

ACORN

Issue
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Editor
Steve Acorn

Editorial

Here at last is the next issue of the newsletter. The delays have been caused by a number of reasons, not least the small number of contributions.

The current plan is to continue to produce the newsletter as and when possible and there will be no membership renewal raised this year.

Please don't write in complaining of the shortage of issues, use that energy to pen a small contribution and the next newsletter will appear sooner.

Douglas is in the process of organising a meeting in the Autumn where the future of the Society can be discussed.

Steve Acorn

Acorn Weekend, November 2002

I am sorry that the provisionally arranged pre-Easter *Acorn* weekend did not take place. I had accommodation arranged at favourable rates at a hotel in Bournemouth but I was unable to

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Correspondence

Please send all correspondence to:-

THE ACORN SOCIETY
P.O. BOX 296
IPSWICH
IP2 8SH

Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: acornsoc@aol.com

complete the arrangements before leaving the country for six weeks.

For some years *Acorn* meetings held in the Midlands have attracted more participants than those held elsewhere. With this in mind I am in the process of arranging an *Acorn* Weekend to take place 9th – 10th November. I shall be looking for twin bedroom accommodation, most probably in the Leicester area. If you would like to let me know of your interest, book accommodation or to discuss the format of the weekend please call me on this number during the evening or at a weekend 07788 126706.

Douglas

A Few Books

I did not see anything on 'our subject' – circumcision – in *The American Way Of Birth*, by Jessica Mitford (New York: Dutton/London: Penguin, 1992). Some years ago, she published another expose, *The American Way Of Death*.

Poring over David Leddick's *Naked Men: Pioneering Male Nudes, 1935-1955* (New York: Universe Publishing, 1997), I was struck by how many of the men who are frontally exposed are circumcised. Notwithstanding the subtitle, some photographs in this book go back to the 1920's: and the subjects were born in the first four decades of the 20th century. The incidence of cuttage revealed in the book is not only fascinating in itself, but it flies in the face of a piece of misinformation still making the rounds here, that 'Circumcision was not common in the U.S. until after World War II'. (Well, boys and girls, just what do you mean by 'common'?) And sometimes that shaky generalization is paraphrased or improved into, 'Circumcision was unusual (or even "very rare") in the States before World War II' — even more absurd.

David Reimer is the subject of John Colapinto's *As Nature made Him: The Boy Who Was Raised as a Girl* (New York: Harper Collins, 2000). David was twice a victim of medical malpractice: first, when he **lost** his penis (the masking technical term is *ablatio penis*) at eight months old, because of a badly bungled circumcision using an electrocautery device; and second, when Dr. John Money and Johns Hopkins Hospital, and other 'experts', tried for several years to raise him as a girl (under the name of 'Brenda'). After the high-profile attention given to David's tragedy, and other occurrences of what the medical industry euphemistically calls 'accidents' (some of them reported in this book), one would piously hope that the use of electrocautery in circumcision would cease: that it would become as obsolete in medicine as calomel. But I fear that will not happen. Some of the obstacles are attitudes: That circumcision is trifling surgery, needing no special skills, and that 'anyone' can do it; That 'we' (health care professionals) always know what's best for 'you' (poor dumb lay customers/patients); That if gadgets are around, let's use 'em, by golly; That 'doctors are entitled to make mistakes' (this last attitude, lamentably, is shared by some lawyers).

Point of View. Some recent contributors to *Acorn* have extolled 'tight pullovers' (foreskins which fit snugly and require a bit of work, or maybe a lot of work, to retract past the glans). As a contrarian, I will put in my two pence worth in favour of 'loose pullovers'. The boy or man with a 'loose pullover' is lucky: he has a loose foreskin that slips and slides back easily, doesn't need to be tugged at or worked with, or maybe his foreskin is a short one which doesn't fully cover the glans. The guy with such a loose skin will likely feel better, and have more pleasure and fewer problems, than the possessor of a 'tight job'. He'll have most of the advantages of both cut and uncut states (and so will the cut boy or man who has a 'low', loose, conservative circumcision – what I call a 'classic cut').

M.S. – Utah

The Legal Position

It is permissible, in the U.K. at least, for anyone, anywhere to perform male circumcision. It is only legal because it is not illegal. No law has ever been passed against it, primarily one surmises, because of its Biblical sanction, and the somewhat confusing and debatable so-called medical benefits.

Much has been written and said concerning the legal question of male circumcision. The General Medical Council of Britain whose Motto is 'Protecting patients and guiding Doctors' have written a 6 page 'Guidance for doctors who are asked to circumcise male children' very factual document covering all that is required for a doctor to know when undertaking circumcision for consenting parents.

On p4, section7, is stated the following:- "Article 24,3 of the UN Convention on the Rights of the Child (ratified by the UK Government in 1991) states that ratifying states should 'take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children'. However, this must be balanced against 9.2 of the European Convention on Human Rights, which protects the rights of individuals to practice their religion."

Anyone can offer 'religious reasons' for performing this rite, even if this is not the actual parental reasons. This is because the child may subsequently wish to be circumcised at birth for these same religious reasons. No one can say for certain how the child will grow up and react to his circumcision. Also, he may *turn* religious because of his circumcision.

However, circumcision for religious reasons refers only to the foreskin being removed. It is extremely doubtful if excising the very sensitive fraenum of the penis can be justified on religious grounds, because religious circumcision as developed from the desert days of Abraham, could not have contemplated this aspect of the procedure which requires great medical skill and dexterity.

No layman, as in the original days of this Biblical command, would contemplate excising the fraenum for religious reasons, simply because he would not have had the necessary skills available at that time in history. Presumably also, God did not change the style of circumcision as medical skills developed. All medical books highly recommend leaving this very sensitive tissue alone also. Anyone with a circumcised fraenum, I feel certain, would win a law suit based upon the above recommended General Medical Council Guidelines.

It would appear from the above, that doctors might well adopt methods of circumcising that reduce the risk of damage to this very sensitive (in more ways than one) area, the fraenum. All clamp devices which fit over the glans, prior to excising the foreskin, and provided the fraenum is not cut first, will secure the very minimum damage to the fraenal area. Cut and suture methods or circumcision where often the fraenum is cut or at least stitched into (the 3 in 1 fraenal stitch) is likely best relegated to the history books, to avoid legal action.

You can obtain the above mentioned document by writing to the General Medical Council in London. I was sent it free of charge.

M.R.W. – Oban, Scotland

Reply To Downunder

In 'Downunder' R was absolutely correct in his supposition. In Dr Benjamin Spock's *Baby and Child Care*, the British version of 1970 still strongly advocated male circumcision in early infancy as without psychological harm, "a good idea, especially if most boys in the neighbourhood are circumcised – then a boy feels 'regular'." Writing from Redbrook in April 1989, Dr Spock stated:-

"There is no medical reason to recommend routine circumcision and I voiced the same opinion in the 1976 revision of *Baby and Child Care*... My own preference, if I had the good fortune to have another son, would be to leave his little penis alone." Despite his final acceptance of foreskin, the '20th century Kellogg' had given decades of advice, prompting millions of routine circumcisions spanning generations.

Though it is stated that Australia closely follows American trends, in terms of circumcision, it seems that OZ is being influenced by the 'Old Country'. The 1980 circumcision rate of 70% fell dramatically through 30-40% in 1990 to a current 10%. It is only a tenth of the latest generation of OZ infant males is shorn! According to the Commonwealth Department of Health and Aged Care, there were 38,601 circumcisions throughout Australia in 1980 (all ages) and 18,880 in 1995.

In the USA there has been a downward trend in routine circumcision, but it is no surprise that the practice is still widespread. The 1985 high of 85% represented 1,800,000 neonatal circumcisions dropping to a current 57% (1,100,000 neonatal circumcisions). Unlike in Australia the majority of American baby boys are still routinely clipped – in a land of scars and stripes! Over 50 years from 1940 – 1990 the USA toll of infant foreskins amounted to 65,863,000. Had these foreskins been allowed to develop to maturity, their combined area would be equal to that of 8.7 miles of 15' wide highway. What a preputial pathway to perjury!

Quoting from the Australian Women's Weekly *The Baby Book* – “Parents who want their sons circumcised are now counselled about the operation and discuss the reasons for wanting the procedure. The vast majority are deciding against this. (Those choosing to have it done are a scant 4-10%) In recent years it has been considered best done at 12 months of age under a general anaesthetic. The discomfort and pain experienced by the child after the operation can also affect the mother and infant relationship.”

In July 1996 the leading paediatrician, Dr Christopher Green, stated in the Australian Women's Weekly - “My view is that circumcision is an unnecessary, unauthorized assault on a child.”

To counter the trend towards genital integrity, an advice group has been set up on the gold coast by Mr Wayne Jacques who believes all males should be circumcised. This is the Australian equivalent of the Gilgal Society, another feature shared with the Mother Country.

Anthony

Scar Line

Something that has always interested me when the circumcision operation is done by the various operators in the field, is how they decide on the scar line position, how much of the inner/outer foreskin to remove and so on, some operations are so badly done you cannot wonder that the persons concerned are outraged when this has happened, by the child's parents or later in life when he has grown up. Nowadays a lot would depend on the reason for the operation, ritual or surgery by doctors who these days have so little experience in that field. From what one can see the ritual operator with his experience by the number of operations he performs should be a lot better at it than the qualified surgeon, the medical/surgery manuals I have browsed through give very little guidance in the graphic details shown and it's obvious the aesthetic appearance of the surgery has never been considered, the use of clamp devices would depend on the skill of the user as well.

For me, I like to see a neat scar line joining the inner and outer foreskin about 2cm down the shaft with little or no skin bunching behind the coronal

ridge when the penis is semi-flaccid, no doubt this is quite difficult to achieve with freehand surgery.

An acquaintance of mine who needed to be circumcised recently told me there was very little pain from the operation, only soreness from the exposed glans, and the site of the local anaesthetic injections, which lasted for about a week, with the stitches dissolving away at the end of that time.

In conclusion I'm sure everyone is left in no doubt that I am a circumcised guy myself and have never regretted my status and am always pleased to contact *Acorn* readers on a more personal basis to discuss one of our favourite topics.

G.M.

Long Awaited Second Circumcision

At last I have had my first circumcision put right after waiting many years to have this done. I booked into the Belvedere Private Clinic in London with an overnight stay on October 15th which cost me £950.00 – this included the stay at the clinic which was £150 per night. Everything was great, wonderful treatment and I never felt a thing not even after the local wore off. I had 2 or 3 injections into the base of my penis for the local and I didn't even feel them. The surgeon cut out the old scar and cut another three quarters of an inch off the remaining foreskin which now means that I have no loose skin rolled up behind the glans. I had about 16 self dissolve stitches which healed very quickly. The result is good just what I wanted, a nice tight skin with the glans fully exposed. Included in this price was a check up visit last week and another in three months time just to make sure all is well.

Anyone wanting more information on this Clinic and procedures, please contact me via *Acorn* and I will give any help you may require. I have had some photo's taken of the stitch line which if they come out o.k. I will be able to show anyone.

C.P.

A Very Bad Circumcision Joke!

Q: How do you circumcise a sperm whale?

A: Send down four skin-divers.

K.G.

A Father's Thoughts

Having read a number of articles that suggest there is a responsibility on parents to decide whether they should or should not have their little boys circumcised, I feel many parents are not given any advice on the subject and many are ignorant of the procedure or too embarrassed to ask. The number of boys circumcised in Great Britain has reduced to an all time low and unless there is a serious dysfunction of the penis where the foreskin is identified as the culprit then circumcision would not be discussed. I doubt therefore that the circumcision question would even enter the heads of most new parents.

Since I was born in 1948, when circumcision was 'fashionable', there has been a rapid decline in the procedure. As circumcision is not generally available on demand on the NHS unless there is a medical justification, much the same as tonsils or appendix would not be removed unless medically necessary, I doubt the issue would be raised with the parents by the medical staff. Consequently as new parents will not be made aware of the possible preventative benefits circumcision could give they will not be in a position to weigh up the pros and cons and come to a considered decision. The decision and therefore the responsibility not to circumcise is therefore being taken by the NHS in much the same way as the NHS is taking the decision on the MMR question by insisting on only paying for the multiple jab and not paying for individual jabs. I appreciate that the final decision on whether to give or not give a child the jabs rests with the parents but at least they are given advice; normally heavily biased on the NHS thinking, but on the issue of circumcision I do not believe parents get any advice at all. No doubt in both cases, and probably in many other cases, cost will have a considerable impact on NHS reasoning. The NHS is struggling to keep up with the number of vital operations it is required to carry out therefore any operations that can be dismissed as unnecessary, therefore cutting costs, will be readily accepted by a cash limited NHS and woe betide any doctor who feels he/she can go against this decision.

If new parents are not advised of the circumcision issue then they can hardly be expected to consider it. For those few parents who may give the issue some thought the cost factor will be an important point. As many young parents are either about to lose an income as the mother/father stops work to look after the child or must consider the additional costs of crèche/nursery care for the child the idea of having to pay privately for the operation will deter many of them. Additionally, unless there is a religious reason for circumcision, many parents may find it difficult to find a doctor prepared to perform a circumcision on their little boy even if they can pay.

As the majority of young men becoming fathers will not be circumcised, and in most cases now their fathers will not have been circumcised either, the whole subject of non-religious circumcision will fade away even more until it becomes a distant echo. No doubt many men my age who were circumcised

as babies will say all well and good because they embrace the views of the anti-circumcision lobby but I feel all new parents should make the decision after they have considered all the facts and they should not be denied the information. I realise many of the medical profession will advise that there are no benefits from circumcision and will state there is no medical evidence to support some of the claims made but how often have we seen medical opinion to be wrong and people suffer because a procedure is denied because, until absolute proof is provided, the medical profession stick to their own prejudices.

On a personal note I can say that knowledge of circumcision is not understood by many of the younger generation. My daughter's boyfriend's knowledge of circumcision was very confused when the subject was first brought up during a conversation about the Jews and Muslims. My daughter is doing a degree in Religious Studies and we touched on why circumcision was practised by these two groups. The boyfriend was aware that something was cut off but was not altogether clear which bit until we enlightened him and he was a bit sceptical even after our explanation. My wife and I are naturists (something else the boyfriend is not too sure about but for different reasons) so it was not too long before the boyfriend saw me naked and, of course, he immediately became totally aware of what a circumcised penis looked like. I have quite a visibly pronounced circumcision scar ringing my penis (at least it is when my penis is not totally flaccid) and there is a very evident colour change either side of the scar - what is left of the inner foreskin (between 1 and 2 centimetres) is pale whereas the shaft skin is quite dark in comparison. You will have gathered that the boyfriend is not circumcised and, as it happens, he has quite a long foreskin. I know that after seeing me my daughter and her boyfriend have talked about circumcision but I am not aware that it has gone beyond discussion. My daughter is well aware of the possible benefits of circumcision but I am not aware of her personal feelings about the procedure as she chooses to keep these to herself and I do not consider it is my place to raise the subject with her first; if she and/or her boyfriend asks I will give them my opinion, after that it is up to them.

Although I am circumcised, and my wife is very happy with the state of my penis, my son is uncircumcised; my wife did not consider the operation was necessary and she did not want to raise the issue with the medical staff. Additionally as my wife did not know of any other mother in her circle of friends who had their son(s) circumcised she felt we should follow suit and, somewhat reluctantly, I accepted her decision. I would also add that the issue of circumcision was, as far as my wife can remember, never raised let alone discussed by her friends.

In view of the high cost of adult circumcision I doubt whether either my son or my daughter's boyfriend will get circumcised but you never know I might be wrong. Currently neither has asked me to fund the operation and I expect the idea is waning in their minds.

C.B. - Cornwall

The Final Look

Some six years ago I met through my work a young man of extraordinary appearance. Then just 22 years of age Paul had long discussions with me about his desire to change his body. He was in the process of having tattoos and piercings on many parts of his body but he drew the line at his cock and balls. He stated that he had something special lined up. I enquired as to what that was and with great embarrassment he said that he could not bring himself to tell me but he might be able to at a later stage. The weeks went by and he volunteered to me his deep desire to be circumcised. It was a subject that was foremost in his mind at all times and was a sexual turn on to him. Paul is straight and masculine. Naturally hairy he expressed his interest in body waxing and asked whether I might assist.

In the privacy of his home I shaved him and used depilatory cream. We discussed circumcision and compared cocks. His uncircumcised cock had something of the anteater look with a long tapering foreskin. It was easy to retract however and he mercifully kept very clean. His first homosexual experience ensued as I caressed him and showed him how he would look and how he might wank as a cut man. His cock was on the large side but not massive. The glans was large however and conically shaped with a round head, deep meatus and pronounced dark rim. The piss slit was very deep and almost divided the head in two. He was proud of his cock and told me that he liked to display himself to men and women but was miserable in his uncircumcised state. Upon closer inspection (euphemism for during a blow job) I noticed a series of pimples around his rim and slightly down on to the shaft of his cock. I made no remark as I had noticed them on other cocks.

Over the months we compared our cocks and I helped him devise a way of keeping his foreskin retracted with some shaped sticking plaster. We indulged in mutual masturbation. He liked me to wank him off by holding his foreskin back and using a lubricant on his knob. He liked to spend whole days as a roundhead and loved to feel his dry glans rubbing against his boxer shorts. He was close to making a decision to go ahead with his cut when he began to display symptoms of diabetes. The symptoms appeared suddenly and unexpectedly. His diabetic nurse advised him after a few weeks of treatment that a problem he had with thrush could be alleviated by circumcision. Apparently thrush thrives in the damp conditions in the genital area and the streamlining of the cock assists in clearing up this condition.

The young man was cut as a priority in a National Health facility under a general anaesthetic and with an overnight stay, full English Breakfast et al.

The diagnosis of diabetes was a considerable blow to the young man. The circumcision of which he was so desirous has compensated him to some extent. He is extremely proud of his new cock and rightly so. The surgeon has done him proud with a beautiful and neat job.

His cock is now proudly displayed at work and in the sports pavilion. He is a fervent advocate of circumcision.

I hope that he will attend an *Acorn* meeting in due course. He maintains that his tight shaft increases pleasure during penetration. He was to have had a Prince Albert piercing but is now so satisfied that no further modifications are planned.

The white pimples referred to earlier have all but disappeared. It is nearly a year since he was cut. Mercifully he has also given up the idea of more tattoos and some piercings have been removed. He has at last achieved the final look.

Mark – Stoke

From The Other Side Of The Knife

On the recommendation of my son, I have read through several of the letters on this site to gain some sense of the current thinking on the subject, and I would like to share my personal views based on some historical realities that one becomes privy to from a later-life perspective.

My two older brothers and I were born in British hospitals where circumcision is most uncommon. My father was killed just after I was born, and my mother moved us back to Canada and re-married a Toronto widowed doctor with two sons of his own, identical in age to my middle brother and I. As youngsters our summers were spent in cottage country and for boys of our age, genitalia was a topic of great curiosity, conversation and amazement. The British and Canadian versions of the Willy were explored and the accuracy and distance advantages of the Canadian helmeted versions of my step-brothers was much celebrated.

The year I was starting grade three, we returned from the cottage a week early to arrange for school uniforms and books. My brothers and I were all booked into the Orillia hospital for tonsillectomies and were discharged the next day with sore throats and three very tightly skinned willies. We had all been Canadianised.

Both my middle brother and I were delighted with the modifications and could compete equally with our step-brothers in pissing contests.

I had never seen the head of my penis before and I was thrilled to discover that I had one too. The stitches itched and burned for few days, but my step-dad gave us topical cream that numbed the pain and by the time school was to start, the stitches were out, and all was well. My step-dad had arranged for his colleague, a paediatric plastic surgeon to do the procedures and the results were superb. My oldest brother was not so pleased. He would have been 15 at the time and had enjoyed several years of masturbation practice on the natural model prior to the un-consented intervention by our step-dad.

To the day we buried our step-dad, he never forgave him, and remains bitter to this day about the event.

My new exposed knob produced fiery sensations and frequent erections at the most inconvenient times. The sensations led to an early awakening of my sexuality and the premature discovery, with the help of my brothers, of the joys of girlie magazines and how to use them. Our paper route money was invested in an impressive library of skin books, stored in the sanctuary of the 'boys only' club in the loft above the garage, which also stored a wide array of household lubricants and Kleenex by the box. My older step-brother in particular proved to be an invaluable source of information and facts, real and imagined, about creative methods of masturbation and details of the female anatomy.

My early metamorphosis didn't really reveal itself to me as a surgical event until my first year as an intern during a general surgical rotation, when I witnessed first hand, an adult circumcision. The patient was about my age, twenty or so, and had history of severe and disfiguring infections that had rendered his penis useless. The surgeon, with great care, restored a functional and aesthetically pleasing sex organ from the disaster he was presented.

My (step) father and I had become great friends, and he took a daily interest in my education, shepherding me through a system that I would have not been able to get through on my own. I told him about my revelation and asked him why he had me and my brothers circumcised shortly after adopting us? He explained that he served the first half of his medical career as a Railroad physician travelling the north coast of rural Newfoundland. Each village was visited every six to eight weeks. He said you just can't understand how poor, poor can be, unless you travelled rural Newfoundland in the 1940's. The priest would usually greet my dad and review the home births and deaths so my dad could sign the certificates. The trend that disturbed him the most was how a village could actually lose all its children in a single month. With entire families, often spanning several generations, living in one or two rooms, sanitary facilities being nonexistent and baths being a spring event; disease, particularly infections, spread from child to child carried by lice, and the convenience pathogens exploit with children in close quarters, huddling to stay warm. Any humid, enclosed space proved a rampant breeding ground for infection. Pink eye, ear, nose and throat and genital infections, both male and female were common and severe or lethal. With poor nutrition, appalling sanitation, virtually no antibiotics and soap and water being a luxury, rural medicine became an exercise in epidemiological management. The rural health care plan implemented during my dad's time included routine vaccinations, tonsillectomies and circumcisions which collectively cut the juvenile morbidity rate by more than half. (It would be laughable to lump so many interventions into the same statistical body today.) My father and a single nurse would process as many as 100 children a day in a railcar hospital barely eight by forty feet. My father's interest was in saving children's lives and in weighing

his options, he felt he was acting in the best interest of public health. Vaccinations and the minor childhood surgical procedures were seen by him and his colleagues as parts of a plan to improve public health and reduce the number of juvenile death certificates they signed each week; nothing more.

I served my surgical residency at the largest paediatric hospital in Toronto. As the worst medical student (with the best surgical skills) I was regularly assigned the circs. On any morning, there would be twenty to forty boys lined up for the procedure. (Circs were done the day before discharge, back when child birth was a four day process.) This was the early seventies and most (at least two thirds) of boys were circed then. The nurses would tag the boys not to be done, rather than the ones to be done. We came up with a simple method of marking a little 'C' with a line through it on their tummy with a felt tip surgical marker to avoid paperwork confusions. When I was trained, we used metal bell screw clamps that were horrid things. They required three hands to operate, were impossible to keep straight and left a crush line signature that remained with the lads for life. The plastic bells were a great improvement. With a delicate touch they left no scar line at all and were far less traumatic for the young lads. The hospital was reluctant to spend the money on the disposable device, so we systematically threw out the screws and bells from the metal ones to get them out of service. At the time, we didn't think of it as anything but normal. Some parents didn't want it; that was fine with us as it was less work. During that rotation, I likely did a thousand or more circs, and I never regarded any of them as routine. I had seen some really bad circs, especially from the metal clamp days, and I always took care to make a nice job that the boy would be proud of.

After that rotation, I didn't have much to do with circs as I moved onto a speciality. The topic came up again when the ultrasound image of a tiny penis appeared during my wife's first pregnancy - several such images were to follow. The tide had turned on circumcision, and for all the reasons it once seemed like a good idea, it now seems barbaric. Children no longer slept six to a bed, and indoor plumbing and soap and water had redefined the way that infectious organisms move amongst us. Tonsils were remaining in place, teeth had no cavities, and foreskins no longer posed a public health threat, real or perceived. Our paediatrician said that it was becoming so rare to circumcise that the procedure had been moved from the hospital to a clinic off campus. My four boys all made it through to their 'girlie magazine in the loft' stage with foreskins to explore. The boys were raised in the same house I was raised in and used the same loft as a 'Boys only club'.

My youngest lad was circumcised, at his request at age sixteen. He is diabetic and had a life long battle with balanitis. He is happy with the result, and glad to be rid of the infections. My oldest son was circumcised two years ago when he converted to Judaism prior to marrying his lovely wife. My two middle sons remain foreskined, unmarried and wild on the streets of Queens University in

Kingston, where they are both following the family tradition of low academic standing in medicine.

I retired from orthopedics in 1998 and joined a rural general practice shared with other semi-retired doctors. We service several small northern communities in much the same way my father did. This has re-acquainted me with little boys, big boys and their willies. I was shocked and amazed to discover what a big issue circumcision had become, and how traumatized and passionate males had become about it. As I move from village to village, (we now fly rather than go by train) I am amazed to discover that there is either a pro or anti circumcision culture, and vocal about it. In some of the native communities, we have begun to do routine (I hate that word) infant circumcisions, simply because if we don't, the tribal elders will, and we are far better qualified. But twenty minutes by air, the next village will have every male intact.

The clinics are producing some really interesting walk in cases, from circumcised men reportedly traumatized since birth wanting their foreskins restored, to an alarming number of home circumcisions gone bad. (Please don't do that OK) It takes every ounce of civility I have to walk from a lower leg amputation, a life threatening ailment to find the next case is some guy that wants me to put his foreskin back and expect sympathetic treatment.

From this end of the knife, I believe, every male has a right to choose, I don't hurt babies, and don't do any procedures that are not completely necessary as it places the patient at unnecessary risk, and occupies time that could be devoted to critical cases or my family. It is no longer required or appropriate to routinely circumcise boys. In my circle, I don't know of a single doctor that would perform this procedure without just medical cause or the informed consent of the penis owner. There are still a few doctors in urban areas that circ babies for money (we successfully lobbied for the removal of infant circumcision from the public health fee schedule in every province in Canada) and we unaffectionately referred to them as 'Willy Butchers'. They are considered the bottom feeders of the medical community.

From the Internet

Circumcision Bonds Us Together

Circumcision promotes, indeed fosters male bonding with other circumcised males. We circumcised need to first bond, and then break that bond in becoming marriageable, and fostering family life. It does seem important therefore that circumcised males should be encouraged to bond with each other as early in age as possible, such that the bonding which our circumcision promotes, can then be broken, if indeed it needs to be!

It does appear that circumcised males, deprived for whatever reason of their deep rooted need to associate with other circumcised, or intact males,

will find promotion of the other side of their sexuality, the procreative side, somewhat inhibited.

The following is a quote from the book, *Tahitians, Mind and Experience in the Society Islands*, by Robert Levy, Prof of Anthropology, University of Chicago Press, 1973, in a discussion of young Tahitian boys to become supercised, wherein the foreskin is cut open on its upper surface so that the glans becomes fully exposed, the two sides of the foreskin hang down below the glans, nothing being actually removed, quote page 472, 'In the supercision event, wherein the head of the penis is freed, the boys will enter a time of erotically tinged solidarity with other boys. In turn they will have to free themselves from one another and, with some hesitation and regret, establish families' unquote.

I believe that all of us who are circumcised should pursue our deepest cravings, desires and needs in this our circumcised experience in life. How might this best be accomplished? *The Acorn Society* is an excellent beginning! We need to fulfil desires we may not realize that we have, e.g. to possibly experience all aspects of our missing foreskin on other intact males (most girls experience this, so why not us? - this surely must be our intrinsic right, no?)

Most Males go through some form of homosexual phase at/near adolescence. It is there within all of us. However, I believe the circumcised need to spend much longer in this phase, possibly an entire lifetime, in order for 'completeness' as circumcised individuals to occur.

Mike Walton - Oban

Questions

After some hesitation, I have decided to renew my membership of *Acorn*. I think I may not be alone in having been put off to some extent by a mixture of pro-circ gay erotica (or so it appears to me) and anti-circ whinge. Of those two, I prefer the former, as it is at least honest and upbeat, but even so I find (not being gay myself) that this kind of writing cloyes rather quickly.

I take the editor's point, however, that the quality of the magazine depends entirely on the quality of the contributions, and I think *Acorn* is at its best when it answers questions that people have always wanted to ask about this taboo subject but haven't so far dared.

So here are my questions on the subject

1. How young does one have to be circumcised in order to get the optimum appearance. A fully bare glans, flat shaft skin of uniform colour, and no visible cut line at all?

2. Given the difficulties caused by the very small size of the baby penis, is a better cosmetic result achieved (and more safely) if circumcision is postponed until the age of, say, 2 years?
3. Taking into account the answers to (1) and (2) above, what is the ideal age at which to circumcise?
4. Who does it better, a doctor or a mohel?

Charles Turpin - Luxemburg.

Male Circumcision Is Found To Reduce Cervical Cancer

From *New York Times*, April 11 2002.

Circumcising men may significantly reduce the rate of cervical cancer in women by decreasing the spread of sexually transmitted virus that causes nearly all cases of cervical cancer, researchers are reporting.

A study being published today in *The New England Journal of Medicine* provides important scientific evidence for a link that scientists have long suspected.

The new findings are based on 1,913 couples in five countries including 977 couples in which the woman had cervical cancer and 636 couples without cancer. Researchers found that circumcision made a difference if the man had had six or more sex partners, which made him more likely to have contracted the cancer causing human papilloma virus, or H.P.V. In those couples, the risk of cervical cancer was more than double if the man was not circumcised.

The findings may not apply to couples in which the man has had fewer than six sex partners, because he is less likely to be carrying H.P.V.

The researchers say uncircumcised men may be more likely than others to contract H.P.V. because the lining of the foreskin is especially vulnerable to the virus. Their study which used DNA testing to look for penile H.P.V. in the men, found that uncircumcised men were about three times more likely to be infected.

Of the 1,913 men in the study, 1,215 had had six or more partners, and 1,543 were not circumcised.

The researchers, led by Dr Xavier Castellsague of the Llobregat hospital in Barcelona, used data from several studies in Brazil, Spain, Thailand, Columbia and the Philippines.

H.P.V. is common, and 20 million Americans are thought to be infected. The virus has about 100 strains, including 30 that are sexually transmitted. Not all the strains can cause cervical cancer, and even when women contract a strain that does, most eliminate the virus from their bodies without developing cancer. Some doctors recommend condoms to prevent H.P.V., but others say they may not work as well for this virus as they do for other infections.

In the United States, there are about 13,000 cases of cervical cancer a year and 4,100 deaths. Doctors often say it is a disease that no women should die of. It is easily detected by a Pap test, and the death rate in North America has declined in the last decade.

Worldwide, there are about 466,000 cases of cervical cancer a year. Each year, 231,000 women die of the disease, mostly in developing countries, and in some of those countries the death rate is not declining.

An editorial in *The New England Journal of Medicine* noted that worldwide, 25% of all men are circumcised. It also said that in the United States in the 1970's about 80% of all newborn boys were circumcised, but that the rate had dropped since then because medical groups like the American Academy of Pediatrics said the procedure did not have enough benefits to recommend its routine use.

Dr Dimitrios Trichopoulos, a professor of cancer prevention and epidemiology at the Harvard School of Public Health and a coauthor of the editorial, said the new study provided medical argument for circumcision. Dr Trichopoulos said that on the strength of the study, if he had a newborn son he would have him circumcised. If the global circumcision rate could be increased to about 75%, he said, it could lead to a 23% to 43% drop in the incidence of cervical cancer.

But Dr Trichopoulos said that he doubted that such a rate would ever be reached, because of costs and other factors. "This is an area where you have political and religious sensitivities", he said.

Dr Carol L Brown, a gynaecologic oncologist and expert on cervical cancer at Memorial Sloan Kettering Cancer Center in Manhattan, said that a study like the one being reported today should be done in this country before doctors considered making recommendations about circumcision in the United States.

"This data is good, but we have different populations," Dr Brown said, adding that H.P.V. strains may differ, that circumcision rates are relatively high and that it cannot be assumed that the findings would be the same in the United States.

Denise Grady

ACORN

Issue
N^o 2 2002
Editor
Steve Acorn

Editorial — Dear All

As some of you will be aware a new editor, Ivan Acorn, has been appointed to take over from me. He has a lot of very exciting ideas that he is intending to bring in over the following months and I am sure that the magazine will go from strength to strength.

I would like to thank all of you who have sent in contributions and suggestions during my time as editor and for all of the messages of support. I am sorry that my busy work and home life has meant that I haven't had more time to devote to the group. I will be remaining a keen member and will do all I can to support Ivan - as I hope all of you will.

Best regards,

Steve Acorn

Ivan Acorn

I am very proud to have been asked to take on the editorship of *Acorn*. It will be a challenge to match the high standards set by the current editor, Steve, and his predecessors, and I shall need help. More of that later!

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Correspondence

Please send all correspondence to:-

THE ACORN SOCIETY
P.O. BOX 296
IPSWICH
IP2 8SH

Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: acornsoc@aol.com

First, let me say that I believe that *Acorn* has a real future. Some people have argued that, in the age of the internet, it is no longer needed. I don't buy that. Go into any newsagent, any airport, and see the racks of magazines covering everything from motoring to music, archaeology to angling. If there can be magazines for all these interests, why not circumcision? The internet is a wonderful source of information but that information is often poorly organised, difficult to find and inaccurate. Not everyone has the time, inclination, skills or technology to surf. We are the alternative – sit back, read, enjoy. ∩

I have a number of ideas for developing *Acorn* and I will talk about these in forthcoming issues. But I regard *Acorn* members as a community; for some of us who have been subscribing for many years, it was our first contact with guys who found the topic of circumcision as fascinating as we did, our first realisation that we were not in a minority of one. So what we have to say is of great interest to each other – whether it's our own reasons for being interested, our experiences – in the doctor's surgery, in the gym changing room, in bed (but not too much detail please!) – our thoughts, our opinions. This is not *my* magazine, it is *our* magazine. Everyone has to contribute for it to work. Think of it like a conversation – if there are a group of us round the table, and only I am talking, it is soon going to become very boring. So please, please, write to me at *Acorn*, or email me at the address below. It doesn't have to be a brilliantly polished article – short or long, whatever the angle you have on circumcision, please contact me. And if you want to be controversial, why not?

But just one thing on that latter point. I think controversy is good and stimulates debate. But overall, it is my intention to keep *Acorn* balanced. It is a magazine for both the cut and the uncut, for those pro the foreskin and those against, and those who just want to know more.

With your help, we can make the bi-monthly arrival of *Acorn* a real event.

Ivan
ivanacorn1@hotmail.com

Subincision Amongst The Australian Aborigines

Although not as common today, Australian native aboriginal men still practise the operation of subincision called 'ariltha', upon their youths, usually just weeks after they have been circumcised.

This is accomplished by pinioning the 'novice' onto a 'table' formed by two males already subincised years earlier, then the young lad's penis is grasped tightly by the recently circumcised glans, and then it is pulled tightly towards his stomach so that the underside of the penis is both in full view and entirely straight.

A piece of flint or stone knife is then inserted into the glans opening, and the entire under surface of his glans is cut permanently some $\frac{1}{2}$ " deep, thus opening up his urethra or ejaculation tube for usually around one inch in length. This cut is extended at later operations, so that the entire penis, from the glans meatus (urinary opening) to the scrotum, is cut open on its underside, and then he must, of necessity, urinate in the squatting position. This allows him to both relate to, and to 'live', his feminine side. Indeed the operation is designed to make the penis resemble the female sexual organs, and to promote by further blood letting subincising operations, female menstruation (until of course his subincision finally reaches his scrotum).

There is a very good section on subincision in the book *Coming Into Being Among the Australian Aborigines* by Ashley Montagu, Routledge & Kegan Paul Publishers (London 1937, page 317) quote, 'Among the Fijians, the Tonga Islanders and the natives of the Amazon Basin of Brazil, subincision is carried out chiefly as a therapeutic measure, being considered by the Fijians to be a preventative of many diseases.'

For *Acorn* readers, there is an excellent, and very enjoyable (if you are into the subject) article of a young tightly circumcised American male, with all the associated photographs of the procedure, who went through a subincision operation in the mid 1990's, for more than an inch, showing what the subincision appearance is like after the healing (and prior to healing!). Its appearance is very erotic to some people, and rarely if at all offputting!

He does state in the article that peeing is 'splashier' but fellatio intensified by the titillation of the exposed urethral tube, and greater effective area of sensitivity. He is quoted in the article saying that he will extend his subincision further!

It is interesting that when entirely subincised, the penis is often worn permanently inverted with the glans 'tied' to the stomach, with peeing being accomplished in the feminine style, without any need to touch the penis at all. Radically circumcised males, with frenulum totally removed in circumcision, are best predisposed to subincision operations, since an intact frenulum poses problems.

Anyone out there care to get in touch with his feminine side? If so, possibly the best contact would be the editor of the magazine which published the young American male undergoing subincision (it is very bloody - be warned!) Write to:-

Body Art Publications, PO Box 32, Gt Yarmouth, Norfolk, NR29 5RD
Body Art issue 23 £8.00

Mike - Oban

My Contribution

I have felt over the last few years that the contributions to the newsletter are becoming less pro-circumcision than in the past. When I joined the Society I got the impression that we were like minded people, generally in favour of circumcision but quite willing to consider and discuss other viewpoints, as well as other activities associated with the male organ. We now seem to be being taken over by the anti brigade.

One comment that appears time and time again is that relating to the feeling of being damaged as a child by having had one's foreskin removed. Whilst I can understand the reason for this, it goes without saying that parents have a responsibility for the psychological well being of their child as well as the physical – sadly most seem frightened, too embarrassed, or whatever, to discuss sexual matters of any sort with their children. A little reassurance can go a long way.

Whilst prepubescent and waiting to have my tonsils removed in hospital, a doctor carried out a prolonged masturbation 'examination' including repeatedly pulling my foreskin tightly back and as far forward as possible, fully exposing the glans. It did not hurt and resulted in me discovering, earlier than I otherwise might, pleasures to be had with the penis. It was some years later (and after considerable experience with other boys) that I put two and two together and realised that he was probably considering circumcision while I was having my tonsils removed. Sadly it wasn't done. The matter was never discussed with me by my parents or the doctor at the time.

Whilst at junior school I became interested in circumcision and at secondary school it became an obsession, seeking out only circumcised friends. It wasn't until my early thirties I decided to get the job done. Until then I had got considerable satisfaction from simply keeping my foreskin permanently retracted, but it wasn't enough! The only place I could find to do what I wanted, without a letter from my own doctor, was the Marie Stopes clinic in London. There, a doctor Houssain did the necessary. The end result is excellent, even though there is a noticeable scar line some distance down the shaft and rather uneven. I have seen considerably neater results.

Now, to the point of all this. I have had the pleasure of examining many circumcised cocks and discussing the circumstances of when, where etc., it was done with their owners. Also I have had written contact with over one hundred people who have had adult circumcisions. I have noted the following. Not one person, done as an adult, has regretted it, indeed most wish they had got it done sooner. The physical appearance of an adult circumcision is less natural looking than when it has been done pre-puberty. The conclusion doesn't need me to state.

C. A. – North Kent

Life Modelling

I have noted from a few of the letters from previous issues of the newsletter that a fair number of the members are naturists. Having been a naturist myself for many years being nude has never bothered me and to coin a phrase 'if I never had to wear clothes again it would be too soon'. Unfortunately the weather and other restrictions make this a pipe dream. I have only mentioned naturism, as these members will be reasonably happy being nude whilst others may not, therefore Life Modelling may not be for them.

I read in a naturist magazine recently that some Job Centres were now refusing to advertise positions for Life Models as they did not consider they should promote or appear to be promoting such employment. This decision was being condemned by Art Clubs and Colleges etc as unreasonable. Shortly after reading this article I noticed an advertisement in my local Job Centre for a Life Model to model at evening classes at a local College of Further Education (CFE); the advertisement disappeared within a couple of days; you can make your own minds up why. Thinking about the magazine article I took the bull by the horns and applied. Within a few days I received an application form which I duly completed and returned. I then gave some thought to whether other CFEs might require a Life Model so I approached two other local CFEs who also ran Life Drawing Courses to offer my services. Both responded very quickly; one asking me to complete a similar form to the first CFE I approached, the other, surprisingly, contacting me by telephone at 9.30 at night just after that night's class had finished.

The lecturer rang advising that the current Life Model for her class had just advised that they were unable to attend the next session. This had left the lecturer in need of someone at short notice (one week). It was apparent to me from this rather frantic telephone call that there was obviously no pool of Life Models from which to select a replacement and my offer, made about three weeks prior to the telephone call, was being urgently taken up.

I advised the lecturer that I had never been a Life Model before so to expect someone who was very willing to learn but who had absolutely no experience. I was immediately asked that I understood I would be required to model nude and in front of a number of art students of both sexes and of various ages. I advised I had no problem with this but would need instruction on poses etc and could only hope I could hold a pose for the time required. The lecturer was content and I agreed to attend 30 minutes prior to the class starting to get some initial instructions.

I duly turned up at the agreed time and place and met the lecturer who advised the students were going to do a number of ten minute or so sketches so I would be required to do a number of short poses; as it happened they were: three standing, four sitting on a stool, three sitting on a rug on the floor and one kneeling. The class consisted of twelve students: three males and

nine females. I was required to pose in the middle of the room and the students were in a ring around me. As the pose changed I was required to half turn so the students could view me from different angles and could draw front, side and rear views. I had two short breaks and the two hours went by surprisingly quickly. During the breaks the students exchanged ideas and compared drawings etc. I was able to view the drawings and I was most impressed by the standard of the sketches and the fact that the students had been able to get such a lot of detail into the drawings in such short periods. I was amused by the varying degree of detail the students sketched when I was full frontal to them. The older students drew the body in detail and showed a couple of lines etc for the penis; the four young female students, although doing good body detail, all had drawn my circumcised penis in considerable detail. It may be that my circumcised state was something of a rarity and therefore, because many young 18ish year old girls may not have seen a cut penis before, it got more attention than usual, any way the lecturer did not make any comment. I dare say a younger uncircumcised male (I am over fifty) would be most welcome as a model. In my area so I understand female Life Models are more readily available and male models are few and far between.

I suppose stripping naked and being the only naked person in a room amongst a class of fully clothed students takes a certain frame/attitude of mind and I appreciate many people would be too self conscious/embarrassed to do it; consequently this may be why Life Models are at times, so I understand, difficult to find. It is not surprising therefore that when the existing model was unable to attend none of the students nor the lecturer was prepared to take on the role even for two hours.

It may be that some of our membership would like to try their hand at Life Modelling and I would suggest they pick some college prospectuses and write offering their services. I would point out that the hourly rate paid is quite good so if one can overcome one's inhibitions it could make a reasonable earning supplement. However the work is generally irregular and you need to get known about – once you get a break however it is surprising how quickly your name gets around the Art circles and people start contacting you. You may find that CFEs and Art Clubs in your area are keen to get a male Life Model so you could find yourself in demand.

C. B. – Cornwall

My Cock

With regard to the points of view of M.S. of Utah, I have to say I think the idea of a 'loose pullover' is somewhat contradictory to the whole purpose of circumcision. A loose circ somewhat defeats the concept of cutting away the foreskin so that it doesn't cover the glans, thereby eliminating the atmosphere in which germs etc. can thrive. Surely anyone with the loose

circumcision would not expect a situation where he could pull skin forward. The ideal circumcision should be tight, with no mobility and no chance of skin slipping forward on to the glans, which should stay dry and germ free. Another plus point for circumcision is the possibility that unfettered, the glans rim will expand thereby creating a much more prominent 'mushroom head' which will also give greater sexual stimulation and, being dry and possibly a bit de-sensitised, longer lasting and much improved sex – eliminating any potential premature ejaculation.

I love cocks, especially obviously tightly cut American guys. I am a regular subscriber to *Playgirl*, which I find a real turn on. My own cock is average to good – nearly seven inches on a good day! I have a deep sub-incision opening up the whole of the underside of my glans plus a bit beyond where I have cut away an old prince albert piercing. This allows me to wear, through the upper side, a one cm thick short barbell, one end ball of which sits neatly in my extended piss hole the other appearing to be poised on the upper side of my glans. Also, some years ago, therefore fading a bit now, I had my whole glans tattooed a deep maroon shade – to make it stand out! It hurt at the time, but I still think it was a great idea!

I realise that not all the above is strictly about circumcision, but I'm sure there are guys out there with an all round interest in cocks and who have carried out various additional enhancements. I would like to think that this letter might stimulate a few to put pen to paper. I hope so. I, for one, would really love to read about your cock dear reader.

Regards
R. M. – Suffolk

Means To An End

Having read on a number of occasions in the Newsletter about members carrying out self-circumcisions or going to a clinic, paying a high fee and not necessarily getting the type of circumcision they want, it appears we are in need of advice on whether there are any surgeons prepared to carry out circumcisions, at a reasonable price (say £200 or less) and with a no questions asked why a guy wants the operation. I appreciate there may be some medical questions that need to be cleared such as high blood pressure, allergies etc but there should be no probing into personal reasons.

I have a copy of the *List of Circumcisers* issued by the Gilgal Society but it is somewhat out of date and seems to concentrate on high price clinics or religious (Jewish/Muslim) circumcisers. As I doubt whether many members would wish to convert to either faith it is probable (not certain) that such circumcisers would refuse to perform the operation or again charge high prices.

As I see it, the major factors (and there are many more) behind many guys who wish they were circumcised not opting for the operation are:

- 1) Embarrassment at approaching their GP.
- 2) The knowledge that unless they have a real medical need their GP will (probably) not be able or prepared to arrange a referral to a specialist. It is unlikely the GP would be prepared to carry out the circumcision him/herself.
- 3) The operation is not available on the NHS except for medical reasons.
- 4) The high and in many cases prohibitive cost of getting the operation carried out at a clinic.
- 5) The (probable) searching questions asked about why the operation is wanted.
- 6) The thought of refusal because there is no physical medical need (I am not going to explore the area of psychological need).

I do not consider that- post operative soreness etc is a reason for not having the operation; this is something a guy would be prepared to put up with.

Having gone through the trauma of getting a circumcision in the first place the likelihood of trying to justify a revision on cost and/or medical grounds is not something many guys would want to go through.

In Issue 3/1999 - Another Circumcision Clinic - a member highlighted the Emergency Plus Clinic at Byfleet who were offering adult circumcision (and I would add revisions) for £195. Sadly, I understand, this clinic no longer exists. Surely there must be other small clinics, centres, surgeons around who would/are prepared to offer circumcisions/revisions at a reasonable price and minimum questions asked. Do we have any members from the medical profession or any other profession who know of such people/places? A short note to the Editor for inclusion in the Newsletter would be helpful, then at least we would all have the benefit of that knowledge.

I have not touched on the self-circumcision proposals as I would be too squeamish to ever have contemplated such drastic action and as I am already cut I have no reason to do it. However far be it for me to say 'do not do it' but it seems rather painful to me and unless you are able to do it under reasonably sterile conditions you run the risk of infection.

C. B. - Cornwall

Response to C. B.

Having had a chance to read the 'Means To An End' article before publication I felt I ought to respond to it on behalf of the Gilgal Society.

Any list of doctors, clinics, etc offering circumcision is only as good as the input it gets. The Gilgal Society's list is continually being updated and the latest version will always be sent to someone ordering it.

I agree that the list has very few ordinary doctors on it at present. This is because they do not/cannot advertise their special services. The Jewish and Muslim communities compile their own lists of doctors, mohelim, etc offering circumcision. We have reproduced the basic data from these lists to make ours more comprehensive.

The fact that a doctor is noted as being Jewish, or versed in Islamic requirements, doesn't stop them from offering non-religious circumcision, and indeed several do. Similarly there are some Mohelim who will willingly circumcise a Gentile baby. Where we know this for certain, we publish the fact.

We are always pleased to receive details of additional doctors, clinics, etc where one can obtain a circumcision for oneself or one's son. So if you know of a suitable doctor please let the *Acorn* editor know and also us. Our address is PO Box 21675, London, SW16 4WY, or by e-mail to info@gilgalsoc.org

Vernon

The Wanking Cavalier

At boarding school in the late 50s and early 60s, the split (in my house) was roughly 2 to 1 in favour of roundheads. We cavaliers were not teased or looked down upon, but I always felt inferior and all the successful boys and sports stars seemed to be roundheads. I know now that this wasn't true but it appeared so at the time. As we all showered, changed and slept communally, there was no shyness and every boy knew the status, size etc of all the other boys. As I was an early developer and was fully grown with a thick pubic bush, other boys who were still small and hairless sometimes asked to see mine - in a purely non-sexual way.

I suppose that my knowledge of cocks was expanded at the age of 15 when a friend challenged me to show him my cock with a hard-on: this I did willingly and we each then wanked together, which we continued to do, eventually getting to wank each other. He was also a cavalier, larger than my 5 inches and with a foreskin which didn't quite cover his helmet. This was all done in a totally non-sexual way and was just the release for a huge explosion of testosterone at 15 or 16.

I then also started wanking with another friend, this time a roundhead. We'd been swimming and I just said to him "Let's wank" - so we did and continued to do so for some time - I recall that we used Vaseline for lubrication - not ideal! He had a fairly impressive cock - very cleanly circumcised with a scar quite far back (as I recall), no frenulum and low hanging balls. His cock

was probably 6 or 7 inches. When hard I could pull the shaft skin just up to the rim of his helmet.

Then there was another boy with whom I wanked once – also a roundhead, but very thin and quite long – a strange looking cock!

All this while I had a foreskin which could not be retracted and it was only at 17 under heavy persuasion from another roundhead friend who made me pull the skin back totally – very painful with a raging hard-on, an extremely tender helmet (it continued to be so for some years) – and a pool of cum on the classroom floor as I simultaneously got the skin right back and shot my load! I am grateful to this friend for making me get the skin back, as I don't know what would otherwise have happened and I was afraid of embarking on any heterosexual adventure in this state for fear of splitting the skin or worse.

Strangely enough, we never had medical inspections at school, so the plight of my un-retractable foreskin was never discovered – had it been, I'm sure the circumciser's knife wouldn't have been far behind! We had a couple of boys who left on the holidays as cavaliers and returned as roundheads – nothing much was said, apart from perhaps a passing comment as to the altered status.

As I said earlier, all this playing around was done purely for relief and I don't think there was any trace of gayness etc. – it was purely a matter of getting one's rocks off in a very cloistered environment. But it certainly taught me a lot and I am sure that there were many other instances of the same thing happening with other boys.

Only once did I see a cavalier retract his foreskin in the showers! Whether I wasn't observant or if it just wasn't done, I don't know. Several of the roundheads had what we called a 'left-hand thread', where the shaft and helmet would bend around to one side or the other.

Strangely enough, after I left school, I became much more cock-shy for a while – strange when I had been parading it around for so many years!

Lastly, another related affliction I still have – an inability to pee in public. Have any other members been affected this way and what is the cure?

Anon

A Works Outing

At the last *Acorn* meeting David stated that we were there because we liked cocks. Implying, I thought, that we were a little eccentric being interested in such an arcane subject.

My experience is that we are not alone and do indeed share our interest with many other males, probably a majority.

The twice yearly works outings to Blackpool always follow a predictable and well trodden path. Up to fifteen lads crowd into a hired minibus for a day and a night on the town. Half way to Blackpool the first of the many cock displays takes place at the roadside. The peeing gives way to surreptitious glances followed by much pulling and shaking to increase length and girth. Back on the bus the talk turns from soccer to cock. The boasting commences and the first cock appears closely followed by a few others. Craig wins the day with the passable imitation of a vegetable marrow.

At the boarding house fifteen guys are spread between five rooms. Immediately clothes are removed baths and showers run, hair is gelled, Ben Sherman shirts are put on. Cocks are on open display in all rooms. Socks are put on before boxer shorts. Most cocks are semi erect, only a couple are limp and two are fully erect. All are uncut.

Next, to the first of many pubs. After two pints the first cock emerges on the dance floor followed by five others, one for each of the six Geordie girls that are dancing topless – surprise, surprise!

With the pub crawl in full swing, two of the party return to the boarding house. Henry and Raymond have 'just come out' to their mates. Stunned silence is followed by congratulations. "at least they've got the bollocks to admit it" remarks a friend.

Later on beds are moved around and rooms switched to accommodate the happy couple.

Back in the 'straight' rooms cocks are on open display, despite the boasting there have been no conquests of the opposite sex. Young Phil, the virgin, nearly pulled but not before she had lifted his wallet with £80 while declaring her undying love. A masturbation contest gets underway, whoever shoots most & furthest wins two cans of Carling. Kevin jumps on top of naked Gary. They simulate sex. It goes on for a suspiciously long time. Kevin's boxer shorts are pulled down by Alan revealing a large hard shaft "two cans of Carling for the one who puts a cock in his mouth first" says Alan. Gary obliges to much barracking. Gary and Kevin lie back cocks in the air.

I broached the subject of circumcision, immediately some of the lads close their legs in mock horror. A couple seem interested in talking. They agree that a cut cock looks better and I give a demonstration of wanking techniques.

On the journey home there is some talk of the Geordie girls, but mainly the talk is about cocks. Henry and Raymond sit silently and apart at the back. Kevin and Gary arrange to stay the night together when they get back. In six months something like this will repeat itself.

M. – Stoke

Tall Oaks From Little Acorns Grow

Having enjoyed the articles on circumcision in *Acorn* over the last few years, I thought it might be of interest to add my own views and reminiscences as a sixty five year old male.

I was circumcised as an infant and became aware that I was different from the majority of other boys whilst at Junior school. My mother informed me I had been 'cut' because of phimosis soon after birth. In our county area in Berkshire, few of my contemporaries had been cut.

I was aware of an interest in other boys' genitalia from an early age. I was too shy then to take much action in examining other boys' cocks except surreptitiously. I passed my eleven plus early and went on to a grammar school; first to a school in Northants which had originated as a funk-hole for Oxford College fellows and later at a grammar school near London. In Northants, we had nude swimming in the summer and a strong emphasis on sport in the winter so I had plenty of opportunity to compare and contrast. Only four of us in my form of about twenty were cut. When we moved to Hertfordshire I found about one third of pupils at my new school had been cut, though opportunities for viewing were less good. It was reassuring to find that there were more of us around!

My background was essentially 'lower middle class' my father was a head gardener working for landed gentry and later working for Hertfordshire County Council.

I went to Cambridge university in 1955 to a college which was notoriously supposed to be a hotbed of the upper class. Maybe, but this was not my experience and I had three happy years there. Not being in the least sporty and at that stage very closeted I had few opportunities to see my contemporaries' cocks. A lot of my friends that were ex public school assured me that most men in this generation in this college would be cut and would be even in the 1980s.

A summer job in a factory offered more opportunities to examine other men's cocks.

After graduating, I worked as a librarian in two modern universities and finally in Oxford. Gradually I 'came out' after various attempts to have relations with women, which never got beyond the stage of idealistic friendship. There were various attempts at relationships with men and my own observations led me to assume that about one quarter to one third of my contemporaries were cut.

It was only after becoming 'legal' and working in Oxford that I did very much about things. I became friendly with an older man who had graduated at Oxford around 1940. He was a keen naturist and introduced me to gay

naturism. He was circumcised and was inclined to be amused at my particular interest in other men who were circumcised. When I started to attend meetings he called it an obsession!

The first naturist meeting I went to in London had seven men present and five of us were circumcised. Subsequent meetings I attended at various naturist groups in London had a high proportion of men who had been circumcised. I observed that it seemed to be comparatively rare in men born after 1950. I have seen in *New Society* by Gavin Weightman a statement that circumcision became rare after the medical profession changed its mind over the value of the operation and the NHS ceased to provide it free.

I have been hosting naturist meetings myself over the years and occasionally have organised meetings for 'Acorns' which the participants seemed to enjoy it as it gives them common ground. I think that the proportion of gay men who have been circumcised at birth or later is higher than the national average. The score for cut and uncut at recent meetings I have organised and attended is about 50/50.

There certainly appears to be a regional variation in that few cut guys come from Ireland or Scotland and it is certainly more common in Londoners. A recent visit to the Highgate ponds in August on a weekday showed a huge proportion of roundheads present. In fact the naturist section has always had a high proportion of cut gays (NB not all naturists at Highgate ponds are gay).

D. D. - Oxford

Editor's note: Unfortunately D.D. passed away earlier this year.

Have Your Baby Boy Born In The U.S.

If you are contemplating circumcising your offspring, if it turns out to be a boy, then I can only contemplate advantages to having him born Stateside. The reason? He will be able to return at will to a land where the majority of males have their penises operated on at birth, and the method of excision of the foreskin is one which is appealing to most persons who show any interest in this peculiar form of erotic and explicit sexual surgery.

Your son will likely feel good at being circumcised, at least somewhere in the United States, but certainly less likely in his own country. Circumcision is adored in the U.S. Elsewhere, like religion, it is somewhat frowned upon, and often considered as infant sexual abuse.

In the U.S. you will have absolutely no trouble at all finding a circumciser for your son either. They practically queue up to do it, such is their love of it. In Britain, few doctors will offer their services, Jewish mohelim are the best

bet. However, the type of circumcision will differ depending upon the country where it is sanctioned and performed.

Can you imagine an N.H.S. circumcision, end the long outpatient wait involved, and then the facial expressions, “Why exactly do you want to do THAT to your child?” “We tend not to do THAT kind of thing to babies and children anymore here”.

U.S. circumcisions are known for their smoothness of appearance and tightness, typical results of utilising clamp devices. The parents will receive much less ridicule concerning what they have put their child through, if their friends, not American, realise that their son’s circumcision was performed whilst they were living or residing (at the time of his circumcision) in a foreign country, where ideas concerning minor ‘mutilation’ of male babies is an accepted norm or social custom.

It is the same with female circumcision. African children who have been clitoridectomised abroad, their parents are somehow ‘forgiven’ for what they permitted or allowed their daughters to experience, because ‘it was the custom’ in Africa. The same sexual surgery performed in the U.K. would evoke an undoubted prison sentence for both the parents undertaking this surgery, and particularly the doctors performing this.

The biggest cost of giving birth to your son in the U.S.A. once your scan reveals that you are pregnant with a boy, is the high cost of the birth. The actual circumcision is likely only to cost a few hundred dollars. If you think you are able, ask to be present for your son’s circumcision (more accepted in the U.S. than in Britain). You will be able to tell him when he is much older exactly what happened to him when his penis was operated on, and often American medical personnel will describe the complete procedure, with expected after ‘op’ appearance, to you so that, if you have any doubts, you can challenge the procedure involved.

You may also have the advantage of not needing to tell your son exactly ‘why’ he was ‘done’ or circ’d when he is much older when this operation on newborn males’ sexual anatomy is so common and accepted as the norm in such a circumcising society as the U.S.

Be prepared for what is the most common scenario for American style circumcisions. Your baby will be tied to a circumstraint restraining board by both hands and feet, and unless you request it, will not receive any anaesthesia as this is often deemed inappropriate, more painful to the baby than the procedure, and potentially life threatening. Expect his foreskin once severed, to be just discarded in the bin.

Probably the greatest advantage to an American style circumcision. No one will ask you ‘Why?’

M. W. – Scotland

More American Boys Are Being Circumcised

From Dr. Schoen's website, www.medicirc.com

Recent statistical evidence from the Center for Disease Control (CDC) (see figures below) indicates that in the United States (U.S.) newborn circumcisions among non-immigrant boys have increased over the past 2 decades. There are over 100 million circumcised U.S. boys and men, encompassing about 70% of the total male population in this country. Currently 65% of U.S. baby boys are being circumcised in the hospital as newborns, and at least another 5-10% of males will be circumcised later for foreskin problems and cultural reasons.

The CDC found that the total U.S. newborn circumcision rate rose very slightly (from 64% to 65%) over the two decade period, from 1979-1999, but the breakdown of these statistics is revealing. There have been increases in circumcision among blacks (from 56 to 64%) and in newborns from the Midwest (from 74 to 81%) and the South (from 56 to 61%), areas of the country with the fewest new immigrants. In specific communities very high circumcision rates are being reported: 84% in Atlanta, Georgia, 85% in Houston, Texas, and 92% in a Wisconsin community served by a pediatrician opposed to circumcision. In the Georgia survey the medical record face sheet reflected only 84% of the circumcisions actually done (O'Brien, Southern Med J 1995); prevalence would have appeared to be only 70% using the face sheet diagnosis alone, as the CDC does, suggesting that the CDC figures underestimate the true prevalence of newborn circumcision.

In view of these specific high and increasing circumcision rates why have the overall percentages not increased more? The answer lies on the West Coast, particularly in California, where the circumcision rate fell from 64% in 1979 to 37% in 1999. In 1979 the majority of births in California was among non-immigrant whites. By 1999 Hispanic infants constituted the largest group (46.5% of newborns); only 31.2% were non-immigrant whites and 6.2% were black; most of the rest were Asians. Hispanics and Asian immigrants rarely have their newborn boys circumcised. Since these two ethnic groups make up over 56% of California newborns, even if 100% of non-immigrant white and black infants were circumcised, the overall prevalence of circumcision in California would be under 40%, an explanation for the 37% Western circumcision rate reported by the CDC. In the East there is a similar though less marked effect, since there are proportionally fewer immigrants.

The rising non-immigrant circumcision rate in the U.S. probably represents growing public awareness of the compelling published medical evidence favouring circumcision. Since the 1980's more than 15 separate studies have shown that uncircumcised male infants are about 10 times more likely to get serious kidney infections in the first year of life. Uncircumcised men are 22 times more likely to get devastating, invasive penile cancer. Over the past 15

years evidence, mainly from Africa, has shown that uncircumcised men are 2-5 times as likely to get human immunodeficiency virus (HIV) infection on exposure. Public response in Africa has resulted in a call for adult male circumcision. In the face of this increasing proof of the health benefits of circumcision, it seems likely that the newborn circumcision rate in the U.S. will continue to increase.

For details, documentation and references of the recent CDC data confirming rising circumcision and for medical publications regarding circumcision logon to www.medicirc.com or www.medicirc.org.

The CDC statistics can be found at the National Center for Health Statistics' Web site at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/circumcisions/circumcisions.htm>

Seven Shillings And Six Pence.

In an earlier edition of *Acorn* we read C.P.'s account of his circumcision and learn that the total cost fell little short of £1000, enough for a very good holiday or to castrate 16 tom cats according to the tariff of my local Vet.

Only the other day on a local nudist beach I met a chap who, like myself was well circumcised. Both of us being naked and therefore revealing all I commented on what a fine job had been done in circumcising him. He replied that he was well pleased with it and that it had been done in 1946 at his local hospital when he was only a few months old. I asked if it had been done as a medical necessity or as a matter of the fashion of the time. He told me that his parents made the decision to have him circumcised as so many other boys were being done. He went on to tell me that being prior to the commencement of the National Health Service the procedure had cost 7/6d and that they still had the receipt.

Looking closely at him I said that this must be one of the best examples on record of 'rampant' inflation.

I. W. - Dorset