

# ACORN

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Editor  
Ivan Acorn

## Editorial

**H**appy New Year! In the Christian calendar, 1<sup>st</sup> January is the Feast of the Circumcision and therefore a particularly appropriate day for the publication of my first edition as editor.

New Year is, of course, a time for resolutions, and the time for a new editor to appeal for support. So please – one resolution for every member: that at some stage during the year, you will write to me with some ideas about or a contribution for the magazine. I know that not all of you feel fluent with words. Don't worry – if that's the case, jot down the ideas or points which you wish to get across and I will write them up for you. And your contribution does not have just to be about personal experiences. Your views and opinions are equally valuable, and I will try to stimulate these from time to time by asking questions or perhaps promoting controversy.

I have enjoyed putting together this first edition. I hope that you will find sufficient that is familiar to reassure you that the magazine is safe in my hands, and sufficient that is new to show some of the directions I might take you in the future. This edition contains a report on the Acorn Society meeting in Leicester in November, written by a first time attendee. I too

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## Correspondence

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was a first time attender and was delighted by the very open, welcoming atmosphere which meant that I was immediately at home. Preparations are already being made for the 2003 meeting and I do urge those of you who are a little nervous to take the plunge: you will find many like-minded spirits.

I am delighted also in this edition to welcome on board Dr Cornell. He is a practising urologist in Atlanta who is immensely sympathetic to men seeking circumcision and who is experienced in performing the operation. His first article is about those first important steps in seeking circumcision. I hope that I can persuade Dr Cornell to become a regular contributor and that he will prove to be a real resource for members.

One piece of business. With this edition is enclosed a subscription renewal leaflet. You will see that the price remains the same and that you are guaranteed six editions this year – a real bargain, so please do renew as quickly as possible and ease the administration.

Enough – now read on and, I hope, enjoy. Please write or email me with your comments about what you liked and what you disliked. Feed back is vital; the worst thing for an editor is not criticism, but silence.....

*Ivan Acorn*

## The Editor's Column

### The fate of the foreskin – 50 years on

**I**n December 1949, the *British Medical Journal* published a paper: 'The fate of the foreskin' by Douglas Gairdner. Enormously influential at the time, how does the paper stack up 50 years later?

We often imagine that up to World War II, Britain was the land of the circumcised. Gairdner claims this to be far from the case with wide variations between different districts and between different social classes. Circumcision tended to be more prevalent as one ascended the social scale or descended from north to south. In one sample, 84% of public schoolboys had been circumcised; but even in primary and secondary schools in rural Cambridgeshire, 50% of boys had been circumcised, an unbelievably high figure by today's standards. As Gairdner says, tens of thousands of infants were circumcised each year.

Until the formation of the NHS in 1948, medical care was private with poorer patients being catered for by a panel system. Thus circumcision was an economically profitable service which doctors could provide to the parents who could afford to pay. This system had the advantage of controlling and therefore making manageable the numbers of babies being presented for circumcision. With the coming of the NHS and free medical care for all, circumcision theoretically became available for all baby boys at no cost. Was Gairdner's article therefore just a cover for the NHS to hide behind in refusing universal circumcision or was there more substance to the case?

In 1933, Glenn Deibert published 'The separation of the prepuce in the human penis' in *The Anatomical Record*. Deibert looked at the separation of the foreskin from the glans as the embryo developed in the uterus. He concluded that separation is not completed at birth, but is accomplished sometime during infancy or early childhood. However, separation was sufficient at the 10-day stage to allow mechanical retraction without danger of a tear. Gairdner took this work further, investigating in greater detail when separation took place. He concluded that 4% of newborns had a fully retractable foreskin, rising to 20% at six months, 50% at one year, 80% at 2 years and 90% at 3 years. He considered that no action was required on a non-retractable foreskin up to 5 years, but that thereafter hygiene considerations took over.

So far, so good. This is a useful medical research paper which takes forward Deibert's work on the development of the foreskin. However, Gairdner now uses this research basis to launch a polemic against circumcision. Gairdner implies that the sole reason for routine infant circumcision is phimosis, caused by adhesions between the foreskin and the glans. Since these adhesions will resolve themselves in the first three years of life, ipso facto the case for routine circumcision collapses. Gairdner defines true phimosis as a constriction causing urinary obstruction and "must be exceedingly rare". For him, phimosis, the inability to retract the foreskin because of too small an opening, conveniently appears not to exist, or is at least undiagnosable since unretractability of the foreskin before the age of 5 is not a matter for concern.

Gairdner notes that an earlier correspondence in the *BMJ* had resulted in a "surprising variety of reasons why different doctors advise circumcision". His implied conclusion from this multiplicity of reasons is that the doctors must be in error. He fails to acknowledge that there can indeed be multiple reasons for circumcision, and that far from being contradictory, these reasons can be cumulative in advancing the case for routine circumcision.

At this point, Gairdner gives the number of deaths from circumcision in boys under 5 years – 16 in 1942 and 17 in 1943 (although the subtext reveals that anaesthesia rather than the actual operation is at fault in most cases). He then undertakes a short survey of possible reasons for circumcision – phimosis, balanitis and posthitis, paraphimosis, and the prevention of venereal disease and penile cancer. All are given short shrift. Balanitis, for instance, is apparently mainly the result of an ammonia dermatitis affecting the napkin area. Tell that to the many adult men who suffer this condition! Only penile cancer gives him pause for thought. But then he quotes Dean (1935), reviewing 120 cases of such cancers: "Men with penis cancers gave the impression of being less intelligent as a class than other cancer patients. Not only had the majority ignored for long periods the pre-cancerous state of physical annoyance, filth and odiferous discharges, but also it was not unusual for many to delay seeking advice until a large part of the penis had become affected with an ulcerating growth". One would have thought that the conclusion from this (backed up by other studies) would be that many men do not practise satisfactory general hygiene and that circumcision might therefore be an extremely useful prophylactic. Gairdner's conclusion is that if a

man keeps his penis clean, all will be well i.e. he buries his head firmly in the sand about the actuality of standards of genital cleanliness.

Reading Gairdner 50 years on, it is indeed surprising that the article was and remains so influential. It is anecdotal, opinionated and based on little factual evidence. The whole approach of the author is encapsulated by the following: "In order to fulfil the intention of this paper an inquiry on these points should have been made amongst a group of uncircumcised men. This was not attempted, although with regard to the last two of the factors mentioned it should be stated that whenever the subject has been broached in male company, those still in possession of their foreskin..." Precisely; let's not bother with properly structured research – asking around in an unstructured, uncontrolled situation will suffice.

The decision about circumcision, as with any other medical procedure, has to be decided on the balance of advantage and disadvantage, with a true assessment of the risks involved on both sides of the equation. This requires proper research and unbiased evaluation of the evidence available. Gairdner makes no attempt to do this. In this sense therefore, it is a shoddy little article, unworthy of the profound influence it has had. It is surprising that it was accepted so uncritically and with such acclaim. One can only come to the conclusion that it was manna to an uncritical medical profession looking for reasons to discontinue routine infant circumcision. Even now, 50 years later, Gairdner's legacy lives on. The foreskin is alive and well and living in England.

*Ivan Acorn*

## Getting A Circumcision

### Instalment I: Preparing for the Consultation

**T**he first step in getting a circumcision is getting the determination to proceed. This is a big and fearsome step leading to a life altering change to which you have obviously given much thought. The medical scene tends to be quite intimidating, and dealing with surgical alteration of the genitals one of the most frightening issues to broach. You should proceed with the notion in mind that getting a circumcision for cosmetic preferences is perfectly acceptable. Be willing to express this to the urologist, and, if he is not accepting, go elsewhere.

Try to do a little background work too. Make your initial consultation as comfortable as possible with the highest chance for success. Seek out a practice that advertises circumcision. Two readily-accessible resources are Circumcision Agency in Britain and Circumcision Center in the U.S. (Contact details are given below.) Practices such as these specialize in providing efficient and dignified outpatient, adult circumcisions. Some urology practices are disinterested and actually consider circumcision to be a nuisance. However you should also use caution in dealing with a practice that proclaims specialization with circumcision and/or cosmetic genital surgery.

Also do some research into the different styles and techniques of circumcision. They are not all created equal. Different amounts of outer (shaft) skin and mucosal (inner) skin may be removed/left intact. Get a good idea where you want the scar line to be placed, how tight you want the skin, and whether or not you want the frenulum removed. An excellent resource is [www.circlist.com](http://www.circlist.com). Once you have these details in mind, be committed to find a doctor who respects your wishes and will work according to your specifications.

Doing aesthetic circumcisions requires that the surgeon be attentive to the details of skin resection and tissue handling and that he has an artistic eye. This is, however, the technically easiest operation a urologist performs. I am wary of those who 'specialize' in circumcision, and charge extraordinarily high fees, as I expect they are marginally competent general urologists.

Once you identify a practice with which you are considering consulting, look for some basic credentials of the physician. He should be board certified in urology. This means that his residency training was accredited and that he successfully completed the certifying exams which are both written and oral. In addition to board certification he should also be a Fellow of the Royal College of Surgeons or the American College of Surgeons. Only board-certified urologists are eligible but not all are accepted for Fellowship. Fellowship reflects adherence to the highest ethical, professional, and academic standards. Finding a surgeon with these credentials will not assure you of a good outcome but they represent minimum expectations.

Next you should make a consultation appointment while maintaining a healthy level of scepticism. When making your appointment, ask if the doctor performs elective circumcisions. Unless the answer is "yes", without any hesitation – go elsewhere. I implore you to follow your instincts. Maintain high expectations in communication skills, candour, and professionalism. Ask yourself, "would I want to be friends with this bloke?" If the answer is "no" then go elsewhere.

You should also demand that the office respect your dignity and privacy. It is not acceptable for the entire waiting room to know why you are in the office. All of your conversations should be carried out to protect your privacy.

At the initial consultation, you should expect an exam of the genital tract which is appropriate for your age. The urologist should be evaluating you both for circumcision and as a general urology patient as well. To that end, men under 40 should expect an exam of the abdomen, flanks, groins, penis, and scrotal contents. Men over 40 should expect a digital rectal exam. Everyone should expect a urinalysis and men over 40 expect a blood test for PSA (prostate specific antigen) for prostate cancer early detection.

Once the general exam is completed you should have a specific discussion with the urologist about how you will be circumcised. Do not expect him to understand circ fetish terminology such as 'high and tight'. I simply urge that you show him on your penis where you want the scar line to be placed and how tight in the flaccid state you want the skin to be. If he talks about "the way I was trained" or doing some kind of standard circumcision you need to go elsewhere. The urologist

needs to be understanding and concerned with pleasing you. Remember, you are having a cosmetic operation. If you want high and tight and he cuts off all the mucosa, it's too late. Once you are satisfied that you are dealing with a competent guy who respects your wishes, have a frank discussion about the total cost. Be sure this is an all-inclusive price, and not just his professional charge. Are there any anaesthesia, hospital, or clinic charges? You want to know what your bottom line exposure is going to be. You should expect to be pampered. After all, it's cosmetic surgery!

*David Cornell, M.D., F.A.C.S.*

*[Dr Cornell is a urologist, practicing in Atlanta, Georgia, U.S.A.]*

Details of the resources mentioned above are as follows:

The Circumcision Center  
993-C Johnson Ferry Road  
Suite 225  
Atlanta  
Georgia 30342  
U.S.A.

The Circumcision Agency,  
Box 444,  
28 Old Brompton Road,  
London,  
SW7 3SS  
England.

[www.circumcisioncenter.com](http://www.circumcisioncenter.com)

[www.circumcision-agency.com](http://www.circumcision-agency.com)

## Leicester Acorn Meeting

The meeting of the Acorn Society took place in the Grand Hotel, Leicester on Saturday 9<sup>th</sup> November 2002 in the Cromwell function room (!)

The first part of the meeting was unstructured with members in groups of five or six at separate tables, where new members were welcomed and brought up to date on previous gatherings and the geographical spread of members at home and abroad. There were five members present for the first time who appeared to be put at their ease and whom we hope to see again at future gatherings.

The second part of the meeting was more formal and mainly consisted of an introduction to Ivan, the new editor, who takes over from Steve with immediate effect. His stated aim was to produce six issues in 2003. Although there was material to be handed over, he emphasised the need for contributions from the membership. This was the only way to maintain a newsletter of general interest based on personal experience and discussion, as had been the case when the first *Acorn* fell into the leaf litter and took root.

A major point of discussion concerned the attraction of new members. The internet and email were forms of the media which could be valuable in making our presence felt in the greater world of men who may not yet be aware that we exist so that they can enjoy our personal facilities. It was also agreed that a small advertisement in the pages of *Forum* magazine and in other organs could be useful, if only as a one off exercise in the first instance, since not everyone has access to the internet or an email address.

The third major topic concerned our next meeting – date and place. Douglas assured members that he saw no reason to increase subscriptions in order to cover a similar meeting in Leicester in November 2003. Political and sporting events not withstanding, and school holidays and other major commitments being past for most members, the proposal was agreed. But perhaps the hotel should be asked to offer an alternative function room, since Cromwell and his Roundheads(!) seemed to some members(!) to be exclusive.

*Peter – Edinburgh*

## Of Foreskins And Smegma

When I was a teenager (13-15) and at Secondary School, some of my friends and other boys would gather together and they would all masturbate to see who would ejaculate first. I noticed on a number of occasions that the circumcised boys who hadn't masturbated for several days would ejaculate first before the boys who were uncircumcised. Their foreskins covered their glans penes so that they were always sensitive and moist. They always had a lot of smegma, and the smegma on some of the boys smelt very strong when they were masturbating. Personally I found the smell very erotic and sexually exciting. I myself never took part in these masturbating episodes, but was always an observer. A few of the boys were involved in mutual masturbation including myself and I always touched, picked and smelt the smegma which got me in a really excited sexual state thus making me ejaculate before the other boy who was uncircumcised. I am going back to the early sixties – I was born in 1947.

There was one boy who was the same age as myself who always pinched the end of his foreskin between his index finger and thumb every time he ejaculated. When his ejaculate was coming out, you could see the movement under the foreskin. He told us that he always got a lot more physical pleasure in and around his glans penis at the moment of ejaculation. After he had finished ejaculating he would wait a short time before releasing the end of his foreskin (very long,  $\frac{1}{2}$  inch overhang). When the cavity between his glans penis and the inside of his foreskin was empty of his sperm he would very gently and slowly pull his foreskin back, revealing his extremely sensitive moist glans which still had a residue of sperm and strong smelling smegma. He like many of the uncircumcised boys very rarely bothered about personal hygiene in that area.

All the boys including myself were very highly sexed and I am still the same at the age of 55. Sex isn't only for the young, it is for everyone. You are never too old for sexual pleasure and enjoyment. Sex doesn't recognise age. Some older men are a lot more virile than the young ones – just take a look at older men 50+ in Islamic countries who have young children under the age of puberty. Turkey and many of the Arab countries are good examples of that.

*Y.A. – Manchester*

## Military Cut

Much of our life is ruled by a desire to 'belong' – one of the gang – a feeling of associating with those who share our standards. I think that is why *Acorn* can help so much with its articles that so many of us can connect with.

In my case, it is the old familiar story. As a small boy I can remember playing with a friend and at one point we took a pee together. As we stood side by side relieving ourselves behind a bush, I looked at his dick and was surprised to see that his was different to mine. Why was the end of his knob bare whilst mine was covered up? I think that from that point on I was fascinated by circumcision, without even understanding why.

In my early teens my life took a completely unexpected turn that would affect me forever. My parents emigrated to Australia and my new school was an all-boys' grammar school in Melbourne. Here was a culture shock indeed. Instead of being in the majority in being uncut, I found that I was virtually the only boy in my class who was not circumcised. Showers after sport were an uncomfortable affair as the circumcised majority jeered at the very few who were not. I was asked on many occasions, "What's wrong with your dick?" and laughed at. The burning desire to get circumcised and join the rest of the guys was infused within me. I had no desire to be 'different'. I hated being uncircumcised and knew that eventually I must do something about it.

My opportunity came in a rather unexpected and, at first, very unwanted way. From the mid-1960s to 1972, Australia had conscription due to the government's regrettable involvement in the Vietnam War. The service wasn't universal but was done on a lottery basis. Guess whose number was one of those that came up? So a couple of years after leaving school I was conscripted into the Australian army. Along with my fellow grunts I was to have the 'pleasure' of two years' compulsory military service. Now of course there was absolutely no privacy anywhere and the status of my cock was only too evident to all the other soldiers around me. Just as at school almost everyone else in my unit was circumcised. Though I wasn't ridiculed like I had been at school, I was often asked why I hadn't been circumcised like the others. From officers to lowest ranks they were nearly all circumcised and perfectly happy with it. The fact that Australian doctors seemed to think that circumcision was a very good idea for all boys and British doctors didn't was something of a mystery to them.

Fortunately for me, Australia ended its practice of sending troops to Vietnam before I could be sent there. Conscription came to an end, so I was one of the last to go through it. I could have used being sent to a tropical country as a possible excuse to persuade the medical authorities that it would be a good idea if I were given a circumcision. With this chance out of the way, I started to get a little desperate and felt that, as I was unlikely ever to get circumcised in civilian life, I had to try and convince the medical officer that it would be a useful thing for me to have done. I kept dreaming up all sorts of 'problems' that I was afflicted with but I was pre-empted by what was known as a 'short arm inspection'. This was on



account of our unit being sent to Northern Queensland for training in a sub-tropical environment. The medical officer singled out two of us who were not cut and informed us of the potential medical problems that could be encountered in that climate from not being circumcised. In the end we were virtually ordered to report for a circumcision. The other guy was not so keen but I was absolutely delighted. At last an ambition satisfied. Many years later I saw the film *Virgin Soldiers* and have to say that my circumcision was nothing like that. It was all done with typical military efficiency and a common-sense approach that is not always evident in the Army. Just before surgery I made sure I got a commitment from the surgeon that I would be fully circumcised. I didn't want any half measures. The feeling afterwards was euphoric. I knew it was going to be sore but at last I 'belonged'. I was just thrilled to have finally been circumcised. And what's more I had a couple of days off duty in sick bay.

I didn't know a lot about the types of cut but once my circumcision scar had healed I noticed that my cut was just below the rim of the helmet. It was much higher up than those of the others I had seen whose scars seemed to be further down the shaft. The frenulum had also been removed, so I later came to the conclusion I had a high and tight cut. There was a certain interest from some of the other men as to how it felt compared to being uncut. Could I wank off as I had before? In the army one thing you don't have is privacy and I had to wait until I volunteered to drive some supplies to another camp. Once off the main road and in a quiet bit of bush area I tried out my newly-circumcised cock, sitting in the front seat of my military vehicle. If I'd been caught I'd have been in serious trouble but that made it all the more thrilling. The gratification achieved that afternoon told me that I was definitely in the right camp. I volunteered many times for driving jobs over the next few days and weeks! Coupled with this pleasure, the improvement in hygiene was a huge advantage.

The rest of my service eventually passed and I couldn't wait to get out into the big civilian world as 'one of the boys'. I couldn't stop going to swimming pools and sports centres in order to let other men see I was one of them in the changing rooms where I was naked for as long as I could be without getting arrested! Fortunately this desire did fade away as I simply accepted that I was just like everyone else.

Eventually I returned to Britain with its decreasing incidence of circumcision but now I felt that although I was now different from the majority I was distinctly one up on those who were not circumcised. I have never had any doubts as to the benefits to my sex life that circumcision has brought. People said that going in the army would 'make a man of me'. As far as I'm concerned, it was being circumcised that achieved that.

*Richard - Manchester*

## Joke

**D**efinition of a Dandy: A guy circumcised with pinking shears.

## Smooth, Naked And Cut

As you may know I am *extremely* PRO circumcision, especially when it is done on newborn boys (such as me over 50 years ago!) and I thoroughly agree with every word on the [www.medicirc.com](http://www.medicirc.com) site mentioned on page 15, Issue 2/2002. There are so many advantages of circumcising the newborn: e.g. the organ is smaller; no remembered trauma; high level of antigens at that age; operation at this age results in little or no scar line and a much larger (flared) glans through unrestricted growth; no problems with post operative erections; no embarrassing explanations needed to colleagues or, if at school or college, other students and teachers for time off work, etc. I cannot thank my parents enough for making this important decision for me – a decision resulting in an organ of which, especially as a naturist, I am particularly proud. Let us severely challenge the use of the emotive word 'mutilation', currently so popular with the anti-circ brigade! There is no place for this word in connection with circumcision any more than, for example, having a redundant tooth extracted.

You may also be aware that for the past five years I have run an organisation called Smooth and Cut Naturists. As well as being circumcised, members of SCN enjoy the many advantages of having no body hair (sometimes other naturists call us 'Smoothies'). Some of the advantages of both being smooth and 'cut' are shared – for example hygiene, which is of paramount importance to us.

Back in 1999 I started a web site for SCN. It has progressed over the past four years to become *the* leading site for smooth naturists world wide with over 450 pictures and other useful pages with topics such as Methods of Hair Removal and, on the second of our two Links pages, a number of relevant sites under the heading of 'Circumcision'. There is also a Message Forum which currently has a subject 'thread' on foreskins (for or against) which may be of interest to readers.

Why not pay us a visit at: <http://www.smooth-naturists.co.uk> ? You will be sure of an interesting and informative time there and add to more than one and a half million visitors we've had so far!

*John – Dorset*

*john@smooth-naturists.co.uk*

## Picasso's Nude

In September I visited the Museu Picasso in Barcelona. Picasso spent part of his early career in the city and in the late 1890's painted a series of male nudes, one of them full frontal. I was surprised to see that the model had been well circumcised, glans fully exposed. I had always thought of mainland Europe as being a desert as far as circumcision is concerned. Was Spain different in the 1890's?

*I.G. – London*

## Jack's Story — Part 1

**M**y love affair with the circumcised cock began almost 50 years ago in childhood when I found that my best friend Dave was different from me and the other boys in our school class. He first showed me his cock when we were eight years old, and told me with obvious pride that he had been circumcised. At the time I had no idea what this meant but I was struck by how much more attractive his cock looked with the head bare and quite free from the skin which covered the head of my own penis.

When we reached adolescence we began to masturbate together and it was then that I became intensely jealous of my friend. At the senior school there were many more circumcised boys and without exception they all seemed so proud of their cocks. I suppose it was then that I developed a bit of a complex about circumcision. How I wished that I was like these boys and how determined I became to be like them one day. At 13 Dave's cock had grown to full size and was now about 7 inches long with a well developed thick shaft. The head of his cock was a good bit wider than the shaft with a big mushroom-shaped glans. When his cock was fully erect it was hardly possible to move the skin on the shaft and the scar could be clearly seen about an inch behind the glans in a perfect circle around the cock shaft. In addition the skin above the scar was dark while the skin between the scar and the glans was much lighter in colour. Teenage hormones determined how we spent much of the day and such was our libido that we were jacking each other off even during school classes, sitting at the back where we were less likely to be spotted by the teacher.

One weekend Dave told me that he had become friendly with an older boy who lived opposite his house. Every Saturday when Ken's mother went shopping Dave had been spending the afternoon in Ken's house and inevitably they had been jacking off together. Dave had told Ken about me and suggested that the three of us might get together, which we did the following weekend. Ken was 18 years old, tall and well muscled, in fact in most respects a man. He had what can only be described as a massive cock, hanging down more than six inches even in the limp state. As I soon discovered, when erect it expanded to around nine inches, a truly awesome sight for a 13 year-old used only to the much smaller cocks of younger boys. To add to my excitement Ken was perfectly circumcised with absolutely no skin close to the cock head even when his cock was soft. He had what I later discovered was a 'Muslim style' cut with the scar of his circumcision way down the shaft almost halfway to his balls. Like Dave the contrast between the skin of his shaft and that of the inner foreskin now pulled tightly back on the shaft was marked. He had a very full mushroom-shaped head covered with tight, smooth pink skin and surmounted by a large piss-slit the edges of which were pouting so that the slit appeared to be open.

Once Dave and I were naked Ken became fully erect, a drop of juice appearing in the slit and running over the fleshy cock head. Ken demanded that I jack him off, and such was the thickness of his cock shaft that I was only just able to get my hand round. I concentrated on gently massaging the fleshy head, running my

fingers around the underside of the flared glans with one hand and stroking around the wide piss-slit with the other. This new sexual activity excited me in a way which is difficult to describe. I was so hard that my cock was aching, dripping with juice, and as Ken came I shot the biggest load of cum I can remember.

That was the only time that I met Ken although my friend Dave continued to see him at weekends for more than a year after our threesome. Dave told me that Ken was disappointed to find that I was not circumcised and was therefore not keen to have me join them on Saturday afternoons. This only intensified the complex I already had over my foreskin. I was now associating only with boys who were circumcised. My jealousy of their beautiful cut cocks was intense, matched only by the disgust which I felt for my foreskin. My foreskin seemed even more gross than those I had seen on some of the other boys. Whereas they mostly had short foreskins which hardly covered the glans mine was horribly long and overlapped my cock head by almost an inch. To make things worse I had a wart on the inner surface which was always wet and often smelt. I hated the soft, tender glans and longed for the smooth tough skin which covered the cock heads of my many circumcised friends. Such was my desire to be circumcised that I plucked up courage and told my father about the wart on my foreskin, but he became angry accusing me of some kind of perversion so that I let the matter rest.

Throughout adolescence I became more and more determined to arrange my own circumcision once I was free from the narrow minded attitudes of my parents. At 18 I left for University in Liverpool and as I was studying Medicine I knew that sooner or later there would be an opportunity for me to circumcise myself. Once on the Clinical course I was able to get everything I needed and at the age of 21 I cut away my foreskin for ever.

*Jack*

[Part 2 of Jack's story, an account of his self-circumcision, will appear in the next edition.]

## Doing It Yourself

The article by C.B. 'Means to an end', Issue 2/2002 made me think about my own dilemma as a youngster with a hated foreskin. In those days I was unaware of private clinics and the possibility of ops outside the NHS: it was the GP or nothing. Our family GP was not the sort of man one could go to unless one was seriously ill, so in my case after years of thought it had to be a DIY job. This was eventually carried out very satisfactorily with the encouragement of my then girlfriend who much preferred men who, as she put it, "looked like men and not little boys". The actual operation was written up for *Acorn* several years ago.

Since my circumcision and the revision to produce a radical result, I have been more than delighted with the slightly (still) bare feeling of the organ and its appearance which I love whenever I see it. As far as the actual operation is concerned it is so trivial – the removal of a little bit of skin, that I am amazed the

medical profession have the cheek to charge more than a few pounds at most. I.W. – Issue 2/2002 had it right when he said the charge fifty years ago was 7s 6d: so allowing for inflation, £50 would be a fair charge.

However, saying this, with the availability of the anaesthetic creams available to numb the foreskin, I cannot see why men don't opt for self removal: it was certainly dead easy and relatively painless in my case and I would have no hesitation in doing it again. I have in fact helped a friend some years ago to do his and he also had no problems. Both his and mine were freehand circs, using scissors, and neither were stitched so the end result is an almost invisible scar.

Anyone slightly squeamish could opt for the plastibell – ligature circ so favoured by the Americans. This again is pretty pain free and very successful. If any of our members are keen to be cut and would like help or just advice, I will be more than happy to assist them based on my experience. Do get in touch.

*R.W. – Surrey*

[Editor's note: members should be cautious in operating on themselves. It is not unknown for self-circumcisors to end up in the nearest A & E department.]

## Style Over Substance

In a recent newsletter, and in many newsletters from the past, there have been articles making reference to the style of the circumcised cock. Everyone to their own preference, the 'ideal' varies between one person and the next. Some like to see the scar line high on the cock, others prefer to see it closer to the knob, others think the ideal being when there is hardly any visible scar at all. Reference is frequently made to the tension of the remaining skin, either when flaccid or erect. Some, like myself, prefer it drum tight when erect whilst others think it better if there is some slackness, perhaps sufficient to draw skin up to the corona or even far enough to partly cover the knob. Likewise the frenulum gets frequent mention, either to keep it intact because of its exquisite sensitivity, or to have it removed because it looks tidier. The list of variables is extensive.

In defining the perfect outcome from circumcision – the 'end result' – seldom is any reference made to the anatomy of the cock prior to the operation. Surely the same must apply to circumcision as to the baking of a cake. The final product is very much subject to the quality of the ingredients. The appearance of the Roundhead will depend very much on its earlier Cavalier state.

If the original foreskin was thick and slack, like an old sock, then the outcome will be different from what it would have been had the foreskin been wafer thin and knob hugging. If the covered knob was almost rimless and rather pointed it is never going to be the big, blunt, flared, bell end that many crave. If the outer foreskin is a much deeper colour than the inner membrane then the scar line will be much more apparent and the areas fore and aft will resemble something to be found on a painter's colour chart. The variety in size is of interest to almost all. Some, of 'domestic' appearance, after a little stimulation grow through King size

to Party size, even to “Oh my G\*\*”, whilst others are King size at first glance and are never anything larger only harder.

The skill of him wielding the knife will be reflected in the neatness of the outcome to some degree but the appearance of the Cavalier will always determine the appearance of the Roundhead.

*I.W. – Dorset*

## Celebrity Circumcision

One of the many pleasures in reading the Newsletter was the lists of well-known personalities and their cut/uncut status. This seemed to have disappeared recently, so I decided to see what I could find on the Internet. I knew of Chuck Thompson's list but rather than send off for a list, I was confident there would be plenty of information to be had on the Web. I was not disappointed. But herein lies the warning; the information you find on the Web is only accurate as far as the compiler knows it to be. As you will see there are a number of contradictions to be found.

If you already know of these sites, forgive the repetition, but those who do not may well be interested – I know I was. The main site seems to be [www.sleepy.net](http://www.sleepy.net). This was a very extensive list giving both cuts and uncuts. Being an American site it is hardly surprising that the list of circumcised celebs is about four times the length of the uncuts. Also I found that a very large percentage of those listed were American actors and sports stars that are virtually unknown in Britain. I felt the listing of well-known Jewish entertainers in the cut section was rather pointless. You'll be amazed to know that Dustin Hoffman, William Shatner, Tony Curtis and Uri Geller have all been circumcised! Had any Jews been in the uncut list I'd have been more intrigued. There are pages and pages of circumcised stars. As a circumcised man myself, I was pleased (though hardly surprised) to see Warren Beatty, Kevin Costner, Robert de Niro, David Duchovny, Clint Eastwood, Patrick Duffy, Ed Harris, David Letterman, Al Pacino, Brad Pitt, Charlie Sheen, Robert Wagner, Bruce Willis all are without a foreskin. If you scan through the list I'm sure you'll find plenty of celebs that you know there. There was also a sizeable number of Australian actors and sportsmen included in this list though my knowledge of Australian soaps and sports did mean that I didn't know many of them, though Jason Donovan and Pat Cash were in the list. It has to be said that Brits are few and far between in this website. They included Roger Moore, Anthony Andrews, Michael Craig, Engelbert Humperdinck (really?), the late Jeremy Brett, and rather less convincingly Ringo Starr, Charlie Watts and Kevin Whately (not from the glimpse I once saw in a nude swimming scene in 'Auf Wiedersehn Pet'). And if Derek Jacobi is to be believed (and why not?), he should not be in the cut list according to a recent newspaper article in which he says, when asked by Noel Coward if he was circumcised, he said he was not. There was also listed a British actor named Phil Banyard (Who he?). I checked him out on the Web and all I could find was a listing in a 'naturist' film made in the 1970s. In that case there can't be much doubt as to his circumcision. But there certainly is over Brits

in the field of rock and pop. Admittedly there is a question mark over the placing of Mick Jagger in the cut list. Something I would definitely question after seeing outtakes from the film 'Performance' where he was quite definitely intact. But I also have to doubt the veracity of the list when I checked out a further site [www.textfiles.com/sex/circlist.txt](http://www.textfiles.com/sex/circlist.txt). Whilst this is a smaller list, the discrepancies thrown up by it need further investigation. Ringo Starr is classed as uncut in this list whilst Tom Jones is listed as cut (never!) as also is Rod Stewart. These last two can also be found in [www.circumstitions.com](http://www.circumstitions.com) as quite definitely uncut along with Mick Jagger (told you!). This site is largely devoted to the anti-circumcision brigade and could be thought to be prejudiced in that direction. Still 'you pays your money and you takes your choice'.

Just out of interest I checked [www.eurocirc.org](http://www.eurocirc.org) which turned out to be the same list as [sleepy.net](http://sleepy.net) (as far as I can see) but aimed at the German-speaking market. Would you believe the same list can also be found in Czech but I won't bother you with the site address.

One more that I looked at was [www.club18-35.co.uk](http://www.club18-35.co.uk) which has nothing to do with appalling holidays in Ibiza with braindead young British holidaymakers. Rather it is a UK young-orientated site and accordingly has a slightly higher percentage of Brits involved, though inevitably there are more in the uncut section than the cut section. It not only has a section for under 35s but also one for older celebs. So you'll find amongst a large number of bronzed, musclebound, gleaming-teethed (little-known) American actors of dubious talent a few circumcised Brits such as Rupert Everett, Simon Le Bon, Julian Sands, Steven McKintosh and Tim Henman (maybe that's the reason for Henmania!). Sadly the list of uncut Brits is longer with Sean Bean, Rupert Graves, Hugh Grant, Jude Law, Jeremy Irons (that was unexpected, I must admit) and Jason Connery (as intact as his father) being amongst the throng.

So there you have it. It is interesting to compare the sites available. In the main they coincide though the difference in Tom Selleck's status is a worry. With what I've heard about the prodigious size of his cock, I would like to be sure he is circumcised. At least there are no doubts about Errol Flynn!

*Peter - Manchester*

*[larrydartpeter@aol.com](mailto:larrydartpeter@aol.com)*

## Religious Circumcision

### House of Commons Written Answer 3<sup>rd</sup> December 2001

**M**r. Gordon Prentice: To ask the Secretary of State for Health how many NHS trusts make provision for religious circumcision. [15468]

Jacqui Smith: In 1999–2000 205 national health service hospitals in England recorded a total of 21,763 inpatient episodes where the main operation was circumcision. It is not possible to determine whether the procedure was carried out for religious reasons.

## Editor's Notes

### Change of address

With the change of Editor, the mailbox address for contributions to the magazine has changed to the London address shown on page 1. Please note however that subscriptions should be sent to the Ipswich address listed on the renewal notice.

### Subscription time

It is now time to renew your subscription for 2003. A renewal notice is enclosed and prompt return with your payment would be appreciated.

### Electronically yours

If you would wish to receive the magazine in pdf format by email rather than in printed form, please let the Editor know. If sufficient members are interested, this optional alternative form of distribution will be available from the next edition. Please note that there is absolutely no intention of replacing the print version for the majority of members who will wish to continue receiving the magazine in this way.

### Contacts

This is the Acorn Society and some members would like to be able to contact others. There are three ways of doing this:

If you wish to write to a contributor to this edition, please send your letter to the London mailbox, following the instructions on page 1.

From the next edition onwards, Contacts Corner will reappear. If you wish other members to get in touch with you, please submit a brief wording. Just your initials or first name will be printed, and other members will get in touch with you initially by sending their letters to the Acorn mailbox.

If you wish other members to be able to contact you by email, send your email address to the Editor at [ivanacorn1@hotmail.com](mailto:ivanacorn1@hotmail.com). An email list will be prepared and circulated to those interested, and will be up-dated on a regular basis as other members join. This is to enable members to make individual contact with each other. There is no intention of creating a general mailing group such as Circlist or Procirc.

### Second time around

The Editor is hoping later in the year to write an article about circumcision revision. If you have undergone recircumcision, or are considering a revision op, and you would be prepared to complete a short questionnaire, please contact the Editor by post or email.

### Next edition

The next edition will be published on 1 March 2003. The closing date for the receipt of contributions is 1 February.



# ACORN

Issue  
N<sup>o</sup> 2 2003  
Editor  
Ivan Acorn

## Editorial

**W**elcome back!

I received several compliments on my first issue as editor and, in general, it seems to have been well received. But I did receive one complaint which I have taken seriously. The allegation is that "Acorn is too biased", to quote the title of an article later in this edition. It is suggested that *Acorn* has been captured by the pro-circ lobby; and I must admit that the last edition may have made it look that way. But that is not my wish - I would like *Acorn* to be balanced, promoting both the roundhead and the cavalier points of view. I hope that this edition goes a little way to address the bias.

However, I am in your hands. To a large extent, the magazine consists of what you send in. I know that quite a proportion of members are uncut and presumably many have no intention of submitting to the knife. So what about sharing with everyone else what you like about the foreskinned state and why you intend to remain a cavalier. Please note - no anti-circ rants (we are not a branch of NOCIRC!) but articles which celebrate the foreskin and the uncircumcised state.

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## Correspondence

Please send all correspondence to:-

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P.O. BOX 74  
176 Finchley Road  
London, NW3 6BT

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:  
ivanacorn1@hotmail.com

And now an apology. My postbag has been quite full for which I am very grateful. Ideally I would like to respond to all the letters which I receive but that is not always possible, at least not immediately. But be assured that this is caused by lack of time, not lack of interest. I do read everything that is sent – your letters do not go into a black hole. So please, please, keep them coming in.

The next edition will be published on 1<sup>st</sup> May 2003. The closing date for the receipt of contributions is 1<sup>st</sup> April.

*Ivan Acorn*

## The Editor's Column

### Best of Both Worlds?

Cavaliers and Roundheads may debate the relative merits of their statuses, but in their midst are the retractors, the transvestites of the penile world, Cavaliers in fact but dressed like Roundheads.

The Roundhead lives his life with his desensitised glans fully exposed, bare to the world. The Cavalier hides his glans away, his foreskin carefully protecting his over sensitive acorn beneath. But some Cavaliers wear their foreskins back, flaunting their glans, as if to deceive the world about their uncut state. These are the retractors.

Some retractors are in the experimental stage. "What would it be like to be circumcised?" they ask; and to find out, they wear their foreskin back, to see whether they like that permanently exposed feel of the truly cut. Those that enjoy the experience may then proceed to full circumcision; those that don't may retreat behind their foreskin, their glans never to see the light of day again. But left in the middle, twilight world are the permanent retractors.

The ability to be a successful retractor depends upon a number of factors – type of foreskin, shape of glans, and not least, persistence. Some men have relatively short foreskins so that the tip (or more) of their glans peeks through the foreskin even when the penis is at its most flaccid. For such guys, permanent retraction is relatively easy – indeed, in some men the foreskin is so short that it retracts of its own volition so that they have no option but to be pseudo Roundheads. But those guys with long or thick foreskins have much more difficulty in keeping the skin back – the force of gravity is constantly drawing it forward. Similarly, a loose foreskin may just not grip behind the glans.

Which brings us to the second factor – the shape of the glans, or more importantly, the depth of the ridge under the corona. Those where there is a pronounced rim have much less difficulty in keeping the skin back than those where the glans is almost a continuation of the shaft with hardly any rim behind which to hook the prepuce. But this is where perseverance comes in. Many retractors have been successful only after a lengthy period of training the foreskin to stay back. But they claim that in due course, whether because the coronal ridge gradually deepens or just because the foreskin realises what is required of

it, permanent retraction is possible. But persistence is also required on another front. Most Cavaliers, when they first retract, find their glans unbelievably sensitive. After just a few minutes, the almost overwhelming temptation is to pull the skin forward again and re-protect that all too sensitive acorn. Of course, the guy who is newly circumcised has the same sensitivity problems. But he has no foreskin left to cover his glans; he has to do cold turkey. In the end, the would-be retractor has to do cold turkey too. And those who persist find, like newly cut men, that after a few days, the over sensitivity subsides and they can start to enjoy that constantly exposed feel.

So, does retraction give the best of both worlds? Certainly it gives a permanently exposed glans, but with the option to cover up whenever the guy wants to. But there are some downsides. First, if the foreskin does slip forwards (and this can happen quite frequently in the initial stages), there is a tendency for pubic hairs to get caught, which can be extremely uncomfortable if not painful. Second, the foreskin inevitably dislodges itself during intercourse so sexually the guy is definitely operating with an uncircumcised rather than a circumcised penis. Third, the effect is not that aesthetically pleasing; there is quite a roll of skin bunched behind the corona, so the penis doesn't have the same sleek look as a well cut penis. Fourth, the foreskin is still there so it can pose the same health and cleanliness problems as a naturally worn prepuce.

Having said that, there are guys who have retracted for many years and are very happy with their status. They obviously believe that they have the best of both worlds, and who are we to say them nay. Are there any retractors among the members who would like to tell us of their own experiences?

*Ivan Acorn*

[Postscript: After I had completed my column, I received the next article, "Observations", in which T.S. suggests that retraction is on the increase. Do you agree?]

## Observations

I have noted the ratio of cut to uncut over many years in different situations and would like to know if they concur with the observations of others. When I was at school (minor public, early 60s) the cut were about 30%. This was across the age range 11 to 17. We would all shower together after games, both normal Wednesday activities or specific matches, so I was able to observe both my peers and older and younger boys. This ratio held good in general across the school. The masters who took games, either as specialist teachers or in an assistant capacity, showered with us (no doubt this would be unacceptable in today's paranoid climate) and I noted that they were cut to a man.

In adult life I have taken part in various sports and note that in general the ratio is more like 25% cut, based on changing room sightings. I go to naturist beaches and here the ratio is closer to 50%. I make this 'survey' by either walking

along the beach and noting the status of those that I can see clearly, or by staying in one spot and observing those who pass, again taking note only of those of whom one can be sure. I have for some years taken part in Fitness Training at our local Sports Centre. This course attracts a core of regular attendees and casual participants who join or drop out. The age range is between 35 and 55. About 50% take showers at the gym. For years the cut averaged 33%.

But here, as well as on the beach, I have noted a step change. On such days as the weather allowed sunbathing last summer, I noted that the *apparently* cut (I use the word carefully) now outnumber the uncut, being about 60% of observations. At the Sports Centre the ratio has changed similarly. I am convinced that this change is due in no small part to males retracting their foreskins. I base this deduction on the following. The age profile of the beach users has not changed and I can only suppose that the social class range is also unaltered, so a rush to elective surgery is not likely. The Fitness Training group is also interesting. I have noted that at least two individuals are now bare glans having been intact in the past. There has not been time for them to be circumcised and for the wound to heal. Both in the gym showers and on the beach there seems to be much bunched skin in evidence, though accurate observation is difficult.

My questions are:

- \* Do my observations accord with those of other readers?
- \* Have those readers noticed any changes in recent years?
- \* If such a change has been noted, is it likely to be as a result of retraction or circumcision?
- \* What does this mean? Is it a result of exposure to erotica wherein the cut organ is common, or is it flattery by imitation?

I know that I am quoting statistics of small numbers and maybe my observations will not be replicated. But I would be interested to know what, if anything, is happening and whether any readers could confirm my observations.

*T.S. - Bristol*

## Getting A Circumcision

### Instalment II: The Operation

I find that knowledge is power and that the worst fear is the fear of the unknown. Definitely, getting a circumcision may be an intimidating experience. I want to acquaint you with the practices of my office so that you may have an idea of what you may expect on the day of your procedure.

There are no rigid preoperative instructions for circumcision performed under a local anaesthetic. I would suggest a light diet, perhaps just liquids, on the day of the procedure. To prevent the newly operated penis from flopping around in the underwear, I recommend supportive underwear for the first few weeks after

circumcision; so be sure to bring some with you to the operation. It is unnecessary to shave, but trimming the pubic hair will prevent it from getting stuck in the dressing.

Immediately prior to performing a circumcision, it is my practice to sit down with the patient and mark the incision line with a skin marker. This is the best way to be certain we have the same concept in mind and to minimize disappointment. I encourage you not to rely on the terminology you may have read on the Internet for incision location. Most of these are not medical terms and urologists do not understand them. Also you should be clear about how you wish the frenulum to be handled, i.e., left intact or removed.

After the incision location is agreed upon, I go over the formal surgery consent for the patient's approval and signature. This is a time to discuss potential risks, benefits, and reasonable alternatives. Most likely, you have already considered these issues before deciding on circumcision.

Prior to commencing the procedure, I review postoperative care as well. You need to be clear about how long to leave the dressing, bathing after circumcision, and any medications or ointments to be used. I generally leave a compressive dressing for one week. During this time, the patient may shower, but should cover the dressing with a condom. I provide pain medication, antibiotics, and amyl nitrite inhalants (to relieve an unwanted erection). Once the dressing is removed, I have patients do twice daily tub soaks and apply antibiotic or vitamin E ointment to the suture line. The best results will occur if the sutures dissolve and fall out by about the tenth postoperative day. Keeping absorbable sutures moist is the best way to ensure that they fall out in a timely fashion.

Now for the operation. You will be undressed and positioned supine on the surgical table. There will be towels used to isolate your penis into a sterile field. Iodine solution will be applied to kill skin bacteria. You will receive several injections around the shaft of the penis to anaesthetize it. The doctor will check the sensation level to be sure you are properly anaesthetized before proceeding. I mark the skin again to make certain I cut symmetrically and where the patient requested. I then retract the foreskin and, if it is to be removed, I excise the tissue of the frenulum and do any suturing necessary. I do this first because the resection of tissue and/or suturing alter the ventral foreskin length. Next I make a 360 degree incision around the glans in the mucosal (inner) surface of the foreskin. I find that most men getting a circumcision are particular about the length of the mucosal portion of foreskin that is preserved. For that reason, I choose to make the mucosal incision first. I then measure from the corona of the glans to the mucosal incision, replace the prepuce over the glans and measure the same distance from the corona on the outer layer of the foreskin and mark the point of the second incision. After making the incision in the outer layer of the foreskin, the prepuce is attached by a very thin layer of tissue which I cut through with a surgical scissor, excising the redundant foreskin as a ring of tissue. Next I stop all bleeding with an electrocautery device which is of the same quality as one would find in a hospital operating room.

The lengthiest part of the operation is the suturing. I use rather a fine suture and place stitches close together. Once suturing is complete, a compressive dressing is applied. This consists of two layers: an inner layer of gauze and an outer layer of tape which has an elastic quality. The dressing is critical because it minimizes swelling and protects the freshly sutured wound from the stress of erection. As I mentioned, it stays for a week.

Many men are concerned that they will feel excruciating pain when the local anaesthetic has worn off – don't worry, it will be only mild pain. Oral analgesics like codeine, hydrocodone, or oxycodone are more than adequate. After about one week, you will be essentially free of pain.

For about one week after a circumcision, you should have a sedentary lifestyle. I would avoid exercising, lifting, and long periods of times on your feet. On the other hand, you should not need bed rest. After your dressing is off, you will find the sutures are uncomfortable. Soaking in the tub and lubricating the stitches with antibiotic or vitamin E ointment will encourage them to drop out.

After about two weeks, most men are ready to resume sexual activity. However, this is only a rough guideline. Assess your own healing and use your best judgment. Once the wound has healed, scarring may be minimized by application of the product Mederma. It helps fade scar tissue and suture marks. Remember that complete healing and resolution of swelling may take several months.

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[Dr Cornell is a practising urologist]

## Celebrity Circumcisions

**R**e the article by Peter – Manchester in Issue 1/2003, I would like to add my comments.

There seems to be doubt about Tom Selleck; many said he was uncut and then he apparently came out on a TV programme saying he was Jewish so that would almost guarantee circumcision. However I know a Jewish guy who is uncut!!!! I just cannot imagine him as uncut, it just doesn't fit his image! He may have a prodigiously sized cock but never shows anything when he is wearing shorts etc. He must have it tucked well in! One scene however in *An Innocent Man* shows him coming in from jogging and there is definitely something large visible in his shorts! There were also rumours that when he was making *Magnum* in Hawaii and flying

to/from the mainland, if he fancied any of the male stewards he would invite them into the toilet and display his large uncut cock to have sex with them. I don't suppose we will ever know for certain unless somebody has had sex with him or seen it?

I have seen the photo of Errol Flynn standing under a waterfall sporting a not particularly long but thick cut cock. There were always rumours that Flynn was very well endowed. I wonder if this photo is for real or is perhaps a fake like many are?

I would love to know the cut/uncut status of Tom Hanks (probably cut?); Russell Crowe (maybe cut but who knows?); Viggo Mortensen, born in Brooklyn of a Danish father (definitely uncut) and an American mother – probably if Mom had anything to do with it he would be cut! Patrick Bergin (born in Ireland so probably uncut, although I have met many Irish both from the north and the south who were circumcised shortly after birth); the singers David Daniels and Thomas Hampson. (Most likely cut.)

I quote a couple of interesting items:

Ben Affleck: apparently, whilst filming *Daredevil*, his dick somehow got wedged into a split open aluminium can and he was rushed to the local hospital for an emergency circumcision! It apparently delayed the filming for two weeks! (I would have thought that Affleck would have had a RIC in any case?)

Bruce Willis: Reveals all in the film *Color of Night* which is available on video. You definitely see his cock, briefly, and it is circumcised. But I would say it is only average sized, certainly not the big thick slong suggested by rumour. And there's more hair down there than on his head!

Neville – Northolt

Nevillea@btinternet.com

## Jack's Story – Part 2

**I**n the first part of his story, Issue 1/2003, Jack told how he came to the decision to perform a self-circumcision. His story continues.

From the age of about 12 I had an overwhelming desire to be circumcised. This had resulted from my close contact with circumcised boys both at school and in the neighbourhood. I became completely obsessed, surrounding myself with friends who were circumcised while shunning all contact with others whom I knew to possess the hated foreskin.

When 18 years old I left home for University Medical School determined to change forever my uncircumcised condition. I shared lodgings with a boy who had attended the same school. As he had been in a different class I had not really known him previously but I soon found that he too was circumcised. We shared a bedroom and as he slept naked I saw his cock at least twice a day for the two years that we were together. He had a particularly large, flared cock-head, which

he seemed happy to display at every opportunity. This just added fuel to the fire of my obsession.

I decided to circumcise myself. At the time I knew little of circumcision styles so I opted to aim for a cut similar to that of my schoolboy friends. Without exception they all had low cuts with the scar line fairly close to the glans. Mostly they were tightly cut and this I also wanted to copy.

Firstly I read several surgical texts on operational technique. These described freehand circumcision and nowhere did I see mention of the various clamps in use. Some years later as a House Surgeon I attended several circumcisions which were also done freehand.

Initially I was so alarmed by the potential complications listed in these descriptions that I almost decided against proceeding. Particularly worrying was the description of oedema [swelling] which the books said was almost bound to occur leading to poor wound healing and even gangrene. Wow! I certainly didn't want that. Rather gingerly I decided to do the operation in three stages. Firstly I would just do a dorsal slit, then later remove the skin from one side and later still cut the remaining skin from the other side of my cock. This way I reckoned that poor wound healing would be less likely as collateral blood vessels would still be available to assist the blood supply from the intact side. In retrospect I think poor wound healing is unlikely in an adult circumcision and I think my somewhat complicated procedure was unnecessary.

Obtaining local anaesthetic, syringes, needles, swabs, suture material and a scalpel wasn't difficult and as these were the only items I needed I went ahead. The dorsal slit was the easiest part; I just infiltrated a small quantity of local anaesthetic along the line of the cut and when I could no longer feel the needle I sliced through my foreskin to a point half an inch below the glans. There was remarkably little bleeding as I didn't cut through any sizeable blood vessels. I then simply added a few stitches on either side of the cut and that stage of the surgery was finished. The cut healed in a few days, but I left the next stage for several weeks.

The thought of cutting away half of my foreskin was exciting and I had to be careful to avoid an erection as that would just add to the inevitable bleeding which was bound to occur. Once again I used local anaesthetic which I infiltrated in small quantities around the left side of the shaft just behind the glans. With my foreskin held in forceps and pulled well back I made an incision around the skin of the shaft about half an inch below the corona of the glans. I then pulled my foreskin forward as far as I could and made a second incision through it and around the whole of the left side of my cock, completely severing the skin. At this point there was an awful lot of bleeding but I had prepared for this by sitting on the side of the bath so that later I could just wash it away. I knew that this would occur as my foreskin was well supplied with prominent veins which were bound to bleed. In an operating theatre this bleeding would be stopped by the use of electrical diathermy which would coagulate any small vessels. Eventually, with pressure from swabs the bleeding almost ceased and I was then able to see two



cleanly cut skin surfaces which I needed to suture. I did this using a needle held in Spencer-Wells forceps. These are the small forceps, used in many surgical operations, that can be clamped firmly together. I used silk sutures rather than absorbable catgut as silk has to be removed and therefore doesn't have the risk of suture retention. On completion I bandaged the shaft with a couple of gauze swabs.

When the local anaesthetic wore off I was surprised to find that I had no pain and only a slight soreness. I had a look at my handiwork after 48 hours. There was hardly any swelling but a lot of bruising which had resulted from not fully stopping the bleeding from small blood vessels. On day seven I took the bandage off and removed the sutures, cutting carefully through each before pulling them away with forceps. The scar was already healed and looked fine.

Several weeks later I repeated the cut on the right side using the same technique. In retrospect I should have done the operation in one go, as initially I was very tentative and didn't take quite enough skin from the left side. When I did the right side I had no such inhibitions having seen how easy the cut on the left side had been. The result is that the shaft skin on the left is slightly looser than I would like. This is not noticeable to others but nevertheless I am conscious of the difference. Still my relief to see my newly circumcised cock cannot easily be put into words. My cock head was now proudly displayed with the scar clearly visible.

In retrospect I wish that I had studied circumcision styles before my operation. I am pleased with my circumcision which also seems quite acceptable to others but at the time I was familiar mainly with the British style which I knew from observing my friends and from masturbating my friend Dave on thousands of occasions. The cut I really would have liked was the high very tight circumcision that I saw on Dave's adult friend Ken on that one occasion. This is so similar to the cut cocks of so many Americans that I have seen since. However, although my scar is only about a half to three quarters of an inch behind the glans it is clearly visible and, although the skin bunches slightly behind the glans when my cock is soft, the skin is tight on my erect cock which looks very circumcised. Also, since I was circumcised my cock head has grown in size and now has the very pleasing flared appearance achieved in a tight cut. Like most well circumcised men I can only jack off with lubrication, usually spit when I start and lots of natural cock juice very soon afterwards.

*Jack*

[Editor's note: Once again, I caution members about the risks of undertaking self-circumcision.]

## Contacts Corner

**W**est country member wishes to contact others who would like to discuss experiences etc. Recent revision, adult experience. All topics and opinions welcome. Perhaps meet, Bristol/West area

*T.S. - Bristol*

## My Muslim Son

As a Christian parent, the decision to go ahead with the circumcision of my soon-to-be nine year old Muslim son has been difficult to make. I have had to weigh up the feelings of all the people close to me. First, there has been my son, Adrian, who has heard his Indonesian mother and me discuss this operation openly. Understandably he is reluctant to have his foreskin removed at this age. He wishes that he had been done at birth, just like one of his Indonesian cousins, so that he did not have this to look forward to. I have told him that I tried to engineer this in the Indonesian maternity hospital where he was born but his mother, Ira, opposed it out of fear and protection.

My feelings up until recently have been a mixture of “yes” and “no” to circumcision of my son. My heart has said “yes” because circumcision at the age of 26 has been a positive experience for me and something I would want him therefore to share. My head has said the opposite because to circumcise a boy takes away the right for him to choose later in life. However, I have got off the fence because I think it is better to be involved in preparing him for the operation than seeing someone else in the future with no first hand experience possibly taking him off to a doctor I don't know.

Then there is his mother. She and her family have a strong desire for Adrian (and his younger brother Sean) to be brought up as practising Muslims. It is the custom, though it is not clearly prescribed in the Koran as it is for Jews in the Old Testament, that Javanese Muslims in Indonesia are circumcised between six and eleven while for girls the clitoral hood is snipped at birth.

As regards my parents and siblings, I have detected some conflict. My mother, a Swede, has expressed her aversion in no uncertain terms. I would guess that one sister, a nurse, is also against, seeing that her son, who is one year older than Adrian, is intact and her husband is an Irish Catholic. My father is circumcised and appears indifferent about the subject while my other sister, who is married to an Egyptian doctor, is not interested.

To add to all of this has been the place where he and his brother have grown up. For the last few years they have been in a rural white Anglo-Saxon Protestant middle class village where I would wager the incidence of circumcision must be low judging from my casual observations in the local swimming pool changing room. Being circumcised will mean being different and I am not sure Adrian and Sean will escape teasing. Of course, in the future they may find themselves back in Indonesia where being not cut would be different.

Preparations for the operation in July/August have included showing Adrian the video of our 11 year old Indonesian cousin being cut; ensuring that he can retract his foreskin without adhesions to wash the glans; and letting him see me nude so that he knows what I look like.

Finally I have begun to make tentative investigations about how and where it might be done in Jakarta and by whom plus cost. The cousin's brother is going to

be cut at the same time as Adrian so that the party afterwards can be shared. There has been talk of laser surgery to which I invite advice from Dr Cornell and others. Please write in about this.

H.F. – Cambridge

## Acorn Is Too Biased

I decided it was time to leave the *Acorn Society* some time ago when it became clear that the management no longer felt inclined to stick to the original terms of reference (i.e. to give equal weight to those who defended the foreskin). With the last edition of *Acorn* it is now clear that it has become the mouthpiece of those favouring circumcision, oblivious to the fact that the vast majority of those who witness such enthusiasms find them incomprehensible, or if victims like me, distressing.

Over the years I have contributed very many articles to *Acorn* and enjoyed taking a pop at the cock-cutters, but there was a deadly serious agenda behind it all. I and a lot like me are very conscious of the damage caused us by circumcision which in my case has led to the complete failure of my sex-life due to a total loss of sensitivity as I got older. I consequently find it deeply depressing that a group of people are hell-bent on causing the same damage to other little boys and have therefore devoted myself over the years to ensuring that they are unsuccessful. I am happy to report that my efforts, allied to those of a host of other men and perhaps more importantly, women, furious at the thought that they have been sentenced to second class sex lives by their parents, have succeeded in bringing down the circumcision rate in USA from over 90% to about 60%, in Australia from over 90% to just over 10% and in Canada similarly. Meanwhile the rest of Europe looks in incredulity at those who are prepared to jeopardise their children's future sexual happiness for the sake of a fad whose only basis is neurosis. I know it goes against the grain but your members (or their wives, for the non-gay minority) really should read Kristen O'Hara's book, *Sex as Nature Intended It*. If you don't like its tone (admittedly cringe-making in places, especially for non-Americans) you should nevertheless read the reviews of it written by a very large number of enthusiastic readers in [www.amazon.com](http://www.amazon.com) to realise that it has really hit a nerve in the USA. With luck, and the American woman's appetite for enlightened self-interest, this should help drive another nail into the coffin of institutionalised child genital mutilation in the States.

Sadly therefore I shall not be renewing my membership. However I live in the forlorn hope that common sense will eventually prevail and should you once again decide to honour your terms of reference, I shall be very happy to return and resume where I left off. I shall not be holding my breath.

R.B.W.

[Editor's note: R.B.W.'s report on *Sex as Nature Intended It* will appear in the next edition.]

## Foreskin Benefits

**I**t was good to receive the first issue of *Acorn* for 2003 bang on the New Year. A welcome to our new editor, Ivan, and his powerful exhortation to members to contribute to the magazine. In response is the following, which I know will not be to everyone's taste, but I look forward to some, hopefully reasoned, reaction. As I understand it, the magazine is for members to voice personal experiences and views relevant to their state of being circumcised or not. Any such forum, to be successful, must be balanced. I must therefore add my personal exhortation to what seems to be the silent uncircumcised majority (though perhaps not in *Acorn* membership). State your case! Are you satisfied with your state and why? And if not, why not?

Surprise, surprise, I am uncircumcised, despite being advised that circumcision was the only cure for my 'Tight Pullover' (the title of a previous piece published in Issue 3/2000. It details my story, with a happy ending, of correcting phimosis without surgery.)

I proved medical advice wrong and, albeit much later in life than I would have liked, trained my foreskin to perform all its functions correctly, from which I enjoy considerable benefits. What are they?

1. Protection of the glans so it's kept sensitive and moist, and therefore much more receptive to the subtleties of foreplay, intercourse or masturbation.
2. It has 'frenar bands' around the inner walls of its tip. These numerous nerve endings are supremely sensitive to heighten the sensations from almost every type of sexual activity.
3. It gives its owner flexibility. With full coverage, a man can retract partially, or totally to simulate a short foreskin or a circumcised state. Not possible, unfortunately, from the circumcised corner.
4. Circumcision is surgery and therefore causes pain and discomfort; also some risk of complications.
5. The arguments used against the foreskin have to be addressed:
  - (a) Lack of hygiene. Retracted and washed daily, like most other parts of the body, hygiene is simply not a problem. You don't cut away your fingernails because some dirt gets under them – you wash them.
  - (b) Inability to pee straight or in a stream – simply retract to the point where the urethra is uncovered, aim straight and shoot.
  - (c) Aesthetics. This, I concede, has to be debatable as I would expect even most circumcised members to agree with. 'Beauty is in the eye of the beholder' is perhaps a bit over the top as an analogy, but my experience of stated reactions has been that, with its movement on retraction or erection, the emergence of an uncircumcised glans from its 'sheath' is every match for a circumcised penis, whether to a man or a woman.

(d) Length or girth. Well, we're all different and more or less (despite product claims) stuck with what we've got in this department. But it is true that an uncircumcised penis is every bit as long (longer in the case of an overhang!) as its circumcised equivalent.

Given all this, I cannot understand how a man uncircumcised into adulthood could contemplate circumcision other than from a strong personal view (not mine, of course) that the circumcised penis looks aesthetically better. I do find it amazing to read of 'unwanted' and 'hated' foreskins unless for strong aesthetic reasons.

Returning finally to circumcision for medical reasons. I offer one condition only as a medical reason for circumcision – BXO, which is extremely rare. Would that information on corrective treatments, other than circumcision, for phimosis and other foreskin problems had been readily available in my youth as it is becoming today. Views are changing and developing, and for the better, but there is much further to go. Over the last couple of decades, a wider and more accessible knowledge base is resulting in a better press for the foreskin and reducing the number of circumcisions for unjustifiable medical conditions, the most common being phimosis.

Similar trends are occurring elsewhere, e.g. masturbation is no longer outlawed but is rightly positioned as an integral and healthy part of sexual activity.

All this gives us more solid facts and information on which to make better choices in areas which, not so long ago, were virtually taboo for open discussion. Last, but by no means least, the *Acorn* magazine can and should be a vehicle for such discussion. Let's all do our bit to make it so!

*F.S. – Derbyshire*

## An Unexpected Friendship

**A**t the beginning of September last year I had an appointment at the day surgical unit of our local hospital; I needed treatment for some troublesome piles. I was allocated a bed and before long a young man in his mid-twenties appeared, to occupy the adjacent bed. He was clearly nervous and upset.

We began chatting and it soon transpired that he had come to be circumcised. He was planning to take a job in a primitive part of Kenya connected with woodland conservation, but before being offered the job it had been necessary for him to have a medical examination. The doctor had passed him generally fit but had told him by letter that he had a tight foreskin and that it would be foolish for him to travel before being circumcised. This had perplexed him as, although he had never been able to retract his foreskin, his penis had never given him any trouble and he had always been happy and satisfied with the 'status quo'. He had a girl friend and she had never made any comment about his penis.

When I told him that I had been circumcised as an adult, his feeling of relief was clear to see that here was someone who had been in a similar situation. I

went on to explain that I had been troubled by periodic inflammation of the foreskin and knob which had been aggravated by a long foreskin and the doctor had recommended that I should be circumcised.

I explained to him that I thought his doctor's advice was one of precaution; if he developed inflammation or an infection under his foreskin which was quite likely in a hot climate and if he was unable to retract his foreskin then he would quickly be in trouble particularly if medical help was not readily available; he began to see the reasoning behind his doctor's advice. I concluded by saying that for the first few weeks his exposed knob would be tender and very sensitive and to expect involuntary erections; he would almost certainly need stitches to help heal the wound. We wished each other all the very best.

Six weeks later we happened to meet up again in out-patients and we quickly renewed our friendship. He said that things had worked out very much as I had said and that overall he was pleased with the result; in particular it had not been as painful as he had feared and his knob was now larger than previously. He and his girl friend had recently had oral sex together which had been highly satisfying for both of them but alas she was not planning to come to Kenya. If his arrangements worked out as he hoped, he would fly out to Nairobi early in the New Year. Finally he said that if we had not met up and chatted, he doubted very much if he would have had the courage to give his final consent for the operation.

Looking back, it is amazing how, in the hospital situation we found ourselves, such a deep and personal friendship was established so quickly.

*W.E.M. - Sussex*

## Media Watch

### Ouch!

**H**ow many guys have problems with their frenulum? About 5% according to an article in *The Guardian* on 28 February last year. And Jonathan Cope, the author, was one of them.

Most men probably aren't even aware that they have a frenulum – the ridge of skin under the glans which joins the glans to the foreskin. It is there as part of the mechanism which allows the foreskin to retract and the glans to become exposed, especially when the penis is erect.

But the frenulum varies from male to male, and in some men it is too short. Then, when the foreskin retracts, the frenulum becomes extremely taut and tugs considerably on the glans, pulling it in a downward fashion and in so doing causing pain or extreme discomfort. This is frenulum breve.

Guys may first become aware of this when they start masturbating. However, they quickly learn how to adapt their technique to prevent pain and the problem may seem to go away – only to occur again when they first have intercourse. The pushing motion which drags the foreskin back along the shaft tightens the short,

taut frenulum to its limit causing a very sharp, severe pain. Sometimes the frenulum stretches beyond its limit and tears. Generally if the tear is not large it will heal spontaneously over a period of a few days. And that may be the end of the problem. Such ruptures are 'successful' in the sense that no corrective measure is necessary. But others leave a persisting shortness of the frenulum and at the same time a fragile scar which may rip in a repeated manner. In these cases it is necessary to operate.

So much for the theory. What happens in practice? Jonathan Cope's frenulum snapped twice, the first time during sex. But it healed within a week and there were no further problems for seven years. The second time it went he was washing his penis. Just a barely visible cut on the frenulum but this time it did not heal and so began several painful months. Despite abstinence the healing process did not take place. NHS Direct unhelpfully suggested that too much sex was to blame. Salty baths, creams, antiseptics, nothing helped. As ever, the internet provided conflicting information, and worryingly for him, a couple of sites mentioned full circumcision under general anaesthetic and an overnight hospital stay. This was backed up by a nurse he spoke to at Guy's hospital in London; he didn't like the sound of it at all. He rather liked his foreskin!

Two months later he went to a genito-urinary clinic. The consultant diagnosed frenulum breve and advised surgery – but not circumcision. In only a small number of cases, he was told, was circumcision required. Mostly, frenuloplasty was sufficient. In this operation, the frenulum is cut vertically and the two tiny flaps of skin that this creates are sewn into the foreskin with a couple of stitches. These dissolve in a fortnight, and after a couple of weeks most men have fully recovered and are able to resume sexual activity. But the waiting list was fifteen months long. So he went private. Again frenulum breve was diagnosed and he was warned that even if his cut healed naturally, he would be left with scar tissue – thicker and more brittle skin which would be prone to splitting. So an operation was again advised. But the operation, he was told, was far quicker and less traumatic than full circumcision. It would be done with a local anaesthetic as an outpatient procedure with return to work as soon as it was done.

But still Jonathan hesitated, waiting for some natural improvement. Finally after six months of suffering, he bit the bullet. The operation was over in ten minutes – painless apart from the local anaesthetic injection just below the head of the penis. He had a cup of tea and went straight back to work. Over the next month painful erections were a bit of a nuisance but after that daily applications of E45 kept the operation scar supple. After six months of painful sex followed by a month of none at all, the relief was immeasurable!

[Editor's note: There are quite frequently stories related to circumcision in the media. When members notice such stories, I would be very grateful if they would send details to me, if possible with the press cutting concerned. Please don't assume that I shall automatically be aware of it!]

## Live From Golgotha

**N**ot one, but two simulated circumcisions on stage in the first 15 minutes. This was the scenario at the Drill Hall London in November/December 2002. *Live from Golgotha* is set in the first century AD amongst the new Christian community. At that time, Paul was proselytising amongst the gentiles and realised that circumcision was likely to be a turn off for potential converts. So he conveniently changed the requirement for circumcision of the foreskin into circumcision of the heart (whatever that might mean). This policy was not well received by the community back in Jerusalem who saw Christianity as an off-shoot of Judaism. Circumcision was still de rigueur. Timothy had been chosen by Paul as his companion on his missionary journeys. Timothy's father was Greek but his mother was Jewish. Technically, therefore, Timothy was Jewish but he had never been circumcised. So, as a sop to the Jerusalem community and to demonstrate that he still believed in circumcision for Jews, Paul had Timothy circumcised.

All this is fact, and the play dramatises the moment. Timothy is carried on to the stage on a stretcher. Two Jews, one waving a knife, approach, they simulate an attack on Timothy's penis, and he sits up, his face contorted by agony, and for the next ten minutes he continues to hold his groin, wincing and complaining, although towards the end of this period, he does say the pain is easing. Unfortunately, Timothy keeps his loincloth on throughout both the operation and its aftermath, so we never find out whether his status better qualifies him to play the 'before' or 'after' scene.

The play is based on a novel of the same name by Gore Vidal. Of course, Vidal has a bit of a thing about foreskins and circumcision. In *Myra Breckinridge*, for instance, there is a passage which says that Myron never forgave his mother for having him circumcised and later Miss Myra investigates whether Rusty is circumcised or not. Do we detect a bit of an obsession here? Join the club, Gore.

Back to the play. It's an odd story about time travel and a computer buff hacking back through time to delete all reference to the Christian story and rewrite it from a Zionist perspective. The play didn't get good reviews and needn't detain us further here. But the first 15 minutes meant that it was definitely worthwhile for any *Acorn* member.

And the second circumcision? Because this is a play about time, Timothy's circumcision is replayed. Again the knife, again the agony, again the moaning; and again, unfortunately, the loincloth.

*Matthew*

## Acorn Meeting — Advance Notice

**T**he next meeting of the *Acorn Society* will take place 7th to 9th November 2003. Charges £47.00 per night Dinner, Bed and Breakfast in a shared twin bed room. Single accommodation available £51.00 per night DB&B.



# ACORN

Issue  
N<sup>o</sup> 3 2003  
Editor  
Ivan Acorn

## Editorial

**S**ilence is the worst that an editor can suffer. This was my perhaps unwise comment in my first editorial. Well, you certainly ain't been silent! "Too pro-circ" was the comment after Issue 1. "We don't want to read about smelly foreskins" after Issue 2. What is a poor, beleaguered editor to do?!

Let me explain the picture as I see it. We have both cut and uncut in our membership. Many roundheads are convinced that their permanently denuded glans confers untold benefits. Many cavaliers have every intention of preserving that extra piece of skin. But we should not assume that everyone is happy with their status. Some uncircumcised members seek information and support as they ponder the final chop. Others, circumcised at birth and thus condemned to minority status, now seek to work through their complexes on the issue. In other words, we are all coming at this from different angles, all seeking something slightly different from the *Acorn* community and magazine.

Added to that, we all have our own fascinations with the topic. For some, the status of David Beckham is a matter of total indifference. For others, a definitive report on just what nestles

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in those Man Utd shorts would be the news coup of the year; and information about Brooklyn and Romeo would be the icing on the cake. Tales of pre-pubescent and adolescent awakening are a source of endless fascination to some, a yawn-inducing bore for others. Some find ritual and tribal circumcision exotic and erotic; others avert their eyes and turn away with a shudder. The message is that we each have our own take on the subject and it is unreasonable to expect that every article is going to be of equal interest to every reader. Some articles you will skim read or skip; others hopefully you may read several times and return to again in the future.

So, my job as editor is to provide you with a varied diet in the hope that at least some of the courses are to your taste. And of course, I shall continue to throw in the occasional piece of red meat just to give everyone something to chew on!

*Ivan Acorn*

## Editor's Interview

### Growing up cut

What's it like to be young, living in rural England and circumcised? Virtually unique, says John who is in his early 20's and lives in middle England. John was circumcised at the age of 2 to cure phimosis. Interestingly, his younger brother was also cut in infancy for the same reason, confirming the observation that tight foreskins often run in families, although John does not know his father's status. Very few of his peers were circumcised so his penis has always been an object of interest to other males and his special status had provoked curiosity, ridicule and wonderment.

John was 6 or 7 when he first realised that his penis was different from other boys'. Fortunately, he had the sort of relationship with his mother where he could ask and she could explain what had happened to him and why. He learnt more about the foreskin at age 8 or 9. He and a school friend were first on the school bus in the morning, last off in the evening. These few minutes of privacy gave opportunities to compare and contrast equipment and he was able to view at close quarters the workings of an uncut penis. He recalls that he was an early developer and one of the first in his age group to grow pubic hair. This, and his modified cock with its very obvious circumcision, meant that his groin was the focus of many glances and stares from his class mates. There was a period during his teenage years when he was taunted about being circumcised and was called "Jewish boy". There were sniggers in the showers and at the urinals, so that he became shy about his body, hiding under a towel and only using cubicles in the toilet.

But he gradually overcame any sense of inferiority. He is now proud of his circumcision and quite happy to be seen naked. He recounts one recent experience after swimming when he noticed a guy in the showers eyeing his penis. In the changing room, the guy came up to him and said: "Can I ask you a personal

question?" "You can ask." "Are you circumcised?" This led to a five minute discussion on the merits of circumcision and another display of the evidence.

John remembers with amusement the bewilderment of a Polish medical student when confronted by John's penis. Previously, his only sighting of a circumcised penis had been in a textbook illustration. He was amazed by John's very large and totally exposed glans. (John thinks that it was the size of his glans which caused the initial phimosis. But there may be a chicken and egg situation here; perhaps circumcising the constricting foreskin allowed the glans to expand and flare to its full potential. John's large endowment may be the result of his circumcision rather than its cause.)

John is gay and I asked whether he preferred his lovers to be circumcised. He is not against guys with foreskins – living where he does, he would have to be virtually celibate if he were! But the problem is, they don't know how to handle his cock. When masturbating him, they try to pull the shaft skin up over the glans as if he had a foreskin. This is painful and quickly makes him sore. He also finds that uncut guys cum more quickly than him. So whilst he is still highly aroused and enjoying himself, the other guy is on his first cigarette! One of his most satisfactory lovers was a guy who liked his foreskin held tightly back and being masturbated as if he was circumcised. Not surprisingly, he knew exactly how to bring John off.

And how does John masturbate when he is alone? He has two methods. In the first, he holds his cock tightly at the base with his left hand, smothers his glans with lube and strokes it, slowly at first, increasing in speed and intensity as climax approaches. Alternatively, he massages his circumcision scar line, stroking his frenulum from time to time to heighten the sensation. And his masturbatory fantasy? Circumcised US servicemen. Well, there are lots of those on our TV screens at the moment, enough even to fuel John's daily morning and evening orgasms (with a third frequently thrown in for good measure – and the Victorians thought circumcision discouraged masturbation!)

Although John has a fairly tight cut, he is considering a revision sometime in the future, although it's not a first financial priority. One problem is that he has skin bridges. On the top side of the penis, the scar is very close to the corona and in some places skin bridges have formed between the shaft skin and the glans. They can be painful and John would like them removed. He is also considering losing his frenulum. He says that it is very thin – as often seems to be the case with infant circumcisions where, even if the frenulum is not cut, it still fails to develop fully. One lover used to offer to cut it away with nail scissors. John thinks it would have been possible but was never brave enough to let him try.

John is delighted to have found the *Acorn* Society and a community of men as interested in circumcision as he is. He is hoping to attend the next meeting this autumn. He is, perhaps, the youngest member of the Society and it will be good to have him with us. He will be assured of a very warm welcome.

*Ivan Acorn*

## Preserving The Foreskin

The foreskin is a problematical structure in that any trauma or inflammation inflicted upon the prepuce results in tightening as healing and scarring occur. The trauma may be the result of forceful sexual encounters of all varieties. Inflammation may result from bacterial balanoposthitis – redness and swelling of the foreskin and glans penis. When these conditions occur and resolve, the foreskin is tighter and more difficult to retract than it started out. Likewise this tightness makes future trauma more likely since the prepuce must stretch more to retract behind the glans and the skin also loses some elasticity each time healing occurs. In addition to the preputial opening narrowing with trauma or inflammation, the frenulum may likewise undergo these same changes. The result is a shortening of the frenulum also rendering it more vulnerable to further injury.

While many men choose to manage these foreskin complications with circumcision, others may wish to retain the prepuce. To accomplish this, the tightness needs to be resolved so that repeated tearing and splitting will either not occur or will be minimized. The simplest and least invasive means of accomplishing these needs is the application of topical cream or ointments. These may be antibiotic preparations to combat an acute bacterial posthitis (inflammation of the foreskin) or balanoposthitis (inflammation of the foreskin and glans). Once the infection is cleared, the use of a topical corticosteroid will help to reduce any residual inflammation. Steroids may also improve elasticity and tightness of already established phimosis. These topical products are the first line of therapy for men with phimosis who desire to retain the prepuce. They are usually fairly effective with mild tightness. However, once there is significant loss of the skin's elasticity, topical agents have low chance of succeeding.

If a tight circular scar has formed causing phimosis, or difficulty retracting the foreskin, there are two foreskin-sparing surgical techniques which may be useful. The more aesthetically-pleasing is lateral preputioplasty. The basic concept involves transferring preputial length to its circumference. Generally, there is one ring of tight area on the inner surface of the foreskin. Through this area, small, longitudinal incisions, one to two centimetres in length, are made. These are then sutured vertically. That is to say, incisions are made parallel to the long axis of the shaft of the penis, which are closed with sutures in line with the penile circumference. The result is widening of the tightest area of the foreskin allowing it to retract more freely. Phimosis always affects the mucosal (inner) surface of the foreskin because it is the more delicate surface. Therefore lateral preputioplasty is done on the mucosal side making it a good cosmetic procedure with no visible scar tissue on the outer foreskin. With careful surgical technique, scarring will be minimized with good functional results.

A simpler option for surgical treatment of phimosis is the dorsal slit. This technique involves making a dorsal incision in the foreskin extending from the tip of the prepuce down to the corona of the glans. The edges are then over sewn so that a V-shaped notch in the end of the foreskin is the result. While producing an excellent functional outcome, the aesthetic appearance is suboptimal. This

technique is most suited to the chronically ill or to men who are no longer sexually active. It is quicker and easier than a circumcision, and does preserve the foreskin, but does not yield an attractive result.

Another complication of the foreskin that can follow inflammation or trauma is shortening and tightness of the frenulum. The frenulum develops scarring so that it becomes under tension with erection which makes it increasingly susceptible to further trauma. Topical steroids are sometimes successful in treating this condition and making the frenulum more elastic and resilient. When medical therapy fails, surgical options exist.

Surgical management of a tight frenulum (frenulum breve) includes frenulotomy and frenulectomy. Frenulotomy or frenuloplasty utilize a similar technique to the lateral preputioplasty discussed above; the incision and direction of closure are opposite from preputioplasty however. Frenuloplasty involves a horizontal incision (parallel to the circumference of the penis) closed vertically (parallel to the penile long axis). This lengthens the frenulum. The other surgical option is removing the frenulum completely (frenulectomy). Either technique works quite nicely and leaves a good cosmetic appearance.

These are all reasonable options for rehabilitating diseased foreskins and are intended for men who are motivated to retain the prepuce or are too ill to undergo circumcision. A man with one of the aforementioned foreskin diseases who wishes to be circumcised should not allow himself to be influenced into having one of these procedures instead. Circumcision will permanently and definitively remedy any preputial disease and many would regard it as preferred therapy for phimosis or frenulum breve.

*David Cornell, M.D., F.A.C.S.*

### **The Circumcision Center**

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[www.circumcisioncenter.com](http://www.circumcisioncenter.com)

[Dr Cornell is a practising urologist]

## **Jokes**

**Q. What happened when David Beckham tried to enter a Marathon?**

A. He got peanuts under his foreskin.

**Q: What's the biggest drawback of the jungle?**

A: An elephant's foreskin.

## Latest Onslaught On Circumcision — From *Acorn!*

I refer to various articles in Issue 2/2003, just received but especially to your Editorial and Editor's Column (on 'Retraction') – and more especially to the highly anti-circumcision article by RBW entitled "*Acorn* Is Too Biased" on page 11.

I nearly choked on my cornflakes when the post arrived and I started by reading this article! Questions have to be asked about it and, in particular, why did you give space in our magazine to someone who, on his own admission, has resigned from membership because of his disagreement with *Acorn* policy? He talks about rejoining "should you once again decide to honour your terms of reference" – well, I for one hope that people with such anti-circumcision views never rejoin – or join in the first place! To exacerbate your position you then trail that another of his missives will appear in the next edition! If it is as misguided as the present one, it will be avoided by me ... and by many other members who share my views.

There is so much emotive rubbish (like the, oh so boring, 'genital mutilation' nonsense) written about this useless bit of skin, which is about as redundant as the appendix – and so many groups now which set out to defend it – that I feel very strongly that *Acorn* should no longer try to sit on the fence (an impossible position to be in anyway) but should be positive about the advantages of circumcision in men – i.e. a Pro-Circ Society. We appear unfortunately to be a dying breed thanks to the misinformation being put about by people such as RBW, and can do with all the help we can get to support the unquestionable positive benefits of being cut!

And, by the way, "Retractors" as your article called them are nothing less than **Impostors**. If they want to have the many advantages of being cut, they should show their convictions, and a small degree of courage to overcome the short-term discomfort, and *have it done*. Dr Cornell's excellent articles in your magazine should get them started. But let's not be fooled as we walk along a naturist beach: many who at first sight look cut are impostors and wannabees! Still I suppose it shows the general support men have for the look of the cut cock (flattery?) – especially so when combined with a smooth, hairless, body as is increasingly the case.

Contrary to what RBW believes, most women are far from "sentenced to second class sex lives" when partnered by a circumcised male: most women (according to a survey a short while ago and also my own observations from talking to many of them) prefer the look and performance of the circumcised organ (it's especially great for oral sex and it makes for 'longer lasting' too, they rightly point out). Some describe the uncut cock as being like an unhygienic repulsive 'elephant's trunk', nasty to look at, nasty to smell, nasty to taste and nasty to have intercourse with. A view with which I would not disagree even as a male – more so for a female into whose orifices the uncut penis is made to penetrate!

In fairness, from correspondence to my Smooth & Cut Naturists group I have had from all over the world, there are many mature uncircumcised men who

would gladly rid themselves of this useless appendage but who just lack the courage to go through with it. There are a great number of reasons why infant circumcision (when the organ is small) is to be recommended and this is one of them: no remembered trauma or post-operative embarrassment. Others are: resultant larger growth of the glans (with well developed and deep corona) and even the simple ability to 'aim straight' when urinating from an early age.

In conclusion, Mr Editor, as a proudly circumcised man who can hold his head high(!) on the subject, I really do not want to be forced to read any more articles in your magazine about vile and disgusting foreskins (even the word makes me feel sick!) or from proponents of their virtues (if there are any) in the pages of your journal from now on.

My decision to rejoin *Acorn* this year was based on the fact that the Society seemed to be getting more pro-circ – if that is not the case you will find that both I and other members proud of their cut equipment will also be waving farewell at or before the next renewal.

*J.H. - Dorset*

<http://www.smooth-naturists.co.uk>

Postscript Questions:

- 1 What is the percentage of cut to non-cut members in Acorn?
- 2 At the very least surely this percentage should be reflected in the overall 'official view' of the Society and its journal, shouldn't it?
- 3 If Acorn wants to sit uncomfortably on the fence, why not make alternate issues Pro- and Anti-circumcision and then all the many members such as myself who do not wish even to hear the dreaded "F-word" any more could quite simply "file" those editions appropriately without wasting precious time on them?

## Reply To RBW's Article "Acorn Is Too Biased"

I don't understand your article and your statement that you are going to leave the society because it doesn't suit your uncircumcised views; it is, in my opinion, a coward's way out. I would NEVER leave the society; if it became too pro-foreskin then I would write articles and fight this idea. I always understood that *Acorn* was a pro-circumcision group, hence the title "Acorn" which is the symbol of the circumcised penis. I think it is utter rubbish to talk about "The damage caused us by circumcision" and to say that it has led to the complete failure of your sex-life due to a total loss of sensitivity. In my case it was quite the reverse and since my circumcision, my sex life has been a million times better without that useless foreskin. People are not "hell bent on causing damage to other little boys". They are out to ensure that their sons have a clean and healthy penis and will not become prone to many of the problems the uncircumcised encounter in later life.

It is not true that the circumcised rate in the USA has dropped from over 90% to about 60%. Well not according to the statistics I have read. Unfortunately

circumcision seems to have dropped slightly but no doubt it will increase again when parents realise all the benefits from it. Despite the view that “Europe looks in incredulity at those who are prepared to jeopardise their children’s future sexual happiness etc.” more circumcisions are now being performed in Hungary, Germany and even Finland!

On a final note, I know dozens of guys who have been circumcised both as infants and in adult life and they are absolutely in favour of it and say that sex is wonderful. On the other hand I also know many uncut guys who are unhappy with their state, want to be circumcised but lack the courage to have it done. Many have foreskins that have never been retracted since birth and you are not going to tell me that is “Sex as Nature Intended It!”

Neville – Northolt  
nevillea@btinternet.com

## Whining

With due respect, the contribution from RBW in Issue 2/2003 strikes me as the effusion of a whiner who is confident that he is the only one in step, everyone else being out of step. I think RBW would be much happier in a frankly and solidly anti-cut organisation.

M.S. – Utah

## The Acorn Concept

Some members seem to have the idea that *Acorn* is, or should be, totally pro-circ. To put the picture straight we had better start at the beginning. *Forum* magazine has large sections devoted to letters and “Dear Doctor”. The foreskin and arguments for and against circumcision are topics which come up more frequently than anything else, so much so that one of the editors refused to publish letters on the subject. So in March 1987 a *Forum* Group for those who share this interest was suggested. A member from Lancashire, who is now our President, agreed to run the group, and the first newsletter was published in January 1988. Here is one of his first paragraphs.

*Why ACORN? The group was originally advertised as 'for foreskin/circumcision fetishists'. That may be a sociological description, but it is not a very convenient flag to sail under. I'd prefer to describe the group as 'for people interested in foreskins and circumcision'. One member summed up our aims as being 'for everyone interested in getting their cock into the best possible shape'. Another version of our aims would be to serve as a means of exchanging (views of) '101 ideas of things to do with a foreskin'. Various names for the group were suggested, including 'Cavaliers and Roundheads', 'To cut or not to cut', 'The cock-cut club', etc. But we decided on ACORN. At a glance, it is short, uncomplicated, fairly general, and could apply to a group interested in anything from computing to naval history ('hearts of oak, and*



*all that"). But if you look in a dictionary, you will find that the Latin for acorn is glans, and of course, if you look at an acorn you will immediately see the point. Also it applies equally well to both cavaliers and roundheads. So I hope you agree that the name is appropriate: outsiders won't know, insiders will.*

I think that says it all. I do know, having been editor for ten years, that if it had not been for the cut and thrust of debate (sometimes a little venomous), but simply a one subject group, it wouldn't have lasted two years.

*David Acorn  
Chairman and founder member*

[Editor's note: My thanks to my distinguished predecessor for this authoritative note. I now intend to put to rest, at least for a few editions, any further discussion on our purposes or the content of the magazine.]

## Book Review

### ***Sex As Nature Intended It* by Kristen O'Hara (with Jeffrey O'Hara)**

**A**s the first generation of uncircumcised Americans – 35% of them – approach puberty, some of them are coming under pressure from peers and girlfriends to get themselves circumcised and are asking for advice. It appears that a lot of girls in the States are brought up to consider circumcision as the norm and foreskins as nature's little design fault. Clearly to reverse this a campaign targeted at American females needs to be started – and the first shot in this campaign has been fired by another woman – Kristen O'Hara in her newly published book, *Sex As Nature Intended It*.

I confidently predict that this book will prove to be a landmark in the progress of the campaign against RIC since it appeals to the enlightened self-interest of all women who prize the quality of their sex life, rightly a matter of increasing concern and enthusiasm to all 'liberated' women. The basic message of the book is this:

- Male circumcision removes a substantial capacity for sexual enjoyment in men.
- It removes an even greater capacity for sexual enjoyment in their female partners.
- The sexual deficit suffered by circumcised men and their female partners can to a large extent be remedied by foreskin restoration.

To reach these conclusions Kristen has carried out a carefully conducted survey of those in a position to contribute, not least herself, since she relates with surprising – and admirable – candour, her own frequently repeated experiments in comparing her sexual pleasure and satisfaction from sex with her intact lover and then with her circumcised husband Jeffrey. The unfortunate Jeffrey comes a very poor second! So pronounced was the discrepancy that Kristen was prompted to research the reasons for it and eventually to develop the theory upon which her book is based.

She says, “Real sexual pleasure (with a foreskin), as nature intended – tender, softly smooth and sensuous – is so much more delicious and rewarding than circumcised sex” and this lady is speaking from experience! She goes on to claim that “the surgically altered penis has untold negative effects on a woman’s pleasure throughout intercourse”. It is only when the foreskin is present that a man and a woman can achieve their full potential for sexual ecstasy. She develops her argument with the contention that the intact penis is more sensitive and therefore more gentle in its thrusts – to the delight of the participating woman! The length of stroke is affected since the pleasure zones are concentrated in the foreskin and frenulum area which makes short, rapid stroking more rewarding. As Kristen says, *“These short strokes, deep within the vagina, cause the male pubic mound to make gentle, rapid, almost constant contact with the woman’s clitoral mound”*, engendering higher levels of passion – with the corollary that *“the foreskin is the key to a woman’s sexual ecstasy”*.

The circumcised penis on the other hand compensates for its sensitivity deficit with rough, tough and much longer strokes which can be deeply unrewarding, painful even, for a woman, who does not experience the benefit of the closely maintained contact between male and female pubic mounds. She then states with ringing certainty that, “as they realise how important the foreskin is to their sexual pleasure, women will want their circumcised partner to begin restoring his foreskin without delay”! She bases this assertion on her good fortune to have been sexually intimate with a man with a foreskin. Until then, she like many women, didn’t realise that the circumcised article was the cause of much dissatisfaction with intercourse. As far as the men are concerned, they will queue up to join the Foreskin Restoration Movement when they realise what they are missing.

In subsequent chapters, Kristen develops her basic theme, represented by her claim that “sex with a circumcised penis and sex with a natural penis are as different as night and day”. “Women who have never experienced intercourse with a foreskin complain of vaginal discomfort and displeasure – the exercise also lacks the quality of ‘out-of-this-world, dreamy nirvana’ which those with foreskinned lovers take for granted”. The natural progression from this is that women have a much closer and more loving relationship with an intact man who can give them what they want in bed. Those with circumcised partners are more likely to split up, hence the 50% divorce rate in the USA.

Kristen moves on to what some may consider the most fascinating chapter of the book, where she describes her own experiences with, and reactions to, foreskins and roundheads. In the mid-60s she met her first lover, an intact married man. At the same time she had an affair with another man, circumcised this time and unmarried. She was having intercourse with both men several times a week and was therefore in a good position to make a comparison. With Tom, the intact man, she wanted sex to go on forever, whereas with Mike, the roundhead, she was continually frustrated: he banged away at her and she felt “unconnected” and unfulfilled. She thereafter had several short-term involvements with both

intact men and roundheads and realised that sex was much more pleasurable with men with foreskins.

After three years enjoyable sex with Tom, she met her first husband, Jeff and although she was in love with him, found him vaguely unsatisfying which she eventually blamed on his circumcised penis. He never lifted her to the heights of passion she had known with Tom. A few years into the marriage she started seeing Tom again – finding her memories of sex with him irreplaceable – she could “hear the angels sing” when they had intercourse.

After several years being faithful to her husband she renewed her affair with Tom finding “natural love” i.e. with a foreskin, irresistible. She then started experiencing considerable vaginal discomfort with her husband which finally developed into vaginismus, a painful condition where the vagina goes into spasm and sex is next to impossible. She claims that vaginismus in the USA is often related to repeated exposure to the circumcised penis. To check this theory out she once again contacts Tom, who to her delight performs the act without any recurrence of her spasms. This of course clinches it and she briefly tells her husband that his circumcision is the cause of her problem. Poor fellow. Help is at hand however and she gets him to undergo a surgical foreskin restoration after telling him all about Tom’s wonderful penis (my words, not hers, but implicit). Thereafter life becomes a bunch of roses, their sexual relationship is restored to match his new foreskin and both are now enjoying the fruits of natural love.

The important thing is that this book, once its contents become widely known in the USA, should sell on a very wide scale and if the many American women who are influenced by health or lifestyle innovations take it to heart, we should see a sudden and welcome reduction in the RIC percentage in USA, currently hovering at 55%.

*R.B.W.*

## Finding A Sympathetic Doctor

A common bugbear in members’ dealings with the medical community appears to be embarrassment or a wish not to ‘bother’ their GPs with circumcision enquiries?! Might I suggest these individuals use their local men’s health clinics (once known as STD or special clinics) as the Doctors there will have seen (literally) everything and will be more able to discuss the pros and cons of circumcision. They may be better placed in referring patients to a sympathetic urologist if surgery is desired. This will avoid costly private clinics with the possibility of unqualified staff. Chances are, the eventual outcome of any circs will be cheaper and more satisfactory! I understand the current charge for circumcision in Harley Street is well in excess of £1,000... The Doctors at men’s health clinics see literally thousands of penises each year and will be happy to deal with doubts and fears.

*K.G. – London*

## Mostly A Complete Indifference

As a gay man I can honestly say that over the years, I've probably seen more cocks than your average Mr Great Britain – unless of course you happen to be a urologist in the local GUM clinic. My sightings have ranged from the huge to the minute and cover men of all ages. Observations reveal that the overall proportion of those circumcised is about 1 in 4 or 5 which compares favourably with the medically estimated number of British men who have encountered *Madame Guillotine*. I've read on various occasions that the circumcision rate in the UK is about 20 or 25%, allowing for religious or ritual circumcisions as well as for medical reasons.

From my own observations, the “cut off point” seems to be about 40 years of age. Below this age the rate of circumcision falls dramatically and proportionately with age and likewise, in reverse, the older you get the circumcision rate increases. Go each side of 40: at 20 a chap is almost certainly not going to be circumcised whereas at 60 years of age it will be a 50/50 chance that he will/will not be snipped. Again this observation seems to comply well with the calculated medical statistics.

However, whatever their status, there is an almost complete lack of interest in what to *Acorn* members is a very consuming subject and one that makes for a very erotic topic of conversation. This England is a country full of field sports and cruising is one of them although unlike fox hunting which ceases at the start of the mating season, cock hunting is in season all months of the year and even the coldest of weather seems to do little to deter it.

Often gay sex is anonymous and apart from the odd squeal of pleasure frequently no verbal exchanges are made. However, when conversation does occur it is almost always directed mostly to cock size, amount of pubic hair or lack of it in the case of those who shave their pubic bush and balls, thickness of shaft and size of balls. I can still count on my fingers the number of times that, when a chap has seen my cock for the first time, he has commented on the fact that I am circumcised. Even then it is only usually a general observation rather than an indication of pleasure or disapproval. Apart from a very few encounters with *Acorn* members over the years, I've still yet to meet a guy who shows any sign of great delight when discovering for the first time that I am a Roundhead. The norm in my experience is a complete lack of interest in my cut status to such a degree that mostly leaves me wondering if he has even noticed that I am completely divested of my foreskin. This is true for Roundheads and Cavaliers alike. The most I can expect is some vague comment as to the size of my knob or its extended flared rim but even then rarely ever to the probable cause – being circumcised.

If I mention being circumcised or try to bring up the topic of conversation, it seldom gets any reply more than “Yes” or “OK” or “Don't mind”. The fact is that other chaps, unless it happens to be an *Acorn* member or a prospective one, don't even notice if a cock is cut or not, or if they do then the necessary brain cell to trigger a response to this observation is just not in this particular head.

Just imagine that, just as in *Acorn* we note how cocks can/have been circumcised, so there is a sister group called *Petal*. *Petal* concerns an obsessive interest in how your finger nails are cut – how short/long they are – are they cut straight or curved – are they filed smooth or are they left jagged? *Petal* members are obsessed with the appearance of their fingernails and that of others and seize any opportunity to glance or stare at the finger nails of others whenever they can. Do you look at other people's finger nails? No, of course not, it has never occurred to you that you might want to until it is suggested that there are some people who might.

Likewise, others take no interest in your trimmed cock status; usually they are most concerned at how big it is – even if there are other aspects of its appearance you would far sooner they were showing interest in.

*Wm. – Dorset*

## A Female View

Having just read the article in Issue 2/2003 submitted by “RBW”, after the magazine was shown to me by an *Acorn* member, I would just like to offer a few words from a woman's point of view in **favour** of the circumcised penis. Having had experience of **both** varieties (from an “end user's” viewpoint!), I have to say that in my opinion the circumcised penis is far preferable for many reasons.

For one thing, it looks better: much neater and not resembling an ugly elephant's trunk – and I am not the only woman who thinks this. Secondly, it is much more hygienic. In my experience no matter how clean an uncircumcised man **thinks** he is there can still be a “fishy” smell when the foreskin is pulled back – even only an hour after bathing. Not a lot of men realise this and seem to assume that it is only women who have an odour if they don't keep themselves meticulously clean. Thirdly, with the reduced level of sensitivity in the glans, the circumcised male is able to prolong lovemaking to the satisfaction of **both** partners. Another very important aspect to consider is that medical research has shown that the uncircumcised penis is one of the factors responsible for women contracting cancer of the cervix.

In his article, RBW complains of a “*complete failure*” of his sex life “*due to a total loss of sensitivity*” as he got older – but who is to say that he would not have lost his sex drive anyway as he got older, for other reasons? In my experience uncircumcised men have been equally likely to lose their sex drive as they get older, but this is often due to other health and psychological factors which can affect the libido (such as heart problems, depression etc). I have heard from men who have chosen to be circumcised later in life, and they told me that they have never looked back. They felt that it looked better and “performed” better, and their partners were also delighted with the end result!

As for RBW's statistics and “recommended reading material” – I would personally pay no heed to this, because anybody can come up with statistics and percentages

to fit in with their own point of view – and there are many websites, articles and books for and against circumcision.

From a woman's perspective I am very much in favour of male circumcision and whilst I would not insist that an uncircumcised partner had this procedure performed, I would actively encourage him to do so if he expressed such a desire!

*Panda – Kent*

## **Off Centre**

**T**hursday night into Friday morning, the 2nd and 3rd of January 2003. Coughing, sneezing, tossing and turning in my bed, I got up at about 4.20 a.m. to give my wife some peace and quiet.

I switched on the kettle and then the TV Channel 4. An American sit com called *Off Centre* had already started. As I find U.S. sit coms rather insipid and stylised, I concentrated on making the coffee. I returned to the TV at 4.30 a.m. and had the surprise of my life.

No glib one liners, no wise cracks, just the adorable Anglo Irish actor, the delectable Mr Sean Maguire, lying on a consultant's table in a surgical gown, with the consultant holding up the gown, peering at his cock, saying "It will have to come off". He then explained to young Sean Maguire different ways of loosening his foreskin including a dorsal slit, and various types of full circumcision including a discussion of where he would want the scar line. He then held up several appliances and explained how he would clamp and cut his foreskin with one type of silver appliance, of which he explained the working in some detail. In a wonderful piece of comedy acting, young Maguire milked the comedy aspects for all they were worth. He jumped up and went home, only to return to the consultant in a while to go through with the op.

I can only assume a few days passed because Sean Maguire was in a changing room scene with his peer group and his uncut status was remarked upon. A girl who strayed in and stared at his fabulous torso caused his towel to fall to the ground and she exclaimed that, sorry, she didn't fancy him after all, she was Jewish.

The rest of the programme was peppered with circumcision humour and accurate facts (as far as I could discern).

Perhaps we should obtain a copy of the programme from Channel 4 to show at the next meeting. Here are the details:

Channel 4, 3rd January 2003 4.25 a.m. *Off Centre*, lasting approximately 20 minutes. Video plus reference 92773135

*Mark – Worcester*

## Time For The Cut?

Congratulations on your first issue! A great read from end to end for a cock/circumcision enthusiast like me. I especially liked the new column by Dr Cornell, which I very much hope will continue.

Another interest for me are the self-circumcisionists. It's great to read the details of such exploits. Although I doubt my own nerve for DIY, I applaud those with a very strong desire but very small budget. From what I read, it does seem quite (unjustifiably?) expensive to go private, and if the operation really is simple, they have my admiration.

My own cockskin is rather ragged and holey from years of piercing, deliberately stretching the holes, some big enough to put a finger through, others large enough to loop over my cockhead! Nearer the rim, some cut away. Looping my large foreskin holes over my glans means that the head is exposed – the foreskin loop effectively fits under the corona ridge and the whole foreskin hangs below. I prefer to wank with my shaft skin held back tightly, digitally stimulating the bare (lubricated) head. This is the reason why, at some point, I want my foreskin removed and the shaft skin tightened so that it doesn't have to be held back. So, although over the years I have enjoyed having a foreskin, I would, I think, also enjoy having the whole lot cut away. Consequently, I enjoy reading about guys who have.

Lastly, I think it should be a membership condition that everyone should at some time at least write in a letter fully describing his cock.

*R.M. – Suffolk*

## Circumcision Does Not Harm Sexual Function

Circumcision does not appear to have adverse effects on male sexual function in sexually active adults who undergo the procedure. This is the conclusion of research carried out by the Department of Urology at the Louisiana State University School of Medicine and reported in the May 2002 edition of the *Journal of Urology*. The researchers set out to test unsubstantiated claims of superior sexual sensitivity and satisfaction for uncircumcised males. A male sexual function questionnaire was given to sexually active males older than 18 years about to undergo circumcision. After a minimum interval of twelve weeks after the operation, the survey was again administered. All 15 men circumcised during the period participated. The majority of the men were between 25 and 49. The questionnaire covered five topics: sexual drive; erections; ejaculation; problem assessment; overall satisfaction. The results were analysed statistically. No differences in reactions before and after the operation were found in any of the five areas. In other words, circumcision had no deleterious effect on sexual drive, performance or satisfaction.

*Graham*

## Friends

I wonder if any of the other readers watched an episode of the American comedy series *Friends* which had a circumcision sub-plot? Joey, the tv star, had to play an Italian character in a play with some nudity; his character being uncircumcised!

He took the role, not pointing out he was radically circumcised... Friend, Monica, offered to fashion a suitable foreskin for him involving a scene replete with ham, baloney and turkey slice prepuces. Eventually a suitable cosmetic compromise was reached with a fold of silly putty. When the none-too-bright Joey shows his lengthy foreskin to the play's producers the silly putty prostheses drops off to the embarrassment of the cast and horror of the leading actor.

K.G.

## A View On Nudism

Last summer, not for the first time, I went to a naturist gathering of 800 in the Pennsylvania mountains. The difference this time was that I gave a lecture on the history of circumcision over the last 4,000 years. It took just over an hour, and I was happy to note that everyone was agog. Although just about all the Americans were circumcised, their ignorance of the subject was astounding. One chap, who was a headmaster, asked me for my notes so that he could give the talk throughout his school.

At the end of the lecture I asked if they were happy to be circumcised. A full cry went up of "No". When I asked why, they all said "We weren't given the choice". This appears to be the consensus of opinion throughout the States, as the circumcision rate is coming down. It's still high in the Mid-west at 80%, but lowest in California at 40%. Last year, four States dropped Medicaid funding for circumcisions – Montana, North Carolina, Arizona and Missouri. They joined California, Mississippi, Oregon, Washington and Nevada, about a fifth of the nation. To get back to the gathering, there were four of us Brits, all with foreskins, and we were always the object of the American fascination for intact cocks. Other than us, there were a couple of Canadians, and a smattering of American Chinese and Latinos.

Later on last year I went to the French Naturist resort of Cap d'Agde, a city in itself able to hold 40,000. I went after the school holidays were over, so it was only half full. Here, the picture was very different from America. Being all Europeans, the uncut rate was about 90%, most cut ones being British. Making comparisons, I had a sneaking feeling that European cocks were marginally longer and thicker than their American counterparts, but that was in flaccid states. No way could there be the opportunity to measure hundreds of erections. See what this year brings.

D.A.



# ACORN

Issue  
N<sup>o</sup> 4 2003  
Editor  
Ivan Acorn

## Editorial

**M**y profound apologies. That's what the Manager of my local Mailboxes Etc branch said to me. And that is the sentiment that I pass on to any of you who tried to contact *Acorn* between mid-May and mid-June. The new *Acorn* mailbox was opened last December when I took over the editorship of the magazine. The arrangement was working perfectly until suddenly... it wasn't. Mailboxes Etc for some inexplicable reason decided that the mailbox, fully paid up until September 2003, was no longer active. I had noticed that I was receiving no mail, but I assumed that, with the arrival of Spring, *Acorn* members had better things to do than write to me (as if!) It was only when the Treasurer had a letter to me returned as undeliverable that we were alerted to the problem.

The difficulty is that I do not know what mail I did not receive. Some rejected letters may have been returned to the senders; others may still be languishing within the Royal Mail. I am very angry about this. It is not just the loss of correspondence which concerns me; it is also the fact that often what members choose to write to me is very personal and is meant only for the eyes of like minded people. It is not a happy thought for such letters to be opened by strangers.

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All I can do is repeat my apology to those of you who may have been affected. If you have written to me since the last edition, and have not received an acknowledgement, I fear the letter may have gone astray. I do hope that you will write again. And I do urge members not to lose confidence in the system. Believe me, I shall be watching like a hawk to make sure that there are no further difficulties.

*Ivan Acorn*

## **Male Circumcision — New BMA Guidelines**

**I**n April, the BMA issued guidelines on male circumcision and these are summarised on page 3. Although purporting to cover all such operations, they are largely concerned with so-called non-therapeutic circumcision – where the operation is performed without immediate medical cause.

The pamphlet acknowledges that the members of the BMA are split on this subject. No doubt there are many doctors who would like a total ban on such circumcisions. Yet, in today's multi-cultural society, it would be impossible, for instance, to ban Muslim and Jewish doctors from performing this rite, and such a ban would only serve to send the practice underground to back street practitioners.

But this split means that the logic of the pamphlet is, at times, tortuous. Doctors, we are told, have to act in the best interests of the child when agreeing to the circumcision procedure. The child must take part in the decision if he is old enough – although there is absolutely no guidance as to the relevant age. If a four or five year old objects, is this sufficient to veto the operation? As a general principle, the decision is that of the parents – and both parents should be involved. “The BMA is generally very supportive of allowing parents to make choices on behalf of their children.” The child's social and cultural circumstances are uppermost. Where a child is living in a culture in which circumcision is required for all males, the increased acceptance into a family or society that circumcision can confer is considered to be a strong social or cultural benefit.

However, circumcision for health benefits alone is not justified i.e. parents who seek to have their son circumcised for prophylactic advantages, whether hygiene, aesthetics or the prevention of possible future problems, should be turned away. Apparently, the evidence concerning health benefits is insufficient for this alone to be a justification.

This is disappointing. The BMA is essentially saying: “We cannot stop parents having their sons circumcised for ritual or social reasons; they have no right to choose circumcision for health reasons.” What happened to the BMA being generally very supportive of allowing parents to make choices on behalf of their children?

Of course, for the articulate, middle class parents, these guidelines will cause no problems. They can easily argue their case under a ‘social’ umbrella (“it is a

family tradition”) and sympathetic doctors will have no difficulty ‘justifying’ their decisions to perform such circumcisions as being within the guidelines. But inarticulate parents, in awe of their doctors, are still likely to receive rebuffs when they seek circumcision, believing it to be the best policy for their sons. These guidelines bring RIC on demand not one inch nearer.

*Ivan Acorn*

## The BMA Guidelines — A Summary

**T**he new guidelines concern the ethics of male circumcision and are designed to offer doctors a model of good practice and safeguards which should be followed when male babies and children are circumcised. In particular, the guidelines are concerned with non-therapeutic circumcision. This is defined as circumcision performed, not for clinical or medical causes, but for religious reasons; or to incorporate a child into the community; or because some fathers want their sons to be like them.

The guidelines acknowledge that circumcision at parental request is an increasingly controversial area and argues that the medical evidence about its health impact is equivocal. There is a spectrum of views within the BMA membership about whether non-therapeutic male circumcision is a beneficial, neutral or harmful procedure. The Association has no policy on these issues but it believes that parents should be entitled to make choices as how best to promote their children’s interests. Doctors must use their skills in a way that promotes their patients’ interests and weigh the benefits and harms of circumcision for the particular child.

It is at present generally accepted that non-therapeutic male circumcision is lawful, and there have been specific court rulings about the legality of ritual circumcision. In the mid 1990’s the English Law Commission concurred and called for law reform to put the lawfulness of ritual male circumcision beyond any doubt. There could however be implications in the Human Rights Act which incorporates Articles of the European Convention on Human Rights into UK law.

With respect to consent, the guidelines point out that consent for any procedure is valid only if the person or people giving consent understand the nature and implications of the procedure. Parents and children should therefore be provided with up-to-date written information about the risks. All children who are capable of expressing a view should be involved in decisions about whether they should be circumcised and their wishes taken into account. It would not be ethically acceptable to circumcise a competent, informed young person who consistently refuses the procedure. But doctors must balance the harms caused by violating a child’s refusal with the harm caused by not circumcising. Where children cannot decide for themselves, consent should be sought from both parents.

It is emphasised that doctors should perform male circumcision only where this is demonstrably in the best interests of the child. The responsibility so to demonstrate this falls to his parents. The social and cultural environment of the

child may be a determining factor particularly in a culture where circumcision is a requirement for all males. Doctors should also take account of the fact that if they refuse circumcision, the operation may be performed elsewhere in unhygienic or unsafe conditions. The BMA is generally very supportive of allowing parents to make choices on behalf of their children and believes that neither society nor doctors should interfere unjustifiably in the relationship between parents and their children. Nevertheless, the child's best interests are paramount. Parents must explain and justify their requests for circumcision in terms of the child's interests. The BMA considers that the evidence concerning health benefits from non-therapeutic circumcision is insufficient for this alone to be a justification for doing it.

Poorly performed circumcisions have legal implications for the doctor responsible. However, action cannot currently be taken against a doctor simply because a man is unhappy about having been circumcised at all. There is no legal requirement for non-therapeutic circumcision to be undertaken by a registered health professional.

Although circumcision is not a service which is provided free of charge, some doctors and hospitals have been willing to provide circumcision without charge rather than risk the procedure being carried out in unhygienic conditions.

Doctors are under no obligation to comply with a request to circumcise a child. Where the procedure is a matter of patient or parental choice, there is no ethical obligation to refer on. The family is of course free to see another doctor and some doctors may wish to suggest an alternative practitioner.

[The full guidelines can be downloaded by going to the BMA website at [www.bma.org.uk](http://www.bma.org.uk) and searching on circumcision. A copy can be obtained from the *Acorn Society* by sending a stamped addressed envelope to the *Acorn* mailbox.]

## Book Review

### Circumcision: An Ethnomedical Study – by A. Thomas

This is a monumental production of 250 A4pp, extensively illustrated in black and white with an interesting full colour cover. The latter, I learned from the publishers, is the contribution of a professional print designer who experienced having to be circumcised in childhood.

Considering that the subject of this book is what many consider to be a trivial operation, one could be forgiven for assuming such a tome would be dedicated to heart by-pass surgery. Proportionately it might be assumed that a mere pamphlet would cover something as simple as circumcision.

But is it that simple? The title of the publication is only one word: 'Circumcision' writ large, but the subtitle: 'An ethnomedical study' defines its object. Thus, it is an academic work which is destined for libraries, public and private, where it will serve as a resource for overlapping disciplines. Historians, anthropologists,

geographers, students of culture, sexology and medicine, will all find an abundance of relevant information. Indeed, parents too, if they are seeking to be informed before making the decision on whether or not to circumcise their son. As the author reminds us, this is the world's oldest and most frequently performed operation. It has arisen independently in differing cultures across the world. It is variously justified in religious ritual, rites of passage, medical expediency or prophylactic, and easier penile hygiene. It captures personal ambitions for body image and improved sexual performance. It flourishes in societies as diverse as Australian Aboriginal tribes and the United States of America.

Clearly, the task of organising the mountain of data which the author has gathered, is a tricky one. While focusing on one area, it is easy to stray into another. A discourse on methods may need to touch simultaneously on anatomy and history, instruments and results. Inevitably this gives rise to some duplication, but the book is none the worse for that if it is to be used as a dip-in reference.

The reader is helped by a comprehensive table of contents which is set out in three parts, the whole occupying some five pages of detailed topics plus a list of illustrations.

In Part I we are introduced to the subject with the anatomy, and variations of penises as they arrive delivered from the factory and as they grow into the adult model. It runs the gamut of naturally arising abnormalities and acquired penile problems. Clearly, nature deals most unfairly with many unfortunate males in this department. There is ample evidence of a lack of quality control at the manufacturing stage hence the need for in-service modifications – often soon after delivery and long before serious use. In some situations, it describes remedies that stop short of circumcision. Then, launching into the subject proper, there is a summary of the extent to which circumcision is performed worldwide, and the varied means by which it is accomplished. This résumé goes into the history and detail of instruments and techniques and ends the section with a discussion on the outcome that each provides.

Part II expands on the global dimension of the procedure and the variations evolved in religious and tribal ritual. This section both in text and pictures, is not for the squeamish. (Nor, for that matter, are some of the Part I photos of defects.) Many who peruse these pages will comfort themselves on their good fortune in being born into a modern society, ie, one where there is no requirement to undergo an un-anaesthetised public circumcision as a demonstration of your maturity. At the end, the scope of the book expands to cover penis piercing and jewellery, decoration, infibulation, and some of the wilder extremes of penile modification. And, just in case you are not happy with your circumcision, there is an explanation of 'un-circumcision' or 'foreskin restoration'. It takes all sorts...

Part III covers individuals' experience of circumcision and the practicalities of the decision to do it. It borrows extensively from *Forum* magazine which, a couple of decades ago, did a landmark survey of readers who had experienced this procedure later in life, or arranged it for their sons. This enquiry drew and tabulated some fascinating results. *Forum* has also long been a platform where strong and

opposing views on circumcision have been exchanged. In the course of this, many correspondents have disclosed their before and after experiences in adulthood. Some of these letters have been lifted and augmented by anecdotes from other sources tapped by the author. A few are extremely long and detailed and do enter obsessive fetish territory.

I would have preferred to see more input from women – there are only a couple of short pieces. More than that, it would be good to have views and experiences from mothers of baby boys. They are in the objective situation of being the recipients of penises, circumcised or otherwise, in the creative process. Postpartum, as principal child carer, it is often the mother who makes, or largely influences, the decision to circumcise a boy. She too is the one who usually has to arrange the procedure and deal with his healing and aftercare. Perhaps some future edition will explore this avenue?

Not all boys are circumcised in infancy: many have to be cut at different ages all through to puberty. The book has a valuable assessment of the considerations which apply to doing it during the tender stages of childhood.

At the outset the author declares himself to be pro-circumcision. However, he makes a good ‘devil’s advocate’ and the disadvantages and hazards of circumcision are not excluded or glossed over. The book concludes with a valuable and comprehensive set of five Appendices covering a glossary, bibliography, and resources for instruments and devices. It publishes a useful list of URLs to internet sites where the subject has been increasingly covered and debated in recent years.

At £25 this is priced as a professional textbook – modest in consideration of its production costs. An expensive investment for parents perhaps? There are in any case many other short tracts written to advise them one way or the other on this subject, each claiming they contain ‘all the facts’. Nevertheless, it is arguable that the price of this more extensive work could be justified for a parent who is about to decide the fate of his or her young son’s foreskin. Circumcision is for life and for most who are cut as babies, it’s a long life to live with it. This implies an obligation to do informed research before ordering an irreversible operation on another person’s behalf. It is interesting that enquiries have revealed that most parents circumcise their boys for reasons of personal preference and a gut instinct that ‘it is better for them’. This being so, they may feel the expenditure is worthwhile if only to confirm their instincts are correct.

*Tony Shaw*

[The book is available from The Gilgal Society priced at £25 plus P&P. P&P for UK is £3.50, Europe is £4.00, Rest of World is £8.50.

For orders in Euros or US Dollars see <http://www.gilgalsoc.org>]

## Turkish Circumcision

I have just started a relationship with one of your members. By accident I picked up his file with all of your newsletters, and discovered that we have another common interest – male circumcision.

I am Swedish and 28 years old. Sadly circumcision is not common in Sweden, but I had liked ‘roundheads’ as you say, when I saw them in porno films. My sister, Lisa, married a Turkish boy 10 years ago so the first time I experienced a ‘roundhead’ was during a visit to her in Istanbul. During 10 years, I have had four affairs with Turkish boys – all circumcised.

I was fascinated by their smooth penises. Their erections were very tight, their roundheads had big rims and the scar from the cutting was as much as 5 cm from the rim and round like a circle. When I talked with them, I was interested to learn that boys in Turkey are circumcised or ‘cut’, as they call it, somewhere between 7 and 12 years old. Some can be older and when he has it done, he is a real ‘man’.

During holidays in Turkey, I learned about circumcision parties and circumcision palaces and saw many boys in the white circumcision clothes. But it was only in the summer of 2002 that I went to a circumcision party myself.

Lisa and Tomas her husband were arranging for their two boys to be done. I am like ‘Godmother’ to the older boy also called Tom. My sister invited me along and told me that they are big celebrations and good fun as she had been to loads before.

I arrived in Istanbul a few days before the party which was on a Saturday. I know they have a circumcision season in Turkey which lasts for the summer months and they say “Circumcision on Saturday, school on Monday”. But at this time, it was the school holidays. Tom, 11, and Filip, 8, were looking forward to the big day because they get loads of money and presents at their circumcision. On Saturday morning, my sister put the boys in the bath. I was wanting to see ‘before and after’ so I was in the bathroom when my sister was washing them thoroughly even inside the foreskin before they got dressed in their white suits.

We arrived at the party at midday and took photographs of the boys outside which said “Sunnet Saraya” which to translate means “Circumcision Palace”. We were taken to our table and were joined by other guests from Tomas’ family, mother, father, sisters and others. There must have been hundreds of others as Mr Oskan, who is famous for his circumcisions in Istanbul, was going to do 21 other boys as well that day. I thought that was quite a lot but my brother-in-law’s sister told me that Mr Oskan has a record for ‘cutting’ over 600 boys in one day. Kilos of foreskins!! Anyhow this day the youngest boy was 5. The oldest, Ali, a neighbour of my sister from an African Embassy, was about 16 years old – Ouch!!

It was an atmosphere of fun with everyone dancing and eating beautiful food. The first group of boys were called to a small row of chairs with their close relatives

for the anaesthetic injections and then returned to the dancing while their 'willies' went dead. After another five minutes, they went to another chair to be circumcised.

My nephews were in the second group and my sister asked me to go with my 'godson' while she looked after Filip who was nervous. Tom was the oldest in the group - all the other boys were 7 or 8 years old - and he was called up first and sat down. The others followed. Mr Oskan undid his trousers and took them and his briefs down a little. His son then took his penis. He pushed back his foreskin and the needle was pushed longwise into the skin like any injection except this was into a sensitive part. When Mr Oskan junior let his skin go, it went back over his roundhead. Mr Oskan squeezed his penis to spread the anaesthetic around. Then it was off for a dance with time for the injection to work. Some of the other boys squealed at the injection and Filip was very upset and was held by Lisa and Mr Oskan senior.

Ten minutes later, I took Tom to the circumcision chair. A round multi-coloured seat for six boys which could spin around. A Muslim leader and some traditional clowns, who used to drown the screams of the boys before they used injections, sang. Mr Oskan again pulled Tom's pants down, took Tom's little foreskin between the thumb and first finger of his left hand and pulled it hard. When he was happy with the stretching, his son handed Mr Oskan a scissor clamp to hold the skin in front of his roundhead. When this was in place, Mr Oskan then took from his son a laser knife (I was told that it was this). Once again pulling hard on the foreskin with the left hand, he cut through the foreskin with the knife in his other hand. I was quite nervous but Tom watched it all with a smile. But we were both grinning when he removed the metal clamp and the skin that was left quickly slipped back over the penis head and down the penis shaft. I saw no blood at all. Mr Oskan took back the 'redundant skin' which his son had put in a muslin pad and popped it together with the new shaped willy back into his pants and did them up.

I went back to the table with Tom who received a round of applause. But I was even more interested and more happy to watch the operation when the last group, which included Ali the African boy, went to the chair. I went with our neighbour to see her son being cut. It was a good lesson to watch it as his foreskin was much stronger because he was older and it took longer to cut through it. After the metal clip was taken off, the little skin left jumped back very fast down his penis stem. A dark roundhead popped out which it was funny to see as it was different to the black skin 5 cm down the stem. The cut ring was very clear to see. It was a good job from Mr Oskan and Ali's mother was clapping her hands.

In an hour we went home as they all started to get a little pain. Lisa was given tablets to give the boys but Tomas her husband says "No". He told me when he had 'sunnet' when he was twelve years old, they did not have injections. The men held him on a table while the circumciser cut him with a sharp knife. There was a lot of pain and blood. From it, he remembers 'becoming a man' even now, and Tom and Filip must remember it too. The boys did not put on their clothes for two days as Lisa said the roundheads get sore in the beginning. My nephews did go to sleep but woke up in the night because of the pain. Lisa took some cold cream and we wiped it on the very red circumcision rings. On Sunday the pain was a



little better. The rings were red and the penis stems were black and blue. Ali and his mother came with gifts on Monday. He was OK but he walked carefully. At the weekend when I went back to Sweden, my nephews were really well and happy little 'roundheads'.

I am now even more a circumcisionist (if that is an English word). I love the roundheads! And after the summer I want to learn more about other countries and the different ways it is done there. Another Swedish girlfriend told me she has read that in Indonesia they do 'sunatan' (circumcision) for 10 and 11 year olds and some people of poor parents who do not have money to buy the circumcision for their boys ask sponsors to pay for it. Even they have 'mass circumcisions' paid for by lots of sponsors, who buy the presents for the children too. Chris and I and other members from *Acorn* who prefer roundheads could sponsor a boy or some boys in Indonesia in return for some video film of the circumcision and the whole occasion. Can I have suggestions for this? And I also want to learn what is done in other places mainly Algeria, Morocco, Tunis, Egypt, Muslim Soviet States, Pakistan, Bangladesh, Indonesia, Iran, Iraq, Yemen, and different parts of black Africa. All do it different ways and boys for circumcision can be any age from 6 years to older than 20 years.

Can you help out?

*Miss L.L. - Cardiff*

## Appearances Are Deceptive

**T**he use of the term 'penile transvestite' (Editor's column, Issue 2/2003) certainly added a hint of naughtiness to the retractor who has trained his foreskin to stay back, maintaining an exposed glans. Through choice he can display the ultimate nudity of an erection even when flaccid. What advantage he enjoys over a surgically circumcised man is that he retains all the erogenous tissue of his penis and the particularly sensitive frenum.

There is a more appropriately named penile transvestite in the restorer who has 'dressed' a glans which had been bared by circumcision. He is a reluctant Roundhead who has restored glans cover through a programme of dedicated skin stretching, so can pass for a Cavalier when flaccid. Though having lost about half of his penile skin and possibly his frenum, his glans sensitivity becomes enhanced with the surface changing to being less rough, membranous, moist and smooth.

In both cases appearances can be deceptive in the flaccid condition. With sufficient training the Cavalier becomes Roundhead and the Roundhead a Cavalier. It is the degree of persistence which separates the two transformations as I can testify. Whereas retraction to permanent glans exposure can be readily achieved, in many cases restoration can take 4-6 years, particularly if the penis had been radically circumcised.

These cosmetic changes, far from being a feature of modern times, have been popular for nearly a thousand years, and are even practised on a nation-wide

basis today. Retraction is undertaken by Japanese men in the following manner. After the foreskin is shoved back behind the glans, it is tied with a string until it remains in place permanently. 'Kawakamuri', the Japanese for 'skin covered', is a mark of exceedingly bad taste, and at the communal bath or medical examination, a Japanese would never present himself with a covered glans. He would quickly skin his glans so as not to offend against decency. Japanese art never shows the penis other than with the glans denuded.

Restoration, like circumcision, is steeped in antiquity. Aurelius Cornelius Celsus (53BC - 7AD) devised a method of uncircumcision in which the penile skin could be stripped, with the penile tissue bound to the glans. Even as late as World War II (1935 - 1945), Polish doctors used techniques based on the Celsus method, often without anaesthetic, to save circumcised males from execution at the hands of the Nazis. In the second century AD, Greek manners and their gymnastic games had reached Palestine. Because contestants performed naked, in public, young Israelis eager to participate were ashamed of their circumcised state, and indulged in epispasmus, the formation of an artificial foreskin.

Yes, with the penis cosmetically clothed or denuded, appearances are truly deceptive in the flaccid condition. Personal preference can overcome the dictates of parents, doctors or creeds. It is only in the erect condition that the deception becomes unmasked; there is no circumcision without cutting and every incision leaves a tell-tale scar, often revealing the technique used on careful inspection!! For any man dissatisfied with his penile status, this penile transvesticism can lead to him feeling happier with his body and more confident within himself; I strongly recommend it both as a cosmetic status change and as an achievement.

*Anthony*

## Baring All?

I read Ivan's article on 'retractors' (Best of Both Worlds) and T.S.'s similar one regarding 'apparently' circumcised naturists (Observations) in issue 2/2003 with interest. Is it really that common that male naturists like to look circumcised? I am not a naturist, though I do enjoy swimming in the nude (once you've got into the water without any trunks, you never want to wear them again!) and therefore I have limited evidence to examine. So once again I went to the Internet to see what was on offer that might throw some light onto this idea.

There are, of course, many websites devoted to naturism and it was some time before I found what I was looking for. Peter's Nudist Page website ([www.addicks.fsnet.co.uk/nat/ppage.htm](http://www.addicks.fsnet.co.uk/nat/ppage.htm)) was ideal. Though Peter and I share the same name, we are quite different in one major detail. The Internet Peter is attached (quite literally) to his foreskin and has no wish to get rid of it - whereas I am happily bereft of mine. Peter does though have a page devoted to circumcision, so even he feels it necessary to discuss this aspect which has such an obvious impact in the naturist world. It is when you move to the 15-page Visitors' gallery of naturist/nudist contacts around the world that I became quite startled at the

results of my endeavours. The pictures are almost all of men – women seem very reluctant to include themselves in the gallery whilst men seem to enjoy showing the world what they've got. I fully expected the American, Canadian and Australian men to be circumcised and I wasn't let down – I don't think there was an uncut amongst them. It was when I examined the photos of British and European men that the possibility that, in the naturist world, the percentage of circumcised men does not seem to mirror the general male population, became apparent. All right, we all know that in Britain if you are over 50, then there is a very good chance you will be cut and this seemed to be largely (though not exclusively) the case. But on checking out the younger men and European naturists I was distinctly puzzled. Admittedly a number of the younger men were clearly uncut as I expected, but that so many of them were apparently cut made me get a little suspicious. Whilst we know that very few European men are cut, I found it hard to believe that so many French, German, Spanish, Italian members of the naturist fraternity appear to be circumcised.

I was left with the possibility that the world of naturism really does attract circumcised guys or that a significant number of them were imposters. Is it that when men are publicly nude they want to expose as much of their body as possible? Is a circumcised cock the ultimate in nakedness? T.S.'s suggestion of 'flattery by imitation' seems quite a well-authenticated idea. I could of course be completely wrong and that all these men are genuinely circumcised. This would then beg the question, does being cut lead to a greater desire to show to the world your status – a sort of "look at me, I'm one up on the rest of you" attitude?

In the past being circumcised was called 'the mark of a gentleman' and it is possible there is an element of this feeling of superiority creeping in. So do the 'retractors' unconsciously want to be thought of as the elite? Or is it something a little more base? A kind of "my knob is bare and I'm ready for action" signal? You could call it being 'nude and rude'! I really don't know the answer, but I'd be interested to hear if others have also found this to be as evident as I have.

*Peter – Manchester*

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## Cautionary Tale

**T**he 3rd May issue of the *British Medical Journal* (BMJ 2003;326:992) contains a cautionary tale from the consultant and staff in the department of urology at Leicester General Hospital.

A 22 year old man who wished to have a circumcision decided to undertake the operation himself. He bought a self circumcision kit from a Korean company via the Internet. The device worked by constricting the blood supply to the foreskin and the instructions stated that it was to be left in place for ten days. In fact, it fell off after six days and the man then needed to go to casualty with bleeding from the distal foreskin. He subsequently underwent elective circumcision.

## Circumcision Without Pain

The *Journal of Advanced Neo-natal Care* has recently published a pictorial and video guide to circumcision without pain. Circumcision is very commonly performed in the United States in the neo-natal period – the first few days of a baby's life. It has frequently been argued that the baby's capacity to experience pain is not fully developed at this stage and that circumcision without anaesthesia is therefore justified. The article refutes this claim. Pain during circumcision results in physiologic instability, affecting heart and respiratory rates. Infants who experience painful circumcisions exhibit behavioural changes, including increased crying and irritability and poorer feeding and responsiveness to their mothers in the post-operative period. They also have a stronger response to pain during subsequent routine vaccination. Yet a survey examining self-reported clinical practices surrounding the use of circumcision anaesthesia showed that 29% of paediatricians, 44% of family practice physicians and 75% of obstetricians performed circumcision without anaesthetics. The guide sets out strategies whereby pain and discomfort caused by circumcision can be drastically reduced or eliminated.

The guide first considers injections. Two penile nerve blocks are discussed – the dorsal penile nerve block (DPNB) and the subcutaneous ring block (SQRB). Both are safe, effective and without significant complications. On balance, the SQRB is said to provide more complete anaesthesia during all phases of circumcision compared with DPNB and may be technically easier to administer. The efficacy of both these nerve blocks depends upon a clear understanding of the anatomy of the penis, and the web enabled guide provides both diagrams and video clips to demonstrate proper technique.

Some doctors argue that the injection may be more painful than the circumcision itself. The local infiltration of lidocaine can cause some discomfort but this can be reduced by using a fine gauge needle and administering the solution very slowly. Some doctors also consider the time associated with administering the penile nerve blocks a disincentive. However, the injection itself takes less than 60 seconds, and the 3-5 minutes waiting for the block to take effect can be used by the circumciser to don sterile gloves and surgically prepare and drape the area.

The guide also considers topical anaesthetics such as EMLA, a lidocaine-prilocaine cream. It certainly diminishes the pain of circumcision, although not as effectively as the penile block. It also has to be applied to the skin of the penis with an occlusive dressing for 60 to 90 minutes before the operation. Analgesic options administered by mouth are considered ineffective for pain control during the procedure, although they may be helpful in pain relief following the procedure.

Sweet tasting oral solutions, such as sucrose, can provide consistent analgesia, especially used in conjunction with a pacifier. Although not as effective as a penile nerve block, they do provide significant pain relief to infants undergoing circumcision.

Circumcision boards, used to immobilise infants for circumcision, appear to cause babies distress. This may be because the natural state of flexion is forced into an unnatural state of immobilised extension. Simple padding of the restraining board and swaddling of the upper part of the body adds to the infant's comfort. Two other points:

- There is little evidence that music or other sound relieves pain.
- The practice of withholding food before circumcision adds to the infant's discomfort.

The guide also considers the most popular instruments used to circumcise – the Gomco clamp, the Plastibell and the Mogen clamp. The article does not comment on the efficacy or the cosmetic outcome of each instrument. However, research has shown that the Gomco and Plastibell methods take almost twice as long as with the Mogen clamp. Since infants experienced similar pain per unit time, whatever the technique, from the point of view of minimising pain, the Mogen clamp is the preferred method. The fact that the Mogen clamp is quick to use means that circumcisers adopting this method were 22% less likely to use anaesthesia than those using other devices. But although surgical speed may minimise the duration of pain, it does not diminish the intensity of the pain. A randomised controlled trial comparing various forms of anaesthesia in infant circumcision found that every newborn in the placebo group (i.e. no anaesthesia) exhibited extreme distress during and following circumcision.

Summing up, the guide recommends a multi-modal approach to pain prevention. It suggests that the infant is premedicated with acetaminophen by mouth about 30 minutes before the procedure; is placed on a padded circumcision chair with legs restrained in a comfortable, semi-flexed position; is given a pacifier with sucrose; is given an SQRB injection slowly; is circumcised with a Mogen clamp; and is given an additional post operative oral dose of acetaminophen. Such an approach is likely to ensure that the baby is circumcised in a relatively stress free, pain free manner.

*Ivan Goodhart – London*

## **Acorn Meeting Cancelled**

**S**adly, it has been necessary to cancel the next *Acorn* get-together which had been scheduled for early November. Unfortunately, the organisers have unexpectedly found themselves unable to attend at that time. We apologise to those of you who had already pencilled the date into your diaries and were looking forward to the event.

To alleviate disappointment, we are considering holding a meeting in the first two or three months of 2004, probably in Leicester at a weekend. If you might be interested in attending a meeting then, it would be helpful if you could send an email to Ivan or drop him a note at the *Acorn* mailbox. This will help us gauge the support for a meeting at that time.

## My Lifelong Interest In Circumcision

When I was at school in the 1940/50's about 50 per cent of the boys were circumcised. I first discovered the difference between my then uncut cock and the circumcised ones. They always fascinated me and I wished and wished I was like them. My foreskin was always loose and I used to keep it back as much as possible to make out I too was circumcised. I once asked my mother why I had not been circumcised as it was very fashionable when I was born. She told me it had been considered but our family doctor at that time didn't believe in it, foolish man. I first started playing with other boys' dicks in junior school and it was only the cut ones I was interested in. Later I went to a private school and the headmaster was a Church of England priest. However despite this there were many Jewish boys there so I had a field day with them and also many of the others, being 'upper class' were all circumcised. Then I went to a secondary-modern school and again many were cut. I finally went to an Art school which was mixed so there was no real opportunity to play with the other boys' dicks. I went into the RAF for my National Service (actually did 3 years) and many of the guys there were circumcised. Of course you had to be very careful but I managed to get my hands on some of the circumcised ones.

Through my 20's and 30's I still was very keen on circumcision and wished I had been done at birth. I saw an article in a *Naturist* magazine about circumcised vs. uncircumcised and how many men wanted to be circumcised but their doctors would not do it. However they said that if you wrote to them, they would give you the address of a sympathetic doctor who would perform the operation. That was how I came to be laying on the table in Dr Newill's office near to Harley Street one lunch time. He gave me a local anaesthetic, injected into the base of my dick, and that was the only real pain. We were speaking the whole time he was performing the operation and he told me he was a great believer in circumcision. He had been circumcised whilst serving overseas as a doctor in the army. When I had my cut I had no idea about the various styles such as tight/high, low/loose etc. Dr Newill did say however that he would remove as much foreskin as possible as he didn't want me to have to come back for a re-circ.

Since then I have never looked back and consider it one of the best things that ever happened to me. Everything and I mean everything is so much better: sex, appearance, cleanliness, no smegma etc. Before I was circumcised I used to wash my dick several times a day but it still smelt unpleasant.

All I can say to anybody if you have any doubts about being circumcised, don't. Go and get it done - you won't regret it.

I would appreciate any comments/questions.

*Neville - Northolt*

*Nevillea@btinternet.com*

## A Bargain Recut

**G**iven the high costs of surgery that are quoted in *Acorn*, members may be interested in my recent pleasant experience.

I was cut at sixteen years of age, on my own insistence, disliking the uncut and to my mind unhygienic and anaesthetic state, but that is another story. I had rather a loose cut and an extensive frenulum, left intact. In recent years, this frenulum became tight to the point that sex was uncomfortable and caused bunching of the skin.

I saw my GP who referred me to a local hospital to see a urologist. The appointment was made and I was seen in about three months. "Ten minute job", I was told, but the waiting list was nearer to ten years! I made a private appointment with the same surgeon and I asked him to revise my circumcision as well as do the frenoplasty. I suggested how much skin I wanted removed. He agreed with my request and indicated that he could tidy up the existing scar tissue. We discussed costs and I saw that the charge for accommodation and nursing alone would be over £500, with surgeon's fees as well. When I said that I was not in private health care and that I would prefer local anaesthetic and not to stay in hospital, an appointment was made for about two weeks hence in the Day Care Unit. On the day I was shown into a small treatment room and the op was done in about half an hour. A very jolly Nursing Sister assisted the surgeon and I was soon on my way home.

The result is cosmetically much better than before and the frenum has been reduced to a thin, minimal structure. I paid for my private consultation at the time, £70. Some weeks later, the dreaded invoice for the operation dropped through the letterbox. The charge? £60! I thought there had been a mistake and checked with the hospital; no, the charge was correct. I paid by return of post. Total cost was therefore £130. All this in a Teaching Hospital with all its facilities, should they have been needed. It pays to make enquiries and to make your needs clear when seeking medical care, just as in any transaction.

*T.S. - Bristol*

## First Cut Is The Deepest

**I**n his article 'Mostly a complete indifference' (issue 3/2003), William says that his observations of the number of circumcised cocks he has seen "compares favourably with the medically estimated number of British men who have encountered Madame Guillotine". I was always under the impression that the guillotine cut a man's head off, it didn't just remove his balaclava!

*Peter - Manchester*

*[larrydartpeter@aol.com](mailto:larrydartpeter@aol.com)*

## Childhood Circumcision

In issue 2/2002, C.A. – North Kent states that when he was prepubescent and waiting in hospital to have his tonsils removed, a doctor carried out a prolonged masturbation examination on him, pulling his foreskin tightly back and as far forward as possible. He assumed that the doctor was considering circumcising him. Sadly this was not done.

I had not heard of a ‘masturbation examination’ before. Is this a usual test for the possibility of circumcising a boy? Have any other members ever come across this type of examination previously, or when prepubescent being subject to such an examination? Did it ever result in a circumcision being done?

C.A. also says that circumcisions done pre-puberty are more natural looking than an adult circumcision. I agree. A boy’s penis, when he is circumcised pre or early teens is generally smoother on his shaft and his scar is not so pronounced as in an adult circumcisee. If he is radically cut and his frenulum completely excised, this can result in his circumcised penis jutting out slightly because of the tension in the shaft skin instead of drooping when flaccid. A number of members in the past have expressed a preference for this result.

*D.B. – New Zealand*

## Family Ways

Neville’s article on celebrity circumcision (Issue 2/2003) must have rekindled much interest, but the names were quoted, as they invariably are, out of family context. Many famous families adhere most zealously to circumcision, passing the feature from generation to generation. These notable families include that of President Carter, Kirk Douglas, Clint Eastwood, Errol Flynn, and Ernest Hemmingway, all of whose sons were circumcised, matching their fathers. Then there are the shorn sibling groups like the Osmonds, Jacksons and Bee Gees!

What really fascinated me from published celebrity material was not the matching of fathers and sons, which is expected in American and Jewish families, but differences in penile status! Intact fathers with circumcised sons include Max Baer, Sean Connery, Lamas Fernando, Dean Martin, Ronald Reagan and John Wayne. There is a most famous opposite case – Vernon Presley, the father of Elvis was circumcised whilst his pelvis gyrating son remained intact.

A most curious category is the “mix ‘n’ match” situation which often registers a strong female influence as in Bing Crosby’s family. The intact old groaner had four intact sons by his first marriage (Dennis, Gary, Lindsay and Phil) and two circumcised sons by his second (Harry and Nathaniel).

Medical necessity often intervenes to produce dissimilarities between brothers but the above would be almost exclusively elective. A relative who is happily circumcised with four intact brothers once told me, much to my astonishment: “It’s no different from cutting hair or nails!”

*Anthony*



# ACORN

Issue  
N<sup>o</sup> 5 2003  
Editor  
Ivan Acorn

## Editorial

The hot, extended, summer has been wonderful, but not, unfortunately, conducive to long hours at the keyboard. So there has been a wider gap between issues 4 and 5 than I had planned. My apologies. You will receive another issue before the end of the year.

Not that I am the only one who has been idle. My thanks to all the contributors in this issue - but there are too few of you. Consequently, there is within too much of me, too little of everyone else. Please, now that autumn is upon us, take up that pen and write!

One innovation this time is the introduction of illustrations. I am grateful to Vernon, the production editor, for making this possible. Of course, the illustrations do take up space but on the principle that "a picture paints a thousand words", I hope that you will feel that less is more.

Finally, there is a new date for the postponed *Acorn* meeting - **see page 7**. Please note it in your diaries now.

*Ivan Acorn*

## Joke

**Q:** What do you get if you circumcise a clock?

**A:** The nick of time.

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### Machine Cut

Later this century, robots will begin to replace human surgeons. This is the prediction by Susan Greenfield in her book *Tomorrow's people: How 21<sup>st</sup> Century Technology is changing the way we think and feel*. The surgeon Henry Marsh is quoted as having likened current neuro-surgical practice to a large JCB digger attempting to pick up a safety pin. An error of mere fractions of a millimetre can make all the difference to how a patient lives the rest of his life. Inevitably, mechanised approaches to surgery will be developed; more precise and reliable than current fallible humans.

We can speculate what this might mean for circumcision. Now, men agonise as to the finish they want – high and tight, or low and loose? How much inner foreskin should be left? Where should the circumcisional scar be placed? All too often, surgeons choose to ignore their patients' wishes and adopt the one-size-fits-all approach to circumcision. The patient is then dissatisfied with the end result, often sufficiently to seek revision, when a second surgeon becomes free to disregard what the patient wants!

Picture instead the mechanised future. There will be a whole series of high specification surgical machines which will carry out surgery to undreamt of precision whether to excise a brain tumour (every diseased cell, not one healthy cell removed), to replace furred up arteries or transplant a genetically grown new organ. The circumcision machine will no doubt be cylindrical in format. The flaccid penis will be placed within and the machine will measure with accuracy to whatever decimal place is specified, the dimensions of the penis, including its length and girth, the size and shape of the glans, the length of the inner and outer foreskin, the extent and thickness of the frenulum. The machine will induce an erection so that the same measurements can be taken in the tumescent state. The rest will then be mere programming, with data keyed in by an operator from a sheet completed by the patient (or his parent). The patient (or parent) will have specified matters such as: the amount of inner foreskin to be left, the amount of surplus skin to be left (anything from nil to several centimetres), how defined the scar should be, whether the frenulum should be removed. Partial circumcision will be an option, with the possibility of leaving the glans anything from half to fully covered, with just the overhanging rosette cut away. For those unwilling to go to the trouble of completing the form, the machine will have a default setting whereby, in the absence of instructions to the contrary, the machine will perform a circumcision as high and tight as possible with frenulum totally excised and a prominent circumcisional scar.

Once the operator has fed in and checked the data, the patient will himself press the switch to set the machine in motion. The automated process will then begin. The machine will inject local anaesthetic (will the operation without anaesthetic be an option?), will test whether the penis has been numbed, will measure precisely where cuts are to be made, will operate by laser, cauterising

arteries and veins as these are cut. The machine will also undertake an initial desensitising of the glans so that the newly and permanently exposed glans will not be over-sensitive following circumcision.

Finally, when the required amount of foreskin has been ablated, the two skin edges will be aligned and finely sutured, and a dressing will be applied. From the machine will emerge the penis, cut in absolute conformity to the specification. Because there will have been minimal handling of the penis, trauma and bruising will also be minimal and healing will therefore be very rapid.

Of course, excellent though this machine will be, it will itself in due course become obsolete. Further into the future, when genetic coding is perfectly understood, babies will be produced in accordance with parental specification. Babies will be specified to the last detail and, for baby boys, no doubt there will be a whole section on the penis where parents will determine how long and thick it should be, the size and shape of the glans, and, of course, whether or not there should be a foreskin. But can one really believe that in those far off elysian days, any father will really choose to burden his son with an unnecessary piece of skin? Maybe the future, as far as the penis is concerned, is long, thick ... and circumcised.

*Ivan Acorn*

## Better Late Than Never

Six years ago in my late forties I was circumcised for the first time. In part the decision to go ahead, at what some may think rather a late stage, was fuelled by the need to pluck up courage in the knowledge that once done, there would be no going back. And having thoroughly enjoyed masturbation since puberty, there was a fear that a great deal of pleasure might be lessened.

I suppose my interest in circumcision started at boarding school in the early sixties. Seeing other boys naked in the showers, one was able to see that perhaps 15 per cent were circumcised. I later read that circumcision in England was then much more common in the upper classes – no doubt a hangover from the passion for circumcision in Victorian times to stop boys playing with themselves. So in a way I felt left out and not part of a certain club. As well as this feeling, I thought the cocks of the boys who had been circumcised looked neater and tidier. In the course of the usual mutual masturbation that went on in boarding schools in those days, I found that it was usually the uncircumcised boys, including myself, who were involved rather than the circumcised ones. On the rare occasion that I handled the erect cock of a friend who had been circumcised, I found the tightness of the skin strange and when he talked of the need for soap in the bath to have a wank, it was a whole new insight. These images and feelings have stayed with me.

On a practical note, I found that as I got older and the skin started to get less elastic, my foreskin seemed to get longer and become more and more in the way. I found that during foreplay when wearing a condom, the foreskin slipped back over the glans and then could not be retracted again due to the grip of the condom. It spoilt the normal sensations from the glans and led to loss of erection.

After discussing the matter with my wife, who thought perhaps circumcision might put a stop to my wanking and was in favour of me going ahead and having the operation, I made a definite decision.

I advise anybody contemplating the operation to shop around, as prices vary enormously. Six years ago I found that clinics outside London tended to be cheaper and I would recommend clinics specialising in sexual/gender problems rather than cosmetic surgery.

Anyway, I made an appointment at a clinic in Leeds (which no longer offers the operation) and then had to wait an endlessly long three weeks. Finally the big day came. I arrived at the clinic and was shown into a comfortable sitting room. The surgeon came in and asked me a few questions such as why I wanted the operation plus some questions about my general health. Having read the letters from your other correspondents, I asked him to take off as much foreskin as possible because I wanted the remaining skin to be really nice and tight. He said that he always did a full circumcision, which would leave the glans fully exposed. I signed the necessary forms and, five minutes later, was lying stripped below the waist on the couch in the operating room. A very pleasant female nurse assisted and talked to me all through the operation.

I tried to watch the proceedings but was told to lie down fully and could therefore see very little. The first step was a large injection of anaesthetic into the base of my penis, followed by four or five smaller ones just into the foreskin covering the corona of my glans. Then the operation proper commenced; the surgeon and the nurse each took a pair of forceps and, gripping the tip of my foreskin on each side of my penis, pulled it upwards as far as possible, I think it must have then been cut across just above my glans; unfortunately I couldn't see. The foreskin was cut away leaving about 15 millimetres of inner skin attached at the sulcus.

Like some dentists, the surgeon had wasted no time and the anaesthetic was still taking effect somewhat unevenly, so I actually just felt the cutting away of the last part of the foreskin. Up to this point the whole procedure had taken perhaps five minutes. He then had to stop the flow of blood from the cut vessels in the skin, which he did by cauterising each one in turn. He completed the job by stitching the edges of the remaining skin together. Finally, a small dressing was applied and in less than an hour it was all over. Afterwards as I sat having a cup of tea, the surgeon came and had a little chat with me and I asked him if he had removed the frenulum. He said he hadn't as it was not a usual part of his procedure. While I was slightly disappointed, I did not really know at that stage if I had wanted it removed or not.

The healing process was remarkably quick, although one has to be careful not to knock the stitched join on the first evening while the anaesthetic is still in effect. The skin from the sulcus to the stitches swelled up alarmingly for the first two days but then subsided. There is not much pain, more of a tenderness; it is not as bad as a vasectomy.

After eight days, I felt able to let myself have my first erection with a circumcised cock. The feeling was everything I had hoped it would be. The whole skin was very

tight and my cock had a completely different feel to it. I let the erection subside, not wanting to do any damage before the join was fully healed. Over the next few days, I had further erections and found I could not wank in the way I done all my adult life. The stitches were self-dissolving and came out after about two weeks.

I was delighted with the result of the operation and wished that I had had it done 15 years ago, at the same time as my vasectomy. I recommend it to all men as a new start to their sex lives and I am surprised that many more women do not absolutely insist on their men being circumcised.

M.E.T.

## Circumcision: A Covenant Of Grace

[Editor's note: It is often said that there are evangelical Christian sects which require male members to be circumcised, but I have been unable to trace any such sects. If any readers are aware of these, I would be pleased to hear. In the meantime, there follows an article from the internet promoting circumcision for Christians as a continuation of the original covenant of grace made with Abraham which, the author argues, should still be honoured.]

**T**here is plenty of information available on why not to circumcise, but virtually nothing in the way of supportive or unbiased information based on Scripture. The following is the result of my own search for answers in the Scriptures. I hope it will be useful to you, or someone you know.

### Circumcision Instituted By God

Circumcision for the people of God was instituted by God Himself, as a sign of His Covenant with Abraham (*Gen. 17:10-14*). Circumcision was a "seal" of the righteousness God had already credited to Abraham for his belief (*Rom. 2:25-29*) prior to circumcision. It was a sign of the Covenant God made with Abraham, and from the time of its inception, all male babies born of Abraham and his descendants have been circumcised on the eighth day (*Gen. 17:12, 13; Lev. 12:3*).

### What Exactly Was The Covenant?

God said to Abraham:

*Genesis 17:*

4 You will be the father of many nations.

6 I will make you very fruitful; I will make nations of you, and kings will come from you.

7 I will establish my covenant as an everlasting covenant between me and you and your descendants after you for the generations to come, to be your God and the God of your descendants after you.

8 The whole land of Canaan, where you are now an alien, I will give as an everlasting possession to you and your descendants after you; and I will be their God.

13 Whether born in your household or bought with your money, they must be circumcised. My covenant in your flesh is to be an everlasting covenant.

14 Any uncircumcised male, who has not been circumcised in the flesh, will be cut off from his people; he has broken my covenant.

In a nutshell, God promised Abraham everlasting fruitfulness (children), everlasting citizenship in a then-foreign land, and Himself as their God. God's covenant in the flesh was to extend even to those bought with money.

## **Do Christians Need To Circumcise Their Sons?**

The apostle Paul states several times in various ways that, "Circumcision is nothing and uncircumcision is nothing. Keeping God's commands is what counts". (1 Corinthians 7:19) So the simple answer is no, Christians don't have to circumcise their sons, because we are "not under law, but under grace" (Romans 6:14). But many do. And there actually may be a very good Scriptural reason to do so.

## **Balancing Act: Law and Grace**

First of all, consider that the Law of Moses was given because of sin – and no one becomes righteous by obeying the Law, we simply realize we are in sin because of the Law (Rom. 3:20).

Next, consider that the Covenant of circumcision was given to Abram in Genesis 17 – long before the Law was written. Way back in chapter 15 there was just Abram and God, having a conversation about the future. God promised him descendants as numerous as the stars, although Abram was then very old – and childless. Then, right there in chapter 15 it says, "Abram believed the LORD, and he credited it to him as righteousness." (Gen. 15:4-6) There is no law, no covenant, just Abram believing God and getting "righteousness by faith".

Some 400 years later, along comes Moses with the Law, which indeed says to circumcise all boys on the 8<sup>th</sup> day after birth. But this was not because people would become righteous by obeying ... rather it drew attention to the sin of those who were disobeying.

So Abram's "righteousness by faith" is well established long before the Law comes into the picture. Eventually Jesus Christ comes, not to abolish the Law, but to fulfil it (Matt. 5:17). And "righteousness by faith", such as that which Abram displayed, is now available to the Gentiles as well (Rom. 9:30-32).

The original covenant (sealed with circumcision) which God said would be "everlasting" was never rescinded, replaced or abolished. It was and is everlasting. Gentile Christians (i.e., all non-Jewish Christians) are children of Abraham because of our faith (Gal. 3:6-9). Are we not therefore still under the original covenant? Not under the Law of Moses, but under the Abrahamic Covenant, which God said would be *everlasting* and *included circumcision* as its seal.

## **Bringing Circumcision Into the New Covenant Thinking**

Paul, the apostle to the Gentiles, the same one who said circumcision is nothing and uncircumcision is nothing, also said we are not under law, but under grace.

Because the law was temporary – grace is permanent. Abraham knew God's grace – not God's law – and he was under the covenant of circumcision. Why would it be any different for us today?

Consider that God's promises to Abraham were completely fulfilled in Christ. God promised Abraham everlasting fruitfulness: now we see that his own descendants are far too numerous to count, and Jesus is the everlasting "Seed" of Abraham. God promised everlasting citizenship in a then-foreign land: today all believers have eternal citizenship in Heaven, although we are not there yet. God promised Himself as their God: and certainly today He is the God of the Gentiles as well as the Jews, and anyone else who, like Abram, believes Him. Finally, God's covenant in the flesh was to extend even to those bought with money. Are we Gentiles not "bought with a price" to become "children of Abraham" by faith? (1 Corinthians 6:20, 7:23)

### **Conclusions??**

Understanding that this is a lot to swallow, let me just make a few concluding comments about why we chose to circumcise our sons.

First of all, it was because of the Abrahamic Covenant as explained previously. Secondly, it was out of a belief that if God implemented such a procedure, it couldn't possibly be as harmful as our modern, God-less culture would have us believe. Thirdly, the proof of history: men have been circumcised for thousands of years without adverse effect, whereas there are certain known health risks (for both men and women) to uncircumcision. Fourthly, because I believe God in His infinite wisdom had reasons for choosing circumcision as the seal of the Covenant (when He could have chosen any number of other outward, physical signs) ... reasons which I neither pretend nor feel a need to understand. It's one of those areas where I can just say, "OK, Lord," and not worry about knowing exactly "why".

*For a pro-circ Christian take see:  
<http://www.kalico.net/birthnbabies/circumcision/index.shtml>*

## **Acorn Meeting**

**T**he next meeting of the *Acorn Society* is scheduled to take place in Leicester, gathering on the evening of Friday 26<sup>th</sup> March 2004 and departing after breakfast on Sunday 28<sup>th</sup> March. Please put the date in your diaries now. First timers can be assured that they will be made very welcome and will soon feel at home.

## **Congratulations**

**C**ongratulation to I.W. (Dorset) an *Acorn* member and contributor. I.W. has been awarded a discretionary Medal by the Royal Horticultural Society. That this prestigious award has been made for growing tall oaks from little acorns is not confirmed.

## In Praise Of The Penis

I can never remember a time when I didn't enjoy my foreskin, but being shy, I found it difficult to share my passion with other men, and over the years continued to experiment in various ways to excite and indulge my fantasies. At one point, I seriously considered circumcision as a further step to pleasure, but decided at the last minute that retaining my foreskin gave me more options as a cavalier. I never, at any time felt medically or psychologically pressurised to become circumcised, nor did it concern me one way or another what any man wanted for himself. Out of the blue, some 20 years ago, came an introduction to the *Uncut Society of America* – a group formed with the sole purpose of bringing together foreskin enthusiasts and particularly those cut Americans who were keen to restore their foreskins in any way they could. For me the society provided many opportunities for sharing experiences and mutual feelings, and led to the formation of many friendships both in the States and here. I have been especially impressed by the fervour of so many men who are learning to 're-build' their foreskins having lost them, unwillingly, at some earlier stage of their lives. I have also gained some appreciation of the pleasures of the uncovered glans while enjoying friendships with those of my mates who are circumcised. For me it's always been the enjoyment of the penis, big or small, white or black, cut or uncut!

M.F.

## The Story Of Dave's Dick

### Part One: Life with a Foreskin

Why are men so fascinated by their dicks? Of one thing I am certain: it has nothing to do with being gay or straight. It must be a very basic instinct which is present in all of us, yet is suppressed by so many men, which is a terrible shame. I have no such inhibitions, nurtured by formative years at a single-sex boarding school, developed by a love of sea and sunshine on naturist beaches, encouraged by the desire for circumcision and the wonderful freedom of expression found in the internet groups.

My interest in penises was awakened in the lavatory of my primary school when I noticed a boy beside me who had a willie that was different from mine: he had a little round knob on the end and mine had a flap of skin. So I asked him why his was different and he told me that I could make mine the same as his if I pulled the skin back, which I found almost unbelievable. As soon as I got home, I tried it for myself – and it worked!





It was at my boarding school that I first started experimenting with skinbacking, even before puberty, as I had always envied those who had been circumcised. My relatively large glans has always allowed me to do this. At first, I would try to maintain it for a week, and then for a month, but I always felt more natural with the glans covered, so my experiments came to an end.

After puberty things were different. As my penis grew, the foreskin became shorter and the glans bigger, to the point at which the foreskin would slip back spontaneously, resulting in erections at the most embarrassing times. I had frequent wet dreams, due, I suppose, to this wayward foreskin, which would pop back during the night giving an immediate erection and a quick ejaculation.

One of the great joys of having a foreskin is the huge thrill that always surges through the body as an erection develops. As the penis swells, the glans gradually pushes out past the foreskin and then, finally, it is totally exposed in all its glory. The incredible sensations that accompany this occurrence are something that a person circumcised at birth will never experience - and this is something that worries me about being cut: will I regret the loss of this? Despite its drawbacks(!), the foreskin is packed with nerve endings and undoubtedly adds greatly to the sensations experienced during any form of sexual play.



But the disadvantages of the foreskin were too great: the sudden unwanted flipping back, the unpleasant cheesy smell, the awakening each morning with an exposed glans, were too much to bear. Finally, at the age of 30, the foreskin remained back permanently. In many ways I looked and felt like a circumcised person, apart from the rather wrinkled appearance when flaccid. I conquered all the hang-ups about having an exposed glans, and went nude swimming and sunbathing without any feelings of embarrassment. It had become for me the natural state.

Despite this long period of time with an uncovered glans, I always felt more comfortable with the skin in the forward position. In this position I was totally unaware of my penis, whereas when the skin was back I was always aware of it, and it was not totally comfortable. So, periodically, I would bring it forward and try to leave it there, but it was so wayward, so ill-disciplined. Merely leaning against the kitchen cupboards to open a window, or the action of jumping up and down would cause it to slide back, probably with a subsequent erection. And then there was that smell, which would return within a day, despite twice daily washing. And in any case every morning I would wake up skinned back, so what was the point in trying to be like a proper uncircumcised person?

During all this time I never lost the desire to be cut. I was self-conscious about my uncut state. I felt a fraud, pretending to be cut when I wasn't, and even my two sons thought that I had been circumcised. One of the hardest moments of my



life was when I was told that my eldest son, who was then three years old, should be circumcised, because of recurring phimosis. I found this hard to bear, and was sorely tempted to ask the surgeon to do me as well, but could not bring myself to say anything. I am certain that, if this happened now, I would have done so, especially as he knew me quite intimately, having examined my piles and sewn up a hernia!

Sex with my wife had gradually got less as our two boys grew into adults. Time was when their presence did not matter. There was one marvellous occasion when our five-year-old son came into our bedroom when we were enjoying ourselves, climbed on my back and said "Go on, horsey! Faster!" But, once the boys reached puberty, we found ourselves being embarrassed by their presence in the house, especially after ribald comments had been made about our nocturnal activities.

Three years ago, the elder son left home to go to university, but the younger was still with us, a situation that we found incredibly frustrating, especially as his bedroom shared a common wall with ours. Then, at last, he found a job and left home. We were on our own! It was like a second honeymoon. This was the final jolt that I needed. "I am going to investigate circumcision." I said to my wife one night while I was going well. I had had enough of that stupid foreskin flopping around. I suppose it was also my mature age that gave me the confidence I needed to take the first step of going to my GP.

Visiting one's own doctor and asking for circumcision is one of the most difficult things I have had to do. I dreaded it, but found that the only way was to decide which day I was going and to stick to it. I went, and got the reaction I expected, making me feel extremely embarrassed and wishing that I had never gone. But at least I was given an appointment with a consultant – and he did not even want to look at my dick!. However, the consultant did, of course, and then stood up and said: "Have you been circumcised already?" I was incredulous. I couldn't believe that a surgeon could not see that I was intact, with a complete, if short, foreskin. Of course, I got the expected refusal.

So I turned to the internet next. Here was a different story altogether: good information and fantastic support from the various groups. It was wonderful to be able to talk freely and to swap pictures, making comparisons and comments without any feelings of embarrassment or smut. It gave me increased confidence with the realisation that my dick was actually quite decent in size and shape, and was something of which I could justly be proud.

Making arrangements was not easy, as I soon discovered. The powerful anti-circ lobby coupled with the ban on advertising makes it difficult to locate surgeons who perform circumcisions. But persistence paid off, and soon I had what I wanted,

the name and address of a surgeon, followed quickly by an actual appointment. I was on course for the cutting table, at last!

By now I had become used to my dick being examined at close quarters, and any feelings I used to have of embarrassment disappeared. Yet it seemed strange to be lying there while a guy pulled my dick around at all angles. I was not too sure what his judgement would be. Would he decide that my foreskin was too short already and that circumcision was pointless? Or would he simply say that I was too old? A great thrill surged through my body when the Doc said yes, he would do it, showing me where he would make the cut. The excitement made me start an erection, so the Doc said quickly, "You can put your clothes on now."

This was it: I was on a roller coaster that could not be stopped. The date was fixed and the price agreed, and I walked out of Harley Street with a spring in my step, and a lift in my dick. But this was not to last, because I found my spirits surging from peak to trough as each period of time passed and the op got nearer. Was I doing the right thing? What if the result was a reduced level of sensation? I have a perfectly good penis which looks circ'ed, so why mess with it? The last couple of weeks were the worst, especially after reading some anti-circ propaganda.

Then the day came when I had to send the cheque for the advance payment. I didn't hesitate. I wrote the cheque and put it in the post. I had crossed the Rubicon. The camera became even busier. Every moment when I was on my own, out came my dick and more shots were taken, from the top, the side, underneath, flaccid, hard, skinned, covered, scientific, erotic, even shooting. I was becoming totally besotted with my dick, which worried me slightly. Then I decided to trim my pubes. The Doc had said it was not essential, but I got the hint that it was advisable. I ended up by shaving everything - it felt so erotic!

The night of 3<sup>rd</sup> December was not good: sleep was very spasmodic. I was filled with a mixture of excitement about being circ'ed and the worry of doing the wrong thing. Strangely, the thought of the actual op itself did not cause me any anxiety at all.

*Dave - Notts.*

[Editor's note: Dave says that he is always willing to give personal advice to anyone who is considering circumcision, as he finds it an intensely fascinating subject. Part 2 of Dave's story will be published in the next issue.]

## The Cerne Abbas Giant

**W**hilst musing on penises, the perfect *Acorn* jolly came to me in a flash. There should be a pilgrimage to the 180ft tall Cerne Abbas Giant near Sherbourne in Dorset to wonder at his enormous erection which may or may not be displaying a circumcision. My guide book tells me that as late as the early 19<sup>th</sup> century, women believed that sleeping on the hillside could cure barrenness.

Anyone else interested in going?

*H.F. - Cambridge*

## Literary Extract

[From Part Two of *Caesar's Women* by Colleen McCullough]

[The action takes place in Syria during the time of the Roman occupation. One of the Romans, Publius Clodius, spreads disaffection about the Arabs by poisoning the mind of the Roman Governor against them. The Arabs decide to teach him a severe lesson. He is kidnapped.]

**B**ound, gagged and blindfolded, Publius Clodius was carried to a room without windows, a room without murals or decorations or differences from half a million such rooms in Antioch. Nor was Publius Clodius allowed to see beyond a glimpse as the cloth over his eyes was removed along with the gag, for a sack was slipped over his head and secured around his throat. Bare walls, brown hands, they were all he managed to take in before a less complete blindness descended; he could distinguish vague shapes moving through the rough weave of the bag, but nothing more.

His heart tripped faster than the heart of a bird; the sweat rolled off him; his breath came short and shallow and gasping. Never in all his life had Clodius been so terrified, so sure he was going to die. But at whose hands? What had he done?

The voice when it came spoke Greek with an accent he now recognised as Arabic; Clodius knew then that he would indeed die.

"Publius Clodius of the great Claudius Pulcher family," said the voice, "we would dearly love to kill you, but we realise that it is not possible. Unless, that is, after we free you, you seek vengeance for what will be done here tonight. If you do try to seek vengeance, we will understand that we have nothing to lose by killing you, and I swear by all our gods that we will kill you. Be wise, then, and quit Syria after we free you. Quit Syria, and never come back as long as you live."

"What-you-do?" Clodius managed to say, knowing that whatever it was could not be less than torture and flogging.

"Why, Publius Clodius," said the voice, unmistakably amused, "we are going to make you into one of us. We are going to turn you into an Arab."

Hands lifted the hem of his tunic (Clodius wore no toga in Antioch; it cramped his style too much) and removed the loinloth Romans wore when out and about the streets clad only in a tunic. He fought, not understanding, but many hands lifted him onto a flat hard surface, held his legs, his arms, his feet.

"Do not struggle, Publius Clodius," said the voice, still amused. "It isn't often our priest has something this large to work on, so the job will be easy. But if you move, he might cut off more than he intends to."

Hands again, pulling at his penis, stretching it out – what was happening? At first, Clodius thought of castration, wet himself and shit himself, all amid outright laughter from the other side of the bag depriving him of sight; after which he lay perfectly still and shrieked, screamed, babbled, begged, howled. Where was he, that they didn't need to gag him?

They didn't castrate him, though what they did was hideously painful, something to the tip of his penis.

"There!" said the voice. "What a good boy you are, Publius Clodius! One of us forever. You should heal very well if you don't dip your wick in anything noxious for a few days."

On went the loincloth over the shit, on went the tunic, and then Clodius knew no more, though afterwards he never knew whether his captors had knocked him out or he had fainted.

He woke up in his own house, in his own bed, with an aching head and something so sore between his legs that it was the pain that registered first, before he remembered what had happened. Pain forgotten, he leaped from the bed and, gasping with terror that perhaps nothing remained, he put his hands beneath his penis and cradled it to see what was there, how much was left. All of it, it seemed, except that something odd glistened purply between crusted streaks of blood. Something he usually saw only when he was erect. Even then he didn't really understand, for though he had heard of it, he knew no people except for Jews and Egyptians who were said to do it, and he knew no Jews or Egyptians. The realization dawned very slowly, but when it did Publius Clodius wept. The Arabs did it too, for they had made him into one of them. They had circumcised him, cut off his foreskin.

## More Celebrity Circumcisions

**S**ome thoughts on Celebrity circumcisions (Issue 1/2003). I'm pleased to note that Tim Henman is "one of us" - I now watch him with more interest on TV and don't fast forward. I have also wondered about the status of Seb Coe and Ian Botham.

From biographies - I did read that Paul McCartney and his brother were circumcised; and the late Lord Hailsham relates that although he'd been "done", he remembered at about 5 years old being taken on to someone's lap and cut again without any anaesthetic - what a revision!

The Royals - I always believed that they were cut and a British Jew informed me that an eminent mohel visited soon after Edward VIII's birth so that he would be "done" properly. A similar report on the current Prince of Wales (Charles) suggests his brothers Andrew and Edward were also circumcised. Yet I have read that Charles and Diana decided NOT to have William and Harry circumcised and accordingly were praised by the American *BUFF* - which I think is Brothers United For Foreskins. Finally, referring back to the original article, I must be stupid but I am not sure why the author has no doubts about Errol Flynn - is it that EF is circumcised and as an American that is likely anyway? The same article notes that Noel Coward asked Derek Jacobi whether he was circumcised - this strongly suggests to me that Noel Coward was himself circumcised and so had a preference for the "cut" ones.

*I.D.K. - Southampton*

## Repairing David

Apparently there is a proposal to clean up Michelangelo's sculpture of David in Florence. Several weeks ago a photograph of it appeared in *The Guardian*, prompting the following letter to the Editor:

"Your photograph of Michelangelo's statue of David showed that it could not have been modelled on a Jewish David. Is it too late to repair this?"

*Dr Ben Glaizner - Manchester*"



Although I did not send a letter in response, I thought that it might be an idea to write one on the following lines. It is intended to be light-hearted rather than serious so I hope that it does not cause offence.

"Dr Glaizner wonders if Michelangelo's sculpture could be repaired to make it Jewish. Whilst God may not mind anyone altering (mutilating?) His handiwork of the design and creation of the male form, I don't think Michelangelo would take too kindly to anyone altering (mutilating?) his handiwork. In any case, is the sculpture authentic in other parts of the body? Might David's hair have been straight rather than curly or might he even have been a skinhead or naturally bald? Did he not have a moustache or beard rather than being clean shaven?"

I think that we should be satisfied with a clean-up rather than risk having any complications that might arise from the operation!"

Another thought - I wonder if there was anyone who read Dr Glaizner's letter but did not understand what he was talking about!

*E.S. - Rochdale*

## Circumcision Russian Style

Come to Moscow and get circumcised. This was the offer made by the Russian President Vladimir Putin to a French reporter during a press conference at the Russia-EU summit last November. The invitation came in response to a question on Chechnya, a subject which is highly sensitive as far as Putin is concerned. Putin described Chechen separatist rebels as radical Islamists who believe that all non-Muslims deserve to die. Implying that the reporter must be a terrorist sympathiser, Putin told him: "If you are prepared to become a radical Islamist and undergo circumcision, I invite you to Moscow. We have specialists who can deal with this problem. I suggest that you have an operation so radical that nothing grows out of you again." The remarks were reported in one Russian newspaper under the headline: "Putin suggests Europe gets circumcised."

It is not known whether the reporter has yet accepted the invitation!

*I.G. - London*

## Circumcision Mishaps

Circumcision should be a straightforward procedure but unfortunately this is not always the case. Andrew Ryan, 20, a muscular dystrophy sufferer, went to Shotley Bridge Hospital in Consett, County Durham, for a routine circumcision operation on 25<sup>th</sup> July 1997. But he was given an overdose of local anaesthetic more than three times the recommended level which led to convulsions, respiratory failure and untimely death. The anaesthetist, Pravin Chaturbhai Patel, was charged with manslaughter.

Another surgeon, who left patients in agony after bungled circumcision operations, was struck off the medical register in August 2001. Peter Silverstone of Elmfield Park, Newcastle upon Tyne, failed to anaesthetise two baby boys properly before operating on them.

Their mothers had been coerced by their family doctor into consenting to the operations. The GP, Dr Michael Harbinson, presented the case as a *fait accompli*. He did not explain the alternative to circumcision. One of the babies had the operation because he had cysts. The mother of the other baby said that every time she took her baby to the surgery, Dr Harbinson would try to persuade her to have him circumcised. When the child caught a urinary infection at the age of six months she agreed.

Dr Harbinson paid the surgeon, who was practised in religious, not medical, circumcisions, out of his fund-holding budget. Silverstone performed the circumcisions in 1998 when the boys were six and seven months respectively. Both babies screamed in pain during the operations and one boy bled for hours after the operation until Silverstone visited the family home to give him stitches. Silverstone was found to have abused his professional position over the circumcisions and to have acted inappropriately and incompetently.

*I.G. – London*

## Creating Head Room

A number of readers wonder why a circumcised man has a flared and prominent glans penis. Perhaps the foreskin has a “corseting” effect on an already bulging bell-end? The surgical removal of an overly tight foreskin will then allow full expansion of the head of the penis. Moreover, the tight scar left by circumcision acts as a ligature in preventing the blood draining in full from the organ. Placing an elastic band around the glans would give a similar albeit temporary effect.

I recently met a middle aged American gentleman who had a very thick shaft to his penis; his glans was the size of a teacup. He kept his towel on for (most of) the duration of the sauna and said he felt extremely self-conscious about his protuberance. He said the entire glans and coronal ridge was clearly evident through his *Speedo* swimming trunks!

*K.G. – London*

## More About Examinations

Your New Zealand correspondent, D.B. (issue 4/2003), refers to a “prolonged masturbation examination” carried out on another *Acorn* member (no pun intended).

Presumably most normal (!!!) genital examinations consist of a visual inspection of the penis and contents of the scrotal sac. This will be followed by a manual examination of the genitalia: palpitation of the testes and, if the man is uncircumcised, retraction of his foreskin. The glans penis will be thoroughly inspected for smegma, lesions or warts. The urethra, or water pipe, may be opened to check for discharges. A great many doctors will “stretch” the organ to see its size when erect. It is possible that more sensitive patients (often teenagers) will develop an erection at this point. The exam will usually continue although some medics allow a period for said “stiffy” to go down. Some patients are mortified when they become visibly “aroused”. One surgeon, in my experience, expressed delight at erections as he maintained “everything was working – normal sexual response”. It can however be uncomfortable to examine a tumescent organ – in short the foreskin WOULD be retracted and stretched especially if circumcision was the order of the day!

*K.G. – London*

## More Deadly Than The Male

I wonder how many readers have been watching a Channel 4 programme on Urology featuring the inimitable Miss Evans? Seemingly, she (Christine Evans) is one of the few female urologists and genito-urinary surgeons in the medical business and is based in Wales. So far in the series of hour long programmes Miss E. has dealt with impotence by inserting an inflatable (!!!!) implant. For the stronger viewer she has also effected a male-to-female gender reassignment by removal of the testes and a penile amputation! She has also operated on a bladder malignancy and all in her very own no-nonsense style.

Evans admits to having complaints over her forthright manner e.g. she told one gentleman that his foreskin was “unsightly”. The programmes are very watchable, not least for Christine Evans herself as she seems the parody of a Women’s Institute member ... I think that I would rather trust my genitalia to the male of the species as the female seems so much more deadly.

*K.G. – London*



# ACORN

Issue  
N<sup>o</sup> 6 2003  
Editor  
Ivan Acorn

## Editorial

**M**erry Christmas! I hope that the contents provide some light but entertaining reading over the holiday period.

This is the sixth issue this year, so I have reached my target – even if the last two issues have been a little late. I have enjoyed my first year as editor immensely, not least because of the many new contacts that I have made. My thanks to all the contributors. Thanks also to the rest of the Team: Steve, my predecessor for a smooth, supportive handover; Douglas the Treasurer for keeping the funds safe and for organising the meetings; and Vernon for his meticulous work as production editor.

I read a comment on a web bulletin board recently that there is nothing new to say about circumcision. I disagree. In this issue, for instance, there are three personal circumcision stories: Daniel who was circumcised unexpectedly and traumatically aged 13; Dave who was cut by choice in middle life; and Cliff who has suffered the knife three times to get the perfect finish. The diversity of experience amongst Society members is vast, and all of it is valid and interesting. So, in 2004, I hope to supply you with, not more of the same, but a lot more of the infinite variety that this topic provides.

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Talking of 2004, with this issue you will find a renewal notice for next year. May I appeal to you to complete and return it quickly so that we know that members still want the Society to continue. Members are paying just over 10p per page of the magazine. I hope that you will consider it value for money and will stay with us.

Finally, a reminder about what must be the publication of the year as far as *Acorn* members are concerned: *Circumcision: An ethno-medical study*. At 250 pages, it will keep you in fascinating reading until Easter! So, if Santa Claus doesn't bring you the presents you want, or the cheque from Great Aunt Agatha is particularly generous, why not treat yourself – £25 + postage and packing to the Gilgal Society will do the trick. (P&P within Britain is £3.50, see [www.gilgalsoc.org](http://www.gilgalsoc.org) for other parts of the world)

See you next year!

Ivan Acorn

## Editor's Interview

### The Cutter

John is South African but of European descent. In his part of the world, circumcision is widely practised as an initiation ritual among the ethnic cultures, and he counts himself privileged to have seen many tribal circumcisions performed.

John describes the operation as being quite simple. The foreskin is pushed back, and a needle inserted under the frenulum. The now pierced frenulum is lifted, and sliced with a quick stroke of a razor-blade. This enables the circumciser to pull the foreskin forward for the operation without any attachments to the skin. Once the frenulum is dispatched, the circumcision takes place. There is merely a hard pull of the foreskin, and a sharp knife, downwardly sliced, removes it completely.

The operation is swift and stitches are not used. No emotion is allowed to be seen by the observers (all circumcised, no women allowed). In fact, John believes that the operation is so quick that the pain is not as great as might be expected. The 'wound' is bound with a certain type of leaf, and then tightly wrapped with a leather strip. The penis is then tied to a leather thong around the waist, so it doesn't dangle and knock the thighs. Twice a day, the 'bandages' are removed, the wound inspected for sepsis, and re-dressed. The healing period is 2-3 weeks. After healing, the scar appears to be a sort of loose circ, without a frenulum.

Initiates are usually 18-22 years old. 'Circumcision seasons' coincide with holidays, i.e. July and December,



Getting Snipped

and one can see numerous little 'bee-hive' huts dotted around the country, especially in the Eastern Cape, at that time of the year.

John had one white friend who decided to be circumcised tribally – which is very unusual. The only stipulation was that the guy provided his own knife. John and his brother went to watch. The guy did not even flinch, and was congratulated on being a 'man'. He said the cutting was not really painful – he likened it to holding a hot cup of coffee that was just too hot to hold. The healing can be more painful, especially when there's an erection. For this reason, the initiates are isolated in the veldt until the wound has healed, not being allowed to see any women at all.

This made John decide that he would have his frenulum cut tribally. Since he was circumcised as a kid, along with most English speaking white South African boys, this was the closest he could get to experiencing a tribal circumcision. His frenulum was cut by a male African servant who had recently undergone circumcision himself.

In due course, this led to John becoming a cutter himself, performing circumcisions and specialising particularly in frenulum cutting. To date, he has performed more than 400. I asked John to describe the procedure: "Cutting the frenulum is pretty simple. I do it basically the same way as mine was done. The foreskin (if it hasn't been removed) is retracted, and the area is swabbed with a sterile preptic swab. A sterile hypodermic needle is inserted under the frenulum, behind the glans. The needle is 'lifted' upwards, and using a sterile blade, the frenulum is severed with one quick sharp slice. I use the hypodermic needle (it's very sharp and sterile) so as not to cause unnecessary pain and discomfort. The operation is virtually painless, and I find bleeding minimal. No anaesthetic is used for that op. On only two occasions have I had to insert one or two stitches afterwards, because it has bled a lot." Most of the frenulums he has cut are on circumcised subjects, although there have been exceptions.



Tight Frenulum

"Where do you perform the op," I asked.

"I've cut guys lying on a table, and on a rock, but it's normally done on a bed, legs open, and pants pulled down. In a tribal circumcision, no uncircumcised male may watch, and it's the same with the frenulum cutting, I don't allow guys to watch, unless I have cut their frenulum (or a friend of mine who now also cuts frenulums) unless they have undergone the procedure, or are waiting in line for it to be done. I'm very strict with this rule – it's only fair."

"What about dressings?"

“Yes, a dressing is applied in the form of a band-aid, with a little betadine. I advise the guys to abstain from wanking for at least a day, maybe two days. Myself, I wanked off the same day mine was cut, even though there was still a little bleeding; and one subject that I did apparently had sex with his girlfriend the same night that he was cut, although he DID use a condom. Some guys, especially the uncircumcised ones with larger frenulums take about 2-3 days to heal completely.”



Frenulum Gone

The advantage of frenulum removal is that it decreases sensitivity ever so slightly, allows the skin to become totally retracted if the guy is uncut, and alleviates any tendency for the frenulum to pull the head downwards. John says: “I became interested in cutting frenulums, especially after I noticed the difference it made to me. My penis became a little less sensitive, and I (and many guys I’ve done) have noticed a general increase in glans size. My brother, as an example, was cut by me, and his girlfriend was SO impressed by it, he came and got cut again. Many friends I have cut are so impressed by the advantages. Two guys have even told me that the glans grew so much, that it actually ‘peeled’ almost like a flower that’s too big for its bud. I didn’t have the chance to see this myself, I was only told about it later by them.”

Guys hear about John via word of mouth, through recommendations from friends and family who have had it done. Some guys do have tight frenulums. But mainly guys want to be ‘part’ of the ‘man scene’ and they also want it done because of the great difference they’ve heard it makes sexually.

John will also excise the frenulum completely if requested. For this procedure, he usually gives a shot of local anaesthetic. He first severs the frenulum, as described above, and then cuts away the two sliced ends. Sometimes a fair amount of bleeding occurs and then he inserts stitches. Ultimately, after healing, the guy is left with a completely clear and exposed V cleft under the glans.

For circumcisions, John uses a Smart clamp and he will do the cut with or without anaesthetic. He has thought of coming to the UK and plying his trade (both frenulum cutting and circumcision). There are certainly quite a few guys in the UK who could benefit from his services – perhaps even a few members of *Acorn!* Interestingly enough, John has cut two frenulums in the UK (both circumcised South African lads on a rugby tour of which he was part).

John would also be willing to arrange an unusual type of package holiday in South Africa. Guys could have a break on the beautiful Transkei coast, and have their frenulum cut at the same time. He could also arrange a ritual circumcision, either by himself, or by the ‘ngcibi’ who did his cut. Anaesthetic (local) would be available for those who wanted it. As he says: “At the end of the day, a wonderful holiday at the coast, with the option of experiencing the tribal culture at first hand.”

[Editor's note: John can be contacted via the *Acorn* mailbox in the normal way, or by email: bobbejaan32@hotmail.com]

## Why Was I Circumcised?

**M**y very first memories of life date back to my circumcision when I was about three years old. I can recall walking to hospital with my mother and older brother, then aged nine years. I remember being carried down stairs, having a mask over my face and counting. Next memory was being at home in my parents' bed with my brother when I wanted to be sick – no doubt because the anaesthetic used was ether. Nothing much arises although we were both 'nursed' downstairs but I have no memories of dressings etc or comparison with my brother and no explanations were given. In fact, I didn't feel, react or behave any differently then. This happy state lasted for a few years. I used to play with two neighbours' boys and one had a large house and many outbuildings – great for kids to play in (and smoke too!). So I was at school – i.e. 5+ and one day playing with these two boys when it was very hot. We only wore shorts and it was easy for us to drop them and dance around naked. But I became the object of notice, rude remarks etc because they were different from me and I was the odd one out.

I felt quite embarrassed when one of them discussed the matter with his aunt in front of me. So I decided the best thing was to keep everything covered up. I did not see or talk to my brother – although we both slept in the same room, we were all bathed separately. School passed OK but I would not go to school weekly sessions at the baths as changing cubicles were large and four kids were made to use one cubicle. We lived near the sea and spent hours on the shore, going down after school to join my younger brother and mother. One day I saw people next to us with a naked boy of my age being dried by his mother. His 'John Thomas' looked a real mess to me. I asked my mother what had happened to him. She replied that like me he had been circumcised, although this puzzled me as mine was a neat and tidy cut.

At eleven, I prepared for High School and decided I had to learn to swim. Once I could swim, I was allowed to go to the baths on my own on Saturday mornings. One day I arrived at the pay box behind another boy – at the same school but in a different class. The manager told us that the pool was getting busy and that we would have to share a cubicle. This we did, changing carefully but when we had swum, one of us let our towel slip, and lo and behold, we were identical. I felt I'd found a real pal and we remained so at school. I soon learnt and saw that his cousin was done too.

There was still no explanation why I had been circumcised and I didn't like asking, although on a short holiday I did see my father and noticed that he was not circumcised. I did have this continuing interest as to whether others were cut or not and was pleased to see from *Acorn* that I'm not alone in this. From swimming I soon realised that this need to know and see was best met by being in the nude. As I said earlier, we had baths separately and as I got older would bath at night. I found my mother would come into the bathroom on her way to bed – I liked

being seen and would often stand in the bath, soap all over and around, and hope to be admired. I had realised long before this that my younger brother (9 years younger) had not been cut and I must have been 18 years old or thereabouts when I was wet and truly erect in the bath when my mother came in and I dared ask why I'd been circumcised. Her reply was that doctors were not in favour of it at first, but then when I was three years old, the family doctor had told her that opinion had changed and if she brought both boys to the hospital next week, it would be done. I found that she had been told that the eldest son of her great friend had been cut, and quite often, as I found other 'pals', she seemed almost as interested as I was about their status. I then dared to ask why my younger brother was not cut – and was told that we had changed doctors, and that the one involved was not in favour of doing it. So I can't say why my parents waited to make the decision. It seems possible that my mother proposed it though left it finally to the doctor. So there was still the position – I was the same as my older brother (though I had still not seen him) and different from my younger brother!

It was only near his life's end that I did see my elder brother's identical penis. He had diabetes and a long hospital stay involving leg amputation above the knee. As only pyjama tops were worn, I did at last have my curiosity cleared and as he made no effort to conceal his circumcised penis, I mentioned the fact to him that it was the first time I'd seen it. As for the 'cut', his comment was: "Mother wanted you to be done, so I had to be done too!" So who decided or when still remains a bit vague. I've often asked other people why they were circumcised and I find that it is normal not to be told anything or to get any explanation.

Up to a point, mother's part in the business was proved when I was courting and felt it best to mention to my fiancé the fact that I was circumcised. I knew her brother was not, but need not have worried – she replied that she knew what it was because her cousin Peter had been done and this was because it was very small! Later I saw that Peter was small but successfully cut. Years after we visited his mother (my wife's aunt). In discussion, she told us how she had been surprised when Peter, keeping her company one evening recently, had asked her why had he been circumcised. She didn't give us her answer but just looked at me and so I replied quite honestly that I had asked my mother the same question! End of story.

*I.D.K. - Southampton*

## **Second Time Around – Again**

**I**n issue 1/2003, I asked members who had had a revision operation (second circumcision) or who were contemplating such an op to volunteer to fill in a questionnaire. I am grateful to all members who completed the survey. Unfortunately, it took me longer than I had hoped to analyse the responses, but a report will appear in issue 2/2004. In the meantime, if there is anyone in these categories who did not complete a questionnaire before but is willing to do so now, could they please contact me.

*Ivan Acorn*

## My Background And Three Circumcisions

Well, to be accurate one circ and two revisions, but the methodology was much the same. You may be wondering why anyone should want to go through the 'ordeal' of so many ops, but to me it was far from an ordeal as I will be explaining later. But first I'd like to recount a little of my background.

I was born towards the end of the war, and at primary school had little interest in (or opportunity to observe) the private bits of the other boys until the last year when we had to share cubicles at the local swimming pool. Most kids were fairly shy, but one was something of an extrovert, and was always flashing his uncut willy around. Being an only child, I never had any opportunity to check out anyone else's willies.

At grammar school on the London/Surrey borders I discovered that a fair proportion of the boys were cut, something like about a quarter or so from memory, and I seemed to appreciate what the difference was from mine even though I can't remember anyone actually explaining it all to me. There were a few really massive cocks around (even on boys of around 14 or 15), some cut with big bulbous heads, the uncut ones I remember had very loose foreskins and without the 'tassle' we often see. I also had the chance to examine the cocks of some of the boys of around my age who lived near the holiday home my parents had for regular weekends. Being in the country there was plenty of opportunity for privacy for that purpose. There was only one who was cut; he was a couple of years younger and Jewish, but had not fully developed at that stage. The others were uncut, including one boy whose cock had a distinct twist downwards and to the side.

The first (and at that time probably the only) circumcised cock that really impressed me belonged to a friend of mine near my home – he'd been cut just a few years earlier in his early teens, and his certainly did look like a work of art. After that I really gave no thought to the matter of circumcision for many years, in fact after I had been married for several years, and with a couple of young daughters to show for it. By then I was beginning to find that my foreskin just got in the way during sex, even though it was not too difficult to retract when necessary, (and of course it would immediately plop forward again given the slightest excuse). I found it particularly annoying, as several other people have already observed, since it covered the sensitive glans head on the outward stroke. Over several years it became more of an 'obsession', and around that time I also began to appreciate the more aesthetic appearance of a well-circumcised cock. That was the beginning of what has become a long-time fascination with the whole subject of circumcision.

In the mid/late seventies, the only source of circumcision information and advice was, of course, *Forum Magazine*, but there was then no discussion or awareness of the various styles and methods around the world. When I wrote to, and subsequently visited, a surgeon near Durham for the op (I think it was about £18 at the time) there was no thought in my mind about what sort of circ I wanted. I was just delighted that I was about to be relieved of that awful overhang that made my sex life such a misery! He left a scar about a quarter inch from the

glans, and just used a scalpel, I think. (I don't remember much at all about the operation itself.) I think he probably also removed my frenulum, though it had always been quite insignificant and had never pulled the penis down on erection. I gather the surgeon was reputed to use a Gomco Clamp on occasions, but I am sure that was not so in my case. Healing was pretty rapid, and I think I was virtually back to normal after a couple of weeks.

However, that circ was fairly loose, and over the following 10 years the skin gradually stretched until it was beginning to come over the edge of the glans even when erect, so I made enquiries about getting my first revision. By then, the Marie Stopes Clinic was offering circs as well as vasectomies (which I had done there, in London), so I decided to take the plunge. I visited Dr Hassan, and he did the revision, but was wary of removing very much skin for fear of making erection uncomfortable (despite my protestations about just how loose it was when erect).

There was some improvement, but again, by the Spring of 2002, I had decided to try for my ideal circ – something that was fairly tight when erect, but not so tight that it would pull my scrotum halfway up the shaft. This time I settled for Dr Z in East London, and I have to say that in every way this was an excellent choice. He, and his nurse, make you feel very much at ease, and he actually listens to what you are saying. In other words, he will try to give you the sort of circ or revision you want, assuming it is technically possible with what you have there to start with. Thanks to his skill, I had minimal discomfort (I certainly wouldn't use the word pain) at any time during or after the operation. There was very little bruising or subsequent swelling, and I was even out mowing the lawn and gardening later the same day. The scar line is now about an eighth of an inch from the glans, the line is much more even than it was before, and the scar is slowly becoming less visible. When erect there is a slight tension on the shaft skin which I greatly enjoy, yet there is just enough skin left for lazy masturbation, i.e. without lubricant, though I can use that if I am in the mood because then there is virtually no movement of the shaft skin unless it is grasped very firmly.

My reasons for the original circumcision, and subsequent revisions, were a mixture of hygiene, appearance and sexual performance. My ideal circ would have been a high and very tight one, but the first circ being low, one could not then change that back again, and in terms of tightness I think it is something that's much more difficult to achieve in adult circs than, say, teenagers or toddlers. The surgeons always seem to judge the amount to remove by looking at a flaccid penis, whereas you really need to see it erect to judge accurately just how much can be removed. Have any other members had the good fortune of being examined with an erection to improve the outcome?

Throughout, the decision for the circ and revisions has always been totally my own, though my wife has always been supportive once she appreciated it was something I really wanted. Like many women, I suspect, she prefers my cut status for a number of reasons, but doesn't have my obsession about the subject. I suspect very few women do. Even though what I now have is probably the best end result I am likely to achieve, I still enjoy looking at pics of other circumcisions, partly to admire the handiwork of the many skilled surgeons that are around



working on adults to give them belatedly what they yearn for, but perhaps equally to drool over what might have been mine if my parents had had me trimmed as a youngster.

If anyone has any questions or comments, I'd be glad to hear from you at cliffordha@aol.com

*Cliff*

## Wartime Experiences

On leaving school in the mid 50's, I took a temporary job in a school and soon became friends with the caretaker who had been a medical orderly in the war, connected with a mobile field hospital in Northern France and Belgium.

He was an incredible character; as a result of his wartime service he only ever slept for one hour per night spending the rest of his time renovating old cars. He had the ability, in a very few words, of painting his wartime experiences which he did without much persuasion.

There were three 'surgeons' attached to the hospital. They had to deal not only with serious war wounds but also with numerous cases of sexually transmitted diseases (STDs). In many cases, the surgeon had to amputate the penis and sometimes the testicles as well in order to save the patient's life. The drugs available were very primitive compared with today. Anaesthetics consisted of dripping ether onto a gauze face mask.

The surgeons soon discovered that the majority of troops with STD were uncircumcised and agreed to carry out more circumcisions in an effort to control these infections. This policy did prove successful with a marked reduction in cases although it was difficult to eradicate completely. The surgeons would often carry out the circumcision when dealing with the war wounds. My friend was responsible for cremating the bits and pieces which he said was not a pretty sight.

During October, the *Daily Mail* printed a number of articles on the steep increase of chlamydia in young girls – but there was no comment on how they had become infected, which must have been from their male partners. With so few circumcisions now being carried out, it would seem that the foreskin must at least be partly responsible for spreading the infection.

There has already been considerable comment on the spread of AIDS and the foreskin; from tests carried out it would appear that the inner foreskin is particularly to blame. There was a TV programme sometime ago discussing the benefit of circumcision in combating AIDS.

*W.M. – East Sussex*

# The Story Of Dave's Dick

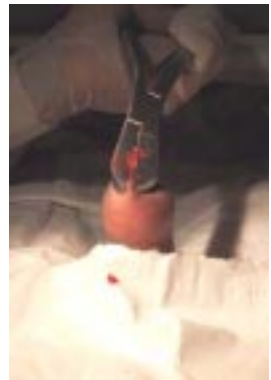
## Part Two: The Loss of a Foreskin

December 4<sup>th</sup> was a lovely day: the sun was shining brightly, dazzling me whilst driving over 100 miles to Luton. Despite the mental tension of the impending operation, I had not lost my appetite and consumed sausage, egg and chips, and two pints of my favourite beer only 1½ hours before being cut. Perhaps this was not a sensible thing to do just before circumcision, but too bad!

There was complete bedlam in the surgery, making me wonder what I had come to: babies screaming everywhere, a crowded waiting room, people milling about. It was interesting to observe the other patients, all looking somewhat nervous. I was dying to say to them all: "I know what you're here for!" But the Doc didn't keep me waiting long and was very direct. After walking into his surgery there was no small talk: "I want you to take off your shoes and socks, trousers and pants and lie on the table, please." This is it! No going back! I ask if I can take photographs during the operation. "Yes, of course. That's a nice camera. What is it?"

First, the Doc took a marker and made a line across my dick at the point at which he will make the cut. "I want it high and tight," I said, but this received no reaction whatsoever. I suspect that with the guided forceps method there is little that one can do to affect the style of the circ. Then came the injections, which were probably what I had been fearing most, as I had read about the painful nature of these needles. After all, who would relish the thought of hypodermics being pushed into the most delicate organ of the body! But fear was totally unwarranted, as I didn't even feel the needle going in. Several injections were made into the shaft skin, and then some more into the foreskin itself. Being left on one's own to give the anaesthetic time to do its numbing is not ideal just before being cut. Lying there, on my own, the same mixed feelings were surging through my brain. Why am I doing this? Will everything be alright? I must be stupid! And then I looked at my poor dear little dick. It had a weird swelling all round, making it look more like Michelin man. I touched it, but could not feel a thing. A few more injections were necessary to give complete numbness – a very odd sensation, seeing my dick being handled, and yet feeling nothing – glad it's not normally like this!

The next part of the op happened so quickly that it was a few moments before I realised that the deed had been done. The Doc picked up what looked like a pair of tin shears. "These are known as bone crushers," he said, menacingly. With a pair of forceps, my foreskin was stretched towards the ceiling and caught between the jaws of the bone crusher, manipulating the skin so that the marked line was visible. "Let's make sure the glans is below the jaws." "Yes, please. I still need that!" said I. After a bit more fiddling, which I could not photograph because Doc's back was in the way, I suddenly realised



that the foreskin was missing. It had been cut off! I was circumcised! This was it! I am a cut guy! WOW! This was the supreme moment that had to be photographed. This was the apotheosis of the long wait of many years. It occurred to me that I must be very weird to be photographing my own dick during a circumcision operation.

From this moment on I was totally relaxed. I suppose with the foreskin gone there was no longer the nagging feeling that I shouldn't be doing it. It had been done. There was no going back now, so I might as well enjoy it. After all, this was what I had been yearning for for most of my life. There was no pain whatsoever and it was actually becoming quite fascinating.

One thing I missed because of the rapidity of the action was the foreskin – I must have a photograph of my foreskin; it's the last I shall see of it. I was sorry that I didn't see the actual cutting, but the Doc was very intent on what he was doing and seemed to forget that I had a camera with me. Not surprising, I suppose, because how many people can be so crazy as to photograph their own circumcision? He had to scabble around in the waste bin to find it, but there it was, dangling from the giant forceps that he had used to grip the foreskin before cutting. The foreskin in the forceps. It looked enormous!



Farewell, O foreskin! I hope I won't miss you too much!

Then, there was a bit of a bloody mess, when the blood vessels were sought out and tied off one by one. It was at this point that I recognised a familiar feeling coming over me – I was in danger of fainting. "Mind over matter," I kept repeating to myself, staring hard at the ceiling and trying to forget what was going on down below. Then I felt the desire for a pee coming on. What the hell do I do now – I shouldn't have drunk so much beer just before coming here. This probably took my mind off feeling faint, because it passed, and so did the need for a pee, thank goodness.

Now for the sewing-up job. I could see from the gap between the two halves of the skin that I was going to have a tight one. Wonderful! Fantastic! First he made certain that there were no more leaky veins by carefully mopping up the blood and probing around. When he was satisfied that there was no further bleeding, the joining of the two halves of skin began, starting with the frenulum area to make sure that the join was in the right place. He was very nimble with the needle, and very careful and thorough. The anaesthetic was beginning to wear off and I felt the last two stitches, but it was nothing to worry about.



Finally, on went the dressing and two or three layers of sticky plaster. The Doc was now behind schedule, because I think mine took slightly longer than he expected, although it was only 50 minutes. Being ushered out quickly, I had to complete my dressing in the waiting room, with everyone watching. But, what the hell, I was proud of myself and grinned at everybody.

Before leaving, the Doc wanted to see if everything was OK, so I dropped my trousers, and there I saw for the first time my beautiful circumcised cock – and started to get an erection! “Mind over matter,” I said, and it stopped rising, although maybe the pain had something to do with it, because the anaesthetic was distinctly weak now.

Without any doubt, witnessing that operation in great detail and photographing each step was one of the most incredible experiences of my whole life. Having now gone through it, I would say to anyone: “Get cut: you will not regret it.” But it must be done under local anaesthetic, so that you can be fully aware of what is going on. That moment when I realised that the foreskin had been separated, and I saw my cut cock, I could have screamed for joy. Many would think what a strange person I must be, but these are the emotions that go with the fetish of circumcision and cannot be suppressed.

*Dave – Notts.*

## No Taking The Michael

**M**ichelangelo Buonarroti started his 13<sup>1</sup>/<sub>2</sub> ft sculpture of David in 1501 when 24 years of age and completed it in 1504. By next year, the statue will have presented its genital ambiguity for a full 500 years. But only recently there has been a furore as to whether the penis is Jewishly circumcised or not (see issue 5/2003). Some, like Dr Ben Glazner of Manchester, claim that David’s penis has not been initiated according to the covenant, so he is not a true model of the original Jewish David. Dr Glazner suggested ‘repair work’ to correct the anomaly.

True, the David of the statue appears not to have undergone ritual Jewish circumcision as practised today. But in Biblical times, it was the protruding tip of the foreskin which was excised with a sharp stone or flint (a tearing rather than a cutting) and later with a metal knife (an ismol). This cut is only the first stage (Milah) of today’s procedure. Peri’ah (tearing the inner membrane and skinning the glans) was added in about 140 AD and a split shield was introduced in the 17<sup>th</sup> century to protect the glans. With the shield, much more of the foreskin could be removed without endangering the glans or frenulum, and, with the membrane excision as well, the entire glans was exposed during healing.

I consider that David is displaying the milder circumcision of antiquity (and even to over 100 years after the death of Jesus) which was customary before it was stylised and radicalised in stages over the centuries. The details are laid out in the Dinim of Milah prepared by Bernard Homa, MRCS, LRCP; this covers all aspects of ritual circumcision in Orthodox Judaism.

There is therefore a continuity of cutting, but its nature has evolved considerably in a thousand years, and could even become less drastic and more symbolic in times to come. The Star of David might yet assimilate the Scar of David!

As a footnote, I would like to add extremes from the distant past and present. In folklore, Abraham is said to have circumcised his son with an axe, and was rebuked by an angel for his haste! This contrasts with some reform Jews of America who have forsaken the Brit Milah for the Brit Shalom alternative initiation with no cutting at all.

*Anthony*

## Notes On Issue 5

**I**t was great to see the illustrations in issue 5/2003. I hope that this innovation will continue. Part One of Dave's Dick only showed uncut pictures of his penis. Perhaps Part Two of his story will be illustrated by the circumcised version. He states that his eldest son was circumcised at the age of three. Was his younger son circumcised as well? Are all the males in his family circumcised?

With regard to the photograph of Michelangelo's David: I am sure that the penis shows Michelangelo's depiction of the male genitals as following the Greek ideal of a diminutive uncut penis, more suitable for a young boy than a mature man. It is a great sculpture and should not be altered in any way. I suggest that if Ben Glazner does not like Michelangelo's concept of an uncut penis, he should take up a mallet and chisel and a block of marble to produce his own version of an authentic circumcised David. I by far prefer to see a circumcised penis rather than a childish looking uncut one, but I recognise a masterpiece when I see it so it should be left alone as Michelangelo produced it.

Is it time that a survey was conducted of cut and uncut members? If circumcised, style and method of circumcision and any other detail that may be of interest to other members could be surveyed. A form in *Acorn* should be possible with no extra postage. There would be quite a bit of work to correlate the results so perhaps some member would volunteer to help out with this chore.

*D.B. - New Zealand*

## Like Father, Like Son...Like Grandson?

**I** was circumcised just after I reached puberty. I live in the U.K. but am of an Anglo-Indian background. My parents were divorced when I was very young and I only stayed with my English father once a year for two or three weeks. My father caught sight of my penis just before my thirteenth birthday. It was probably the first time that he had seen it since I was a small baby. He was appalled that I still had a foreskin and was horrified that I was still uncircumcised. He had obviously forgotten that I had not been cut when I was born and presumed that my mother had had me circumcised when I was very small. I do not think

circumcision was a big issue with him. He just felt that all boys should be cut and that was that! By the way I also saw his penis at the same time – it was rather thick, circumcised, with a big head on it. It certainly was not cut as tight as mine was to be.

He took me to the local doctor in Northumberland the following day and asked the doctor to circumcise me there and then. My father, in my hearing, just told the doctor to ensure that the head was fully exposed. I think the fee was £10 – rather a lot in those days. When asked about giving me a local anaesthetic, my father said that he could not possibly afford another £8 for that as well! It did not seem to concern the doctor.

My father then left and the doctor asked me to take my clothes off and lie on a table. I was extremely nervous. The doctor examined my penis, sliding the foreskin back and forth across the head a few times. He explained that he was going to remove the foreskin, that it would be painful but that it would only take a minute or two. I asked him why I needed my foreskin removed. All he said was: “It will be much nicer without the skin.” He called in his son to hold me and proceeded to circumcise me freehand, first using a scalpel and then surgical scissors to tidy it up. Finally he pushed the inner foreskin down the shaft to meet the remaining shaft skin and bandaged it up. It was excruciatingly painful and I nearly passed out. The doctor cut me extremely tight so that when I had an erection there was almost no movement on the shaft. It has loosened up slightly since. The doctor left my frenulum intact. I think I have what is described on the net as a high and tight U.S. military style circumcision.

For a week I was in considerable discomfort but it all healed up within about three weeks. At the time I was deeply traumatised by what had happened since I was not consulted at any stage. I deeply resented what my father had done. In time, I came to terms with it and began to rather like the appearance of my circumcised penis. Curiously I now think it was one of the best things that could have happened. My penis, to me at least, looks and feels great. It is much easier to clean, my various partners have adored it. What more is there to say!

I now have a son who is just fifteen and uncircumcised. When he was born we did not even consider circumcising him in view of what I had been through. However, he is now keen to have his foreskin removed for a variety of reasons. His main problem is that he has a rather tight foreskin which he finds difficult to retract over his rather larger than average penis head. We took him to our doctor who prescribed a cream to loosen the foreskin but it has had little effect. The doctor now advises circumcision. I have discussed it with my son and he is keen to go ahead even though very few boys of his age are circumcised in this country. I have asked him to think about it. It is entirely his decision. If we go ahead of course he would have an anaesthetic. I have not got as far as discussing what style he would want.

*Daniel*

## Welcome Back!

Having rejoined *Acorn* after a lapse of a few years I was sad to see it in a diminished form compared to the (8 issues) early years. Clearly this has come about through lack of contributions and I congratulate those on both sides of the debate who have struggled to keep the Society and its newsletter going. Particular thanks too for the efforts of all the editors.

My story appeared back in *Acorn* editions in '93 and '94 under a shy 'anon'. With later contributions, I identified myself as 'G.D.' and here confess I was the one who designed and submitted the ACORN logo and masthead of this publication – still going strong I see!

I won't repeat my long story. It's sufficient to tell new readers that I'm in the 'no choice, circumcised' group, cut at 8 on either parental whim or a health professional's advice. Once over the emotional shock and re-adjustment of a permanently exposed glans rubbing on clothing, I've never looked back with regret, only relief I was spared the encumbrance of my anteatery in sexual activity. I'm grateful to whoever decided they could dispense with my foreskin and did it. My father was circumcised but never talked to me about it, nor mum. I was given no instruction to retract or wash under my foreskin and never did. Until my teens I didn't realise uncircumcised boys were supposed to do this and shudder to think how many males grow up in, and still practise, this ignorance. My wife and I tried to circumcise our two sons but all our requests were refused by the medical profession. That's another long story – which bugs me still, and I'm a firm advocate of routine infant circumcision as a PARENTAL CHOICE.

Today's NHS is failing its patients in this area. It should provide a clear neutral leaflet to all parents listing the pros and cons of the procedure (for me there are no cons!), and conclude with a consent/application form in case they wish to proceed. This is a clear prophylactic measure, on a par with immunisation and would save money long term. That's another thesis of mine I need space to set out.

My regards to all *Acorn* friends old and new.

G.D.

## Yet More On Celebrity Circumcisions

I read the article on More Celebrity Circumcisions (Issue 5/2003) with interest. Nothing has been recorded for either Seb Coe or Ian Botham but I did hear that Coe was Jewish so must be cut. I would guess Botham is uncut but who knows?

According to various sightings and a photograph (maybe fake?) I saw of Errol Flynn, he was definitely circumcised. The photograph depicted him nude near to a waterfall and while his penis was not the considerable size that it had been reported as, it was very thick. Incidentally Flynn was Australian (born in Tasmania) not American, but circumcision was very popular in Australia also. Noel Coward

is recorded both as cut and uncut and I don't suppose we will ever know? Regarding other sportsmen, Allan Border and Dennis Lillee, both former Australian cricketers, are cut. I have a report from a good authority on a personal sighting that Lillee is definitely cut. Geoff Howarth (former NZ cricket captain) is uncut but I wonder about Sir Richard Hadlee?

I would still be interested in finding out the status of Russell Crowe (NZ born) and Viggo Mortensen, born in New York of an American mother and a Danish father!

*Neville – Northolt*

## **And Finally...**

[Ending on a slightly sour festive note, Anthony has written these words, to be sung at a rollicking pace to the tune of Jingle Bells, to commemorate the fact that, for many baby boys newly born at Christmas, one of their gifts may be a surprising and rather unpleasant experience.]

### **Jingle Bells**

#### *Chorus*

Jingle bells, Jingle bells, Santa's on his way,  
As you lie beneath the straps, young babe, on Christmas Day.  
O, close your eyes; you'll despise being circumcised  
Pain and cutting all abound from Santa's festive ride.

Ho! Ho! Ho! He'll fetch  
Forceps first to stretch  
Probe around the glans will he  
Till surfaces are free.

Clamping, cutting next  
Baby screams, perplexed  
What agonising surgery  
To cut your foreskin free – So

Jingle bells, Jingle bells etc

In his Yuletide pack  
Instruments he'll pack,  
Off to see another boy,  
His cheerful smile a ploy.

You are lying there,  
Glans all bloody, bare  
Gomco clamp has had its way  
You're circumcised today – So

Jingle bells, Jingle bells etc

*Anthony*