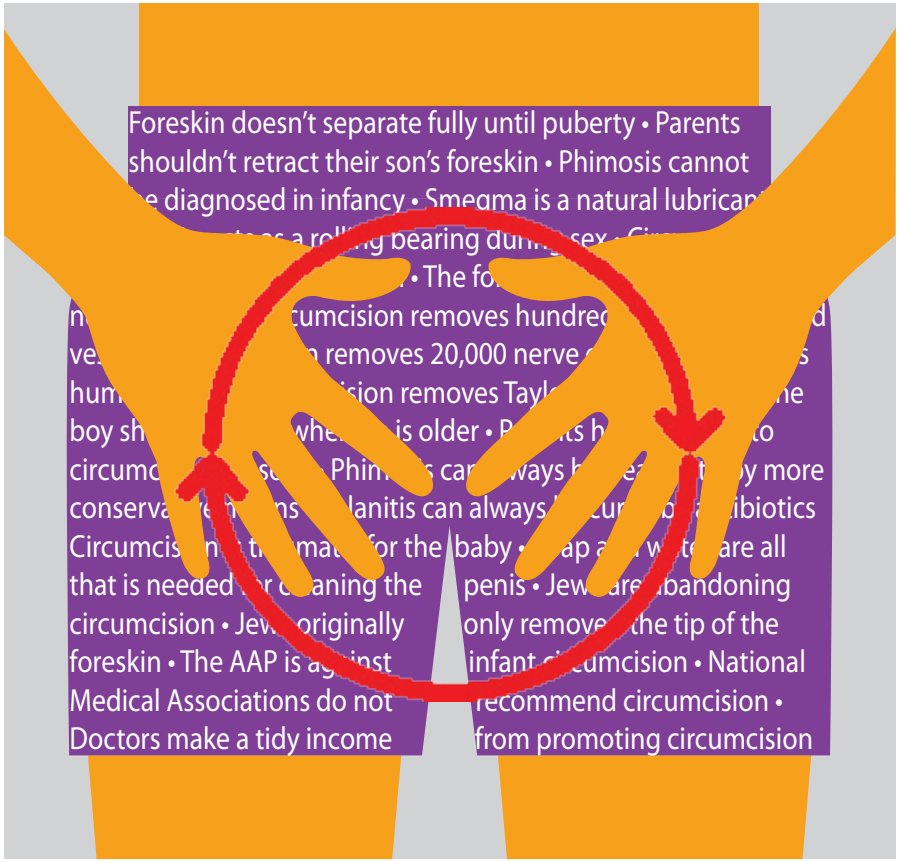
Myths, Lies and Half-Truths about Male Circumcision



Third Edition Inter-Circ International Circumcision Forum

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is a good reason to increase education in, and ready availability of, safe methods and proper after-care.

Recommended links

Inter-Circ is not the only publisher of reliable information regarding circumcision. The following sites are recommendedas they are based on medically correct information. Inter-Circ has no control over the content of external sites and does not vouch for their accuracy or continued availability.

Inter-Circ: The International Circumcision Forum
https://groups.io/g/inter-circ

The Circumcision Helpdesk™ Web Sites
http://www.circumcisionhelpdesk.org
http://www.circinfo.com

Professor Dr Morris's Web Site
http://www.circinfo.net

The CircumcisionFacts Web Site
http://www.circfacts.org

The Circlist Web Site
http://www.circlist.com

are traditionally performed in the home from 8 days onwards. Moslems also traditionally circumcise when the boy is older. The real rate in Britain is significantly in excess of 15% per annum.

Figures for Germany, France and Spain show rates of 10% or more, whilst those for Scandinavia are rising towards these figures.

In June 2014 the Norwegian parliament ended a prolonged public debate by officially approving the ritual circumcision of male children, as practiced among Jewish and Muslim people.

There is also a growing desire for circumcision amongst teenagers and young adults which never gets reflected in the official figures for circumcisions, especially as, for one reason or another, many are unable to actually obtain the circumcision they desire.

It is significant that those most forcefully expounding this lie are from North America where detailed media coverage of affairs in the rest of the world is very poor; so their ideas are based on their own prejudices rather than any hard facts.

Several countries prohibit the circumcision of children.

This is blatantly untrue. A small number of countries (particularly in Scandinavia) have passed legislation, on safety grounds, controlling who may perform a circumcision or, for example, requiring medical supervision of religious circumcisions. None have banned it or placed particularly onerous conditions on its performance.

A recent attempt by activists to ban infant circumcision in one city of the USA was blocked by legislation at the State level. Similarly a suggestion by a lone German judge that infant circumcision may be illegal has been countered by national legislation specifically declaring it to be legal.

Thousands of children die each year from circumcision.

This is another blatant lie. An anti-circumcision group in the USA counted all cot deaths of circumcised boys in one area and multiplied this up by the national birth rate to arrive at their figure. They very conveniently avoided any checks on the actual causes of those cot deaths, none of which could in fact be attributed to circumcision! There is no statistical difference in the rate of neonatal deaths between circumcised and uncircumcised boys.

It is true that death rates were higher in the past, but this was mainly accounted for by the inappropriate use on infants of early general anaesthetics. Anaesthetic related deaths these days are almost zero as are those attributable to the surgery itself.

Cultural circumcisions in 'tribal' ceremonies do carry a significantly higher infection and death rate but this is no reason to ban circumcision, even in these cultures, but

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Inter-Circ: The International Circumcision Forum

is a volunteer-run pro-circumcision group. The purpose of the group is to make known the benefits of circumcision, to debate topical issues related to the subject and to offer advice both pre- and post-circumcision.

The Inter-Circ forum is located at:
https://groups.io/g/inter-circ

Disclaimer

Whilst every effort has been made to ensure the accuracy of the information contained within this publication, it is intended as a guide only and not as a source of complete or totally indisputable information.

This booklet does not constitute 'medical advice' and is not intended as a substitute for the advice of your medical practitioner.

Companion Glossary

A Glossary of Terms is available via the Inter-Circ forum to explain any unfamiliar or technical terms used in this booklet and other Inter-Circ publications.

Introduction

This booklet sets out to explore and explode some myths, lies and half-truths about male circumcision which those opposed to it put out as part of their deliberate misinformation campaign. This is particularly pernicious on the Internet and social media where many young, gullible teenagers and new parents are seeking genuine information and the liars can hide behind pseudonyms and anonymous e-mail re-mailers.

The erroneous statements have been grouped into arbitrary sections for easier reference but some could just as easily fit into another section.

Foreskin Structure and Development

The foreskin doesn't separate fully from the glans until puberty.

As stated by Dr. Gairdner in his 1949 anti-circumcision article (*The Fate of the Foreskin*) published in *The Lancet*, the foreskin is usually still adherent to the glans at birth but is normally fully mobile by the age of about 5. The very latest that it should still not be mobile is 8 years old.

A few boys do still have these synechial adhesions remaining into puberty, but they are a sign of improper development of the penis. They need to be broken down long before the boy reaches puberty so as to allow for proper cleanliness and a normal development into puberty.

The foreskin should be fully retractable well before one's teens as retraction is necessary for proper cleansing and sexual development.

The foreskin contains specialized nerve endings.

All nerves are specialized. There is nothing more or less special about those in the foreskin compared with those elsewhere in the skin. The glans, rather than the foreskin, contains the majority of the sexually sensitive nerves – which don't usually get fully stimulated when sex is experienced through the foreskin.

Parents should not try to retract their son's foreskin.

Boys have to be taught to wash under their foreskin when bathing – it doesn't come naturally to them. This can only be done by the parents gently retracting the foreskin as far as it will easily go and washing under it at every bath time. Parents should ensure that their son is washing under his foreskin before allowing him to bath or shower unsupervised.

It is true that no force should be used, so as to avoid tearing the thin skin of the foreskin, but this doesn't preclude gentle retraction. Early gentle retraction also helps break down synechial adhesions, however it is desirable for parents to wait until after the boy is a year old before starting this gentle retraction at bath time.

where circumcision had not been routinely practiced. As happened in the past with other immigrant groups, second or third generation families are, however, seeing the benefits of circumcision and adopting it for their sons.

In the rest of the USA the officially recorded neonatal in-hospital rates have fallen, but these records do not take into account the growing number of circumcisions performed in doctors' offices and clinics a few weeks after birth. Many parents still desire to give their sons the benefits of infant circumcision but want it done in a more caring way, when he is at least a week old, rather than the 'production line' techniques so sadly adopted in many US hospital maternity units. Another reason for the fall in in-hospital rates is the practice of rapid discharge of mother and child, which leaves no time for the boy to be circumcised before discharge.

There has also been a growth in the number of circumcisions being performed for teenagers and young adults whose parents didn't get them circumcised as babies but who now require it to cure phimosis; for improved future health and sex; or simply to fit into the cultural norm. These again do not show in the published official statistics.

No hospital in the USA is actually required to keep statistical records of circumcisions and many don't; so all 'official' figures in this area are under-estimates anyway.

Furthermore, what is happening in the USA is no guide to the rest of the world. For example, in Europe, where circumcision rates had traditionally been very low, the demand is increasing and rates are slowly rising.

The USA, with the world's highest circumcision rate, also has the highest AIDS rate – so circumcision cannot protect against AIDS.

This artfully ignores the fact that the majority of AIDS cases in the USA are currently amongst intravenous drug users and the submissive partners of homosexuality. The research done in Africa was amongst heterosexuals and related specifically to female to male transmission of AIDS – a transfer mode which is only just starting to become significant in the USA, although already significant in many other places.

Obviously, the victim's circumcision status is irrelevant when the virus is passed by infected needles and also when it enters via the anus. Circumcision has, however, been clearly shown to reduce the rate of infection acquired via the penis.

Nobody claims circumcision alone to be the answer to AIDS, but it provides an additional line of defence should a condom fail, be forgotten or unavailable.

Circumcision is unknown in Europe.

This is blatantly untrue. Recent official (NHS) figures for hospital neonatal circumcisions in Britain showed a rate of about 11%. To this must be added those done later in the doctor's surgery as well as the religious ones for Jews, which

or after, the second week of life the bonding has already occurred and there is no disturbance to it. Indeed most doctors recommend that the baby boy should be suckled immediately after his circumcision – something that comes very naturally to him.

Male and female circumcision are equivalent genital mutilations.

Male circumcision removes only the foreskin from covering the glans penis and can in no way be described as mutilation. The exact equivalent in the female is the removal of the clitoral hood – and no more.

Both have been shown to be of benefit in providing better sexual stimulation. Male circumcision has been shown to have additional prophylactic benefits. No additional benefits, however, have been shown in the female case and the operation has higher risks (particularly in the infant or young girl) as the clitoris is well hidden and very small, whereas the penis is completely external and relatively larger, even in the infant. Routine removal of the clitoral hood is not therefore recommended or practised.

The procedures performed on some women and older girls, often incorrectly called 'female circumcision' (involving removal of the whole clitoris, the labia and other parts) are rightly referred to as genital mutilation since they seriously damage the genitals whilst there is no medical or sexual benefit whatsoever to be gained from them. The nearest equivalent one could find to apply to the male would be total removal of the penis – something which has never been advocated for social, religious or general medical reasons.

The Bible tells Christians that they must not be circumcised.

The Bible actually says no such thing. The Acts of the Apostles and various Epistles of St Paul say that neither circumcision nor uncircumcision have any spiritual value for a Christian. Christians are therefore forbidden to get circumcised simply in the hope of spiritual gain. One must also remember that in Biblical times, 'circumcision' had become synonymous with Judaism and thus what the Bible is saying is that conversion to Judaism is not a prerequisite to becoming a Christian and does not benefit him in any spiritual way.

Christianity has never forbidden its members to undergo circumcision as a medical procedure or social rite. Indeed most members of the Coptic branch of the Church are circumcised, as are many Christians in Africa, the USA and other countries, without any condemnation by the Church.

Circumcision rates are falling all over the USA.

The national average recorded rate for neonatal circumcision in the USA has indeed been falling over recent years. A significant proportion of this fall can be accounted for from the two States of California and Florida where the large Hispanic population has been growing rapidly. This group of people come from a culture

In the early years starting from birth, as an alternative to retraction, a parent can gently stretch the foreskin forwards to help break down any adhesions. Retraction should be attempted at least from 5 years old.

Phimosis cannot be diagnosed in an infant.

Phimosis is the condition in which the opening in the tip of the foreskin is too small. It has nothing to do with the presence or absence of preputial adhesions.

In infants it is too small if urine cannot be passed freely. Any ballooning of the foreskin during urination indicates that the opening is too small to allow proper voiding. When the opening is too small, a back pressure is created by the trapped urine. Not only is this painful for the child but it puts a strain on the young bladder and sometimes back to the kidneys. If the condition is very severe then permanent kidney damage can be done with dire consequences for the boy in later life.

In older children, adolescents and adults the foreskin can be too tight to expand over the coronal ridge (at the back of the glans) and thus the foreskin cannot be retracted even though there are no adhesions remaining. This interferes with proper daily hygiene as well as making sex more difficult, less enjoyable and potentially very painful.

Phimosis still exists if the foreskin cannot be freely retracted after erection, even if it can be retracted when flaccid.

Phimosis is caused only by BXO or Lichen Sclerosis.

This is clearly incorrect. Phimosis is present because the small muscle ring at the tip has failed to open enough. BXO or LS is not a cause, but a result, of phimosis which traps urine and infections allowing them to multiply under the unwashed foreskin.

The foreskin acts as a rolling bearing during sex.

For the majority of men the foreskin has retracted behind the glans during erection and plays no part in penetration, contrary to the assertion implicit in this lie. Once full penetration is achieved the action of the foreskin depends on its original length and how loose it is.

If the foreskin does not retract on, or before, penetration then it tends to stick to the walls of the vagina and the man virtually masturbates himself within his foreskin whilst giving little or no stimulus to his partner, for whom sexual pleasure is greatly reduced, even in some cases to the point of never reaching her orgasm.

In these days of almost universal condom use, however, all this is irrelevant as the retracted foreskin is kept in place by the condom and can play no part in the action. Many uncircumcised men have noted that the foreskin makes using a condom much harder as it tends to bunch up and get in the way, or to push the condom back off the penis.

Cleaning the Penis

The infant's penis only needs to be rinsed externally with water.

Just as the rest of the baby's body would be washed with some form of soap, this must be used also on the penis. Even in infancy, a small amount of smegma is produced and collects under the foreskin. This needs to be removed as soon as the foreskin is mobile, and the sooner the better.

Soap and water are all that are needed to keep a boy's penis clean.

This is basically true; but fails to recognize the fact that most young boys avoid the use of soap and water on any part of their bodies if not pressured and checked. Nearly all parents find it necessary to check that their young sons have washed behind their ears and cleaned their teeth before going to bed at night. Simply teaching the boy to wash somewhere doesn't mean that he *will* actually wash there. If not washed away daily, stale urine and smegma collect under the foreskin. Both contribute to painful inflammation of the foreskin and glans (known as balanitis) as well as causing bad odours.

Regular washing under the foreskin also presupposes that the foreskin is fully retractable and that the boy has been taught to retract it daily. As we have already seen on page 2, the anti-circumcisers would have us not retract our son's foreskin to perform this regular washing – one cannot have it both ways!

Urine is sterile and makes a good washing agent for inside the foreskin.

Many anti-circumcision activists maintain that the inside of the foreskin can be washed satisfactorily by pinching the tip and allowing urine to balloon the foreskin and wash out any foreign matter from inside it when released.

Firstly, blocking the free flow of urine out of the penis can cause back pressure on the bladder and kidneys which can easily be seriously damaged, especially in an infant. When pressure on the foreskin tip is released, the trapped urine will tend to spray all over the place!

Secondly, urine is not sterile – it can, and often does, contain infectious materials, especially in the case of any bladder infection or other UTI. If urine was sterile (ie incapable of supporting living organisms) it would not be possible for a doctor to test for UTIs by using a urine sample.

One would not use urine to wash other body parts so it makes absolutely no sense to deliberately coat the inside of the foreskin with urine. Only by washing with clean water and soap will the inside of the foreskin be thoroughly cleaned.

A rubber bulb can be used to squirt water into the foreskin to clean it.

It can be dangerous to squirt anything into the foreskin as it can easily be forced up the urethra, possibly setting up infection there and/or causing a dangerous back

consistently requested that all individuals and web sites holding it out as their view cease to do so.

Doctors make a tidy income from infant circumcisions.

A doctor, like any other worker, is entitled to be paid a reasonable fee for his services. In addition to the doctor's personal renumeration the total cost includes nursing services, the purchase of any device such as a Plastibell, instrument sterilisation costs, anaesthetic costs, insurance, cost of rent etc for his office, plus any hospital charges for use of an operating room.

There is no clear evidence that total fees are excessive when all the costs are taken into consideration, indeed many doctors could turn a bigger profit in the same time by *not* performing infant circumcisions.

It is interesting to note that in the USA, where the majority of infant circumcisions are performed by obstetricians (and not urologists), it is the urologists who are most vocally in favour of infant circumcision. If profit were their motive they would oppose infant circumcision so as to have a larger reservoir of uncut men who might present with penis problems in their adult life – when the urologists would be the ones to earn money from them.

Hospitals make an income from selling infant foreskins to the cosmetic industry.

Most foreskins removed by circumcision are immediately disposed of as clinical waste and are incinerated. A small number, where infection is present or suspected, are sent to the hospital's pathology laboratory for investigation.

There is no reason for foreskins to be used by the cosmetics industry and no evidence that this occurs to any significant extent.

There is, however, one proven use for fresh infant foreskin – the production of an artificial skin for treating victims of serious burns. One foreskin can be used to grow very large quantities of this artificial skin and so very few are required for this purpose. Surely no parent who has chosen to have his son circumcised would ever object to the use of the unwanted foreskin for such a noble purpose.

Hospitals only cover their costs of collecting, storing and forwarding the foreskins in these situations, profit is not a significant factor and they do not promote circumcision simply to have a supply of foreskins to sell.

Other Statements

Circumcision prevents the baby bonding with his mother.

There is some minor evidence that circumcision within the first few days of life may slightly disturb the bonding process. However, if circumcision is performed during,

indicates that the health benefits of newborn male circumcision outweigh the risks; furthermore, the benefits of newborn male circumcision justify access to this procedure for families who choose it." and "Parents are entitled to factually correct, nonbiased information about circumcision and should receive this information from clinicians before conception or early in pregnancy, which is when parents typically make circumcision decisions. Parents should determine what is in the best interest of their child." and yet again "The preventive and public health benefits associated with newborn male circumcision warrant third-party reimbursement of the procedure."

Clearly these statements, whilst recognising there are some risks (as with all surgery) in no way condemn infant circumcision but actually back up its performance.

No National Medical Association recommends circumcision.

Substantially true, but more to the point, no national medical association actually condemns infant circumcision. All recognise that there are some medical benefits but these do not warrant making circumcision a matter of public policy, and thus strongly encouraging parents to have all their boys circumcised, in the way that immunisation is strongly recommended and promoted as public policy.

It is noteworthy that The American College of Obstetricians and Gynecologists has endorsed the AAP's 2012 report.

The American Urological Association has, in 2012, reaffirmed its policy statement on circumcision stating "neonatal circumcision has potential medical benefits and advantages" and "Properly performed neonatal circumcision prevents phimosis, paraphimosis and balanoposthitis, and is associated with a decreased incidence of cancer of the penis among U.S. males. In addition, there is a connection between the foreskin and urinary tract infections in the neonate. For the first three to six months of life, the incidence of urinary tract infections is at least ten times higher in uncircumcised than circumcised boys."

The American Cancer Society has written to the American Medical Association opposing infant circumcision.

This is untrue. The American Cancer Society has no official position regarding infant circumcision.

What did happen was that, at the instigation of an anti-circumcision organisation, two doctors opposed to circumcision, who happened at the time to be officers of the ACS, wrote a letter to the AMA on ACS notepaper stating that circumcision played no part in preventing cancer of the penis.

This letter did not represent the official view of the ACS and had not been sanctioned by its Council. It was a purely personal view from the two activist doctors concerned. The ACS has officially distanced itself from that letter and has

pressure on the bladder (as we have just seen regarding retaining urine). Since smegma is oil based, a soapy solution is needed to remove it completely. However, soap should not be left in contact with the glans and thin inner foreskin layer for long periods. There is no way of knowing if all the soap has been removed, even with several doses of plain water being just squirted into the foreskin. Of course, as one cannot see inside the foreskin it is also impossible to know if all the smegma has been removed, especially from behind the rim of the glans.

A cotton bud (Q-Tip) can be used to clean inside the foreskin.

One should never push anything inside a tight foreskin. Firstly, it can carry bacteria or fungal spores there to multiply and cause infection. Secondly there is a great risk that it would enter the meatus and urethra where it could damage the thin urethral lining.

A cotton bud is fairly rigid and will not get into the coronal sulcus where much of the smegma collects, so only a little of the total amount of smegma could be removed with a cotton bud. If the foreskin is not retracted one has no way of knowing how much smegma still needs to be cleaned away.

Smegma is the natural lubricant of the foreskin.

Natural oils are secreted by Tyson's Glands under the rim of the glans and from the inner surface of the foreskin. It is these oils alone which prevent the foreskin from sticking to the glans and allow it to retract smoothly. The oils are produced constantly and are thus replaced very quickly after washing.

Smegma consists of surplus and used oil, dead skin cells, stale urine, stale semen and miscellaneous dirt, all of which have collected under the foreskin. Smegma is a 'waste product' and serves no useful purpose. If not cleaned away regularly it becomes hard and smelly. It is an ideal breeding ground for bacterial and fungal infections, which can lead to balanitis. Smegma has also been implicated in penile cancer.

Smegma has anti-bacterial properties.

This is blatently untrue. If it were the case then uncircumcised males with retained smegma would not suffer from bacterial infections under the foreskin, whereas in practice they often do. By contrast, circumcised men, who therefore have little or no smegma, very rarely suffer from such infections.

Supposed Losses

Circumcision removes hundreds of miles of blood vessels.

'Hundreds of miles' is a gross exaggeration which most people can clearly see through but even so, the blood vessels in the foreskin serve only the foreskin itself and hence their removal with the foreskin is of no further consequence.

Circumcision removes half the penile skin.

The amount of skin removed varies from little more than the constricted tip of the foreskin to an amount just slightly longer than the glans. The glans is rarely more than a quarter of the length of the entire infant penis (and proportionately much less in an adult). The lie comes from counting the foreskin length twice 'because it has an inner and outer layer'. This fact is really irrelevant because coverage is only provided once.

Circumcision removes 20,000 nerve endings.

This is an outright lie. The figure of 20,000 has been admitted to have been made up by an anti-circumcision activist to make it look as if really serious damage is done by circumcision. (This figure was originally quoted as 10,000 - which was still a lie - but was later inflated to 20,000 for greater effect!) There is no scientific evidence that there are even that number of nerve endings in the entire penis.

Whatever the number, however, the nerves in the foreskin are almost exclusively related to protecting the foreskin itself from harm, just like most of those elsewhere in the skin. When the foreskin is removed these nerves become irrelevant.

Circumcision removes Taylor's ridged band.

Taylor 'discovered' this 'ridged band' at the tip of the foreskin by studying less than a dozen dead bodies! This was by no means a scientific study. On the basis of these few observations he postulates (i.e. guesses) that there is a band of tissue at the tip of the foreskin with an erotic purpose. He fails to recognise that these men might, like so many uncircumcised men, have been suffering from phimosis or that rigor mortis, which would have already set in, might itself be the explanation. In practice the small ring of muscle there is simply to hold the tip gently closed to prevent dirt entering.

Rights of Parent and Child

Infant circumcision violates the UN Declaration of Human Rights.

Article V of the United Nations Declaration of Human Rights states that "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment." It says nothing about elective circumcision of infants and children, nor when it is freely chosen by adolescents and adults. This Article is aimed fairly and squarely at the treatment of captives, prisoners and suspects by law enforcement and military authorities. Its only relevance to circumcision is to prohibit this as a forcible treatment of captives or prisoners.

Circumcision, with its proven prophylactic benefits, cannot ever be officially regarded as contravening the UN Declaration when performed by suitably qualified persons at the request of the patient or his legal guardians.

Elizabeth – now Queen Elizabeth II – chose a Jewish Mohel over the recognised Palace doctors to circumcise Prince Charles and, subsequently, his brothers).

Jewish doctors are as well aware of the medical pros and cons of circumcision as any other doctors and thus equally qualified to advise parents on the subject. That a large number of doctors are Jewish is simply a reflection of the fact that Jews, in general, study and work hard thus holding many senior professional posts, not only in medicine but in law, accountancy, etc.

In many countries the Jewish population, and the number of Jewish doctors, is greatly outnumbered by the Moslems. Moslem doctors are also well versed in the practice of circumcision and recognise its benefits too. As one of the largest religious groups in the world, Islam has no need to try to hide itself and its practices and thus has nothing to gain by promoting universal infant circumcision – and it does not do so.

The majority of doctors and clinics actively recommending circumcision are not Jewish or Moslem. It is recommended purely on medical grounds.

More and more Jews are abandoning circumcision.

Circumcision is the 'Sign of the Covenant' and thus something that every true Jew holds very dear. Indeed, so precious and important is it, that circumcision of their sons is usually the very last of their religious observances to be abandoned by those who have ceased to practice their religion.

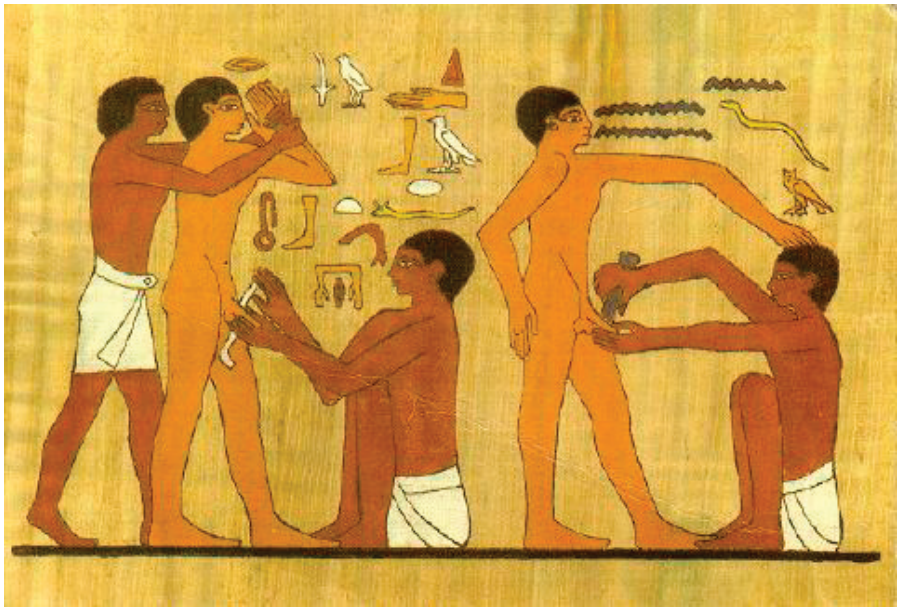
Even in Nazi Germany, where Jews (often identified by their circumcisions) were being persecuted and murdered, the Jewish population still had their sons circumcised. The same was true, as far as they were able, for the Jews in Communist Russia even though religious circumcision was prohibited. After the fall of Communism the majority of Jews of all ages eagerly sought circumcision where they had previously had to go without.

Naturally any religion has a few disaffected members (or former members) who seek to denigrate some of its tenets. The anti-circumcision group have seized on this tiny handful and made them out to be representative of Jews as a whole, which they clearly are not. The percentage of people of Jewish heritage abandoning circumcision is not proven to be either significant or increasing.

Doctors and Circumcision

The American Academy of Pediatrics (AAP) has come out against infant circumcision.

This is a gross misinterpretation of the various statements of the Academy's Task Force on Infant Circumcision. Their latest statement (produced in 2012 after 5 years of intensive study of the evidence) makes it clear that there are significant proven benefits from neonatal circumcision. They state "Evaluation of current evidence



Circumcision in Ancient Egypt (ca 2350 BC)
Coloured copy from a bas relief in the tomb of Ankhmahor at Saqqura

On a secular level, it is widely thought that the Middle-Eastern peoples started to practice circumcision because of the problems caused by sand under the foreskin. Simply removing the tip of the foreskin would have made matters worse, not better, and hence makes no sense.

'Tribal' circumcision has developed independently in many separate parts of the world, eg amongst Australian Aborigines and many African tribes. In practically all cases the foreskin is drastically cut back during the ceremony. It would seem very unlikely that the Jews were an exception to this norm.

Jewish doctors promote circumcision so that Jews will not stand out by being circumcised.

To the Jews circumcision is the 'Sign of the Covenant' between them and God. As such it is something very special and sacred to them so they have no particular desire for the Gentiles to adopt routine circumcision for any reason.

Jewish doctors have the skills and knowledge to perform good circumcisions since they are called upon to do the job for their own community on a regular basis. It is not surprising therefore if non-Jews recognise this when deciding to have their own sons circumcised for prophylactic reasons (as was the case when the then Princess

Parents have no right to inflict circumcision on their sons.

An infant cannot make his own decision whether or not to be circumcised (just as he cannot make his own decisions about immunisation, religious/moral upbringing, choice of schooling, etc). Parents have a right and duty to make, on behalf of a child, those decisions which he cannot make for himself. It is thus up to the parents to make the decision based on what they see as the benefits and risks. They make many other far-reaching decisions for their children every day, so why not this one too?

Furthermore, in a number of cultures the religious or social norm is for boys to be circumcised. Boys not circumcised in accordance with these norms will not fit in with their cultural heritage and will grow up regretting the inaction of their parents.

Circumcision should be left for the boy to decide when he is older.

Numerous research projects have shown that, in addition to the multiple long-term benefits, infant circumcision reduces the risk of infant urinary tract infections (UTIs) by a factor of 10 to 1. This benefit doesn't accrue if the circumcision is performed after infancy. Some UTIs can have a lasting, devastating effect on an infant's bladder and kidneys.

If a boy is not circumcised as an infant then he is unlikely to be able to afford the extra cost and very much longer healing time of a circumcision in his teens or early adulthood. Furthermore, the anticipation of great pain from the operation (even though unwarranted) is likely to put him off making the decision even when phimosis or balanitis is present.

Infant circumcision is highly traumatic for the baby.

There is little evidence that circumcision itself is more than slightly stressful for the average baby. All babies cry when they are undressed or restrained. Many babies sleep quite peacefully through their circumcision, whilst others go to sleep contentedly as soon as they are comfortably dressed again after it.

General anaesthetics should normally be avoided with infants, but a local anaesthetic to provide a dorsal penile nerve block should always be used whenever possible. A few doctors (and most Jewish Mohels) prefer to completely avoid the small risks posed by any anaesthetic agents. Instead, a few drops of wine or a sugar solution pacifier have been found to have excellent results in suppressing pain.

Although a baby can feel pain, he has no memory of it. A baby cannot localize any pain from his circumcision; has no sense that his penis is in any way different from any other part of his body; and doesn't remember anything of the circumcision (whereas an older child – say over 2 years old – will localize and remember any pain). Circumcision is thus best done in early infancy.

Alternatives to Circumcision

Phimosis can always be dealt with by conservative means without circumcision.

The foreskin is a fairly elastic structure and will normally naturally stretch to allow the glans to be uncovered or urine to be voided without problems. However a significant number of boys and men have foreskins which are not elastic enough. Gentle stretching, if started young enough whilst the skin is still very thin and supple, can sometimes work – especially where the phimosis is only slight. However this is uncomfortable and can be highly embarrassing for the boy – and often also for his parents who have to participate in the daily stretching.

If the foreskin is stretched beyond its elastic limits then minute tears will occur in the thin inner layer. These may not be noticeable to the naked eye and (just like any other tears or breaks in the skin) will heal with formation of scar tissue. The scar tissue is even less elastic than the tight skin around it and thus the phimosis is made worse, not better.

Even when foreskin stretching appears to have effected a cure for phimosis this can return, especially during puberty. Many boys who have undergone foreskin stretching as a 'cure' for phimosis will thus still end up having to be circumcised in their teens. They therefore unnecessarily experience the double trauma of the unpleasant, embarrassing and unsuccessful stretching, followed by the circumcision that they could, and should, have had in the first place at a much younger age.

Phimosis should be dealt with by preputioplasty, not circumcision.

Preputioplasty widens the tip of the foreskin by making a longitudinal cut and stitching it up again transversely. This has several disadvantages:

There will always be a scar on the upper surface of the foreskin near the tip – this detracts from the cosmetic appearance of the penis.

The tip of the foreskin will no longer close as it used to when flaccid, thus allowing more dirt or germs to enter under the foreskin where they may cause balanitis.

There is a significant risk that the foreskin may tighten up again later, thus requiring circumcision at that stage, thus two operations instead of one!

Healing can take as long as for a circumcision and the infection risk is higher since urine will still collect under the foreskin, right where the wound is trying to heal.

A simple dorsal slit, without the transverse stitching, is an even worse proposition as it leaves the foreskin hanging in an ugly tassle under the glans. This tassle of foreskin no longer provides the 'protection' to the glans that is claimed for an intact foreskin. It can, and often does, interfere with intercouse; causing discomfort to the female partner. It is difficult to see any justification for leaving the foreskin hanging like this.

Balanitis can always be cured with antibiotics.

Balanitis caused by bacteria can be alleviated with antibiotics, but they have no effect on fungal induced balanitis – the most common kind – which requires treatment with an anti-fungal agent. These are creams which need to be applied directly to the infected area, but one usually cannot get to it because of the phimosis!

Furthermore, unless the conditions which encourage the breeding of the bacteria or fungus are removed, the problem will most likely return soon after the treatment has ceased.

Antibiotics are being grossly over-prescribed the world over and as a result many organisms have become resistant to them (eg MRSA). This poses a real threat for doctors treating the most serious infections, where many available antibiotic treatments have now become useless. It is necessary to drastically cut down on the use of antibiotics in cases where other treatments are available; especially where such treatments need be used only once to prevent repeat occurrence of the original problem and thus further use of antibiotics.

It is quite reasonable to use antibiotics to treat an isolated case of bacterial balanitis, especially in the absence of phimosis, but circumcision should always be the treatment of choice for recurrent balanitis.

The Jews and Circumcision

Jewish circumcision was originally only the removal of a small amount of the tip of the foreskin.

This has become a tenet of anti-circumcision folklore although it cannot be proved from any historical documentation.

It is true that by the time that Jews and Greeks were mixing freely, and Jews were wishing to compete in the Greek Games, a significant number of circumcisions were being done so slackly that it was easy to hide the fact by pulling the foreskin remnant forward and tying it there. The Jewish authorities therefore codified the requirement for complete removal of the foreskin, with destruction of the inner foreskin. Thus the historically generally accepted practice was written down as the norm.

It is widely accepted that the Jews originally learnt the practice of circumcision whilst a captive race in Egypt. Study of Egyptian mummies has shown a significant number to have been circumcised. If this had been removal of just the very tip of the foreskin it would have been extremely difficult for the anthropologists and archeologists to say with certainty that circumcision had been performed. Furthermore, drawings in the pyramids, etc show the foreskin being stretched forward prior to cutting behind the glans (*see illustration on page 10*). This would inevitably result in removal of a significant proportion of it, not just the tip.