumcised but it is essential that the skin is available for the reconstruction.

## **CIRCUMCISION AT DIFFERENT AGES**

Circumcision can be performed at any age for medical, religious or social reasons but it is only available on the N.H.S. for phimosis, paraphimosis and balanitis.

### **a. Infant.**

If circumcision is to be done then 7-10 days after birth is the ideal time. At this age there is no anaesthetic risk, no separation from parents, no psychological trauma, no stitches, no memory of the event and the wounds heal in a few days without causing any discomfort. Circumcision with a 'Plastibell' is probably the best method and the baby can be bathed normally.

### **b. Child.**

In the child circumcision may be an unpleasant experience causing psychological trouble which persists for some time afterwards. Separation from parents, the anaesthetic, having his 'tail' made sore etc. may all be upsetting. The anaesthetic agent 'Ketalar' and the 'Plastibell' circumcision device have made the operation simpler and safer in young children. Lads in the 2-6 age group are, however, aware of the differences between boys and girls and being unable to appreciate the nature of the operation may fear that their masculinity has been taken away.

### **c. Adolescent and adult.**

Circumcision at this age can readily be done under local or general anaesthesia without psychological harm because the patient can understand the reason for the operation. It can be done on an out-patient basis because the wound is not particularly painful and the patient remains up and about. The wound heals in about two weeks and sexual intercourse can be resumed in 3-4 weeks. To secure maximum benefit the surgeon should be requested to remove all the foreskin. The main problem is embarrassment in having the genitals handled, explaining absence from school or work, and having to face ribald remarks when news of the operation leaks out. The fear that an erection after the operation will tear the stitches is of course quite unwarranted.

## **CODA**

There is no surgical procedure nor any drug which will benefit mankind which does not also have some potentially undesirable effects. Even common events like taking an aspirin, being vaccinated or having a whitlow lanced are not without hazard to life. Thus it is not surprising that there is dispute about the merits of circumcision depending on whether one stresses the advantages or possible disadvantages of the operation. I have attempted to present both sides of the argument but some readers will suggest I am biased because I have produced more points in favour than against the operation. If one ignores the extremists who would either forbid circumcision by law or seek to impose it upon everyone, then the evidence does suggest that the advantages do outweigh the disadvantages. A common sense view is that the prepuce is a useless structure which, if it is not causing any trouble, should be left alone but if it is the least nuisance, or likely to be so, in preventing the enjoyment of a full sex life is best removed.

I am disturbed by the number of mature males who consult me about penis problems or are found to have these problems when they attend with other conditions. In most cases questioning reveals that actual or potential trouble in the foreskin or frenulum was present when they left school. Unfortunately no doctor or parent asked the appropriate questions at what would have been an opportune time for surgery. As soon as he starts work the lad has money so he can afford to meet girls and is likely to start his sex life. If he has a sex problem he rarely is able to talk to his parents as he would about other ailments so he runs the risk of developing a 'hang up'. He may also feel unable to consult his doctor because of a sense of guilt about having extra-marital intercourse. A man who has read this booklet need only spend a few minutes talking to his son to discover whether or not all is well. When everything seems to be normal he will at least have prepared the way if his son wants to discuss sex topics in the future. Should there be any doubt about everything being satisfactory the opinion of a doctor with special experience in this field should be sought even if the lad was said to be normal at a previous examination.

Finally it is left to the reader to decide whether routine circumcision at birth is a 'barbaric mutilation' or a sensible preventative measure. If the latter you will have to decide if the slight risks involved justify the advantages of freedom from phimosis and balanitis in early life and from cancer of the penis in later life. After his sixteenth birthday a boy is responsible for seeking his own medical advice and his consent is required if circumcision is advised for occupational or other reasons. Parents may therefore want to give the lad this booklet to study for himself. When he becomes engaged the young couple must jointly decide if circumcision for one of the optional reasons would be likely to benefit their future married life. Eventually the wheel comes full circle when the couple decide if they want their own boys circumcised at birth.

## **APPENDIX 1 COMMON PENIS PROBLEMS**

In most males the foreskin and frenulum do not cause any problems but in some individuals they are a nuisance during everyday activities or sex life. The foreskin is a double fold of skin which completely covers the glans or penis head with a bit to spare in the child, but usually only partially covers the glans in the adult. The frenulum or 'string' is a band of tissue which joins the inner surface of the foreskin to the glans on the under surface of the penis. If these structures cause trouble at some time during a man's life then his sons are likely to inherit the same tendency to problems though they may occur at a different age.

### **The Foreskin**

In susceptible individuals one can recognize a sequence of events which can start at any age and may progress slowly or rapidly over a period of weeks, months or years. A long foreskin is a predisposing factor so this sequence is common in children but, in adults, usually only occurs in those who have persistence of the long foreskin of childhood.

1. **Normal.** The foreskin retracts easily with the penis limp or erect to completely expose the glans which is quite dry.
2. **Slimy.** The foreskin, particularly if it is long, tends to regain moisture making the glans and inner aspect of the foreskin damp and often itchy.
3. **Smelly.** The glans and inner aspect of the foreskin become white and sodden, particularly in the groove behind the glans, and like any stagnant water there is an unpleasant smell.
4. **Sore.** Usually harmless germs multiply in the warm moist conditions and invade the devitalized tissue causing an infection called balanitis. The glans and foreskin become hypersensitive with areas of redness.

The child complains of pain on passing water whilst the adult may complain of early ejaculation, painful intercourse or inability to have intercourse.

5. **Septic.** More virulent germs may invade the area causing more acute inflammation with ulceration of the glans and swelling of the foreskin. There is a discharge of pus from under the foreskin so the subject thinks he has V.D.
6. **Scarred.** The inflammation under the foreskin damages the tissues which heal with scar tissue. Scarring of the foreskin spoils the elasticity so that it cannot be drawn back with the penis erect and later this is impossible when the penis is limp, a condition called phimosis. Similarly scarring of the glans narrows the opening of the urethra making passing water difficult (meatal stenosis). Phimosis and/or meatal stenosis may follow one severe attack of balanitis, several minor attacks, or a long period of discomfort.

Some seek advice for itching, soreness etc. before scarring occurs whilst others present with phimosis but never complain about inflammation.

### The Frenulum

1. **Taut.** The frenulum becomes taut when the foreskin is completely drawn back at full penetration during sexual intercourse.
2. **Tender.** If the frenulum is short it may cause discomfort during intercourse and be tender for some time afterwards.
3. **Torn.** Alternatively a short frenulum may tear and further intercourse is not possible until the raw, painful area has healed. The accident may resolve the trouble or the frenulum may tear and re-unite repeatedly.
4. **Torrent.** Sometimes a blood vessel in a short frenulum tears and emergency treatment may be needed to stem the bleeding. A single accident may be curative or there may be recurrent bleeding during intercourse.

## APPENDIX 2 PHIMOSIS AND DIFFICULTY IN PASSING WATER

‘Ballooning’ or swelling of the foreskin when passing water is an absolute indication for circumcision at any age. It is caused by urine collecting under the



prepuce because the foreskin opening has become smaller than the opening in the glans. The infant cries and strains while the older child may complain of pain or difficulty in passing water. If left untreated severe damage to the bladder and kidneys can also occur.

### **APPENDIX 3 A PERSONAL NOTE**

I qualified as a doctor believing that if a boy could retract his prepuce he was perfectly normal and would never need circumcision. I also knew virtually nothing about sex problems. As a casualty doctor I soon had to learn how to stop bleeding from a torn frenulum and reduce a paraphimosis. Hardly a weekend went by without at least one patient presenting with some problem in a supposedly normal penis. I concluded that the paediatricians were wrong and the ability of the mature youth to retract the prepuce with the penis erect was the criterion of normality.

I was later conscripted into the Royal Army Medical Corps and served in West Africa where I was expected to do several jobs including minor surgery and venerology. Uncircumcised native recruits came to me requesting 'penis cut' because their colleagues ribbed them as still being boys and not men. In the absence of phimosis I initially refused to operate so they went to the native barber and I had to deal with the ensuing bleeding or infection. I agreed to circumcise on request and from the comments made afterwards the soldiers were pleased with their manly appearance but they also suggested that their sex lives were enhanced. All the uncircumcised Africans had rather long foreskins and some degree of balanitis which dramatically disappeared after operation and never recurred.

On returning to the U.K. I decided to see if these observations applied here. Enquiries showed that N.H.S. circumcision in many cases enhanced as well as restored the sex life of a man and his partner. Routine questioning of hospital patients confirmed that a long prepuce was associated with smelly discomfort or itching in warm weather, or after sport. News of my interest in sex problems was spread by my friends so I was soon being asked to see men with problems. One of my friends knew an assistant editor of a sex magazine so I was invited to help answer readers letters. This naturally led me to starting to circumcise or cut the frenulum at my house under local anaesthesia for the usual indications. I always investigated the effects of these procedures on sex life. Over the years my list of indications for circumcision has grown and I now recognize that a long foreskin which retains moisture is best removed. The probable sequence of events is given in Appendix 1.

Readers letters and consultations have taught me a lot about sex medicine and made me realize how often genuine troubles are ignored or dismissed by doctors as purely psychological. For at least the last 10 years I have been doing circumcision on request and recording the effects of all operations in a questionnaire. One would expect men circumcised for medical reasons to be satisfied with the improvement in their sex lives even if the operation was badly performed. In fact these men and their partners often said that their sex lives were better than before the trouble occurred. Equally one would expect patients circumcised for trivial reasons (e.g. long prepuce, smelly in the Summer) or who were done on the suggestion of someone else (e.g.

shipping company, fiancée) to be more critical about the operation. In practice nearly all these patients and their partners found that their sex lives were improved by the operation. I have been surprised how many patients volunteered that they were more comfortable after circumcision even though they did not complain of discomfort before operation. Irrespective of whether circumcision was done to cure a problem or as a preventative measure no one has ever regretted having the operation, or found it has spoiled his sex life. My observations on the effects of circumcision in about 1,000 cases over the last 25 years have converted me from anti- to pro-circumcision.

In children I have pioneered the Plastibell method of circumcision up to the age of puberty. I find it causes much less discomfort, gives a neater result and in contrast to normal surgery most lads are dressed and active within 24 hours. At first I would only circumcise for medical or religious reasons but I now do it on request. I occasionally have to remove a bell which has failed to separate spontaneously but I have never had any of the complications which make paediatricians oppose routine circumcision. The children, ranging in age from a few days to nearly 14 years, were circumcised in my surgery in the presence of their parents. None of the lads would admit that he was upset about losing his prepuce but they often embarrassed their parents by proudly displaying their 'new tails' to friends and relations. Small boys are pleased to be able to see the glans and at how far and high they can direct a stream of urine. I am now convinced that the psychological ill effects of circumcision are due to separation from parents whilst in hospital and the pain caused by conventional surgery.

## Editor's Note

*It has been my aim, in preparing the revised editions, to incorporate knowledge gained in the intervening years since original publication, whilst retaining all of the wisdom of the original author. All statements in the first person, other than in this note, are those of the original author.*

*This booklet was written in England for a British readership, but it is now widely distributed in the USA, Europe and as far afield as Australia. The grammar, word usage and spelling follow British standards. Overseas readers may be unfamiliar with certain abbreviations and other matters; a problem which this brief note aims to redress.*

*In Britain, at the time the booklet was originally written, a doctor was not permitted to advertise his practise or specialities; hence the author, who was a highly respected consultant surgeon, wrote under the pseudonym of Dr. John Smith. The author has died since the second edition of this booklet was published and we can therefore now credit the work to Dr. Ossie Gibson MD although his original pseudonym will be continued.*

*Appendix 3 appeared in the first edition but was omitted from the second edition to avoid professional problems at the time. Since the author's death there is no longer any need to deprive the reader of the information contained therein and it has been restored.*

*The N.H.S. is the National Health Service – a Government funded organization that owns and runs most hospitals, pays most doctors, and provides health care which is generally free at the time of provision. Everyone in employment contributes to the costs of the N.H.S. through deductions from wages or salary. Patients may 'go private' for particular treatment, in which case they have greater choice of who treats them and when, but they pay directly for all services received.*

*In Britain, whilst the age of majority is 18, a minor may authorize his own medical treatment from the age of 16 (and from the age of 12 for urgent life-or-death treatment in some cases) without requiring parental consent. The position of a 16 or 17 year old whose parents demand that he receive medical treatment against his own will has not been tested in the courts, but it is thought that he may refuse such treatment. Naturally, the law regarding age of majority and consent may be different in other countries.*



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Published in England by  
The Circumcision Helpdesk™  
London, United Kingdom

<http://www.circumcisionhelpdesk.org>