

# The Circumcision Decision

(Revised Edition)

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

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

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

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

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

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

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

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

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

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

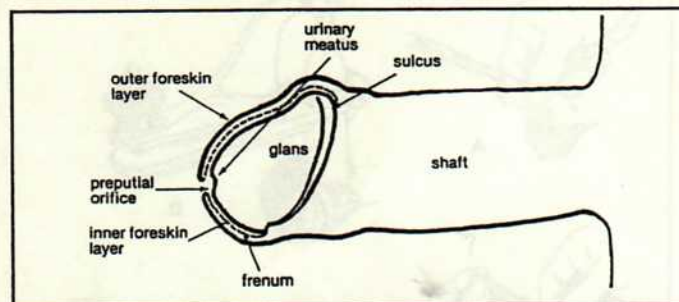


Fig. 1. Anatomy of the penis: A = shaft; B = glans; C = sulcus; D = urinary meatus; E = outer foreskin layer; F = preputial orifice; G = inner foreskin layer; H = frenum. (Reproduced with permission of Edward Wallerstein).

## What is circumcision?

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

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

## Jewish Circumcision

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

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

### The Medical Debate

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

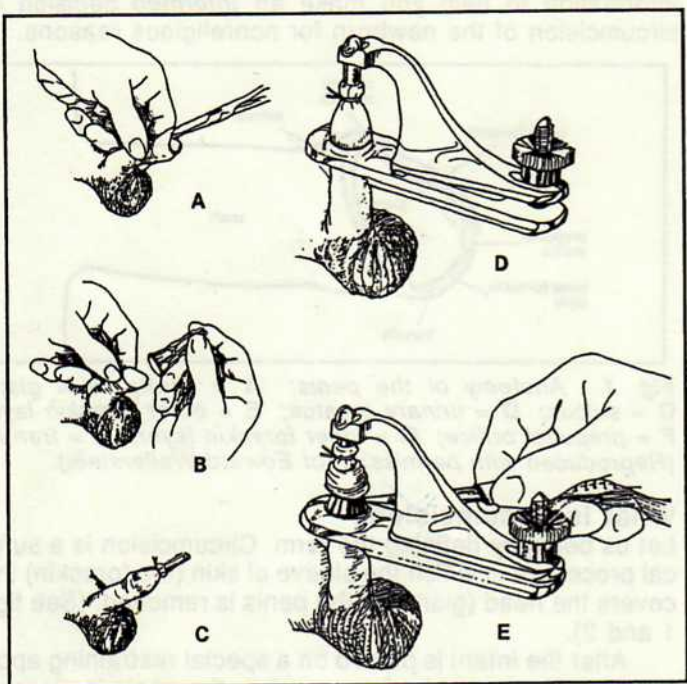


Fig. 2. Circumcision with the Gomco Clamp. (Reproduced with permission of Edward Wallerstein)

### Benefits vs. Risks

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

### Therapeutic vs. Prophylactic Circumcision

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

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

prophylactic reasons.

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

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

### Smegma, the "Carcinogen"

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

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

### Circumcision & Cancer

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

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

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

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

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

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

### Venereal (Sexually Transmitted) Disease

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

