

ACORN

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Editor
Ivan Acorn

Editorial

This edition has an Irish flavour. First, an account of an operation performed in Ireland for phimosis again demonstrates that adult circumcision, whether performed for medical or cosmetic reasons, is only a minor procedure. Unfortunately, the guy requested a partial circumcision, only to find that it was too partial and that he might need a second op. The second Irish contribution is from a member cut in his thirties and who now wants his loose result tightened up. He is seeking help and advice so I hope that the many *Acorn* members who have undergone revisions will contact him as requested.

Finally an expert committee in Ireland has recommended that the health authorities establish regional services to carry out cultural male circumcisions. The argument is that if babies are to be circumcised, it is better that this be done by trained medical personnel in hygienic conditions rather than by back street practitioners. It estimates that up to 2,000 such procedures could be required annually. Since the population of Ireland is about 4m, this could indicate that 5% of Irish babies would be routinely circumcised under this initiative. But of course, if this opened the way to infant circumcision on demand, the percentage could be much greater.

Ivan Acorn

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The fate of the frenulum

So. The decision has been taken. The foreskin is to be excised. A circumcision is to be performed. At that point, the fate of the frenulum hangs in the balance – is it to remain or is it to be swept away with the prepuce?

The frenulum is a band of skin which tethers the foreskin to the underside of the penis, in the V-shaped part of the sulcus. It functions mainly during erection. As the penis becomes engorged, the frenulum tightens and pulls on the foreskin, causing it to retract behind the glans, leaving the glans fully exposed, ready for intercourse. (For those who have long since lost their penile frenulum, another occurs in the mouth, attaching the underside of the tongue to the bottom half of the mouth. Some sense of the frenulum's function with respect to the foreskin can be gained by touching the mouth's frenulum with the tip of the tongue, feeling how the body uses it to keep the tongue in place.)

The frenulum can itself cause problems through a condition called *frenulum breve*, literally, a frenulum which is too short. In such cases, as the penis becomes erect, the frenulum tightens to perform its function of withdrawing the foreskin, but it is too short for its purpose. The frenulum becomes very taut which can cause a sharp pain every time the penis is thrust to and fro during intercourse – a very effective discouragement to sexual activity! The frenulum becomes like a piece of thread under extreme tension and it can split. Sometimes the splits are slight, rather like paper cuts, exquisitely painful, slow to heal and apt to reoccur. Sometimes there is a complete rupture of the frenulum, which can be frightening, accompanied as it can be by quite profuse bleeding. If the two halves of the ruptured frenulum heal separately, that can cure the problem. Otherwise, healing is as for less severe splits, slow and with a risk of the problem reoccurring.

Once, circumcision was **the** cure for a short frenulum, but these days, when circumcision is often viewed as an operation of last resort, a frenulectomy or frenoplasty can be performed instead. In the first case, the frenulum is cut through or is removed entirely. Although this solves the problem of the tight frenulum, it can cause a new difficulty. Without the frenulum, the foreskin is now anchorless, and it no longer withdraws automatically on erection; in the worst cases, the foreskin continues to cover the glans during intercourse, reducing the sensation and pleasure of the man. Frenoplasty is an operation which lengthens the frenulum. This leaves the frenulum in place to perform its natural function but problems can occur if the man has a fairly narrow foreskin. The frenoplasty lengthens the frenulum by reducing the width of the foreskin. In the worst cases, a tight frenulum is replaced by a tight foreskin!

But if, for whatever reason, circumcision is to be performed, should the frenulum be removed at the same time? There are a number of arguments in favour. First, once the foreskin is removed, the frenulum no longer has a function. There is no longer a foreskin to pull back on erection; it is a tether with nothing attached. It is therefore redundant and might as well be removed. Second, the surgeon can

achieve a more aesthetic finish if the frenulum is removed. If it remains in place, an excess of foreskin is left on the underside of the penis, causing bunching which in some cases can be unsightly. The surgeon also has to ensure that he doesn't cause the frenulum to be over-tight and he is therefore inhibited from performing too tight a cut. A loose circumcision can result with the possibility of some bunching of skin behind the glans.

Surely therefore it would be sensible for the surgeon to remove the frenulum as part of the normal circumcision procedure – as indeed some surgeons do. But here controversy raises its head. Many men claim that the frenulum is the seat of the most exquisite sensations – that if the frenulum is removed, then sensitivity, and hence sexual enjoyment, is vastly diminished. Other men who have had their frenulums removed argue that it is not the frenulum itself, but the V-shaped area in the sulcus underneath which is the real area of sensitivity. The removal of the frenulum exposes this area to even greater stimulation and therefore heightened enjoyment.



Frenulum in place



Frenulum removed

Interestingly, surgical texts give little guidance to surgeons on this matter. Sometimes the operator is urged to avoid the frenulum; very occasionally there is encouragement to remove the frenulum; mostly the topic is not mentioned. Traditions therefore build up, presumably because operating techniques are passed from generation to generation – the surgeon practises what he learnt during his early days as a doctor and surgical registrar. Thus in the UK, the tendency is towards a loose cut with the frenulum left intact. In the US on the other hand cuts are tighter with the frenulum excised.

It may be that the American tradition derives from the fact that infant circumcision is practised fairly routinely in that country. Although neither the Gomco clamp nor the Plastibell, the two techniques most commonly used on American babies, specifically target the frenulum, nevertheless the frenulum just

fails to develop following infant circumcision. The body obviously knows that the frenulum will now be redundant and that there is little point in it growing. American surgeons performing adult cuts take as their model the penises that they see in their urological practice (and between their own legs!), circumcised fairly tightly in infancy and with an undeveloped frenulum. The adult frenulum is therefore removed so that the guy is as he would have been had he been circumcised as a baby. In the UK, there is no such generalised model from infancy to copy. Since most adult circumcisions are performed for medical reasons, the surgeons just remove the amount of skin necessary to solve the problem, usually resulting in a loose cut with frenulum intact.

For those choosing elective circumcision, there is a risk assessment to be made. If a tight result is required, loss of the frenulum is virtually a requirement. Yet there is then a danger of loss of sensitivity. How great that danger is may be difficult to assess, for the evidence on the subject is mainly anecdotal. In the end, it is the patient's decision. For most *Acorn* members circumcised as adults, full exposure of the glans has been important. Many have even undergone revision circumcisions with removal of the frenulum to achieve the tight finish which they consider the aesthetic ideal. For them, any potential loss of sensitivity was a risk worth taking. Is it for you?

Ivan Acorn

Circumcision – Irish Style

[This story is taken from a discussion forum
on the IrishHealth.com website]

I suffered from phimosis and tried stretching but that wasn't very satisfactory (I have been trying it on and off for several years in fact) so I went to my GP who recommended a specialist. He then recommended a circumcision, but was happy enough with my request for a partial one (i.e., removing the tight tip, leaving some of the skin so that the glans is still mostly covered when I am flaccid). Here's the story of my operation.

I got to the hospital about 12.30 or so; I was pointed to a waiting room, where I spent about 15 minutes before being called in for an official admission. This consisted of giving my VHI details and my religion (presumably only for the morbid reason in case of something going wrong, I hope, and not for any discriminatory purposes!).

After this I was sent to a day ward; nothing fancy, but a well kept room with 4 beds in it. Here I spent the next hour, whiling away the time with a book (I advise you to bring something to keep your mind off what is ahead). About 1.30 or so, the anaesthetist called in to ask me a few questions, such as my age and what I had eaten recently. A nurse also called in, leaving me a gown and telling me to have it on by 2pm. Shortly after that time, two nurses called with a trolley, and after that there was no turning back! They got me to lie on it, then went off for a ride to the operating theatre.

Before I reached the theatre itself, there was an anteroom where I had a needle placed in my arm for the anaesthetic. I'm a coward when it comes to anything medical, and I'll never like needles, but apart from that awful sensation when it goes in, it was fine afterwards and I couldn't even feel it. Then I was wheeled into the theatre itself, and moved onto the table there. The anaesthetist worked quickly; as my consultant chatted to me, I felt a strange cold sensation in my arm, which in the back of my head I figured was the anaesthetic being injected. However, I didn't have long to wonder about it...

I woke up later, not feeling too bad; in fact, as if I'd had a refreshing sleep. Checking the clock, it was 3.20, so I'd been out for about an hour. Of course, there was the possibility I'd been awake previously - I'd been told that I would only be asleep a half-hour or so - and just couldn't remember it. Soon afterwards, I was moved back up to the day ward. There was no pain, just a numbness down there; I'd been told I would receive some form of local, or pain block, while knocked out. My girlfriend arrived soon afterwards; rather than have a look at the damage myself, I got her to take a look. She was surprised there was no bandage; rather, just a thick gauze or cotton pad seems to have been just lain over the area, but this had fallen off. Apart from some dried blood, it didn't look too bad, she said.

My stay in hospital was longer than it should have been, only because I wasn't given food and liquids early enough, and I was told that I had to urinate at least once before I left - presumably to make sure everything was OK in that department. I ended up sitting there knocking back glass after glass of water. Urinating was the hardest part; I ended up performing it sitting down, and the first part of the flow was accompanied by a lot of water. Eventually I was able to leave the hospital at 8pm.

There was really little or no pain for the first 2 days or so; the local seems to take care of that. Only after that period was there pain, usually during two times; urination, and morning erections. This could sting quite badly sometimes. There was also some blood; not much, but enough to cause a stain. I also wished that the consultant had told me exactly how much bruising and swelling would occur; after day 2, my penis began turning a deep purple from the tip back to the base over the course of two days, and the swelling increased. At first I was worried, thinking that it couldn't possibly look this bad if everything was fine. But reading a few online forums reassured me that, yes, it would look like this before it got any better.

It's now day 21 after the operation - three weeks - and someone taking a look might think that absolutely nothing had happened. The colour and size are the same as before the operation, and, because it was only a partial, the difference isn't too much. The foreskin is shorter, with the tight tip removed, but that's it. Everything still isn't normal though; where I presume the stitches were put, inside the foreskin, is a firm ring; this prevents me pulling the foreskin back, and also hurts if I press against it, such as when urinating. I can only hope this will eventually go away, and isn't another problem to deal with! So I'm not yet sure whether the operation was a success; I guess that will be the subject of another posting in a month or two.

Six weeks after the operation

I am going back tomorrow for a checkup after my partial circumcision. I am unhappy at the moment, since the opening of the remaining foreskin is about the same size as it was originally. Plus now, I'm having a problem spraying while urinating. It looks like I may need to get the whole lot removed; needless to say I want to hear from the surgeon that this will be a success, otherwise I'm tempted to look elsewhere before placing myself in his hands another time.

Surgeons Should Perform Circumcisions, Report Says

**[From an article by Martin Wall
in the *Irish Times*, 24th January 2006]**

A Government-appointed expert committee in Ireland has recommended that the health authorities establish regional services to carry out cultural male circumcisions. The committee's report, which has been given to Minister for Health Mary Harney, strongly argues for the procedure to be carried out in a medical setting.

It says that circumcisions "performed by untrained people in inappropriate environments are not acceptable in Ireland". It warns that any injury to an infant arising from a circumcision carried out by "an incompetent person" could be deemed to be a form of child abuse and be subject to child protection legislation or criminal law. It says that such incidents should be reported to the Health Service Executive, properly investigated, and decisions taken on the facts of the individual case.

The report says circumcisions should be performed by appropriately-trained surgeons and anaesthetists in adequately equipped units. However, the committee says it is satisfied that the practice of neo-natal Orthodox Jewish circumcisions – carried out by trained rabbis – should be permitted to continue. It proposes that this situation be kept under review.

The expert committee, chaired by the professor of paediatrics at the Royal College of Surgeons, Dr Denis Gill, was established by the Department of Health to establish the needs for cultural circumcision, to address the ethical considerations and draw up recommendations on procedures to be followed if the practice was considered appropriate.

Last October a Nigerian man was found not guilty by a court in Waterford of reckless endangerment in relation to a home circumcision he carried out in the county two years previously. The court had been told that a 29-day-old boy, Collis Osaighe, had died from haemorrhage and shock due to bleeding some hours after the circumcision had been carried out.

In its findings the expert committee recommends that cultural male circumcisions should be provided in the Irish health services. It says the Health Services Executive should provide a regional service capable of performing the

requisite number of circumcisions. It estimates that up to 2,000 such procedures could be required annually. The report also warns that the provision of increasing numbers of elective circumcisions may have an impact on the volume of other surgical procedures that can be performed in hospitals. The report says that medical and nursing staff who have ethical objections to the procedure should be allowed to opt out of the service.

Looking For A Revision

I enjoyed the last issue of *Acorn* (issue 6/2005) especially Half and Half (F.I. – North Wales) as I was able to relate to it and had similar experiences.

I was born in Dublin in the 1950's into an ordinary middle class family and the norm then was that 80% of boys were circumcised at birth. I was delicate and the procedure was postponed for six months but unfortunately was never carried out. From an early age, I was engaged in all sports at school and scouts and was very aware of the differences between Roundheads and Cavaliers, as we used to call it. I always felt the odd one out and regretted that I had not been circumcised. I tried as far as possible to keep the foreskin retracted behind the glans and had it well trained. I noticed that the circumcised boys were always keen to show off their equipment. I always liked the clean cut look and the nice exposed knobs.

When I was 30, I decided to be circumcised which took a bit of courage as there was not very much information available especially in Ireland, unlike nowadays. The procedure was very straight forward and was carried out under local anaesthetic. The freehand method was used and the whole procedure took about 30 minutes. I have no regrets and should have had it done much sooner.

My only slight disappointment was in the result. It is low and loose with the frenulum removed. I would have preferred the high and tight look but at that time I didn't know anything about the various options and they were not mentioned or discussed with the doctor. It is about 20 years since I had it done and I am very keen on getting it re-done and, as I mentioned, I would like the high and tight look this time, like in last issue's picture gallery (C.A.). Is this possible?

I would welcome other members' views, comments and suggestions. I would also appreciate the names and contact details of recommended doctors who are experienced in re-doing jobs either in these pages or directly to me through the *Acorn* mailbox. Don't forget to send the correct value postage stamps for Ireland. I am willing to travel to the UK.

W.W. – Dublin

SenSlip – A Review

The article 'Now everyone can have a foreskin' in issue 6/2005 prompted me to log on to the Viafin-Atlas website and find out more. Detailed information of their SenSlip artificial prepuce was provided, arousing my curiosity and I decided to place a sample order.

Measuring the girth of one's penis for a snug fit is the most important factor when ordering, but measuring the flaccid penile circumference accurately with a tape measure is easier said than done. Therefore having assessed my measurement as half way up the Viafin-Atlas scale of 1 to 10, I ordered a sample pack of three SenSlip 'undergarments', containing sizes 4, 5 and 6. These arrived within a matter of days and I found size 6 to provide the best fit for me.

If the SenSlip is too long, which is usually the case, it is easily cut to the required length with sharp scissors. It is nevertheless tricky to put on, despite coming with a detailed explanatory leaflet. When adjusted, there should be no overhang as on a long foreskin, otherwise some urine will be retained inside after micturition. Indeed, it has been my experience that the glans becomes permanently moist, even if the SenSlip is worn correctly, but this is also the case with any foreskin, whether long or short, I believe. It also has a rubbery feel, unlike a real prepuce – I know the difference, having been circumcised as an adult. Also, as with a real foreskin, I am convinced it would develop the typical odour associated with foreskins if worn on a prolonged basis. Perhaps that is why the manufacturers state that it should not be worn at night.

Nevertheless, the SenSlip is comfortable to wear and I have placed an order for a small supply. If my glans becomes de-keratinised after ten days' wear as suggested, I may continue to wear them, but the prospect of doing this would not come cheap – my sample pack already cost \$36, only one of which is really suitable.

G.B. – Kent

SenSlip And Sensitivity

I was most interested to hear about the artificial foreskin (issue 6/2006). I have, as reported in *Acorn* previously, already conducted experiments on sensitivity. These involved wrapping the penis in soft tissue with a moisturiser. I conducted a two year experiment to see if there was any noticeable increase in sensitivity. The findings were disappointing and my conclusion was that those men who stretched the remaining skin to form a new covering to the glans were wasting their time. There was a slight increase in sensitivity immediately after unwrapping prior to, say, intercourse but it did not last for long. I must admit I did enjoy the wonderful 'bare' feeling remembered from post circumcision days.

R.W. – Surrey

SenSlip – Are They In Business?

I was very interested to read the article 'Now everyone can have a foreskin' (issue 6/2005). I have been trying to follow it up with the firm Viafin Atlas in Salisbury but without success. I wrote to them but with no reply and I have phoned about six times but all you get is that the number is not accepting calls.

So I visited Salisbury and called on them only to find the Unit looking deserted and all locked up with nobody around. It would appear that they are not in business. Nevertheless, I left a card through the letter box so we shall see if there is a reply. Having been circumcised for quite a few years, I was prepared to give SenSlip a try. I shall keep trying to see whether I can get any reply from them.

C.P. – Wiltshire

[Editor's note: The website for Viafin Atlas is still very much up and running and, from GB's experience above, it appears that the American side of the operation is working. If anyone has success in contacting the firm in the UK, please let me know.]

Circumcision Is Barbaric And Unnecessary

[An article by Angelika T.L. Byorth in the *Daily Nebraskan*]

In 1986, when my son was born, his circumcised father and the probably circumcised doctor urged me to consent to having our baby boy altered in like fashion. Since I had grown up in Germany, where the practice of non-religious circumcision was virtually unheard of, I resisted on instinctual, cultural and ethical grounds.

Circumcision as a medical procedure was introduced in the 19th century as a prevention and cure for diseases like masturbation, epilepsy, insanity, hip-joint disease, involuntary nocturnal seminal emissions, phimosis, prolapse of the rectum and at least a dozen of additional illnesses. The procedure became quasi-compulsory during the Cold War era.

Since then, the supposed medical reasons for mass circumcision have been shifting often and substantially. A 1999 policy report issued by the American Academy of Paediatrics lists three main reasons for which circumcision is supposed to be preventive: urinary tract infection (UTI), penile cancer and phimosis. These are potential health hazards, indeed. However, the cited statistical incidence of these conditions looks to be extremely rare. We might as well be advocating that, instead of teaching our children how to properly clean their armpits, to surgically obliterate all of the sweat-producing glands right after birth. Or, if we remove the uterus from the bodies of all little girls early on, they will not contract uterine cancer later in life. But wait a minute! The human race would become extinct if we did that!

Today, and after carefully considering information for and against routine prophylactic circumcision, I have come to the conclusion that it is a cruel, barbaric, unethical and totally unnecessary American practice. Routine neonatal penile surgery is not found in Europe or in most of the rest of the world. It ranks among the vastly under-reported human rights issues of our times and should be declared illegal. It is a mystery to me how our American culture and even the United Nations can decry female circumcision elsewhere in the world, while doing nothing about male circumcision here at home.

Geoffrey P. Miller, in an article for the *Virginia Journal of Social Policy & the Law*, writes: "Every year, in hospitals across the United States, hundreds of thousands of newborn boys are strapped naked to a board and assaulted in their genitals by ritually attired practioners known as physicians." According to Miller, the procedure is painful, but performed without anaesthetic. The baby's cries serve as proof of healthy lungs, and the subsequent traumatised sleep testifies the procedure is not painless. Miller also asserts that pain memories may impair a baby boy's intellectual and emotional development.

Though the procedure is surgically safe, Miller contends, it is not without risks. Haemorrhaging, infection, and ulceration are the more serious side effects, according to Miller, but the penis may be bent, deformed, split, perforated, amputated, or burned off. Scar tissue may also accumulate in the urethra and even when the procedures are successful, as Miller writes: "Viewed from the perspective of normal human anatomy, he has been mutilated."

A conversation last year with my friend Richard Thoene, who died recently, had added a human dimension to my private investigation into the topic of circumcision. Richard was very open about many things outside of his war experiences. He once said that when he was circumcised for real medical reasons at the late age of 67, he lost about 30 percent of his sexual pleasure. He even encouraged me to: "Write a column about circumcision sometime! And be sure to quote me on what I just told you."

The statistical incidence and regional variations of circumcision across the U.S. are interesting. Our Midwest area has had the highest numbers of circumcised men since 1979, with 1999 being a peak year during which 81.4 percent of males endured genital mutilation during the first three days of their lives. In contrast, only 36.7 percent of males in the West went under the neonatal knife during 1999.

Circumcisions are robbing men of an essential part of their bodies, and of a large percentage of their potential physical and emotional pleasure. Not to speak of the rare but significant health hazards including death that can be by-products of circumcisions gone wrong. And then there are a range of psychological traumas some circumcised men suffer from later in life, along with the hopeful news that men can and have been working on restoring their foreskins. Someone needs to stop the atrocity of circumcision, and it might as well be a woman. We women, and our men, have sons to protect.

A Day With The Surgeon

[Article by Shem Suchia, *Daily Nation*, Kenya]

Although 'modernity' has watered down the Luhya circumcision rite, this rite of passage to adulthood is not about to disappear, which is why Isaac Arema Shiboya was recently anointed as a new village circumciser, taking over from his late father. Aged 48, Arema is probably the youngest traditional circumciser in the Western Province. And, it would appear he was cut out for the job. While his age mates struggled to chart out their future, Arema was being brought up to be a circumciser. So when his father died six months ago after 32 years in the profession, Arema was the natural successor.

As the mourners poured in to bury his father, some of them had other ideas: to use the occasion to bless the new village surgeon. Arema's father – reverently called 'Mshevi' meaning the circumciser – had cut hundreds of thousands of boys. And, as if fate wanted to test his son, 'Mshevi' died when the ritual was months away.

Not that precautions hadn't been taken. When Arema's father started ailing in the late nineties, the elders approached Arema to start preparing for a take-over in case his old man succumbed to his illness. It did happen so. Being the first-born son, Arema had no choice but to adhere to the dictates of tradition, which demand that he succeeds his late father as the new village circumciser. It all points to tradition and history. Tradition because according to the Luhya customs, one can only qualify to be a traditional circumciser when he has a son as the first-born child. History because circumcision runs in their blood starting from forefathers.

Arema thinks being a circumciser is a divine calling and therefore a preserve of few. "There is no specific school to train you for this kind of work. It all runs in the blood and has a lot to do with your interest in it," says Arema, himself circumcised in 1972 by who else but his father. So far he has done 3,000 cuts with no initiate bleeding to death or developing life-threatening side-effects, for which he thanks God. And as the circumcision season approaches, Arema is getting "divine signals" more frequently. "The beginning of the season comes after I dream of doing the actual thing."

After the dreams he directs his wife to prepare amalwa (beer), which is served outside their hut in a giant pot from which the elders drink using straws. As the party nears its climax, there comes the formal announcement of the beginning of the circumcision season. This is a men-only ceremony; women can only watch from afar. The candidates are taught the ways of the society and advised on what is expected of them ahead of the big day. Parents fork out Sh300 per child. A day before the cut, there is singing and dancing at the circumciser's home before the boys are taken into seclusion to spend the night at a central venue.

From here they are taken to a river, where the ceremony is performed very early in the morning. This is to take advantage of the cold, which numbs the initiates' bodies, minimising pain and bleeding. But the real spectacle starts when Arema

arrives at the river draped in a leopard skin, his body painted with coloured mud. In tow are usually village elders, a drummer, the bearers of his surgical kit and one or two trainees. He must guard against coming face-to-face with another circumciser on his way to the river lest one of them dies.

To avoid such a disaster each circumciser's territory is well defined. The knives used in the operation are also different. The Idakhos, for example, employ a one-sided knife for the cut while the Kabras use a two-sided one. The explanation is that the former is thought to be a woman while the latter a male clan. "The work demands a thorough understanding of tradition," explains the surgeon. Watching Arema at work is not for the lily-livered. The cut itself is executed with lightning speed. As the drumbeat reaches a deafening climax, Arema's sterilised knife cuts off the foreskin of the first initiate, to the crowd's thunderous applause. He washes the knife in a basin of water laced with Jik and dabs it with methylated spirit before moving to the next initiate.

When all the boys have been circumcised, a herbal powder is administered on the wound and each initiate, now considered a man, is escorted home amid song and dance. Shortly thereafter, a huge party is held at the home of one of the initiates, where beer and meat are served in plenty and people dance and sing until the wee hours of the morning.

Healing is usually faster in younger boys and takes between three weeks and a month. Because circumcision is done during the August and December school holidays, initiates have enough time to rest and recuperate. During this time, Arema and his team make routine visits to their homes to evaluate their progress. He is however an unhappy man. Many parents are opting for the hospital, leaving him grossly under-utilised. Arema's consolation is however the lingering contempt for boys 'cut' at the hospital. When he is not on the job, village elder Arema looks after cattle and goats to supplement his income. Looking back at his life, the father of two boys and four girls doesn't regret dropping out of school after sitting for his Certificate of Primary Education in 1975. "It all has to do with fate. Maybe had I continued with my education I could be 'somebody else'. But with the little I had, I live well by village standards."

As he speaks, from afar there comes loud singing by initiates rehearsing for the big day. Hurriedly, the surgeon bids me farewell and disappears into the thick bush in the direction of the songs.

Final Reminder

Many thanks to the 70% of members who have renewed for 2006 at the first time of asking. That just leaves the recalcitrant 30%! For those, a final reminder and invoice for 2006 is enclosed. If you are in this group, please do stay with us for another year by returning the form with your payment. If you don't, I'm afraid that this is the last newsletter you will receive.

Ivan Acorn

Retraction

I tried to train my foreskin back from when I was 10 or so. My desire to do so arose from having seen my father with a retracted skin and several cousins. It seems a common practice in Mexico for some reason. I was unsuccessful trying rubber bands, rolling the skin back, and tucking it under like an example I've seen elsewhere. My skin would stay back easily when hard and usually when soft so long as I didn't shrink too much or I didn't sit or bend over which would cause the shaft of the penis to pull inward into the body. Some guys appear to get a snug foreskin band or ring around the rim of the glans when they have their foreskin retracted which helps to keep it back. My foreskin has never had this ring.

What I eventually came to conclude, and this is from my own experience and some direct non hands-on observation, is that the ability to keep the foreskin back is primarily dependent on the glans one gets. I was not born with a large mushroom or bulbous glans. The corona is not flared out as it is on some guys that I have seen in photos. That conclusion came to me in the form of noticing how my glans would expand quite a bit during sex either through masturbation or more so with intercourse. The coronal rim of the glans would expand and stay expanded for a much longer time ensuring that my foreskin couldn't roll over the coronal rim. It could stay like this for hours and yes I could even sit down and not have it roll over. It wasn't like paraphimosis but just a loose foreskin staying back because it couldn't push forward due to the wall formed by the coronal rim. Quite remarkable for me and quite enjoyable since I do enjoy the exposed glans very much when I can get it. However I do not wish to get circumcised. From time to time, my foreskin does actually also roll back on its own inside my pants, usually when I get those unexpected or expected hard-ons or semi's.

[From the Internet]

Paediatrician Makes Case For Circumcision

[Article by Peggy Spear, Knight Ridder Newspapers,
28th September 2005]

Prince Charles is, but William and Harry aren't. Jesus was, but Diego Rivera wasn't. Louis XVI wasn't, and that caused all kinds of problems with Marie Antoinette.

Circumcised, that is. And you can bet none of their parents went through the bewildering debate that faces parents today. Here, in the 21st century, the most performed surgery in America is the subject of intense controversy and debate. Some people say it's a barbaric form of mutilation, medically unnecessary and extremely painful. Others say the simple operation is a lifesaver that helps stave off serious infections and even cancer and AIDS. No matter what side of the circumcision issue you're on, chances are if you have had a baby boy, you're saying something – or at least hearing it.

“Circumcision is a very contentious subject,” says Dr. Edgar Schoen, the former head of paediatrics at Kaiser Oakland, Calif., whose new book *On Circumcision* is reigniting the debate about circumcision. “After all, you’re talking about a subject that transcends psychology, medicine, religion and sex. It’s not merely a simple operation.”

Schoen is an outspoken proponent of performing infant male circumcision, and his new book is full of lively historical anecdotes and modern-day medical statistics that make the decision to have the operation performed seem like a no-brainer. “Circumcision lowers the cases of urinary tract infection, cervical cancer and even AIDS,” he says. In fact, he lauds a recent report by French and South African researchers that found that male circumcision reduces by 70 percent the risk that men will contract HIV through intercourse with infected women.

Circumcision – the removal of the foreskin of the penis – became popular in the United States as a standard medical procedure around 1870. It was a way to curb many diseases, including syphilis. Some also claim that at the time it was used as a way to curb masturbation. In America, however, circumcision rates have been on the decline since 2001. The *National Hospital Discharge Survey* says that only 55.9 percent of infant males left the hospital circumcised in 2003 (the last year data was available). Schoen says those statistics are skewed, however, because they don’t take into account infants who have the surgery performed a few days after birth at a paediatrician’s office, or those who are circumcised in a religious ceremony.

Whatever the rate, many groups say it’s too high. “There is no medical reason to put a child through that,” says Dan Bollinger, spokesman for the *International Coalition for Genital Integrity*. “Quite basically, it is a human rights violation.” His and other groups, such as *NOCIRC* and *Mothers Against Circumcision*, as well as medical experts Penelope Leach, the late Dr. Benjamin Spock and Dr. Dean Edell claim that the operation is unnecessary, especially in the United States. In fact, the United States is one of the only countries that has routine circumcisions of newborn boys. Even the American Academy of Paediatrics says that the “potential medical benefits” of infant circumcision aren’t significant enough to recommend it as a routine procedure. And that alarms Schoen, who actually chaired the AAP’s task force on circumcision in the late 1980s. “Once we started looking into all the research, it supported the medical benefits of circumcision,” he said. He believes that the AAP’s lukewarm position on the procedure is “political,” since the group came out against circumcision in 1971, “and they don’t want to admit they made a mistake.”

In addition to all of the medical advantages he cites, Schoen says that there is another major reason he supports circumcision. “It’s the American way,” he says. “Eighty percent of men in America are circumcised, and parents want their sons to look like their fathers.” He says that most of the men and boys who aren’t circumcised are immigrants, children of immigrants, or from poor families who are not insured for the procedure. Cultural differences played a huge role in the debate between Oakland mom Charlotte Axton and her husband, Brett Shellhammer, when their son, Raymond, was born three months ago. Axton,

from the United Kingdom, did not favour circumcision. "I feel that a baby is born the way nature intended, and I didn't want anyone cutting my child." Shellhammer, who is circumcised, disagreed, wanting his son to look like him. "Things got pretty heated, but eventually, Brett realized that my feelings about it were stronger," Axton says. "So we didn't have Raymond circumcised."

Pearly Problem

[From *The Times Paediatric Consultant Column*,
18th February 2006]

Q: My two-year-old son has developed three large white/yellow lumps, about the size of a currant, under his foreskin. They are not sore, although he complains sometimes when cleaning at nappy change. We visited our GP who tried to move back his foreskin and it was very tight. She said that he may need a circumcision. Is this a common problem? Is the first priority to circumcise or treat the lumps? Should we see a specialist?

A: The lumps that you describe are sometimes called penile pearls. They are simply retained skin debris that gets caught under the foreskin. They shouldn't cause your son any problems and are unlikely to be an infection risk. The problem will resolve of its own accord as his foreskin begins to retract.

It's normal for a boy's foreskin to be non-retractable at this age. It should begin to retract naturally when he is older. For many boys this happens around the age of 4, but it can be later, up to the age of 10 or 11. If you are concerned that your son needs a further review after the attempted retraction of his foreskin, ask for a referral to a paediatric surgeon.

First Time In Decades

For the first time in six decades, the Russian city of Bryansk saw a brit milah - ritual circumcision - ceremony, and not only one of them, but eight in one day. The unique event occurred in late November in the Jewish community of Bryansk, 380 kilometres southeast of Moscow. Rabbi Ze'ev Wagner, who serves communities throughout central Russia, and Evgeny Adler, a young local Jewish activist, helped arrange the octuple ceremony.

The eight circumcised males ranged from newborn babies to youth and fully-grown men. According to long-time Jewish residents of Bryansk, a member of the Federation of Jewish Communities of Russia, these were the first britot in the town since 1945.

The mohel, or ritual circumciser, was Rabbi Yeshayahu Shafit of the Brit Yosef Yitzchak organization. He has chalked up hundreds of thousands of kilometres flying to britot all over Russia. This was the first time he performed as many as eight britot in one day. Rabbi Shafit was assisted by Dr. Albert Belenkiy, an active member of the local community. Rabbi Wagner attempted to convince Dr. Belenkiy

to be circumcised as well, to no avail – at first. Moved by the reactions of the ‘patients,’ however, and impressed by Dr. Shafit’s skills, the 40-year-old physician soon agreed to be circumcised himself. He ran home to bring papers proving his mother’s Jewishness, and underwent the religious procedure.

Among the other newly-circumcised Jews were the three-month-old grandson of Irina Cherniak, who founded the local ‘Hesed’ (kindness) organization in 1995, the 22-year-old grandson of a Jewish World War II veteran who regularly frequents the Bryansk Synagogue, and local students. Following the ceremony, the adult Jews put on tefillin.

[From the Internet]

The Kindest Cut Of All

[From an article by Judy Siegel-Itzkovich
in the *Jerusalem Post* 17th September 2005]

Complications of ritual circumcisions are rare and in most cases mild and correctable, according to a team of paediatric urologists at Rambam Medical Center in Haifa, Dana Children’s Hospital in Tel Aviv, Sheba Medical Center at Tel Hashomer and Schneider Children’s Medical Center for Israel in Petah Tikva. The team, headed by Dr. Jacob Ben-Chaim, reached its conclusions in a recent article in the English-language *Israel Medical Association Journal* (IMAJ).

It looked at the case records of nearly 20,000 baby boys born within one year in the four hospitals; all of them underwent brit mila by a ritual circumciser (*mohel*) or surgeon in the community. Of these, 66 suffered complications that required some medical treatment, 55 of them at the hands of a mohel and 11 whose foreskin was removed by a surgeon. The overall complications rate was a very small 0.34%.

Paediatric urologists are always consulted in hospital emergency rooms when a circumcision leads to complications, the authors write. Sixteen infants suffered excessive bleeding, which was treated by pressure and dressing or suturing. Excessive foreskin (initially hidden by a pad of pre-pubic fat) was the most common complication, while four babies suffered from shortages of skin or cysts; these were treated by surgical repair with the child put under general anaesthesia.

Even though most ritual circumcisions are performed in a celebration hall in front of an audience of family and friends – in a place that is clean but not sterile like an operating room – this delicate procedure is usually without complications when performed by an experienced professional, they write. “We attribute this low rate to the fact that usually circumcision is the sole or main occupation of the mohelim,” they conclude, “and therefore, most are professional and experienced. In addition, they usually work under strict regulations; being concerned about malpractice claims, they are obliged to adhere to high standards of performance.”

ACORN

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Editor
Ivan Acorn

Editorial

We are used to factual books about circumcision, usually written to propound the case for or against. We are even used to the occasional circumcision scenario within a novel. But a whole novel about circumcision – that is something new. Yet this is the theme of *An Innocent Obsession* by David Catesby which is reviewed in this edition. I guess that sales will be high amongst the *Acorn* membership. But if you are against circumcision in general, or routine infant circumcision in particular, be warned! This book may well give you apoplexy, since for most babies it is a case, not of if, but when.

Circumcision was also the subject of an hour-long TV documentary on BBC Three earlier this year. Despite the topic, not many penises, whether of the cut or uncut variety, were on display; but at least we got to know the status of every male participant. In contrast to the novel, it is the pro-circ lobby who will have been left fulminating this time. The programme came out firmly against circumcision, other than for medical reasons. But then, this is the UK. What else would you expect?

Ivan Acorn

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Circumcise me?

Is it better or not to be circumcised? This was the question which motivated the hour-long circumcision programme on BBC Three earlier this year. One cavalier in his fifties (?) recruited another in his twenties to investigate the prevalence and reasons for male circumcision. Their quest led them to Jews and Moslems, doctors and prostitutes, gay and straight, women and men. And did they end up on the operating table? What do you think!

There is a serious documentary to be made about male circumcision, but this wasn't it. A good documentary presents, analyses and debates evidence, illustrated by example. This film was all anecdote. Many opinions were expressed but few were substantiated with hard facts. Women were asked their views: bizarrely we started with a 92 year old woman – “the wisest woman I know” – who preferred uncircumcised because her first husband had been uncut. Two prostitutes were phoned: one told the researcher to “Fuck off”, the other preferred the cut model as being cleaner. The questioning of a few semi-inebriated women clubbers was inconclusive. But where was the research to tell whether in general women know the difference between circumcised and uncircumcised, whether they have a preference and, if so, its basis?

An elderly and rather pompous Harley Street doctor told the two presenters that they were missing out badly by being uncut and were likely to be prey to all sorts of diseases and infections. But two young doctors, one male (uncut) and one female, only favoured circumcision when medically necessary – it was not justified as a preventative measure against, say, penile cancer which was itself vanishingly rare.

As might be expected, the Jews and Moslems interviewed saw circumcision as a religious duty, which demonstrated commitment to the faith. Interestingly, Alan Yentob who is Jewish, although his wife is not, had insisted that his son be circumcised but he now views it as an unnecessary mutilation.

The film then switched to the USA. Circumcision rates in the UK had, we were told, plummeted from 50% to 3% over the past sixty years, whereas in the States, the rate was still between 60 and 80%. Just why were Americans so keen to bin the skin? Cue more anecdotes. It's cleaner and better, we were informed. A group of cut black guys told us that “cows don't like the extra skin on a dick”. And one gay told us he was proud of his circumcised cock and he needed little encouragement to unzip – “hey guys! I'm being dared to show my penis on BBC” – and display his thick, tightly cut, tool – indeed a specimen to be proud of! Even the male sex dolls had circumcised penises – theoretically they could be custom built with foreskins but there was no demand.

Young guys in a bar in North Dakota demonstrated just how much the routine snipping of baby boys is accepted practice. All were cut – there had once been this unusual guy in the showers who was uncut, but his state was subject to some derision. All would have their sons circumcised, although none could give any

positive argument in favour – “that’s just the way it is”; “cos that’s what I’ve been brought up with”; “it’s the norm around here”.

Of course, not all Americans are pro-circ. One rather frightening woman demonstrated with a tube and stocking-covered rod how the exposed coronal ridge on a circumcised man scraped on the vagina whereas the uncircumcised penis glided effortlessly in and out. Jeffrey, her husband, who spent most of his time cowering in a corner (and who could blame him!) had been cut at birth but had had his foreskin surgically restored using the scrotum, since when “sex had been dramatically different”. Perhaps fortunately, this gentleman was not asked to expose his equipment.

No programme on circumcision would be complete without a passage on restoration. In fact, given that both presenters had foreskins, they showed little empathy with those whose foreskins had been removed without consent and who felt angry or traumatised by the loss. The mechanics of apparatus such as the tug-ahoy was described but those who resorted to such means were obviously considered a little weird. And so seamlessly we joined the anti-circumcision lobby. One woman had consented to her son’s circumcision but then appeared to be horrified when she found out that this involved an operation. “They strap the babies down” – but no-one pointed out to her that a baby’s natural leg movement might prove somewhat hazardous when a sharp instrument was being applied to his genitals. A Gomco clamp was displayed and we were shown with distaste how it was used to crush and remove sensitive tissue.

Finally back to the UK and to Michael Wilks, the chair of the BMA Medical Ethics Committee – himself uncut. He condemned routine circumcision as barbaric and completely unethical. It was performed in America on dubious medical evidence as part of a multi-million dollar industry.

And so to the summing up. There was no justification for circumcision either medically or sexually. It was practised for reasons of conformity as a tribal mark or a religious or cultural membership badge. So, should the uncircumcised baby shown at the beginning be cut? Their answer was an emphatic “No”.

Perhaps they were right – but based on this programme they will never know. Why could they not have included a few statistics on the degree to which circumcision decreases the rate of urinary infections, HIV infection etc, or supplied information on the numbers of boys and men requiring circumcision for medical reasons, or presented research results about the effect, if any, of circumcision on sexual performance? There could have been some analysis and debate about the effectiveness of circumcision and whether the downsides of excising the foreskin are sufficiently compensated for by any advantages resulting from the circumcised state. The case for or against circumcision is not clear cut, as the debate over the years within the American Surgical Association has shown. But such reasoned dialectic is now sadly beyond the BBC. Let us not risk the short attention span of the viewers by showing a few graphs or propounding a few serious arguments. Bring on more circumcised dolls and penis puppetry – this is entertainment, after all.

Ivan Acorn

Like Son, Like Father

My son

My son, Balazs, is 8, and he got circumcised last spring. In fact, we had known for a while that he had a tight foreskin, but as it did not block him from peeing, we hoped that he might outgrow it, so we could spare the radical solution. Since it was tight, at the advice of the pediatrician we pulled it back when bathing him just as far as we could without any particular pain, and washed just the tip of the glans. As Balazs disliked it, we did not force it too much. The pediatrician also suggested putting some cream on it, and trying to pull it back step by step. This did not help too much, but at least it did not make the situation worse.

Last spring we realized that we cannot avoid the radical solution, and the pediatrician suggested a circumcision as soon as possible. We explained it to the kid in detail, and we also drew what would happen to him. He was very worried whether his willy, the favorite toy of every young lad, would live on. We could show him that only a little of the skin will be clipped off. Then he was relieved, and said OK, he didn't mind it, just as long as his willy was spared. We assured him that we would not like him not to have one either.

The circumcision was done by a close friend of ours, who is a urologist by training, but now works as a general surgeon. He did the operation in his office, after normal office hours, on a private basis. He did the surgery in general anaesthesia, and we could drive the boy home, as we lived nearby, and the boy woke up only the next morning.

Balazs healed nicely and quite quickly. It was bad for about a week, when we had to soak it in chamomile. By the end of the second week the wound was almost fully healed. He said it was quite odd for a while to pee without his foreskin, as he could not feel it so much, but there were fewer sprinkles around. It was different, but was not bad.

I am not aware if he had any problem in school with it. I mean remarks of friends, etc. I think there were none, otherwise he would have told us. Kids of this age are not so interested in comparing their genitals. My wife told him after he was done that I liked it too and I would get it done as well. He was very pleased and asked me if it was true. After my 'yes' answer, he said that he likes it very much and that I would like it too.

My own story

One year ago, I would have not thought that I would ever be circumcised. To the best of my knowledge, in my family no one was circumcised.

My wife and I together took care of Balazs' wound, and I saw that she liked the result so much. At night, we chatted, and she herself raised the issue and asked whether I was keen on getting circumcised too, as she thought it was so beautiful. Then I asked her if she would like me to get circumcised, and without any hesitation

she said, yes. I decided at once that why not, if my wife would be happy about it, as it was not a bad thing.

I went to see that friend of ours who did the circumcision for Balazs, and I told him what I wanted. He was not surprised, but pulled my leg a bit, and asked if the result was that good for Balazs. I said very seriously that yes, he had a very good result, and I also wanted to have it done. The surgery was done right that week. Though I am very pleased with the result and his work, I cannot recommend him to others, because he does not regularly do circumcisions. He did ours because he is a close friend.

The healing process was a bit more difficult for me, and it took about two months. Well, for adults, the process is slower. I have been circumcised for several months now, and I have gathered lots of experience with its use as well. We 'inaugurated' it on the 43rd day after the operation, but I had two night pollutions before it, because of not using it. When you are circumcised, you need some more stimulation and longer foreplay, but you are in full control after it, and you can finish it when you want. My dearest had a series of orgasms, so I now understand why being circumcised is different and so much better.

He who opposes circumcision does not know what he is missing. At the beginning, I was also uncertain about the end result, but I am not disappointed at all. It was worth having it done, even though it was OK beforehand, but now, after having been circumcised, it is perfect.

Adam

Wrong Baby Circumcised

[From an article by Alexandra Paul in the *Brandon Sun on-line*,
19th November 2005]

St. Boniface General Hospital in Winnipeg has suspended circumcisions of newborn boys after a surgery mix-up earlier this month in which the wrong baby was circumcised. Hospital president Dr. Michel Tetreault said the hospital is still conducting an investigation into the mistake. On 8th November, the identities of two baby boys on the same ward got mixed up, resulting in doctors operating on the wrong baby, the hospital president said yesterday. The doctors removed the baby's penile foreskin – a practice performed most often for hygienic or religious purposes – before his parents had a chance to consent to the surgery. The parents were considering the operation before it happened but the mix-up pre-empted their decision. Once doctors realised they'd made a mistake, they immediately told the parents of the error, the hospital president said. "As soon as we knew, we told them everything we knew. We apologised to them and promised them there would be a full review and that they would be part of that review," Tetreault said. The parents were reported to have appreciated that acknowledgment and they are said to be co-operating with the investigation.

Can You Tell?

Some men say that they can tell whether a guy is cut just by looking at his face. Here's your chance to see whether you have the gift. Below are four guys. Just decide which are cavaliers and which roundheads - and then look on page 13 to see whether you were right. To make it easy this time, there are two of each.

Guy 'A'



Guy 'B'



Guy 'C'



Guy 'D'

Book Review — An Innocent Obsession

Erotic fiction by David Catesby, Published in England by Chimera,
the imprint of Pegasus Elliot MacKenzie Publishers Ltd
UK Price £7.99

You are persuaded to peruse this book if only to identify the 'innocent obsession'. The cover depicts a nubile blonde lady wearing nothing but a thigh length white overall. A stethoscope is around her neck, with its button held provocatively in her fingertips, signalling she is a medic. Behind her stands a suited, bespectacled male, looking on happily. Their cameo image is slightly blurred, being the reflection in an elliptically framed mirror. Across the mirror is the word NORWICH written in lipstick capitals.

Perhaps you have to be of a certain age to appreciate that acronym. This reviewer certainly remembers it as an inscription often seen on the back of envelopes which were posted to wives and girlfriends by conscripted UK military. Read the book if you need further enlightenment.

Here is a short erotic fiction novel written by and in the time of a wartime baby boomer. Today, the author, David Catesby, is a retired professional man, a chartered accountant, with some very precise medical knowledge of a particular procedure. Although he doesn't exactly confirm it, that procedure was presumably performed on him as an infant, much to the delight and appreciation of his late wife.

Prefacing his fiction with fact, we learn that the author was very happily married to Kate until her death in an accident ended their loving relationship all too early. When grief subsided enough for David to look through Kate Catesby's wardrobe, he found a file of nursing college notes from his wife's days in training on the wards. There was also her diary of their monogamous courtship, marriage, and subsequent parenthood. Those writings, for which Kate had a gift, were the inspiration for this unusual book – a one off we gather, which has more than one purpose.

Do you know what an acuculphiliac is? No neither did I. It's hard to spell and even harder to say after a couple of drinks, but this book will inform you. In his excellent introduction, we discover as the widowed author did, that his dear wife Kate was one. Her disposition dominates the story you may care to read. Just where the legacy of fact from Kate's papers ends, and David's fantasy and mission begins, only he knows.



Growing up contemporaneously with him, I can vouch for its authenticity. A long, largely italicised chapter, records Kate's conversations with nursing colleagues on a particular subject. These pretty much match those my own wife reported from her days with office girly friends; same time, same topic. Events, opinions, attitudes, described do not stretch credulity. Then, unlike today, the 'obsession' wouldn't really be considered an obsession, except if that was the only thing that mattered in their lives, which of course in the book it is.

Britain from 1940-1960 was very different from today. We were shocked then to be told that at least a third of all brides before the altar had already lost their virginity. The corollary being that two thirds saved themselves for their wedding night. Before teenage magazines, computers and mobile texting, there were fewer preoccupations for growing girls other than helping mum. Today's girls live in worlds of their own, virtually eclipsing homemaking. Yesterday's girls learned more of childcare from their mothers. Like Kate in this novel, they were involved in bathing and changing their younger siblings. In the case of brothers, opportunities for mother to daughter male anatomy lessons were not lost. Kate Catesby had even more from her mother, a theatre nurse, who moulded her daughter's opinions on the book's subject matter as firmly as she had formed her own.

... it is very important to me that my husband - my lover - should have a glans that is completely and permanently bare.

There are two parallel debates eternal at least for the last fifty years. One is the headline grabbing topic of abortion; concerned with cutting short a life in the womb. The other is male circumcision; cutting short a foreskin soon after its owner has left the womb.

Both arouse impassioned argument and fanaticism, but the latter is lower media copy. Strangely so in an age when every intimate detail of sexuality can be well ventilated. To mention one's circumcision status or ask about someone else's, is, even now, hedged with jokey embarrassment in mixed company. For most, it remains a frontier of personal disclosure not easily breached.

In this climate, ignorance has flourished. Something which cannot be discussed cannot be evaluated, and the opponents of circumcision have seized their assault platform. As David points out, they have been fortuitously assisted by the bean counters of the National Health Service whose short term cost cutting has resulted in far less foreskin cutting. Thus, in recent generations, circumcised boys have become something of a curiosity, if not an endangered species. However, as with other time honoured and proven treatments, the benefits of circumcision are on the threshold of rediscovery. The fact that recent research is running along the Damascus Road is encouraging to proponents.

As anti-circumcisionists start to write even more dismissively, exasperated enthusiasts wonder what they can do to counteract their influence. A few respected doctors have published good books aimed at educating parents and blowing the

myths which currently prevail in the fashionable 'collective wisdom' that circumcision is a procedure past its time.

David Catesby is set to line up with the pro-circumcision doctors. He feels he too has a book of circumcision advocacy in him. But, not being a medical man, his credibility would be suspect. However, his late wife was a trained nurse, who often assisted professionally with this procedure, and as a mother arranged the circumcision of their infant son. Her hitherto unshared writings are a personal outlet for her intense conviction that circumcision benefits males and their female partners in health, hygiene and sexual eroticism.

His only regret was that Kate died before she had a chance to share her thoughts with him, as she had one day planned. Realising they were kindred spirits in their wish to see the current UK thinking on circumcision reversed and recommended, David has seized an opportunity to evangelise and create a memorial to Kate, both of which she would have approved.

Will it succeed? To write over 170 pages of fairly repetitive scenes on a very restricted theme is a brave attempt. As a circumcisee and advocate myself I'm not sure an erotic novel is the best vehicle to further its routine re-adoption. Too far into fetish territory some will say. Obsessive will be the verdict of others. But then the title tells you that, in all innocence.

Review by Tony Shaw

Support Grows for Ban on Male Circumcision

from U.S. Newswire, 6th February 2006

John Soemer from New Jersey remembers the moment when he learned that a part of his penis was missing as if it were yesterday. "I am now 61 years old, but I was in fifth grade when I first found out I was circumcised," recalled Soemer. "I had seen an intact friend's penis when he relieved himself while we were out fishing, and when I asked him why his looked so different, he told me what had been done to me. Back then neither one of us knew the proper name for any of those parts, so he called his foreskin his 'funskin'. That gave me enough of an idea that I was missing out on something, and left me feeling very cheated."

John is not the only circumcised man who feels that he was robbed of his right to an intact body. While thousands of men are taking up foreskin restoration to reverse some of their circumcision damage, others are working with human rights groups to stop circumcision from being forced onto infants and children. Today, John and a group of activists from fifteen states joined this movement when they participated in the Third Annual USA MGM (Male Genital Mutilation) Bill Submission. Together they submitted letters and bill proposals via fax, email, postal mail, and hand delivery to more than 2,700 federal and state legislators in a single day - up from 660 legislators the year before. The proposed legislation, written by San Diego based MGMBill.org, would make current U.S. female genital mutilation laws gender neutral so that boys are legally protected from circumcision the same way that girls are protected.

Matthew Hess, President of MGMbill.org, said that infant circumcision is sexual assault. “Male circumcision permanently damages male sexual function, and it is done forcefully, without the consent of the child. Just as cutting off any part of a baby girl’s genital anatomy would be considered a criminal act, amputation of a boy’s foreskin for medically unnecessary reasons should be treated as a crime of equal stature. If a fully informed adult wants to undergo circumcision for cosmetic, religious, or other personal reasons, then that is a decision he can make after he turns eighteen.”

Chaz Antonelli of Quincy, Massachusetts, took a day off from work to hand out copies of the MGM Bill proposal to legislators at the State House in Boston. Like most American men born in the 1960’s, Chaz was routinely circumcised as an infant in a hospital. “As a newborn baby, I could not protect myself from being circumcised,” said Chaz. “While I support an adult’s right to alter his or her own genitals if that is their preference, forcing circumcision onto a helpless child is a clear human rights violation. I’m here today because I want Massachusetts to be the first U.S. state to ban routine infant male circumcision.”

Male circumcision legislation is also becoming a topic of discussion in several European parliaments. Sweden became the first developed country in modern times to regulate and restrict male circumcision on human rights grounds in 2001, and in 2003 the Denmark National Council for Children called on law-makers to ban the practice for the benefit of the children. In 2004, well-known Dutch Member of Parliament Ayaan Hirsi Ali called on fellow legislators to enact a similar ban, and she recently stated on a Dutch television documentary that male circumcision is “a form of mutilation” and that “the consequences can be worse for boys than for girls” when compared to some common types of female circumcision.

In addition to all 540 members of Congress, state legislatures that received MGM Bill proposals from their local residents today included California, Florida, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, New Jersey, New York, North Carolina, Oregon, South Carolina, Tennessee, Utah and Virginia.

More On SenSlip

Well, it had to happen. The plethora of modern materials and the means to combine, mould and fashion them, gives birth to the artificial foreskin. What a brilliant idea – and I write that as a happily and fully circumcised man, for whom foreskins have not the slightest appeal. No, the good news is; we now have something to silence all those who continually bemoan the fact that they are ‘no choice, circumcised’.

Let’s wish the device every success and good luck to those buying it. Surely this is a situation in which every customer is guaranteed their money’s worth? If it delights and comforts them, and restores their self-esteem, and gives them the look and feel for which they’ve always yearned, then it’s going to be well worth the expense. Conversely, wearing it might well serve to convince some that foreskins

are not, after all, the 'must have' they'd imagined. When the maintenance routine eclipses the novelty, they may remember the adage; 'a thing of beauty is a joy for a fortnight'. Any negative evaluation could then ignite a man's gratitude towards his parents for having him cut. If it only does that, it will have been well worth the outlay.

Yes, I have one or two questions like; what is your partner going to make of it? – "Do you want it 'wiv' or 'wivart', tonight, dear?" The financial projection for lifetime use is a bit daunting, but then it may prove quite durable and economical if you pay careful attention to the washing instructions.

"But it's not the real thing!" I hear some say. Ah, therein lies the bonus. It's not going to become phimosed or infected or bleed if it splits. It can be removed in a moment without pain or expense, and reinstated when you are in the mood.

As someone with valued black friends, I find it disappointing that they didn't launch the darker versions simultaneously. The manufacturer's rush to market justifies the claim that ethnic minorities are always an afterthought and don't receive equal consideration. On this point, surely the maker's market research would have told that their potential sales would be greater in some darker skinned male communities. Far more of them are cut, as a percentage of their ethnic group, than those amongst whites.

Even more amazing is to read that the company is located in Wiltshire. Presumably English then? One would have thought this need would have been spotted and exploited by an American manufacturer in the very land of lost foreskins.

G.D.

SenSlip Resurfaces

In the last edition, C.P. told of his vain attempts to contact the manufacturers of SenSlip at their advertised premises in Wiltshire. He now writes as follows: "I have managed to contact Viafin Atlas in Salisbury regarding SenSlip for the circumcised penis. They are sending me their information pack shortly so I will pass on any information that I may receive. Their new number is 01722 411625".

The American Way

The latest *Acorn* newsletter (issue 1/2006) had several pieces that interested me, especially the Editor's column *The Fate of the Frenulum*. I have said before that I favour 'loose' or 'low' cuts with the frenulum (or should I say the frenular remnant) left. In fact, I sometimes feel a silent pity for those of my brethren who have had extremely tight or 'high' circumcisions, with complete removal of the frenulum. Dr J.L.M., the physician who delivered (and circumcised) me and my two brothers, began practising in the mid-1930s and was very much pro-circumcision. I don't know what technique(s) he used, but he generally

produced neat looking clip jobs, with a noticeable scar and some loose penile skin. And during my school years I was able to observe a good many boys that Dr M. had 'amended'.

I believe (under correction) that frenulectomies are fairly common in Brazil. And, although Latin America is generally uncut, there are some exceptions and some 'pockets' where circumcision is commonly practised. One of these pockets is among middle and upper class families in Mexico City, and another (I believe) is among similar families in Sao Paulo, Brazil.

The views of Dr Edgar Schoen are interesting and, to me, congenial. His favouring circumcision, because among other reasons "it's the American way", will no doubt exasperate or infuriate the anti-cut crowd, and will annoy many politikally korrekt, right-thinking people; but it makes sense; and it is shared (albeit silently) by many men and women in this country...

Medical Blunders by Robert Youngson and Ian Schott weighs in – intelligently and moderately – on the anti-cut side of the circumcision 'debate'. Dr Youngson has also written *Scientific Blunders*.

M.S. – U.S.A.

Lawrence's Penis Pain

Funnyman Martin Lawrence waited until he was seven until he was circumcised, because he spent his early childhood in Germany and his parents didn't trust local medics. The Big Momma's House star grew up in Germany, but had to wait until he moved to America before the circumcision – which is normally carried out at birth – was performed.

He says, "I guess we didn't trust the Germans with the knife. I had it done in America, just past the second grade. They had to get that extra meat off so I wouldn't be getting lint and particles up in there. I remember afterward I looked down and I wasn't as well-endowed. I went around showing the nurses."

Holocaust Era Survivor's Son Circumcised At Age 61

[From *Israel National News* 14th December 2005]

In Miami, a 61-year-old University professor whose mother raised him as a non-Jew has undergone a circumcision after discovering he is Jewish. His mother fled to the 'partisans' who fought the Nazis during World War II, and she then raised her son in Greece.

She named him 'Stephen' and refused to circumcise him in order that he would not know his religious heritage. The professor, having learned his true identity, asked to undergo the circumcision ceremony because he said he did not want to die as a non-Jew. After the circumcision, the professor also experienced the 'redemption of the first born' and a bar mitzvah, followed by a festive meal where he declared he is starting to observe the Sabbath and Jewish dietary laws.

Could You Tell?

On page 6 you were challenged to guess the status of the four guys pictured. Here are their appendages. You had a one in six chance of getting them all right, but a 50% chance of getting two right. So only all correct counts as success!

Guy 'A'



Guy 'B'



Guy 'C'



Guy 'D'

No Longer Routine – Circumcision Rates Decline Nationally, Albeit More Slowly In Midwest

[From an article by Dennis Fiely in
The Columbus Dispatch, 15th January 2006]

For most central Ohio boys, life begins with cosmetic surgery. Shortly after birth, they are restrained, anesthetised and shorn of their foreskin.

Historically, circumcision has been a routine procedure in the United States, but the rate dipped to a 50-year low of 55.9 percent in 2003, the most recent figures available from the Centers for Disease Control and Prevention. Nationally, the rate dropped 7.2 percent between 2001 and 2003. Health-care professionals attribute the decline to the lack of medical reasons for doing the procedure and a rise in the number of immigrants from countries where it is not performed.

In Ohio and the rest of the Midwest, the rate remains the nation's highest at 77.8 percent, although it is dropping slightly here as well. Central Ohio hospitals and paediatric practices report rates similar to the Midwest average. For example: "About 80 percent of the 1,200 boys born at Grant Medical Center each year are circumcised", said Dr. Craig W. Anderson, director of newborn medicine. "Five years ago, it was 90 percent."

Bob and Jane O'Shaughnessy chose not to circumcise their sons, who are 5 and 8. "There didn't seem to be any good reason to put our children through the discomfort and pain," said Mrs. O'Shaughnessy, 33. "It seemed pointless to alter their bodies without any compelling medical benefits." Their decision was influenced by the American Academy of Pediatrics and other major medical societies that don't recommend the procedure. "I would say that all paediatricians in town go with the academy's party line: this is a cosmetic surgery. There is no medical reason to do it," said Dr. Nancy Hansen, chairwoman of Riverside Methodist Hospital's department of paediatrics.

Many families choose circumcision for cultural reasons, Columbus doctors said. "They don't want their boys to look funny in the locker room," Hansen said.

Justin and Heidi Green of Hilliard chose circumcision for their two sons, ages 3½ years and 10 months, although they concluded that the procedure is medically unimportant. "We wanted our sons to look like their dad," Mrs. Green said. Hygiene often plays a role in the decision, but "that really isn't a good reason to justify circumcision," said Dr. JoAnn Rohyans of Olentangy Pediatrics on the Northwest Side, and spokeswoman for the Ohio Chapter of the American Academy of Pediatrics.

The declining national rate comes while recent research in South Africa indicates that circumcision might reduce the transmission of HIV and other sexually transmitted diseases. "Studies have shown that cultures practising circumcision are less likely to have HIV," said Dr. Michael Para, an infectious-disease specialist

at Ohio State University Medical Center. “If we can say for sure that circumcision reduces the risk of HIV, then suddenly there clearly is a medical benefit.”

For now, evidence is not strong enough to change medical-society policy statements. Decreases in urinary-tract infections among infants and penile cancer among adults are not significant enough to warrant the procedure, according to the American Medical Association.

Paediatricians consider circumcision to be a simple and safe surgery. The complication rate is less than 1 percent, according to the AMA. The most-common complications are adhesions, bleeding, infection and disfigurement. Seeing a picture of an infant strapped to a restraint board helped convince the O’Shaughnessys. “That was the last straw,” Mrs. O’Shaughnessy said. “We were not going to have that done to our babies.” Viewing an online video of the procedure troubled the Greens. “After seeing that, my husband was overwhelmingly against it,” Mrs. Green said, although the couple later changed their minds.

During the past decade, the injection of numbing medication has helped ease pain and trauma. “About 75 percent of my babies sleep through it,” Hansen said. Paediatricians do most central Ohio circumcisions, although obstetricians, urologists, family doctors and mohels (in the Jewish rite) can also perform them. “Parents have more knowledge and are asking more questions about it,” said Anderson, of Grant Medical Center. He added that some insurers are refusing to cover the elective procedure. Medicaid, for example, has stopped paying for circumcisions in 16 States.

Bill Tulloss of the Cincinnati suburb of Evendale is lobbying Ohio to join the movement. Medicaid pays for one-third of Ohio births. “It is just crazy that Medicaid is spending taxpayer money on something that is not necessary at a time when Medicaid expenditures are bankrupting the state,” said Tulloss, a retired college math professor and a member of the National Organization of Circumcision Information Resource Centers. The Ohio Medicaid program spent \$4 million in federal and state money during the past three fiscal years to cover almost 62,000 circumcisions. “It’s one of our smallest expenditures,” said Dennis Evans, spokesman for the Department of Job and Family Services.

Dan Bollinger of West Lafayette, Ind. compiles circumcision rates from the CDC, hospital records and other sources for the International Coalition of Genital Integrity. His statistics have been cited in the *Journal of the American Medical Association*. “I have been showing a 1 to 2 percent annual decrease for the past 10 years, and I expect that to continue,” said Bollinger, an industrial designer. “This is a steady social change that will be long-lasting.”

Bollinger is not sure why the Midwest rate leads the nation. He speculated that it is related to hospital construction in developing industrial centres when circumcision was introduced in the United States during the late 19th century. While some parents can readily accept or reject circumcision, others are caught in the middle. “It was a big decision for us to make,” Mrs. Green said. “We did a lot of research trying to figure out what to do. We didn’t want to make the wrong decision because we knew it would have a lifelong effect.”

What Is Normal?

[From the Sex Column of the *Bard Observer*, an undergraduate publication of Bard College]

Question: I constantly hear that the foreskin of the uncircumcised penis is supposed to slide down. However, personally this doesn't happen whatsoever, and when my girlfriend told me it was normal for it to do so, (and tried to make it so) it was incredibly painful. Also, after sex the foreskin will break and scab up. Is there anyway to prevent that?

Advice: The foreskin can get inflamed and swollen from smegma that collects inside the top of the penis under the foreskin and is not cleaned out because bacteria can collect and grow there. This can make the skin sensitive and cause it to be painful and to crack and scab up when the foreskin is disturbed by sex. When you are in the shower or bath gently pull back the foreskin and gently wash the head of the penis with soap and water. Rinse it thoroughly and when you get out of the shower dry it completely so the bacteria cannot grow. If this is the problem, then your penis will be less sensitive and stop cracking. Keep in mind that if the skin is inflamed it will be sensitive when you wash it and may burn. After the bacteria has been removed and your penis has a chance to heal it should be fine.

Some men do have tight foreskins that do not peel back easily. This is normal and would contribute to a painful situation if pulled back forcefully. Sometimes, this is called 'phimosis'. Tell your girlfriend that not all foreskins peel back and that she should not force them.

Using a condom with a bit of lube inside might really help you have a smoother and less painful sexual experience. One lube called 'Liquid Silk' has a built in skin conditioner and may help with the elasticity of the skin. But you should talk to a doctor if the pain persists.

Probe On Post-mortem Bungle

After a two-year struggle and the trauma of receiving the wrong autopsy results, Kim McCall has won the battle for an inquest into the death of her brother Wayne Brown. She initially received the wrong report after Mr Brown died in the back of an ambulance at Sydney's Concord Hospital on December 16, 2003. Ms McCall received an autopsy report that said her brother had died of a drug overdose – she had been given the results for another Wayne Brown. The real autopsy report seemed to have her brother's height wrong and said, incorrectly, that he had not been circumcised.

From the Herald Sun, Sydney

ACORN

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Editor
Ivan Acorn

Editorial

It is a fact that Society meetings are not particularly well attended. Why? Are they in the wrong place, at the wrong time, focusing on the wrong topics? Or are most members happy engaging with the Society just via the newsletter? And what of the newsletter itself? Which are the articles which members enjoy, and which do they find uninteresting? What sorts of material do they want more of and what sorts less?

Currently we can only guess at the answers. So at the last meeting, it was decided that a survey of members should be carried out. Included with this newsletter, you will find two questionnaires. The first is focused on meetings and the Society generally. The second is specific to the newsletter. **Please please** fill these in and return them. It will take only a few minutes of your time and the results will be invaluable in determining the future direction of the Society.

In the midst of World Cup fever, I couldn't resist the story (page 15) of the Kenyan football match where one team did not turn up because the players were afraid they would be circumcised. I doubt that such hazards face the teams now congregated in Germany!

Ivan Acorn

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A Defect of Nature

When it comes to anatomical engineering, the foreskin is a superb artefact. Its primary function is to cover the sensitive glans, protecting it and keeping it moist. Yet the cover can be easily inverted for hygiene purposes; and the frenular attachment, the pièce de résistance, is precisely designed to bring about automatic exposure of the glans during sexual intercourse. Nature has certainly ensured that the human male body, in an area critical to the propagation of the species, has evolved to perform in an ideal way.

But, as in all production lines, not all models conform with the design. Defects occur. For many males, the foreskin just does not retract in the way that nature intended. They are suffering from phimosis – the inability to retract the foreskin and fully expose the glans.

Phimosis has two main causes – adhesions and narrowness of the foreskin opening. Adhesions are not acknowledged by many as a true cause of phimosis, but they certainly merit discussion. The development of the foreskin is not necessarily complete when a baby boy is born. The foreskin is often still fused with the glans at several points. The foreskin is stuck so that it cannot be retracted. This is a natural phenomenon and the majority of foreskins, left to their own devices, will gradually separate from the glans so that, over the course of time, the foreskin can be drawn back. There is some controversy as to what constitutes



a reasonable time to wait and when, if ever, there should be intervention. In times past, intervention took place early and doctors and nurses would encourage mothers to pull the foreskin back gently as far as it would go at each bath time or nappy change. If this did not bring about the desired result in a few weeks or months, the doctor or nurse would intervene either with a probe to break down the adhesions or just by wrenching the foreskin back with brute force. Of course, such intervention can cause raw patches on the glans and foreskin and there is a danger that the raw patches will fuse together again, recreating the problem. But a little petroleum jelly applied to the glans and foreskin during the healing process is usually sufficient to prevent this.

But now the fashion is against intervention. Gairdner in the late forties suggested that the foreskins of most boys would be retractable by the age of five and that intervention should not be considered until then. Today, some advise that even

adhesions which persist until puberty are not a matter for concern since the growth and maturing of the penis at that stage will ensure that the adhesions finally break down.

True phimosis occurs when the diameter of the foreskin opening is narrower than the diameter of the glans at its widest point, or where a circular band of constriction makes complete retraction impossible. The presence of true phimosis in a baby can often be identified when there is a ballooning of the foreskin on micturition. If the opening is too small to allow a proper flow of urine, it is unlikely to be sufficiently wide to go over the glans. If such ballooning does not occur, and adhesions are allowed to resolve naturally, it may be difficult to identify a true case of phimosis until the boy is four or five. And of course, just because a foreskin can be retracted pre-puberty



does not mean that it will be equally retractable post-puberty. Teenagers who boast a well-developed acorn may well find that their foreskin opening is now too narrow to allow their manhood to be exposed.

In issue 2/2006, under the title 'What is normal?', the advice of a sex 'expert' was reprinted: "Some men do have tight foreskins that do not peel back easily. This is normal and would contribute to a painful situation if pulled back forcefully. Sometimes, this is called 'phimosis'. Tell your girlfriend that not all foreskins peel back and that she should not force them." This advice – that phimosis in the adult male is perfectly acceptable – is surprising, and misguided. An unretractable foreskin in an adult is unhygienic – smegma and urine remnants just cannot be washed away – resulting almost certainly in an unpleasant odour, irritation and possibly infection. Cancer of the penis is rare but a phimotic foreskin is often the underlying cause. A further downside is that lack of exposure of the glans during intercourse or masturbation is likely to reduce the man's pleasure considerably.

If true phimosis is present, what is the solution? Circumcision was and, more often than not, still is the favoured remedy. Theoretically, it might be possible to perform a partial circumcision and just remove the tip of the foreskin. However, a surgeon is likely to be concerned that, if the foreskin tapers too much, or if too much scarring occurs as the new opening heals, the phimosis may still be present. It is therefore usual for a full circumcision to be performed. If the foreskin is no longer there, it cannot cause any more trouble!

But for some, removal of the foreskin is too drastic a solution. We should perhaps pass quickly over Dr Michel Beauge whose therapeutic procedures are based on

teaching the patient a correct masturbatory technique to stretch the foreskin. Setting aside the doubtful ethics of training pubescent boys in such matters, the technique itself would appear to risk paraphimosis, which is where a tight foreskin does at last retract behind the glans but immediately forms an over-tight collar around the sulcus with a consequent restriction of the blood flow and swelling of the glans. Such patients usually end up in Accident and Emergency.



Nevertheless, there are advocates of stretching to cure phimosis. First the foreskin is lubricated. The tip of the foreskin is then held between the thumb and forefinger of each hand and is pulled as far away from the body as possible so that the foreskin is stretched and under tension. This position is held for

30 - 60 seconds. The foreskin is then grasped at a point on the shaft just below the corona of the glans and is pulled hard towards the body so that the foreskin opening is stretched tightly over the tip of the glans. This position is also held for 30 - 60 seconds. The two exercises are repeated for several minutes a session, with two or three sessions of exercises each day. When the foreskin opening is large enough, a finger or thumb can be inserted and the foreskin pulled laterally tight against the finger until it is white with stretching. In due course, it should be possible to insert two or more fingers. The fingers tips are then pulled apart, thus stretching the opening still further. If no significant progress is made, steroid creams can be used. The cream is massaged into the tight part of the foreskin inside and outside, prior to the stretching procedure.

There is some disagreement about the effectiveness of this treatment. It certainly works in some patients where the phimosis is mild. However, there is a danger that stretching will tear the skin and that the resulting scarring will actually exacerbate the problem. There is also the possibility that a boy whose foreskin is stretched sufficiently to accommodate his glans pre-puberty will nevertheless revert to a phimotic state at puberty.



If a boy has a phimotic foreskin, his parents – and it is usually they who will be called upon to take the decision – have to decide between circumcision and more conservative treatment. Circumcision is a small operation causing some discomfort and inconvenience for a few days – but the cure is complete and permanent. The conservative treatment is more troublesome with application of creams and stretching over an extended period, with an unknown outcome. The prize may be the retention of the foreskin. On the other hand, despite all that time and effort, the boy may still need a circumcision. One has to ask whether, if a foreskin is phimotic, its loss to circumcision is such a sacrifice. After all, it does not accord to nature's design; should it not therefore, in accordance with good quality control procedures, be consigned to the reject pile?

Ivan Acorn

Male Circumcision: Time To Re-examine The Evidence

Stefan A Bailis and Daniel T Halperin argue that the benefits of circumcision exceed the risks

Male circumcision, probably the oldest surgery known, continues to be relevant, with ever increasing evidence of its benefits published regularly in leading, peer reviewed journals. Preventive circumcision in newborn baby boys has been generally shunned in the British Isles since the 1949 publication of *Fate of the Foreskin* by the late British doctor Douglas Gairdner, who concluded from his review of the limited evidence at the time that there was no convincing reason for neonatal circumcision and therefore advocated a conservative approach. Medical students (among other professionals) and future parents should be aware of all the benefits and risks of circumcision – especially in the period up to about 3 months of age – when it is simpler, safer, less painful, faster healing, and cheaper than at a later time.

Uncircumcised boys and men – especially infants – are at greater risk of urinary tract infections. These occur in about 2% of uncircumcised infant boys, who have 12 times the risk as their circumcised peers. Long term sequelae can include bacteraemia, pyelonephritis, renal scarring, and death. Balanoposthitis, a painful infection of the prepuce and glans penis, occurs in about 4% of all uncircumcised boys. It occurs in about 12% of uncircumcised men but in only 2% of circumcised men. Inflammatory dermatoses are three times more common in uncircumcised men. One such condition, penile lichen sclerosus et atrophicus, also known as balanitis xerotica obliterans, is implicated in certain cancers of the penis. A recent study found 8.4% of men with genital lichen sclerosus et atrophicus showed premalignant or malignant histopathological features. The condition is found almost exclusively in men not circumcised as newborns and is difficult to prevent (except through circumcision) or treat. Although it has been thought rare by some – Shankar estimated the prevalence through age 15 to be 0.6% – a large study of adults identified lichen sclerosus et atrophicus in 4-19% of all prepuces, the severity varying greatly.

The prepuce is normally adherent to the glans penis and thus unretractable at birth ('physiological phimosis'). Phimosis has been defined in various ways, leading to much confusion. Difficulty in retracting the prepuce can be caused either by adherence between the glans and the prepuce or by a tight preputial opening. We define phimosis here simply as the inability (for whatever reason) fully to retract the prepuce easily at an age when 90% of the population can normally do so – typically by age 5. Some with a previously retractable prepuce acquire phimosis later. This may be due to a slower growth rate for the prepuce compared with the rest of the penis, posthitis (inflammation of the prepuce), or development of balanitis xerotica obliterans. Whether because of persistent physiological phimosis or acquired phimosis, cross sectional studies indicate retraction difficulty in older boys and men range from 9% to 14%. Phimosis prevents adequate hygiene, which in turn increases the risk of balanoposthitis, penile cancer, and other conditions. A related condition, paraphimosis, exists when a tight prepuce is retracted but cannot be brought forward again, thus creating a dangerous tourniquet-like condition. It is impossible at birth to tell which boys will develop phimosis or paraphimosis. Circumcision eliminates the guesswork.

Penile cancer in uncircumcised men carries an approximate lifetime risk of one in 600. Men not circumcised at birth have 22 times the risk. The largest risk factor for invasive penile carcinoma is phimosis, which increases the risk 11-16 times. Tobacco use, though not as great a risk as phimosis, is also a significant, independent factor.

Human papillomavirus (HPV), especially HPV16, has been implicated in penile cancer. The rate of infection is lower in circumcised men (odds ratio 0.37). Circumcision protects not just men but also reduces the risk of cervical cancer (odds ratios 0.18 for women with high risks, 0.50 for women with intermediate risks), chlamydia (odds ratio 0.18), and herpes (odds ratio 0.45) in female partners through reduced sexual transmission of the applicable virus or bacterium. The lifetime risk of prostate cancer is one in six; uncircumcised men have twice the risk as circumcised men.

Undoubtedly the most important finding in the past 20 years is the protective effect of circumcision against HIV/AIDS, particularly in heterosexual transmission from women to men. More than 40 epidemiological studies have found that circumcision reduces the risk of HIV by anywhere from twofold to eightfold, depending on the particular study. A recent randomised clinical trial in South Africa had to be suspended early when an obvious protective effect – an approximate 60-75% HIV risk reduction – made continuing it unethical. Two other randomised trials are currently under way in Uganda and Kenya. The main mechanism for the sexual transmission of HIV is immune system cells – especially Langerhans cells – which are highly concentrated in the inner preputial mucosa. In addition to HIV/AIDS, circumcision is effective against some other sexually transmitted infections, especially ulcerative types such as syphilis and chancroid; and new data from Uganda show that circumcision may also reduce transmission of HIV (and some other infections) from infected men to their female partners.

Current, well established techniques for newborns would include the use of one of several clamps – the Gomco, Plastibell, or Mogen – in the hands of a well trained operator. The clamps make sutures unnecessary and, although different in design, they help to maximise skin removal accuracy while minimising bleeding. Each clamp has its advantages and disadvantages. It is imperative to avoid electric cutting methods in conjunction with metal clamps as penile necrosis may result. Local anaesthetic methods such as the dorsal penile nerve block or ring block methods with lidocaine (lignocaine) provide good effect about 80% of the time. A very sweet, sucrose coated pacifier or gauze provides additional antinociception. Unlike Gairdner's time in the 1940s when general anaesthesia – then the norm – resulted in about 16 deaths annually, no deaths or serious complications have resulted from these local anaesthetic methods. Crucial to minimising complications is inspection for congenital anomalies such as hypospadias, which require postponement of the circumcision and referral to a paediatric urologist. Of equal importance is adequate aftercare instructions to the parents during the first week or so. Healing is rapid; seven to 10 days is typical.

The complication rate for neonatal circumcision using current techniques is 2-3%, nearly all of which are minor complications, most commonly excessive bleeding that can be staunched by pressure or other topical means, or local infection that can be treated easily. One in 500 cases may be expected to experience a more serious complication, such as bleeding requiring sutures, systemic infection, excess skin removal, etc. Most are successfully corrected. Deaths as a result of the surgery itself are extremely rare. From an economic standpoint, a large health maintenance organisation study found that it has neutral or even positive cost effectiveness.

A common criticism by anti-circumcision activists is that circumcision is sexually harmful. Most evidence implies otherwise. Circumcised men seem to have fewer sexual problems overall. In addition, sexual functioning and sensitivity are generally similar in both circumcised and uncircumcised men. Only a few methodologically sound studies of female preferences have been conducted. In all of them to date, such as studies conducted in Botswana, Kenya, and the US, most women – including those who had an uncircumcised partner and were familiar with both types – preferred the circumcised penis. Sexual hygiene was the most important factor cited. Some critics argue that circumcision is a form of mutilation that causes hidden trauma, which may in turn lead to a higher risk of post-traumatic stress disorder, rape, suicide, and even warfare, among other consequences. There are, however, no scientific studies to support such allegations.

Other critics argue that circumcision is done mainly for social, cultural and religious reasons. We believe that, although it is true that parents often choose circumcision for their infant son primarily on a social, cultural or religious basis, this in no way diminishes the value of circumcision as a preventive health measure. Moreover, some people are opposed to circumcision on a more philosophical basis – nature makes no mistakes – whereas others disagree, reasoning that the natural form is imperfect and that circumcision improves on nature. These philosophical arguments go back to the second century debate between the Roman governor of Palestine, Tinneius Rufus, and Rabbi Akiba ben Joseph. Notwithstanding the

primacy of such non-medical, cultural, or philosophical reasons for their circumcision decision making, we believe that doctors should help parents familiarise themselves with the procedure, with the empirically demonstrated medical benefits and risks. This should be standard clinical practice.

Circumcision will continue to be a controversial subject. However, our review of the evidence shows that the benefits exceed the risks. Circumcision, when performed in the newborn period by a skilled operator using current, well established techniques (including effective local anaesthesia), produces lifelong benefits with low risk and minimal pain. We implore full disclosure of such information to prospective parents, in an impartial manner, as well as discussion of alternative approaches.

From www.studentbmj.com

An Innocent Obsession – A Comment

This book is about circumcision and mainly from the female point of view. Lots of opinions on why male babies should be circumcised with the emphasis on male hygiene before aesthetics or appearance. Not particularly well written, nor does it deal with the female responsibilities on genital hygiene. It gives a very strong impression that only the penis carries infections. It neglects a woman's responsibilities to keep herself clean and free from vaginal odour. Circumcision serves to protect men from women as well as the other way round. There are more bacteria around the female genital area than anywhere else on the human body. This should be remembered by those like myself who are members of the pro circ fraternity. My re-circ is scheduled for later in the year.

R. W.

Literary Extract – An Innocent Obsession

[In the last issue, we published a review of the book *An Innocent Obsession*. Here is an extract. The scene is a discussion between nurses on the maternity wing of a hospital.]

Pauline's husband had suffered an injury to his penis after they married. (Here Patricia, Marianne and I giggled, driving an indignant Pauline to deny that she had any part in his accident which resulted from an unfortunate encounter with a zip fastener.) As his foreskin had been torn, treatment for the injury was a circumcision. She thought that the circumcision had enhanced his qualities as a lover – he seemed to last longer before climaxing and that had helped her to attain orgasm more frequently post-op than pre-op – but there were improvements also in hygiene and appearance. Now he had a penis which was easier to keep clean. Gone was the elephant trunk like foreskin which had spoiled the pleasure she would otherwise have had in fellating him – something, however, she had done for his sake even though she did not enjoy retracting his foreskin and taking

into her mouth a penis head which had lived in a perpetually moist environment under its hood. Its new look and flavour were so much better, and so was its appearance of always being ready for action. She much preferred it post-op. Actually, from her earliest days of training as a nurse she had liked the appearance of a circumcised organ better and on her wedding night when she had at last been able to satisfy her curiosity about her groom's status by actual inspection she had been mildly disappointed to find him intact. When (in pre-NHS days) they had a baby son she made sure he was among the 20% or so, mostly middle class, male infants circumcised before they left the hospital. Her husband was in total agreement and in arranging her baby's circumcision, she received good support from the ward staff, several of whom told her that they had had their sons done or planned to do so if they ever had boy babies. She had herself assisted the registrar who circumcised her baby at several circumcisions while she had been working in the maternity dept before her baby's birth, knew him to be particularly competent and she had asked him to perform the op himself. He had done an excellent job on her son. A nurse, who was a personal friend and a long time colleague of Pauline's, assisted the registrar at the circumcision. She collected Pauline's baby from her for his circumcision and later when she returned him to her after his short absence from the ward told her that when she had a little boy of her own she hoped that his circumcision would be as skilfully performed and as neat as Pauline's baby. Pauline said that she was very happy that both her husband and her son had been circumcised: if she had had another son he would have been done too – preferably by the same registrar.

Patricia said that the first man she had been intimate with had not been circumcised and she had been “absolutely fascinated” by the visually dramatic process of his erection – how his penis had become larger and larger and how as it grew the foreskin retracted itself to reveal the glans until she was confronted by what appeared to her as a teenager to be a massive throbbing truncheon with a large acorn shaped head.

Maybe it was vanity on her part but as a woman she thought that, even without her touching him, her mere proximity to a man could set in motion a process by which a small soft sausage-like structure with its end covered in skin could so dramatically enlarge itself, divest itself of its skin covering and metamorphose into a rampant battering ram specifically designed for entering her vagina thrilled her. Later she found that she experienced great pleasure in taking his flaccid penis in her hand and gently pulling the fleshy foreskin back to reveal the pink glans it concealed. She admitted that she was addicted to intact penises. Her first lover had been fastidious about cleanliness and she had never had any problems fellating him, only pleasure. Vaginal intercourse had been very satisfying and he could control the timing of his orgasm so that she could be sure of attaining her climax.

She said that if she had a son, she would be in a “real quandary” over circumcision. Although as a woman her own sexual preference was for an uncircumcised lover, she admitted that as a nurse she found the health and hygiene arguments in favour of circumcision “rather” compelling.

Marianne, at 30 younger than the other two, had very forthright views. She had experience of both circumcised and intact lovers and, other things being equal, much preferred the shorn variety. She thought the hooded kind looked “ugly, wrinkled and plain untidy”. When a penis had been circumcised properly – and she laid great emphasis on the skill and competence of the operator – it was more hygienic, looked better and, to her this was important, looked ready to make love to her even when it wasn’t erect. Whether as a nurse or a bed mate, she didn’t like an uncircumcised penis. She didn’t like having to retract something which she thought shouldn’t be there anyway. However carefully and frequently the owner washed himself, the glans underneath would be moist, possibly even slimy, and a prepuce was an ideal hiding place for debris. Although Marianne enjoyed fellating a man who had had a full circumcision with the glans permanently laid bare, she had found going down on an intact man much less pleasant and on occasion downright unthinkable. She would much prefer to marry a circumcised man, but if she fell in love with a man who hadn’t been done she would marry him although she wouldn’t promise not to try to persuade him to have the snip before, or even after, she got him to the altar. Besides, wouldn’t it be great to be able to boast to her closest friends that she had a husband who had proved his love for her by being circumcised at her request?

[*An Innocent Obsession* by David Catesby is published in England by Chimera, the imprint of Pegasus Elliot MacKenzie Publishers Ltd. UK Price £7.99]

Frenulum Loss Is A Gain

Many thanks for the article on the frenulum (Editor’s column, issue 1/2006). Whether to keep it or whether to lose it is obviously a very personal decision; I chose to lose mine and have had great pleasure from its loss.

When I was cut I asked for a very thorough circumcision. This involved removing the frenulum. I explained that I did not want to return in ten years time for a revision (I am in my 60s). The surgeon did an excellent job.

What I did not expect was how much enjoyment I would gain from being circumcised. Once my glans had dried out (this took a couple of months, and you can’t get this sensation by taping your foreskin back for a couple of days) the sensations have been great. There is a lot of debate as to whether circumcision will deprive you of a lot of sensations by removing lots of nerve endings or whether it will leave you oversensitive. In my case the balance is just right. I never had a sensitive foreskin or frenulum, so don’t regret their loss. My glans is sensitive again but as the article points out, the V at the back of the sulcus is also very sensitive. I do not have a circumcision scar but where my frenulum was removed is extra sensitive, hence the pleasure. This is a bonus.

As is said in the article, all this is anecdotal; we don’t even know how many men are circumcised so we have to go with anecdotal evidence.

J.G. – Surrey

Some Cutting Remarks On Circumcision

An article by Devon M. Wiesend from the *UWM Post*

For the purpose of getting laid, it is extremely important to be aesthetically pleasing to your partner. This becomes a whole new topic when being 'attractive' demands surgery.

Foreskin, no? Most likely, you or your partner is circumcised. I have discussed this topic with quite a few of my girlfriends, and the results are shocking. None of my friends has ever seen an uncut penis. It is the norm in America for parents to have their sons circumcised when they are newborns. This means that most women will never see a natural penis unless they see it on their newborn sons before they decide it's 'unsanitary' and have some skin sliced off.

I slept with a Bulgarian guy a couple of times a few years ago. Boy was he hot. Anyway, I will admit when we got undressed I was a little surprised that he wasn't circumcised, as I had never seen an unaltered penis before. I didn't even try to play it off, as I have always been brutally honest. I told him this was my first experience with this version and that it would take a minute for me to get used to it. The question in my mind is why should anyone have to 'get used to' the way any body part is naturally made? I quickly learned what was OK, what things I couldn't do, and to be honest, it was quite pleasurable once I got the hang of it.

Many American-written books on anatomy portray circumcised male genitals, and that just perpetuates the fear women have of encountering the all-natural male genitalia. Not only have most women never seen foreskin in person, many have never even seen pictures. It's not scary, it's real. This problem is continued through generations by parents fearing ridicule for their sons. I have a hard time with this, as I think that anyone who would chastise another's naked body should never have the privilege of seeing one. I have discussed this with my male friends, and they believe in circumcision as well.

Sometimes, people are misinformed enough to believe that circumcising a newborn is more sanitary. This is not true, as all body parts need to be kept clean and can be with regular bathing. Other people think of sending their son into the gym locker room unprepared and different than his classmates. Aren't differences what make each one of us special? Kids can be cruel, but they will be cruel no matter what a parent does.

Dating can be very difficult for men who are uncircumcised, as no man wants his date to be horrified when he drops his pants. Again, if someone is disgusted by this, they are too shallow to bother with anyway. Dating is difficult for everyone, as everyone has a part of their body that they aren't happy with. If we all started having surgeries to perfect every part of us that was wrong, individuality would go out the window, and we would all look alike.

This expectation of circumcision is akin to an expectation of high, round, perky, fake breasts on every woman. Most woman would be pissed if a man said, "Oh, wow, your breasts are real? I don't think I can do this." Between Hollywood and

porn, no one remembers what a natural, healthy body looks like. This is sad. Society puts too much pressure on the 'ideal' look, whether the casualty of foreskin or pliable breast tissue. Now, I am not saying I seek out uncircumcised men, nor do I discriminate against the circumcised. In the dating market, one can't have physical expectations anymore because there is no such thing as 'perfection' in penises, breasts, faces or physiques. Accept differences – show you're unbiased by screwing someone uncircumcised today!

Ask A Silly Question...

About half a century ago, when I spent a year at sea, the accolade describing 'supreme excellence' in any sphere was "Just the donkey's dick!" Whether the phrase is still current, I do not know.

With other crew members I was dragged – I suspect quite willingly in those days of my youth – to an 'Exhibish' in a sleazy den of vice in Alexandria, northern Egypt. There, two lesbians demonstrated a range of grotesque gyrations with the 'undercarriage', almost a foot long, of a donkey that appeared to quite enjoy the stimulation.

I wondered then, and still do, at the enormous length of its penis which appeared to emerge from a quite small fleshy orifice situated between its hind legs. The equine penis is a force majeure when it comes to thinking of the ultimate 'size queen'. But my silly question, like the donkey's dick, unfolds as follows: where does it unfold from? This great appendage, when sexually aroused, appears smooth – almost polished – and I can't make up my mind whether it is 90% penile shaft, with just a relatively small terminal glans, or whether the whole thing is a mighty bell-end with the true shaft still being hidden within that fleshy little hump which denotes the sex of the creature which sports it. If one ever wished to circumcise a donkey, where would its foreskin begin?

OK, OK... Ask a silly question, expect a silly answer!

Ray Hamble

Like Son, Like Father – One Year On

[In issue 2/2006, Adam reported how his son had required a circumcision, leading to Adam himself seeking circumcision. Now he updates us one year on.]

My experience is just about one year old, but I was very surprised to have no loss of sensitivity, as it was foreshadowed by others. There is nothing like that, nor any nuisance, just a little sense of dryness, but I've got used to it 110%. I do not go to public places, so I have no clue about who likes it in Hungary these days and who does not, but I do not really care. I know what I know, and now my wife does so too, and that is absolutely in favor of being circumcised.

Last year, two classmates of Balazs also joined our club of foreskin-free. (I wonder if they go to pee together in school. Quite likely. How could they otherwise know?)

I saw a new Hungarian circumcision group. In just three days, many new boys, and some girls as well, have joined. It seems now that men finally realise that it is worth having this short term inconvenience for the beauty and unbelievable delights that circumcision brings. Now there are a lot more men with a tight foreskin who are not ashamed to turn to a doctor to make the necessary steps to have a satisfactory sexual life at last. Internet groups and forums help them by getting rid of doubts about making the unavoidable decision.

I think that every boy should be circumcised at around 11 years of age, which would make them more manly in adolescence and later in life. The age of 11 as an ideal time for circumcision is not incidental. I think that 95% of the boys get into puberty after this age. I read many writings on the net, and I came to the conclusion that at such an age, boys are intelligent enough to understand what is to be done to them and why. At that age they already have a quite developed penis, which allows the surgery to be very precisely planned and carried out. Post operative care is also easier. I remember when I was a little boy, I had to pull back my foreskin when bathing, which was very unpleasant, if not painful. Even though my son got circumcised at a younger age, for healthy boys the 11th year is the ideal one. Naturally, if there is a medical reason for it, it could be done earlier.

I have a few ideas how we could make it more popular before the general public. For example, there could be a presentation stand dealing with circumcision at youth festivals, etc. I know it would not be easy, but it might help many people. If I had known about it as a child or as a teenager, I might have had it done a lot earlier.

Adam

Bigoted Dutch MP

In the latest edition of the newsletter (issue 2/2006), you quoted the then Dutch MP Ayaan Hirsi Ali who referred to circumcision as a form of mutilation. You did not, unfortunately, point out that she is a noted anti-Islamic bigot. She wrote the script for the film for which Theo van Gogh was murdered in 2004 by Islamic militants. Because she lied her way into the Netherlands, she has now felt it necessary to stand down from Parliament and leave the country and join a right wing think tank in the USA.

J.G. – Surrey

[Editor's note: The reference appeared in the article "Support grows for ban on male circumcision" and read as follows: "In 2004, well-known Dutch Member of Parliament Ayaan Hirsi Ali called on fellow legislators to enact a similar ban, and she recently stated on a Dutch television documentary that male circumcision is 'a form of mutilation' and that 'the consequences can be worse for boys than for girls when compared to some common types of female circumcision'."]

New Member Seeks Advice

I have always liked the appearance of a circumcised penis and have fantasised about being circumcised for years. I am finally thinking that I may get it done and I want to find out as much as possible about adult circumcision. Ideally I would like to speak to others who have had similar feelings and maybe had the job done.

Niknotts - Midlands

Some Questions For Members

I have always had a special interest in circumcision. Being born in the 1940's it has been a fascination for me to speculate and hopefully later discover who was a cavalier and who a roundhead. Based on experience I found I got it right more often than not. That was not very difficult as anyone from a middle or upper class background was almost certain to be cut. The only exceptions were those with very liberal or unconventional backgrounds whose parents were not in the least bit interested in what was normal or conventional and approached the decision in an entirely logical way, thinking: "Who cares what it is fashionable to do to little boys' willies; I don't want my son's foreskin to be painfully removed." I was one such boy, growing up as a cavalier in a roundhead society. I did not thank my parents for that. I felt left out. I was envious of my friends' neat cocks and they seemed confident in their status and flaunted it whereas we few cavaliers were embarrassed about our state.

I was a member of *Acorn* some 20 years ago and with each issue enjoyed a thoroughly stimulating read. After a happy marriage ended, my interest in the subject has been rekindled and I have rejoined. Sadly it is a very different group. When I rejoined, I was given a summary of the members and was depressed to see how old we all are and how few cavaliers. I was also surprised to see how many members had been cut as adults. But I think I now understand what is happening and why the membership (and the contents) has changed so much.

Any one under 40 has had little contact with circumcision. His entire peer group is intact and the only cut ones are those who have had a cock problem (which is embarrassing) or are cut for religious reasons. They have no interest in the subject and so are unlikely to join in a debate. The few under 40 members all seem to be cut, because if you are not cut there is no possible reason to be interested in the subject.

All very sad. So what can we do to make the debate more interesting. Well I wonder if those that are left can do more to contribute to an interesting newsletter. Most of us are not going to sit in front of our computer and write a long letter such as this. But we may be prepared/interested in responding to questions. Why does not the editor pose 2 or 3 questions each issue and then report back the responses in the following issue?

We could all think of some interesting questions:

- * Of your best friends, how many are cut/uncut?
- * When you meet someone, do you wonder if he is cut?
- * When you meet a gorgeous woman, do you wonder if she prefers a cut cock?
- * Has your wife/girlfriend ever mentioned circumcision?
- * What was your wife's attitude to the possible circumcision of your son?
- * If you are uncut, how often do you peel the foreskin back?
- * What is the best way to masturbate cut and uncut cocks?
- * Can you tell whether the person wanking you is used to wanking a cut or an uncut cock?

Give it a try, editor.

Anon

[Editor's note: Anon has thrown down the gauntlet and I am happy to take up his proposal. So, there is a first list of questions above – let me have your comments. And if the idea takes off, I will pose a further list of questions each issue.]

Football Penalty

A soccer team from one part of Western Kenya refused to travel to Bungoma for a Kenya National Football League match against Nzoia Sugar at the Kanduyi Stadium 10 years ago.

Why? Because it was during the circumcision period and many of the players had not been circumcised.

They feared being forced to undergo the rite that is a must among the Luhyas. Nzoia were awarded the match and urged the Kenya Football Federation to take disciplinary action against them for 'deliberately' failing to make it – and as a result 'escaping the knife'.

From the Internet

PPP Serves Hundreds Of Tagpangi Residents

from a *Philippine Information Agency*
press release: 21st March 2006

Residents of far-flung Barangay Tagpangi and its nearby areas were able to avail of the basic services offered by the city government when the People to People Program (PPP) recently visited the barangay. City Mayor Vicente Emano, together with the City Council headed by Vice Mayor Michelle T. Spiers, led other city government officials and employees in bringing the various city government services to the people of Tagpangi during the whole-day activity.

A total of 892 residents received free medical consultation and got free medicines, while 72 availed of dental consultations, 48 boys were circumcised and 890 children availed of nutritional feeding.

Circumcision Battle Lands Parents Of Eight-year-old In US Court

from a report by *Agence France Presse* on 18th February 2006

A clash over of their son's circumcision has landed the parents of an eight-year-old Illinois boy in a US court where there is no apparent precedent. A Cook County judge ordered the mother in the case not to have her son circumcised until the court can hear arguments from the child's father, who opposes the operation, and decide if it is in the boy's best interest.

Jews and Muslims circumcise their sons for religious reasons. But this case instead involves shifting medical and cultural preferences, which have recently become a matter of debate in the United States. The mother, 31, is a homemaker from Northbrook, Illinois. She says two doctors recommended the procedure for health reasons. But her ex-husband, 49, a building manager in Arlington Heights, Illinois, has called the procedure an 'unnecessary amputation' that could cause his son physical and emotional harm.

In the 1900s, surgical circumcision, in which the foreskin of the penis is removed usually before a newborn leaves the hospital, was the norm in the United States. But the percentage of US babies being circumcised has plunged from an estimated 90 percent in 1970 to some 60 percent now, data show. The American Academy of Pediatrics no longer recommends routine neonatal circumcision but says the decision should be left to the parents. That has added fuel to the fire where until recently there was little debate on the issue at all among the US Christian majority.

Some staunch opponents of the procedure see it as akin to female genital mutilation. They argue that the procedure is medically unnecessary and morally wrong. Still others have launched support groups for those who have been circumcised and would rather not have been; some have even pursued surgical options for restoration. Legal experts however say that there are no published US opinions to serve as precedents in this case. As such it normally would be determined based on the best interests of the child.

When the divorced parents appeared in Cook County Circuit Court, Judge Jordan Kaplan got the two sides to agree that the child would not be circumcised 'until further order of (the) court'. He also ordered them not to discuss the case with their child. Tracy Rizzo, an attorney for the mother, said the father scared the child by telling him frightening stories about what might happen if he were circumcised. The father's lawyers, John D'Arco and Alan Toback, have argued that the couple's divorce agreement provides that the father must be consulted before any non-emergency medical care.

Male circumcision is much more widespread in the United States, Canada, and the Middle East than in Asia, South America, Central America, and most of Europe.

ACORN

Issue
N^o 4 2006
Editor
Ivan Acorn

Editorial

Many thanks to the many members who returned the questionnaires distributed with the last issue. But if your forms are still languishing at the bottom of your in-tray, it is not too late to dig them out and send them to me – we really would value your views.

By chance, two members have written in to comment about their increased confidence in appearing naked since being circumcised. From their observations, they conclude that cut men are much more willing than uncut to leave themselves uncovered. In the locker-room of my gym, in a fairly cosmopolitan area, both cut and uncut abound. I have found that it is the culture of nakedness which is important. If a few men are happy to walk around without being draped in towels, the guys who at first insist on keeping a towel around their waists even to remove shorts or put on underpants, quickly abandon this excessive modesty. They may not remain undraped for long, but they nevertheless are no longer afraid to stand naked whilst drying themselves.

So, is it the fact of being circumcised or the culture of the changing room which is important? Views please!

Ivan Acorn

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The Circumcision by Gyorgy Dalos — A book review

As a Hungarian Jew, there is something unusual about Robi Singer – he still has a foreskin. Why was it not removed on his eighth day as laid down by Mosaic Law? His grandmother claims that he was premature, the winter was cold and he was far too puny at birth to undergo the procedure. This of course should have been no impediment to a later snip, but his father died in his first year of life, and for reasons never made clear, his grandmother has no intention of allowing him to be circumcised – she tells stories of men being dragged under the archways of houses, of their pants being pulled down to check whether they were Jews and, if so, of them being thrown into the icy Danube. This had happened during the war, and grandmother is convinced that the war is not over.

Robi is not the only uncircumcised 12 year old Jewish boy – Gabor Blum is similarly untouched by the knife. Gabor's mother claims she repeatedly arranged for the bris to be performed, but something always came up – there was an air raid, or the weather was too cold to leave the apartment. Eventually she forgot her promise to the boy's father as he was being deported to a labour camp to have the boy circumcised at the earliest opportunity.

As half orphans, Robi and Gabor live in an orphanage during the week, returning home at weekends. And Mr Balla, their teacher at the orphanage, is now on their case. Their Bar Mitzvah will soon be due but this cannot happen until they are circumcised. If Mr Balla has his way, their foreskins are doomed.

But this is not a uni-dimensional book and circumcision is just one motif. It is teaming with characters all sharply but fondly drawn. Gizike, the illiterate occasional maidservant, who waxes the floor in return for grandmother drawing up a petition; Uncle David who always brings two pounds of dried prunes when he visits under the mistaken impression that grandmother suffers from constipation; the alcoholic Uncle Vilmos, who his wife reveals is terminally ill with liver cancer, so that there is an embarrassed silence when he enters the room; and Mrs Fleischman who is so distantly related to grandmother that at every meeting they spend so much time in discovering which long-departed uncle or aunt had once been a more or less distant relation of someone in the family, that by the time they have identified the ancestor, they have forgotten the exact relationship and have to start again.

Robi's mother is an overweight neurotic hypochondriac who has at least twenty illnesses and a whole swathe of consultants to look after her. Yet she is sympathetically drawn and when she gets a boyfriend, it remains a secret between her and Robi – Grandmother must not know. Mother causes more confusion in Robi's life by taking him to meetings of the Jewish Brotherhood for Christ; so he is not sure what he believes and when his grandmother has palpitations and seems near to death, Robi prays to both Gods just in case. And Grandmother is of course the character who holds it all together, strong, resolute, overcoming a

lifetime of troubles with strength and resignation. Only once does Robi find her with tears streaming down her face: "I can't take it any more."

So the book is about Robi coming to terms with all these people, and with himself and his life. He is beset by problems. Is spending his whole weekly allowance on liquorice and winter ice cream 'sensible' as enjoined by his grandmother? Dare he reach out and take the hand of his cousin Jutka, his first unrequited love? Most important of all, should he be circumcised? Gabor has a totally different philosophy with a light hearted, fatalistic attitude to life. "You always make such a problem out of everything," he says, and dismisses the problem of circumcision with: "What's so problematic about a small piece of skin." So when the rabbinical court asks Gabor and Robi whether they are willing to submit themselves of their own free will to the circumcision, Gabor immediately answers: "Yes, sir." Robi hesitates: "I need time to think."

His grandmother eventually takes him to a doctor who orders him to pull his pants down and lie on the couch. Robi looks apprehensively at the instruments lying around but the doctor reassures him that the circumcision will not be done today - he will have to go to hospital. The doctor pulls Robi's foreskin up and down repeatedly so that an erection ensues but, as the doctor says: "The troubles begin when it doesn't do this." He touches the uncovered glans with the tip of his finger and Robi hisses. "My, my, aren't we sensitive" comments the doctor. "If you weren't a Jew, I'd still recommend the circumcision, you know. But doubly so as things stand."

So, a short book, 140 pages, but funny, wry and beautifully written. It would be well worth reading even if it wasn't on a favourite subject!

[*The Circumcision* by Gyorgy Dalos, translated by Judith Sollosy, is published by Marion Boyars Publishers at £8.99.]

Ivan Acorn

Another Tale Of Son And Father

I am a 37 year-old father of one boy (Trevor, 5 years old) and another on the way (in June) and am happy to see that there's an alternative to all the shrill, fanatical anti-circumcision stuff that's on the Internet.

I myself was not circumcised as a newborn (my parents are from Europe, where it's never been the custom), but when Trevor was born my wife allowed me to decide on that matter and I opted to have him done. Personally, I never had any health or hygienic problems as a result of being uncircumcised, but the medical benefits in regards to infections, UTIs, phimosis, penile cancer and STDs seemed so significant to me that I really couldn't think of a good reason NOT to have my own son circumcised.

Truth be told, the only major trepidation I had of having Trevor circumcised was the fact that I wasn't and that this meant we wouldn't 'match'. My wife and I aren't exactly nudists, but we have what might be considered a 'European' attitude

towards the body and don't believe it promotes good body image to children to always be hiding behind towels and such. I was worried that when he would inevitably see me changing or stepping out of the shower it might cause him some confusion or problems with sexual identification. However, I'd heard of fathers who'd had their son's snipped solely to 'match' them and thought that was silly – after all, kids are smarter than we give them credit for and I didn't see why I couldn't explain that difference to him when the time came.

The procedure was done by my wife's CNM before she and the baby checked out of the birth center and it went great. I was there and watched the whole thing and it was nowhere near as gory and horrible as the anti-circumcision crowd make it out to be. It was VERY quick and he healed in a matter of days.

Anyway, when Trevor was about four years old we were sharing a bath when he finally noticed 'the difference'. I explained to him matter-of-factly why our penises looked different and thought that would be that, when he said: "I wish mine looked like yours". You can imagine my distress! Little boys, of course, idolise their fathers and always want to be like them. I responded by telling him that I actually wished mine looked like his. He seemed to accept that, but I could tell the difference still bothered him.

So I found a simple solution: I got circumcised myself! My wife and friends thought I was crazy, but I figured that if he couldn't 'match' me I could still at least 'match' him. Besides, it was something I had thought about since my teens. I had it done with a local at the urologist's office, which wasn't bad at all. It was pretty rough going for the first week, but after that pain wasn't the issue so much as having to wait two months to resume 'relations' with my wife.

Once I was completely healed, I took another bath with Trevor and he noticed the difference right away. "Oh!" he cried. "Yours looks like mine now!" I just explained to him that I wished mine looked like his and so I went to a doctor and had him snip the skin so that it would. He seemed very impressed by this and it seemed to completely dispel any issues he'd had before. He's very proud of his penis now! [Maybe a little TOO proud, if you catch my drift. :-)]. So while I think the whole 'matching' argument seems silly on the surface, I think there are real issues there that need to be taken into consideration.

From the internet

Pride

I had always noticed in the past that cut guys were far less self conscious than uncut men. A bit after I was cut a couple of years ago I found that I was forgetting to take my towel from the showers into the locker room, or vice versa. Previously I had been careful to drape myself in it for the short journey. So maybe there is something in the observation.

J.G. – Surrey

Showing Off

Having read the many experiences of *Acorn* members over the past few years, there is a trend in attitude that is hard to ignore. The writers frequently refer to their envy of others who sport circumcised cocks. This is all well and good, but it is the perceived view of the effect that circumcision had on the objects of admiration that crops up with intriguing frequency. It is the view that those who were circumcised enjoyed their status so much that they consciously or unconsciously wanted others to admire their cocks because they were cut. Phrases like “They seemed so proud of their circumcised cocks” and “Taunting those of us who were not [circumcised]” indicate that a sense of superiority was prevalent due to their cut status. Other views of the envious relate to the fact that circumcised boys at their school were always the most popular, confident and good at sports – an attitude that often continued into adulthood. The writer frequently feels inferior due to his (then) uncut status and cannot avoid being jealous of his cut peers.

Of course this doesn't always happen, but is the apparent ease of social nudity among the circumcised brethren the case? In an earlier article of mine, I wrote that I attended an all-boys' school where swimming lessons were done completely in the nude (masters as well as boys). Whilst the circumcised boys were in the minority it always seemed to me that they frequently were not in the least embarrassed by baring all and seemed to be just that bit superior in attitude to the rest of us uncut boys. Maybe I'm sounding snobbish, but there seemed to be a definite correlation between the social status of the boys and whether they were circumcised or not. Perhaps the higher up the scale you are, the more confident and assured you felt with others, even when naked. A few of the younger masters at the school participated in swimming in the pool and as far as I can remember, they were circumcised to a man. The fact that they were probably all born in the 1930s or early 1940s makes this a not unlikely event.

Even though I am now fully circumcised (at 23), I still cannot avoid checking out the circumcision status of any man that I have the opportunity to (furtively) look over. There is without doubt a strong feeling of solidarity when I view another permanently bare knob. Not long after my circumcision, I became an enthusiastic regular at the pool of the local YMCA in the last days when it was still men only and swimming trunks were strictly forbidden. There was a notice at the entrance of the pool that stated ‘Gentlemen only beyond this point’ long after it became a mixed and (sadly) clothed facility. But back then I was quite shameless in my desire to be seen as a proud roundhead. It was clearly the case that the majority of the men in the pool were of the circumcised brigade though once again, the age of those participating must indicate that this would be very likely. But to me, it seemed obvious that the roundheads present had no problem in allowing the world to see their shorn cocks and that the uncut minority in those days seemed to be much more modest in their rush from the changing rooms to get into the water. The circumcised members seemed much more inclined to walk around the pool and sit casually on the edge in no apparent hurry to take the plunge.

Now I am not as young as I used to be, I attend the gym of a private health club in order to try and maintain some fitness. My cock watching experience reveals inevitably that the majority of the men in the changing room are uncut and that my comrades in circumcision are almost definitely going to be over 45. Again there seems to be a strong link in the attitude of nudity of the two groups. The cut (older) men have no problem undressing and walking naked to the showers whilst many of the younger, uncut, men seem to be astonishingly shy. They hurriedly wrap a towel around their waists as they walk all of three or four yards to the showers and cover up again for the return journey. The few young men who are circumcised don't seem to show any reluctance to hide their status, though the numbers are so limited that it is difficult to spot a strong trend in their case.

This is a difficult subject to discuss with other men, but others who I have broached the topic with have used expressions like 'pride', 'esteem' and 'self-respect' to indicate their delight in having a circumcised cock. And whilst they are at it, what's the harm in flaunting it a little (as long as it's legal!). There doesn't seem to be any significant difference in attitude of men routinely circumcised in infancy and those who achieved their ambition as an adult. Perhaps it's the very fact that when naked, you can show off to the world that every bit of you is bare and that your status symbol is clear for all to see. As for me, I always feel a slight thrill of satisfaction on undressing in the changing rooms, that anyone who sneaks a peek at my cock will see that I am a well-circumcised man and that I am very happy about it. You may think this smug or even a little strange, but there is nothing wrong in feeling just that bit better than the unlucky ones - and the good thing is, that it will last forever!

Peter - Manchester

Loss Adjusting

You were right about the problematic prepuce! The narrative and illustrations in the Editor's Column (issue 3/2006) demonstrate that nature doesn't always get things right. Foreskin problems can indeed be distressing, even hazardous to health. But it must be remembered that the overall majority of foreskins are retractable by the 5 year old owner. By ten years of age, the troublesome element is about 1.5%. This cannot justify the widespread routine circumcision that continues in the USA, bearing in mind that almost 50% of the penile nerve endings are removed with the foreskin. In addition, the permanently exposed glans surface becomes thickened and desensitised.

Some Eastern people, notably the Japanese, retain the retracted foreskin with a string, so that eventually the glans remains permanently uncovered. 'Kawakamuri', skin covered, can cause great offence as a mark of bad taste in the communal bath, medical examination or locker room. Here is a circumcised appearance without loss of skin or nerve endings.

Jewish circumcision removes most of the outer layer, leaving most of the glans covered with inner membrane. This is torn and reflected behind the glans, retaining most of the inner layer with the sensory nerve endings. With other circumcisions

which leave most of the inner membrane, the scar line is well down the penis shaft, and most of the sensory potential is saved.

My radical circumcision in 1945 entailed the removal of all foreskin and frenulum except for a thin ribbon of skin edges to suture behind the glans. Gone with the foreskin were about 1,000 nerve endings, half the erotic capability I was born with. Though it has taken almost a decade for me to restore glans cover by skin expansion techniques, I still had that nerve ending deficit. (My mother once told me that circumcision was an advantage!) Currently my glans has become more sensitive, moist and membranous with a dramatically reduced coronal flare. As I use a hair dryer on the surfaces prior to restorative tensioning each day, there is no smegmatic accumulation to offend, only a slight masculine muskiness whilst drying. Though I feel confident covered, no longer exhibiting that threateningly flared glans and ugly scar, I still have only 50% of the erotic potential. (If my foreskin had survived into adulthood, it would be 15 square inches unfolded.)

If constant glans exposure can be achieved without tissue loss, the erotic potential is unimpaired. Where surgery is necessary, the Jewish shield guided technique sacrifices only a little of the sensory capability in terms of nerve ending loss.

Though I believe that the decision to be circumcised should be by the person involved, if it has to be done in childhood, the parents should insist that, in successfully baring their son's tiny glans, the nerve ending loss should be minimal. Perhaps surgical techniques should be modified to ensure this result in every circumcision. The glans can be bared without inflicting a lifetime of sensory deprivation. This loss adjusting would be of great 'assurance'.

Anthony

Balanitis And Medical Examinations

I came across this question and answer in Doctor Feelgood's advice column in *Scotland on Sunday*. There is certainly no reluctance on the part of this doctor to recommend circumcision.

“Q: My five-year-old son had to be prescribed cream for an infection on his penis recently, yet he bathes regularly. Why did he get this infection?”

A: This sounds like balanitis, which is an infection boys commonly get affecting the foreskin. Balanitis (not to be confused with a balalaika, which is a triangular musical instrument from Russia) often appears because the foreskin is a bit tight, so maintaining good hygiene is really important. Careful washing should be encouraged and should form part of the bathtime routine.

Any infection should always be treated promptly. A few days of applying an antibiotic cream will usually do the trick. If it recurs, and balanitis sometimes does, circumcision is often advised. This is a really straightforward little procedure for boys, and will sort out the problem.”

I was interested in the recent article about the medical inspection of schoolboys and the idea that the penis should be examined from the side to check the frenulum. I met a 19 year old English guy two years ago and he told me about his school medical in York. After an examination of his testicles and penis standing facing the doctor, he had to turn sideways while the doctor retracted his foreskin – presumably to examine the frenulum.

I remain amazed that the medical care of our young men is so patchy in the UK. Young men from abroad – from Holland to Brazil – expect genital examination during school health checks and circumcision is performed if required. Even if the foreskin is easily retractable and the frenulum does not distort the penis, such examinations provide an ideal opportunity for a short illustrated lecture on the importance of penile hygiene.

J.T. – Scotland

Conservative Treatment Of Primary Phimosis In Adolescents

[Editor's note: Several members have asked for more details about the masturbatory method of curing phimosis which I briefly referred to in my Editor's Column 'A Defect of Nature' in the last edition. Here is a shortened version of the original paper by Michel Beaugé MD, translated by Dr J. P. Warren]

Introduction

Being in charge for over ten years of the routine examination of college freshmen as part of the preventive medicine programme of the university, I diagnose a significant number of phimoses among older children and young adults. Among this male population aged 18 to 22, we have observed that nearly 10% have various degrees of tightness of the foreskin, ranging from total inability to expose the glans to a simple ring which gets stuck in the sulcus. In this report the word phimosis is used to mean the diameter of the inferior preputial ring is smaller than the diameter of the erect glans.

The conventional treatment of phimosis is surgical: circumcision which removes the foreskin, or simple plastic surgery which preserves the fold of skin but widens the orifice. For a number of reasons I have come to reject this therapeutic procedure. Instead, remodelling of the foreskin should be considered.

Masturbatory Techniques

The study of observed cases reveals that adolescent or young adult subjects suffering from phimosis have habits of masturbation different from others. Conventionally the pursuit of solitary pleasure is done with the dominant hand closed over the penis making alternate back and forth movement over the shaft, the hand going down towards the pubis, uncovering the glans which the index finger or thumb may now and then stroke lightly, reproducing the sensation of

intercourse. This exercise results in moving the penile skin in the same way as will occur in vaginal intercourse, and therefore it is a preparation for adult sexual relations.

I have established a classification of the other methods of masturbation and have often seen them among patients with phimosis.

- 1 Some boys never masturbate! We may doubt their assertions, but the tightness of their phimosis suggests their statements are correct. Ejaculation takes place during sleep (nocturnal emissions), and more rarely spontaneously while awake prompted by stimulating events, among those subjects who attach guilt to contact with the penis.
- 2 Others stroke the glans through the foreskin in the usual way, but attempt to pull the skin towards the tip of the penis instead of pulling it back toward the pubis. We find among these boys the persistence of a long tubular foreskin such as is seen in infants.
- 3 In some cases the boy rolls the penis between two palms or between one hand and another surface such as the abdomen, the thigh, a table, the edge of a chair (in particular the toilet).
- 4 Mechanical stimulation without use of the hands is perhaps found most frequently (perhaps causing less guilt). In general, the boy, flat on his face on his bed, labours as if for intercourse with the help of his pelvic musculature, and rubs his penis against the mattress, the bolster or a pillow.

The Treatment

Faced with a man suffering from phimosis, I propose:

After analysis of the patient's method of masturbation, it is necessary to explain to him the roles of masturbation during adolescence. The discussion has the advantage of removing feelings of guilt, if necessary.

Next it is advisable to instruct him on the technique that seems to be most useful, attempting thus to pull back the foreskin by exposing the tip of the glans. In fact it is only rarely possible for a boy who has developed for himself a method that leads to orgasm to replace it initially by another. Generally the new method fails to give pleasure and may even tend to impair the quality of the erection. This could explain why boys fail in their first attempts at sexual intercourse; a man who has become accustomed to rotational movements on his penis for several years will be quite unable to use this technique in the vagina. Therefore I 'prescribe' alternating a few pleasurable manipulations known to be stimulative with the remodelling manipulations. It is of course essential that the preputial opening be stretched round the circumference of the fully erect glans. This technique meets the requirements of the kinesitherapy of soft tissues, gradual stretching. In some cases I have recommended instrumental dilatation with the use of a dilator in patients who agree to this procedure, or I have advised the introduction of two fingers into the opening of the foreskin to stretch it.

It is the erect glans acting as a mould (or mandrel) which dilates (and models) the orifice. Thus the boy can progressively expand his foreskin until the diameter

is equal to that of the erect glans, allowing him subsequently to proceed to sexual intercourse without risk of paraphimosis.

During the course of this remodelling there will come a time when the foreskin is sufficiently dilated to uncover the distal part of the glans but is still too tight to go over the proximal and larger part; due to the conical shape of the glans we can then imagine that a strong enough pull might succeed in sliding the ring into the sulcus, but that the reverse movement might be impossible, causing paraphimosis during masturbation. This appears to me unlikely since the manipulation is done under the visual control of the subject who is well able to detect the degree of tension in the foreskin, unlike the situation during sexual intercourse, particularly when it occurs for the first time.

Results

I recommended this treatment for 30 to 40 boys annually and therefore have observed several hundred cases. Follow-up in preventive medicine is not usual and many were not seen again. However about half did return to report a satisfactory outcome.

In a few cases patients agreed to be photographed with the foreskin stretched on the erect glans at the start, with a second photograph taken four weeks later. These demonstrate that retraction of the foreskin was achieved as a rule within this time. I did not come across any failures, but this does not mean that they did not occur since such cases may have failed to re-attend. It should be pointed out that an attempt at conservative treatment does not prevent subsequent recourse to surgery should this prove to be necessary.

Circumcision: Did You Know?

[from the weekly column of Daniel Cullen, a non-degree student in liberal studies, in *The Daily Barometer*.]

The debate about neonatal non-religious circumcision is over. According to the *American Academy of Pediatrics (AAP)*, neonatal circumcision is the result of ignorance, bad medical practice and American social and cultural pressure. Regarding the three most commonly cited justifications for neonatal circumcision (penile cancer, venereal disease and penile hygiene), the AAP now states that the benefits are negligible, which means that the majority of American men are walking around without foreskins for no good reason. Yet, the barbaric practice shows no sign of abating, and for this reason I plan to shed some light on the cultural dark spot of circumcision.

The U.S. stands alone as the only country in the world (including developed, developing and undeveloped countries) where neonatal nonreligious circumcision is routine for physicians and their unwitting patients. In contrast, 80 percent of the planet does not practise circumcision, and since 1870 no other country has adopted it. China, Japan, Belgium, France, Germany, Switzerland, Austria, Scandinavia, Holland and Russia have never condoned the practice (except for

religious purposes), and of the other countries that do practice neonatal nonreligious circumcision (Canada, Australia and Great Britain), there has been a regimented decline in circumcisions by about 10 per cent per decade in accordance with the advice of each country's own respective medical institutions.

If we take a look at the latter group of English-speaking countries, the statistics show just how wildly disproportionate the U.S. endemic is when compared with its English speaking cousins. In the second-highest-instance countries, Australia and Canada, the amount of neonatal non-religious circumcisions is estimated to be about 30 per cent, compared to Great Britain where only 1 percent of males can expect to have their foreskins cut off before they have even acquired one-word language acquisition to be able to say "No!". In the U.S., however, the number of circumcised males is estimated to be approximately 80 percent. Only in America has medical science taken a back seat in the fight for the foreskin.

As Edward Wallerstein aptly points out in *Circumcision: The Uniquely American Medical Enigma*, "[i]n 1971 and 1975, the American Academy of Pediatrics Task Force on Circumcision declared: '...there are no valid medical indications for circumcision in the neonatal period.'" Subsequently, this decision has been endorsed by The American College of Obstetricians and Gynecologists in 1978 and by the AAP in 1999. And yet, Wallerstein highlights that "[t]he 'firm' declarations should have caused a marked drop in the United States circumcision rate. They did not." The truth is that neonatal circumcision is deeply rooted in American culture: so much so, in fact, that many American parents actually believe they are doing their sons a service, when, in only one foul slice, the dangers of penile cancer, venereal disease and bad hygiene are purportedly quashed (along with premature ejaculation, masturbation, and general ugliness). But American parents have been grossly misguided.

The AAP affirms that the majority of reported benefits by which parents justify circumcision are groundless hearsay. Notably, penile cancer might be preventable through circumcision of the foreskin, just as the potential for most diseases is eliminable by the complete removal of the vulnerable body part – I bet I could guarantee you would never contract Hotchkiss brain disease if you let me cut your head off too – but the fact is that the foreskin is an important, healthy and irreplaceable part of a child's body, and in the absence of overwhelming medical evidence proving the link between retention of the foreskin and penile cancer, the AAP has had no choice but to disregard this cultural claim.

Furthermore, as far as the argument that circumcision reduces the risk of contracting venereal diseases goes, Wallerstein crucially highlights that 'health' circumcision originated in 19th century England, where the theory emerged that masturbation was responsible for such things as asthma, hernia, gout, kidney disease, rheumatism and even alcoholism. The Victorian aversion to all acts sexual was fertile ground for genital mutilation to take root and, since the English cultural practice stormed the U.S., beliefs about the purported benefits of the practice have barely changed, while Great Britain has become a born-again circumcision virgin. Consequently, the link proposed between any disease and the foreskin is outdated fallacy – including venereal diseases. In fact, the AAP even produced a

recent report that states that circumcised men are more likely to engage in oral sex to compensate for the loss of sexual pleasure that circumcision causes, which actually increases men's chances of contracting venereal diseases.

As if that was not enough, the AAP also states that "there is little evidence to affirm the association between circumcision status and optimal penile hygiene". Consequently, parental supervision of the foreskin is a far more appropriate measure for reducing the chances of infection in a boy's penis than a radical surgical procedure, especially when the short-term effects of circumcision can include anything from changed sleeping patterns to psychological disruptions in feeding and bonding between mother and infant, profuse bleeding, subsequent infection from surgery, and even death. Moreover, the AAP recognises that circumcision causes extreme pain and trauma for infants, since circumcised infants exhibit deterioration in pain threshold as much as six months later when receiving mandatory vaccinations, while the long-term physical and psychological damage is undocumented.

In short, the idea that neonatal circumcision is the answer to all of men's ills is erroneous. Like the Jewish religious practice of circumcision, American non-religious circumcision is dependent on the acceptance of cultural beliefs, and the sad truth is that Americans hold to the norm as tenaciously as they hold to the scalpel, although they do not entirely know why because they are not being told. But American men are missing out on a world of sensation, and for what? So that the threat of penile cancer might possibly be removed, maybe. So that Victorian ignorance toward venereal disease is perpetuated, definitely. So that the possibility of penile infection is avoided by sundering one of the most sensitive parts of the male body. And so that the normal act of masturbation can be substituted for a lifetime of misspent Vaseline.

Religious circumcision is one thing, but circumcision for no good reason ... well, what is the sense of that? There is none! Removal of the foreskin is a forgivable cultural mistake, but a mistake nonetheless, and I hope that on reading these facts you will break the ghastly cycle if the choice ever becomes your own. It's about time the foreskin became sacred too.

Children In Wait For NHS Treatment

**[by Helen Puttick, Health Correspondent,
Scottish Herald, 10th April 2006]**

Children face longer waits for operations because of a massive backlog of religious circumcisions. Requests for the procedure represent one in 10 referrals to surgeons at the Royal Hospital for Sick Children in Yorkhill, Glasgow. Hundreds of infants are on a waiting list for the procedure, a rite for Jewish and Muslim families. Consultants fear it is becoming near impossible for them to deal with the workload, saying the queue of 400 would occupy a surgeon for a year.

There is also concern that, if the hospital abandoned the procedure, it would be done in the community by people without medical training. Every year Yorkhill is said to treat a handful of infants suffering complications after circumcisions which have been performed outside the hospital. Peter Raine, who retired as a general paediatric surgeon from Yorkhill hospital a week ago, said: "Most of us are a bit concerned that we are being less than totally clear about what we are doing. We are saying, 'Yes, we will put you on a waiting list', but thinking it can never be done. We are agreeing to something that we cannot see ourselves doing. That is quite serious. We might be storing up quite a lot of bad feeling there."

The issue has been brought to light due to a shake-up of the way waiting lists are managed. Religious circumcisions are one of a number of non-urgent procedures excluded from waiting time guarantees but this system is being scrapped from the end of next year. By then, the Scottish Executive expects waiting times for all procedures to be cut to 18 weeks. Mr Raine said: "There are so many of these (religious circumcision) cases that we would be perpetually dealing with those at the expense of medically driven cases. There is no alternative if circumcision cases are not given some sort of exclusion."

Surgeons based at Yorkhill have written to NHS Greater Glasgow and Clyde about the issue and are said to be frustrated at the lack of response. Mr Raine said the paediatric surgeons did not want to encourage anyone else to do the operation. He said: "We see a handful a year where the circumcision has been done outside the hospital and the child turns up with an infection or bleeding or an unsatisfactory result. There are people whose lives have been ruined by having a badly done circumcision in childhood."

Bashir Maan, Scottish representative for the Muslim Council of Britain, said: "They have got to do something to deal with the backlog. The health board should look into this. It is not the fault of the doctors. There are obviously not enough doctors there. If they had enough staff it would not have happened in the first place. I think they should encourage people to come to the medical centres and discourage people to get it done in the community because that is dangerous."

Dr Mona Saddiqui, senior lecturer in Islamic studies at Glasgow University, said she believed that medical operations should take priority. She also questioned why GPs could not perform the procedure, saying: "If you can find a GP or a practice where it is safe and you know the doctor and they are qualified to do the operation then how is that different from taking the child to hospital? In fact, it is less traumatic." Health authorities covering the Lothians, Tayside and Grampian, which also offer the procedure, indicated that they did not have significant waiting times for religious circumcisions. A spokesman for NHS Greater Glasgow and Clyde said: "This procedure is a matter of low clinical priority. However, circumcisions are still being carried out and we have increased capacity at Yorkhill to ensure any child waiting for this procedure will receive treatment by December 2006."

While members of the Jewish community believe that the procedure should be carried out shortly after birth, the Muslim community is less strict about this.

Picture Gallery



Ask The Sexpert

Dr Mahinder Watsa answers questions about foreskins and circumcision in the *Mumbai Mirror*

I am a 20-year-old boy. I experience a little pain during masturbation, when too much pre-seminal fluid gets collected at the urethral opening. But this pain is occasional. Kindly suggest a remedy.

Move your foreskin daily up and down to loosen it up enough to slide it back up to the base of the head of the penis.

I had a pea-sized growth on the area that connects the foreskin with the head of the penis. Doctors diagnosed it as a cyst and asked me not to worry, and I underwent a minor operation to remove the same. After the surgery, the pleasure that I experience during an orgasm as well as my sexual desire has reduced to almost half. What can I do about this?

The area that has been removed is where the most pleasure-nerves are. Try different positions to ascertain what will be most pleasurable. Try stroking more vigorously. I believe the sensation will improve with time.

I am a 17-year-old boy. It seems that I have an infection on my penis. The foreskin itches and some red rashes have appeared all over it. There is no burning sensation. The itching gets unbearable at night and also early in the morning. The itching had once healed when I applied Candi Derma cream on my foreskin, but now it has resurfaced. Please suggest some remedy to cure this problem completely.

Please do not try to be your own doctor. Consult a doctor who will be able to suggest a simple remedy to your problem. Meanwhile, apply the same cream.

I am a 27-year-old man. I will be getting married soon. How important is circumcision for a healthy and satisfying sexual life? I have had sex several times using a condom. I can easily pull my foreskin back. Is it necessary to have it done before having sex without condoms?

If you can easily slip your foreskin up and down over the head of the penis then you do not need a circumcision.

I am a 30-year-old man and will be marrying soon. I masturbate three to four times a week. My problem is that the veins on my penis show clearly and the skin on its tip does not stretch back beyond an inch. What should I do so that it does not affect my sex life?

You seem to be normal. Consult a doctor and he will clear all your doubts. You may need a circumcision.

Since the last one week I have been finding small, paper-like, pale yellow substance on the tip of my urethra. Initially, the deposit used to be less frequent. It does not hurt me, but the presence of these particles makes me very uncomfortable. Could

these be kidney stones? I drink three glasses of milk every day. So, could it be excess calcium?

Send some of the deposit and a morning urine sample to a pathologist and get them tested. It is possible that it is smegma – a normal secretion that deposits under the foreskin. Do you retract your foreskin and clean it daily?

I am a 35-year-old man. I had sex a year back, which resulted in cuts on my foreskin. Ever since I have developed some white spots on my foreskin, which, I suppose, is vitiligo. Even the skin does not retract like before. What should I do?

Kindly consult a doctor. It could be more than vitiligo.

I am 21-year-old boy. In one of your replies to a query in this column, you had mentioned that it is normal if the left testicle is lower than the right one. But in my case it is the reverse. Is this normal too? Also, is it necessary that the foreskin retracts while having sex? I have had sex a couple of times but my foreskin does not retract. Is there something wrong?

It is as normal to have the right testicle lower than the left and vice versa. If you are able to have sex successfully without the foreskin retracting, then that's absolutely normal too. But later a tear may occur due to vigorous stroking and that can be painful; so please consult a surgeon.

I am a 55-year-old healthy and active man. I wish to get myself circumcised. Is it harmless? If yes, from where can I get it done?

Circumcision is harmless. If correctly done, it can be very useful during sex. It also helps avoid infection if one has a tight foreskin that cannot be pulled back. It is a simple surgery that any good surgeon can perform.

I am a 20-year-old boy. My girlfriend and I recently started enjoying a good and healthy sex life. Both of us are able to enjoy as well as give each other pleasure. Earlier my foreskin could not retract at all but now it goes back completely when the penis is flaccid. However, when erect, it does not retract fully as the circumference of the skin is less than that of the penis. The foreskin is attached to the skin within. Is this why my foreskin does not completely retract? How can I make it do so? I don't want to be circumcised. Will stroking the penis hard help?

The foreskin is naturally attached at the lower base of the head of the penis. You need not worry about this till the time you experience any pain during intercourse. Do not do anything except slipping back the foreskin gently every day.

I am a 25-year-old man. My foreskin is attached to the tip of the penis and is quite tight. Do I need to undergo circumcision to have an active sex life or will it get detached on its own during intercourse? What are the disadvantages of not having it detached? I have never masturbated.

I would suggest that you consult your family doctor in this case. If you have a tight foreskin it might need a simple surgery.

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Ivan Acorn

Editorial

This edition contains reports of two circumcisions carried out by Dr Zuhair Zarifa. One was an adult revision circumcision; the other was on the 8 year old son of one of our members.

Dr Zarifa practises at the Custom House Surgery in East London (<http://www.circumcisions.co.uk>). Many parents wish their sons to be circumcised, whether for personal, social, cultural or religious reasons. Unlike so many doctors, Dr Zarifa respects such wishes. He is also sympathetic to those adult men

***NHS doctors have
virtually closed
down circumcision
as an option***

who recognise the hygienic and sexual advantages of circumcision and elect to undergo the procedure. He therefore carries out circumcisions on patients of all ages; from babies of a few days old, through to toddlers, schoolboys, teenagers and adults. What is more, his fees are reasonable, certainly compared with many cosmetic surgery clinics who charge exorbitant amounts for what is a relatively trivial operation. And all the reports of his work are good, with many satisfied customers (including our two members).

NHS doctors have virtually closed down circumcision as an option. Dr

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Zarifa is opening up choice again by bringing circumcision within the reach of the many. There are few like him in the UK. Would that there were more.

Ivan Acorn

Editor's Column

The Silent Problem

Two issues ago, my editorial concerned a defect of nature – the phimotic prepuce. My editorial this time concerns another foreskin problem – balanitis.

Phimosis is a well-recognised condition and the parameters for treatment are clear – either a conservative stretching technique, possibly with the aid of a steroid cream, or the removal of the foreskin by circumcision. Phimosis varies in severity but in all its forms it probably affects about 10% of men.

Balanitis is a condition which receives far less attention but it is more insidious than phimosis and probably affects many more men and boys at various stages in their lives. In short, it is inflammation of the foreskin, or the glans, or both. It is usually accompanied by severe itching and discomfort, and can be particularly troublesome in hot or humid conditions. Here is a typical case:

“For the last 2 weeks I somehow encountered a strange itchy rash directly underneath the head of the penis in the fold of the skin... the area gets swollen with the use of cream or antibiotic ointments...when using just a powder it shrinks the swelling, but doesn't cure the problem. There are no blisters or bumps...just inflamed and itchy skin. I first thought it might have been jock itch, but the remedies for that don't help either. I work in construction, and my whole body stays wet from sweat daily. That's why I figured it may be jock itch. There isn't any other symptom except for red, swollen, itchy foreskin.”

Balanitis has three main causes – bacterial infection, yeast infection and contact dermatitis. Because the area under the foreskin is moist and warm, environmentally it is an excellent bacterial breeding ground. A bacterial infection can result and this needs treatment with antibiotics. The other common infection is candida or thrush – a yeast related infection. Treatment is by a course of anti-fungal cream or tablets or both. Thrush can be passed during sexual intercourse so if the female partner is infected and remains untreated, the thrush can easily be passed back to and re-infect the man.

The inner foreskin, being mucosal in nature, is particularly vulnerable to contact dermatitis. Inflammation can be caused by the latex in condoms, by the chemicals in lubricants, by the perfume in soaps, by the detergent in which underclothes are washed. This is more difficult to treat. Whilst steroid creams may help, these have to be used extremely sparingly since they can thin the skin, and the skin of the glans and inner foreskin is already delicate and sensitive and therefore susceptible to damage. A cure can only be effected if the irritating agent can be identified. This requires a process of elimination which can be as difficult and time-consuming as identifying a food allergy, and can be equally unsuccessful.

How many boys and men are affected by balanitis? Any estimate is likely to be an undercount. Men are notoriously bad about seeking medical advice. How much more hesitant they are likely to be when the problem is genital. Doctors may have seen and heard it all, but it's still embarrassing to say: "My foreskin is itching" especially if the doctor is female. So it is probable that many men suffer in silence – hence the silent problem of my title. Nevertheless, it is estimated that 11% of cases seen in genito-urinary clinics are diagnosed as balanitis. If such clinics are mainly concerned with sexually transmitted diseases; if the cases of balanitis referred to the clinics are only the most persistent, with the majority being treated by the GP; and if anyway only a small proportion of men go to their GP; it can be seen that the disease is an enormous iceberg of which the men appearing in GU clinics are only a small tip.

We have to recognise the potential of the foreskin to create an unhealthy environment. In a recent report by a team from Ealing Hospital in London the presence of "sub-preputial penile wetness" was noted. The researchers studied clinical reports of 386 uncircumcised men who were free of genital lesions or discharge. Physicians who examined the men observed approximately 80 per cent of the men had a slight degree of wetness around the penis, 19 per cent were judged to be wet, and 2 per cent to be very wet. In contrast, only one of 36 circumcised men they examined had wetness.

This is why a rigorous hygiene regime is necessary for uncircumcised men and boys. An uncircumcised boy or man should be meticulous about cleanliness, retracting the foreskin at least once a day to wash thoroughly the inner foreskin and the glans. The area should then be dried completely before the foreskin is pulled forward again to cover the glans – otherwise moisture can be captured under the foreskin. For urination, it is preferable that the foreskin be fully retracted, otherwise it becomes soiled by urine and remains damp. If hygiene is neglected, then debris and smegma collect under the foreskin and this can cause a rash and irritation.

Yet how many males are even aware of this hygienic necessity, yet alone observe it. They are taught to wash and bathe by their mothers, who may not be aware of the intricacies of penile anatomy and are anyway warned against trying to retract the foreskin in early years. Full school medical examinations are a thing of the past so the foreskin remains unchecked and, in many boys, undisturbed. Such boys grow up completely ignorant of how the foreskin functions and it is sometimes a complete surprise when the foreskin withdraws for the first time, perhaps only at puberty – or even later.

For some men, balanitis is a one off occurrence or an occasional nuisance. The condition responds to improved hygiene, supplemented by treatment of the area with an antiseptic cream. But for others, however meticulous their hygiene, whatever prescriptions or palliatives they try, the condition is at best kept under control. Outbreaks are frequent or almost continuous – they have chronic balanitis. They live for long periods with unbearable itching and a red, sore foreskin and glans. For such cases, circumcision is the best answer. In the vast majority of cases, as soon as the foreskin is removed, the problem ceases. When can a case be

viewed as sufficiently severe to warrant circumcision? Two bouts in fairly frequent succession is a warning. Three bouts, even spread over a period, indicate that the foreskin is susceptible to balanitis – circumcision at this point will save an almost certain future of periodic suffering.

Of course, foreskins vary in length. Whilst in some uncircumcised men, the foreskin just covers the glans, in others there is significant overhang with a rosebud ending. A long overhang virtually guarantees that there is a closed environment under the foreskin with little opportunity for air to circulate and with all the potential for a warm damp breeding ground to be created. It is boys and men with this type of foreskin who have a high probability of suffering from chronic balanitis. For example:

“When I was born in Canada in 1958, my ‘revolutionary’ doctor decided that I would be left intact at a time when more than 90% of my peers had what I came to call ‘dinks with skin cut off’. What followed were years of chronic infection of the glans and foreskin (balanitis), the humiliation of exposing my foreskinned member to medical practitioners, and repeated trips to the pharmacist for creams and antibiotics.”



I shall immediately get letters from Acorn members telling me that their rosebud foreskin has never caused a moment's problem. Of course, many long foreskins do remain problem free but there is a high degree of risk that this will not be the case.

Is the risk sufficiently great to justify routine circumcision for babies or boys with long foreskins? At one time, doctors used to refer to a long foreskin overhang as “redundant foreskin”. This was often used as a reason when referring patients for circumcision. Whilst this is not a strict medical term, doctors from their experience probably knew that such foreskins were a potential source of problems and were better removed. Of course, it is no longer politically correct to recommend circumcision for prophylactic reasons. But then, how PC is an irritating foreskin? Another case to end with:

“I have developed an itchy and sometimes stinging foreskin. My partner and I haven't had sex for some time because of my problem. When soft my foreskin can be very itchy, and urination can have a short-lived but painful stinging effect.”

I bet he now wishes that a little snip had been arranged for him earlier in life.

Ivan Acorn

My Muslim Son – Part III

Long term *Acorn* readers may recall how I came to the decision to have my eldest Anglo-Indonesian son circumcised (*My Muslim Son* – issue 2/2003) and then went ahead with it in Jakarta in July 2003 (*My Muslim Son: Part II* – issue 1/2004) accompanied by my then wife.

The journey I took with his younger brother could not have been more different. The starting point with him was in 2005 with my village GP who seemed sympathetic to my concerns that at the age of 7 my younger son should at least be able to retract his foreskin a little, and therefore referred us to Mr Martyn Williams, a paediatric urologist at Addenbrooke's hospital, Cambridge. It became so very clear that this NHS urologist only wanted to know if there was any ballooning on urination to which my son said "No", and remarked that the foreskin would be retractable through masturbation by the time he needed it for sexual intercourse. If I had still wanted him circumcised, it would have to be done privately, and he would have done it for about £1000 by general anaesthetic!

Undeterred by the discouraging but predictable response from the NHS, I deliberated and checked that I still had my ex-wife's consent (her view has never changed; all Muslim boys are routinely circumcised in Indonesia). Finally, I made the decision to go ahead on the grounds of conformity (his grandpa, dad and brother are cut) and because there was no way of being able to clean under his foreskin without causing discomfort. I felt that at the age of 8 it was the right moment and the start of the summer holidays the best time.

Through the recommendation of *Acorn* member Douglas, I made contact with Dr Zuhair Zarifa, a Palestinian Christian of Custom House Surgery in London's Docklands. Along with my two sons, we arranged our appointment for Monday 24th July at 1 pm, when the surgery was closed for NHS but open for private procedures. Apparently there were to be three other circumcisions that lunch hour; two boys of Bangladeshi parentage and an African baby so the pace in the waiting room was brisk. Having signed the consent form, paid £240, gone through a leaflet entitled *Circumcision Aftercare Instructions: Babies and Boys*, with the Office Manager stressing the need to remove the dressing within 24 hours, and given a tube of anti-bacterial powder called Cicarin to apply lightly after the first bath, we were finally ushered into Dr Zarifa's room by the practice nurse, Ms Pat Monroe.

The big moment had arrived for my youngest son. Shaking like a leaf, he was asked to lie on the awaiting couch and strip below the belt. The good doctor breezed in, asked why my son was going to be circumcised and proceeded to tell my son that there would be a sharp scratch and then he would feel nothing. I could see that he was well used to nervous, jumpy children and my son was quickly seduced by a small bag of sweets. The doctor asked him if he wanted me to hold him, so during the whole operation I embraced him whilst my other son looked on. The operation went smoothly despite my son's initial screams at the injection and his wish to watch his bloody member being reshaped. Dr Zarifa used a freehand technique, cauterizing the bleeding from the wound as necessary.

After a night without having to administer painkillers, the following morning saw me guiding him gently into a warm slightly salted bath at my flat where the aim was to allow the dressing to soak for a long time before removal. It was at this point my son showed his desire to be in control and I proudly watched him gradually and gently lift it off, an experience which all *Acorn* roundheads will know is unpleasant.

Two months on all has gone well. During the healing there was only one occasion when there were a few spots of blood around a suture. There is complete exposure when flaccid, a ring of inner skin behind the glans and apparently the frenulum was cut. And the reaction of my son? Throughout our post-operative holiday he constantly examined himself. In the showers of our local swimming pool he confidently washes naked with me, flaunting his knob without a care unlike his shyer brother. At school he tells me a classmate asked why his willy skin had been chopped off: and his reaction: "It's none of your business!"

H.F. – Cambridge

[Editor's note: The author has provided a copy of the leaflet *Circumcision Aftercare Instructions: Babies and Boys*. If anyone wishes to receive a copy, please contact me.]

My Re-circumcision

Monday 21st August 2006

The day I had been waiting for had arrived. I made arrangements to meet Vernon Quaintance over the internet. He kindly volunteered to escort me from Euston to Custom House. The journey took under one hour.

I entered reception and stated that I had an appointment with Dr Zuhair Zarifa. From there, we were directed upstairs and waited for Sylvia Nicholas. She took my particulars and payment for the procedure, after which she gave me a phial of Cicatrin powder, with instructions on when to apply.

Shortly afterwards, I shook hands with Dr Zarifa and sister Pat. Vernon asked if he could watch the procedure, I said yes. We waited a little longer, then I was ushered into Dr Zarifa's office for the consultation. I told him my reason for requiring a re-circ. He examined me and drew a diagram of my penis with an explanation of the procedure. I was then asked if I wanted to continue – I said yes and signed the consent form.

From there we immediately crossed to the surgery, where I was introduced to Pat again. I slipped off my shoes, socks and briefs. I lay back on the bed, lifted my shirt and waited for Dr Zarifa to commence. Dr Zarifa cleaned and disinfected (if that is the correct term) the appropriate area. He then administered local anaesthetics and after a short period my re-circ began. I lay back with my hands at the back of my head while Vernon watched my circumcision.

There was nothing to worry about, Dr Zarifa diligently setting about his business. Even the smell of cauterised skin did not bother me. In no time at all, Sister Pat

was assisting. Later, bandages were applied, Sister gave me a pad to place in front of my penis for extra protection. Dr Zarifa advised wearing tight briefs for support. I was then advised to rest a while, he gave me 500ml of water and told me to drink plenty. After about ten minutes we left with handshakes and best wishes. I thanked Sister Pat for her role in my re-circ. Vernon and I went for a meal across the way, then back to Euston to say farewell.

Saturday 30th September 2006

It is now five weeks since my recirc. My penis is healing well, although the shaft is a little swollen especially underneath where the frenulum was removed. The overall result looks good and I would recommend Dr Zarifa to any boy or man requiring circumcision.

During my circumcision, I commented that the number of men being circumcised for whatever reason could start a fashion trend. Obviously he saw nothing wrong with that. If the information and comment provided by the internet is anything to go by, then I would deduce that circumcision is practised now more than ever before. Men don't seem embarrassed by the subject as they used to be when I was first done. Perhaps organisations such as the *Acorn Society* can take some credit for that. Having regard for what I have just said, I am very aware of organisations opposed to male circumcision and they are entitled to protest – however, I am glad that I don't possess a foreskin.

Robert – Manchester

Nudity And Circumcision

One of the recent and excellent newsletters raised the subject of, and solicited comment about, nudity and circumcision, and the apparent sensitivity of some gents who are not circumcised and their awkwardness over their undressed bodies. It is quite noticeable here in the USA where most men are circumcised, especially in more affluent communities. I laugh at the comments of those who say that in all their travels they have never seen an uncircumcised man in USA locker rooms or shower rooms; certainly these gents are not seen because they avoid being seen. I was not circumcised until I was 30 years old and know what it is like to be in situations where almost everyone is circumcised. In the US Army I was one of the few uncircumcised guys in my unit. I was very embarrassed when I was put in a Military physician's circle and the physician made us form a circle of perhaps 20 to 30 guys. My group were almost all African Americans and there I was the only guy with a foreskin. While minority men were more likely uncircumcised, a minority among the minority guys were circumcised in the Army while overseas but I never sought the operation when in service. Wish I had!

While in the service, I arranged to shower later at night when there weren't so many people using the showers. I had what is known as a redundant foreskin and in the USA it is easily noticeable among the roundheads. It is so rare and odd looking that stares are possible and one Jewish guy went ballistic seeing what he obviously had never seen before and shouted about my difference. Over the years, I learned to suffer in silence and make huge efforts to avoid scrutiny.

So, with that as a background and as a fitness swimmer for the last 30 years, I definitely notice the discomfort of the uncircumcised. They make huge efforts to either avoid the shower room or to even shower with their swimsuit on and then carefully hide in some corner to dress. I generally try to engage them in conversation to comfort them as I wish others had comforted me in my embarrassment so long ago. No words are passed about the other's difference; it is the weather etc. which is discussed out of courtesy to those who are uncomfortable.

But in perhaps the last few years, a big change is very apparent. As I finish in the locker room, a group of young boy swimmers will sometimes arrive and curiously all dress under huge beach towels. For me, it is a reflection on what I would have done had the culture allowed back then. It called more attention to oneself than if you simply moved fast and perhaps went unnoticed. (Redundant foreskins cannot be kept retracted back successfully.)

I would love to know the beginnings of this practice. But asking why would not be cool, so I simply notice the change. I suspect it is caused by the feminist movement which has lumped together female and male circumcision and brought about the feminization of the American male, with perhaps some well meaning mom dictating even how boys should avoid being seen. Perhaps some of these young uncircumcised guys commented to mom about their embarrassment and thus a regulation is born. It is a creepy feeling to be around people who dress thus and the practice is now spreading to some of the young adult swimmers.

On the subject in general, I was surprised to see a men's magazine, *GQ*, advocating that good manners dictate that guys use a towel wrap in the locker room. Feminization again. The male body need not be hidden among other males in my view. When vacationing this year, I found it so odd to see all the men in huge swim suits which of course hamper swimming and the young women in bikinis revealing their entire bodies. Sometimes, I purposely wear the briefest of swim suits to my workout just to force the debate about changing of standards for men and women. When some fool mentions my suit, I generally say that if the gals can show their bodies, why can't I?

One of the swimmers who is uncircumcised will not use the locker room and I am sure there are others who also handle their embarrassment by going home to shower. When I noticed my difference in Kindergarten, my mother told me to not let the other boys see. Hide!!! By the way, I once frequented a large public pool where many Europeans and their children would use the locker room. Dads let their little girls move around in the men's shower room a lot more than Americans like. It would be nice if their attitudes toward nudity were more prevalent here. Then, again, there isn't a lot of difference among their men. Well, I avoided being noticed as the odd man out for many years and hope that no one I know has to suffer such discomfort.

Don't believe that circumcision is on the wane here, it is still about 85% in affluent California suburbs. The large influx of Mexicans and Central Americans whose cultures have not yet adopted circumcision affects statistics much as in affluent London areas. There is even a trend among that group in SF General where one in three boys is circumcised even though their parents are immigrants

from Mexico, etc. Eventually, everyone assimilates and wants their boys to be comfortable in their adopted culture. Anti-circ people try to prevent the poor from being circumcised here by excepting the practice from state and federal medical coverage. I hope they are forgiven their stupidity.

A Native Californian

Swimming

In the last edition, the editor questioned whether circumcised men were really more confident about appearing naked or whether it was all a matter of locker room culture. In my opinion, it's the culture that's most important.

At the school I went to, a minor public school, in the fifties, you weren't allowed any inhibitions. There were no partitions between the showers or the urinals; there weren't even doors on the toilet cubicles, although that might have had more to do with discouraging smoking and sexual dalliances. But it was swimming which set the culture in stone. Unless it was a gala, with outside visitors, no-one was allowed to wear swimming costumes. This applied to masters as well as boys and the games masters who took the swimming periods were probably the first men I had seen properly naked. They were circumcised to a man. They would have been born in the twenties or thirties and no doubt their middle class parents enthusiastically agreed to the doctor's recommendation to have their foreskins snipped. Certainly from then on, I associated the cut penis with manliness and virility.

I can remember the first swimming period when all the boys were lined naked along the edge of the swimming pool, with hands clasped over their genitals. The first order from the (naked) master was: "Everyone put your hands on your head." Of course, this meant uncovering ourselves. "Now," said the master, "just look around at everyone else." We did this shyly and blushing. "What you will have seen" said the master "is that everyone is the same. Everyone has private parts just like you and so there is no reason for you to hide yours. So, no more covering with hands or towels. Just forget that you are naked. Then everyone else will forget you are naked and you will forget everyone else is naked." Of course, this statement was incorrect on at least two counts. Everyone was not the same – some endowments were larger than others, even if none were yet of adult size; some had the start of pubic hair; and most importantly for me over the coming years, some were covered in foreskin and some had knobs exposed.

But the regime at the school certainly meant that you learnt not to have inhibitions about being naked and this has lasted all my life. Whether in locker room or doctor's surgery, the thought of other men seeing my tackle has never given me a moment's concern. Of course, I expect that nude swimming has long since ceased even in the few all boys schools that remain. I am sure that helps explain the timidity of many of today's youth about being seen in the buff. More's the pity, I say. Your naked body is something to be proud of, even if you still have the disadvantage of a foreskin covering.

Mark – Monmouth

Well Circumcised

No doubting the status of the four men featured in our photo gallery this issue. All display the bared glans which is the sign of a good circumcision.



Is Circumcision The Right Decision?

[By Aly Murphy and Elena Gaudino, *The Daily Campus*,
University of Connecticut]

If you are interested in hopping into bed with an exotic stranger from abroad, be prepared for a certain party flavor that most males on campus do without. And though accents are a lovely flavor, it's the foreskin that makes most of these Europeans different from American males. Foreskin is the attachment of skin that covers the head of a penis in uncircumcised males. Though many of us, United States and Canadian citizens, think of uncircumcised males as an ancient breed, there's been a growing trend, even in the United States, to avoid the cut and to embrace nature.

According to *cirp.org*, male circumcision is the most common surgery in the United States. However, the popularity of undergoing the snipping procedure has been on the decline since 2000. The rate of circumcised males has seen a significant change starting from the national average of 95 per cent decades ago, to the fluctuating per centage in the 1980s in the North Central region of the United States and 70 per cent in the Northeast region in the 1990s, down to the present day statistics of 77 per cent in the North Central region and 64 per cent in the Northeast region. The most startling statistics derive from the Western region of the United States that boasts a low 31 per cent of circumcised males. These dropping statistics can be attributed to the growing resentment against unnecessary surgery to newborns.

Though male circumcision started up as a cultural tradition, it's now progressed to not only a social standard for some, but a hygienic procedure as well. And though the sensitivity that comes along with uncut members appeals to certain crowds, some factors dealing with an uncircumcised penis can leave others heading for the mountains. For instance, according to University of Columbia's sexual education web site, the cocoon of space between the foreskin and penis can create a breeding ground for bacterial growth as dead skin cells and secretions from small subcutaneous glands (formally known as 'smegma') can easily get stuck there. This creates the perfect recipe for various infections and can even promote yeast infections in males. Therefore, uncircumcised penises require a bit more hygienic attention when it comes to penis up-keep.

However, foreskin, according to *net.indra.com*, isn't just a useless flap of skin over the head of a penis, which is what a majority of the population who haven't seen or dealt with an uncircumcised penis believes. In fact, the foreskin is anything but useless – at least when it comes to sexual pleasure. The web site states that the foreskin is an extremely sensitive continuation of skin that covers the shaft of the penis. It's not only praised as a protector of the head and natural lubricant for friction, but also a tool to create a more delightful sexual experience for the male as foreskin is filled with nerve endings called stretch receptors that are set off when stretched, rolled or massaged.

According to the same site, circumcision actually hinders the sexual experience for men since, without the protection of the foreskin, the mucus membrane of

the head thickens where the nerve endings are, therefore desensitizing the head. Another minus attributed to circumcision is the partial or full removal of frenulum, a Y-shaped web of skin on the underbelly of the penis – the most sensitive part.

So what's the big deal when it comes down to sex when it comes down to the question of cut or uncut in males? While some may have heard the rumor that uncircumcised males can actually enhance sexual pleasure in females, according to *cirp.org* the opinion or difference still remains a mystery. "To date no study has investigated whether this dramatic alteration in the male genitalia affects the sexual pleasure experienced by the female partner or whether a woman can physically discern the difference between a penis with a foreskin. The impact that male circumcision has on the overall sexual experience for either partner is unknown," according to *cirp.org*. Christina Bainton, a 5th-semester English and broadcasting major and official UConn Sexpert, also said there is no major technical difference when it comes to their partner, but can be handy for the male himself. "To be circumcised or not to be... it really doesn't matter," Bainton said. "In the long run, they are exactly the same. Their partner will not feel a major difference while the men that are uncircumcised will have more sensitivity, which will increase pleasure. This doesn't mean that circumcised penises don't feel anything. The package is the same, it's just wrapped differently."

You Are Not Alone

I thought members might like to know about a lesson in foreskin hygiene which features in a 1979 Danish film called *You Are Not Alone*, recently issued on DVD in the USA. It's a very dated-looking drama about the close friendship between a 14 year old boy at a Danish boarding school and the 11 year old headmaster's son – played by Anders Agenso and Peter Bjerg respectively.

In one scene, the two boys – who are both uncircumcised – have a shower together, and the older boy asks the younger boy if he washes his penis, adding "I mean... under the foreskin and everything". The younger boy replies: "Do we have to?", to which the older boy replies: "Yes, otherwise we smell bad".

That section of dialogue has no relevance to the plot, so it seems likely to have been incorporated merely as a lesson in genital hygiene for Danish boys.

The DVD is available from www.amazon.com and other US online mail order companies.

D.C. – Middlesex

Doubtful Ethics?

In his column in issue 3/2006, the editor, in writing about a correct masturbatory technique to stretch the foreskin, used the phrase: "Setting aside the doubtful ethics of training pubescent boys in such matters". Why "doubtful ethics"? Surely such matters should be part of a normal sex education course, something we are very bad at in this country given our rate of STDs and teenage pregnancy.

Last week a close friend dropped in to show me a message on his mobile. His prostate cancer is being closely monitored in case he should need surgery. The message was from his 24 year old niece in Australia and said "Please masturbate often. It will be good for your health." I don't know whether this is good advice or not, but certainly regular exercise won't do him any harm. I don't know his habits, and don't feel I can ask a 67 year old married man about this. As we swim together I know that he is very thoroughly circumcised so maybe a few tactful questions and a few tactful hints will not come amiss.

But well done the niece, and may we have better sex education in this country.

J.G. – Surrey

I Was Scared But I'm Proud

[From *The Electric New Paper*: 6th June 2006]

Asyraf Danial Abdul Latiff, 5, was thinking of just one thing – a new bicycle. That was the reward promised to him by his father for undergoing circumcision, the traditional rite of passage for Muslim boys. Asyraf attended a mass circumcision ceremony together with 13 other boys at the Al-Iman Mosque in Bukit Panjang yesterday. "He cried during the half-hour operation," said his father, Mr Latiff Razali, 45.

Mr Latiff said he will keep his promise and reward his son. "He was very eager to go through it after his cousin received many presents after being circumcised last year," said his mother, Madam Adhimah Abdul Rahman, 43. Circumcision is the surgical removal of the foreskin – the flap of skin that covers the tip of the penis. Muslims consider it desirable, as it preserves cleanliness.

The boys, aged five to 13, were decked out in their finest clothes and treated like royalty for the day. Before undergoing the operation, they took part in a procession around the mosque accompanied by a group of kompong (traditional hand drum) boys. After witnessing a silat (Malay martial arts) performance, a short prayer was said for them before they were led to a room to be circumcised by a Muslim doctor. While waiting for their turn, most of the boys did not seem to fully comprehend what they were about to undergo. Most of them were relaxed and fooled around with each other.

Each boy was given a certificate and there was food for about 100 friends and relatives who attended the event. Their parents had signed them up for the ceremony after word spread that the mosque was holding the ceremony for the first time. One of them, Mohd Naquiddin Mohd Wahid, 11, said: "I ate a lot of fried chicken yesterday because my mother said I wouldn't be able to eat it for a while or I won't heal properly." The oldest participant, Muhd Effendy Moktar, 13, was the first to go under the knife. He screamed in pain even though he had been anaesthetised. It was the most painful experience he had been through, he said later. "I was a bit scared, but I'm proud that I went through it," he said.

His younger brother, Muhd Raihan, 11, who was next, cried after the operation. According to his grandfather, Mr Hamzah Yusof, the anaesthetic numbs the area but they can still feel some pain. He was in the operating room with his grandchildren. Said Mr Hamzah: "They were a little tense. But I talked to them and held their hands to calm them down. I'm very relieved and happy for them." The boys will have to wear a loose sarong for a week.

The mosque's secretary, Mr Jamari Mohtar, said circumcision is a symbolic transition from boyhood to adolescence. But nowadays, most families hold the ceremony on a smaller scale – either at home or by taking their children to clinics and hospitals. Said Mr Jamari: "Some parents find it's neater and more convenient to have it done in hospitals or clinics, but then they miss the cultural aspect." He said the mosque wanted to recreate the festive spirit that used to mark the ceremony back in the kampung days.

Precision Circumcisions

[Article by Marc Abrahams, *Guardian*, 25th October 2005]

Bryan B Fuller is the world's top expert on skin colour in human foreskins.

Professor Fuller's foreskin research is based at the University of Oklahoma, where he is an associate professor of biochemistry and molecular biology. A research paper he co-authored with four colleagues in 1990 is the most-cited study on the topic. The paper, "The Relationship Between Tyrosinase Activity and Skin Color in Human Foreskins", appeared in the *Journal of Investigative Dermatology*. It makes lively reading. The scientists pre-select their foreskins on the basis of race. The paper explains that "The race of the child was determined from the race of both parents. Foreskins were only used from children whose parents were either racially Caucasian or black. No foreskins from racially mixed marriages were used."

The Fuller process of preparing and utilising a foreskin is complex. Seen from the point of view of a foreskin, this is a many-stage adventure. First, the foreskin is surgically removed from its birthplace. Then it is placed on a gauze pad that has been saturated with a fluid called "Hank's balanced salt solution". It is then trimmed and sliced into five-square-millimetre chunks. Then each chunk is homogenised three times. It is then sonicated three times. (You may not be familiar with sonication. Sonication, in the words of the Hielscher company, which makes sonicators, is "a very effective method for the mixing, homogenising, emulsifying, dispersing, disintegration, and degassing of liquids by means of ultrasonic cavitation".) The foreskin bits are then frozen, centrifuged, and sonicated once more. By this time, the foreskin has been through a lot. But the adventure is really just beginning. Now, at last, the foreskin bits get analysed, but that is a story for another time.

Fuller's patent (US 5589161) for using foreskins to test skin-tanning solutions is the *ne plus ultra* on how to use foreskins to test skin-tanning solutions. One of his main aims, his website informs us, is "to develop skincare products that can

stimulate melanin production (tanning) in fair-skinned individuals”. Five of his 11 foreskin-related patents, though, are about how to make skin become lighter. The newest, called “Method for Causing Skin Lightening”, features a 1,300-word exposition about foreskins.

Scientists of an earlier generation fondly recall D.A. Pious and R.N. Hamburger’s study of 50 cultures of human foreskin cells, published in 1964. Pious and Hamburger, however, had little to say about the colour of the foreskins. And of earlier times, there is little on the record. Most disappointing is the fact that foreskin colour is not mentioned at all in Frederick M. Hodges’s instant-classic of a report on “The Ideal Prepuce in Ancient Greece and Rome”, which was published in 2001 in the *Bulletin of the History of Medicine*. A Fuller account is wanted.

Baby Needs Recircumcision

[Article by Chain Klir in *ynet news.com*]

Eighteen months after A’s circumcision ceremony, his parents had to have their son re-circumcised under anesthesia after the first mohel “didn’t cut off enough.” The parents sued the first mohel, and won NIS 45,000 in damages.

‘A’ was born in springtime. Eight days later, in keeping with one Jewish custom observed by nearly all Israelis, he was circumcised by mohel (ritual circumciser) Rabbi Shalom Ma’atuf. But when the boy was two-and-a-half months old, his mother noticed his penis seemed uncircumcised. The frightened mother called Ma’atuf and asked him to examine the baby, but Ma’atuf never appeared. “Be patient, things will work out themselves over time,” he told the mother.

At seven months, she called Ma’atuf again and expressed her concern. “Is the boy chubby?” asked Ma’atuf. The mother confirmed that was the case, and was told once again not to worry. “Once he loses some of the ‘baby fat’ you will see he is circumcised. Eventually, your kid will be normal,” assured Ma’atuf. The scene repeated itself several more times, but Ma’atuf refused to examine the boy, maintaining that things would “work out”.

Fears confirmed

When the boy was a year-and-a-half old, his mother finally took him to a urologist, who confirmed her worst fear: the boy was not circumcised properly, and his foreskin was almost completely intact. Dr. Kessler then proceeded to circumcise the boy under full anesthesia. The parents say the surgery put the family through a terrible ordeal. “From a pleasant and smiley baby, our son became a frightened boy, often in pain, and constantly subject to anxiety attacks. We couldn’t do anything about it,” they told Justice Dalia Ganot of the Rishon Lezion Magistrates Court.

Conflicting opinions

Justice Ganot said the relevant issue was whether or not the boy required corrective surgery. This is where opinions differed. Dr. Kessler, an expert witness for the plaintiffs, claimed that there was excess foreskin, a condition that can

only be treated by surgery and not “over time”. But Dr. Atias, an expert witness for the mohel, disagreed. In his opinion, the boy suffered from “hidden penis phenomenon”, a condition that would have corrected itself as the boy grew up.

Kessler said it was possible to determine that there was excess foreskin by pulling the skin back, towards the penis’s shaft. But Atias claimed such an examination can only be done while the penis is erect, and therefore it was not possible to make that determination.

Heavy fine

After reviewing photographs of the boy’s penis taken before the surgery, the judge awarded the boy NIS 45,000 in damages for emotional distress, and said the boy should be compensated for all future expenses – psychological therapy, increased diaper usage, medical treatments, etc. “Even to the untrained eye, there is no doubt the penis was abnormal, and that it does seem uncircumcised (from the photos),” said Ganot. “Moreover, while Dr. Kessler is a surgeon specialising in child urology, Dr. Atias is a gynecologist that operates on women. What does a women’s doctor know about penises? We live in a Jewish state, where the majority of citizens – both Jews and Muslims – circumcise their sons. Had the boy grown up with a penis that seemed uncircumcised, he would have been considerably different from his friends. There is no telling what psychological impact that would have on his character and personality.”

Siriraj Hospital Names Songkhla Doctor As The ‘Finest’

[from a report by Arthit Khwankhom in *The Nation*, Bangkok]

A doctor who dedicated his life to improving health care in his hometown, the predominantly Muslim district of Thepha in Songkhla, has been named finest rural doctor of the year by the prestigious Siriraj Hospital, the nation’s oldest school of medicine.

One of Dr Suwat Wiriyaongsakij’s remarkable successes came from his integration of modern medicine and religious practices. “Penis infections and bleeding were common among Muslims because circumcisions were not being carried out properly”, said the 41-year-old director of Thepha community hospital. A Muslim must carry out the circumcision, although often no one within a community had the skills to carry out that most delicate of operations. He said some people were also not concerned about the medical problems that arose from badly performed circumcisions.

In response, Suwat organised mass annual circumcision rites, encouraging the community to come to the ceremony where he gathered qualified Islamic medics to provide proper circumcisions. The doctor also trained Islamic nurses in the procedure and the number of circumcision bleedings and infections was reduced dramatically.

ACORN

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N° 6 2006
Editor
Ivan Acorn

Editorial

Merry Christmas! I hope that this newsletter will provide some interesting and stimulating reading over the Festive Season. Unfortunately, also enclosed is an equally seasonal but less welcome gift – your membership renewal form. I do hope that you will have enjoyed membership sufficiently over the past year to make renewal a no-brainer. Get your cheque book out now!

In this edition, a former member of *Acorn* challenges the Society to become active in promoting male circumcision, including routine infant circumcision. In other words, do we want to talk or act? I would be interested in your views which I will print next time. On the subject of RIC, I reprint an article by *The Times* Doctor which, unusually for a UK medic, comes out heavily in favour of circumcision. But, in another column in *The Times*, a doctor colleague puts a contrary view – leave the foreskin alone! And in another contribution, an American mother bewails having been talked into having her twin baby boys circumcised twenty years before. But what do her sons think now – we aren't told.

In other words, the debate rages on – which is what this newsletter is all about.

Ivan Acorn

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Just what is the purpose of circumcision?

What is the purpose of the circumcision operation? This may seem an odd question to ask about a procedure which has been in existence for thousands of years. Nevertheless, there are in fact two distinct and separate reasons for performing circumcision. Some classes of circumcision are undertaken to remove the foreskin; there is a completely different set of classes where circumcision is undertaken to expose the glans. The fact that each is a by-product of the other does not alter the fact that the two purposes are very different in motivation.

Let us first consider those circumcisions whose main purpose is to remove the foreskin. Falling primarily into this group are circumcisions carried out for medical reasons – phimosis, balanitis, frenulum breve. In such cases, the foreskin is defective in some respect – the opening is too small to allow retraction, there is a propensity to irritation or bacterial infection, the frenulum is so short that it causes pain and threatens rupture. The offending piece of skin is surgically removed and the problem is solved. The fact that the glans is thereby exposed is purely a by-product of the operation. In fact, some surgeons adapt the surgical procedure to retain as much foreskin as possible. The dorsal slit is an example, where phimosis is cured by making an incision in the foreskin from the tip roughly to the glans and then suturing the two sides of the incision separately. This leaves the foreskin in two flaps to cover the glans. Frenulum breve is sometimes dealt with by frenoplasty, a technique whereby the frenulum is lengthened rather than it and the foreskin being excised.

Also into this category fall circumcisions carried out for prophylactic reasons, usually in infancy. Prophylactic circumcision first became popular in Victorian times when it was seen as a cure for, amongst other things, masturbation and epilepsy. Nowadays, apart from religious reasons which are considered below, routine infant circumcisions are usually carried out “to save trouble later”. If the foreskin is removed, the boy is future proofed against all the normal foreskin ailments listed above. The boy also gains some protection against sexually transmitted diseases. It is well documented that circumcised men are less prone to such diseases as syphilis and gonorrhoea. Now there is increasingly overwhelming evidence that circumcision provides some protection against the HIV virus. The inner foreskin contains large numbers of Langerhans cells which are particularly susceptible to outside agents. The removal of the foreskin and hence the vulnerable area decreases the penetrative powers of the virus. For the full benefit, of course, a low circumcision removing virtually all the inner foreskin is optimal.

In all the above cases, the removal of the foreskin is the sole motivation and the resulting exposure of the glans is an inevitable but not sought after by-product.

There is however another class of circumcisions where denudation of the glans is the primary purpose. First consider the Jewish people. It was a commandment from Yahweh to Abram that he and all the men folk of his tribe should be circumcised of the flesh of the foreskin. The purpose of the ritual was to expose the glans of the penis and thereby give all males a mark which would distinguish them from

all other males. This was a sign of the covenant between Yahweh and the Jewish people. This covenant continues to today and even in families where most Jewish rituals have fallen into abeyance, circumcision of baby boys on the eighth day of life is still observed. Indeed, there are sometimes anguished accounts of Jewish men who have married non-Jews but are still desperate that their sons should be circumcised, often in the face of resistance from their wives. Of course, to be effective, the sign of the covenant must be apparent. There are therefore rules of procedure for a Jewish circumcision to ensure that the glans is fully exposed. Indeed, at one stage in their history, there was concern that some Jews were stretching the remnants of their foreskins to appear non-Jewish so that they could, for instance, appear naked in the Baths or Greek games. To eliminate such possibilities, a more radical form of circumcision was introduced whereby the inner foreskin was stripped away as part of the ritual.

In times of persecution for the Jews, circumcision has provided proof of identity and has effectively signed the person's death warrant. Nevertheless, circumcision has continued and where, as in the old Soviet Union, the practice was suppressed and forbidden, as soon as freedom came or the men emigrated, they immediately arranged for the circumcision of themselves and their sons.

Whilst Islam does not demand circumcision, it is a tradition which most Muslim males observe in honour of the Prophet. The age at which boys are cut varies from country to country and can be at any time from birth up to puberty. Again the circumcision is symbolic in nature and this demands the demonstrable sign that circumcision has taken place. Hence it is the exposed glans that is again of paramount importance. In many African tribes, circumcision is carried out as a rite of puberty as the boy crosses into manhood. The ceremony itself is an ordeal which the boy must endure stoically. The resulting naked glans is a powerful symbol of the new man's virility, signifying that the penis is stripped for action and fully capable of fulfilling its new sexual function.

Such puberty rites are not just ceremonial. They are carried out in recognition of the benefits to sexual function which denudation of the glans conveys. There are three main benefits. First, the glans in its covered state is hyper-sensitive. This is a consequence of the evolutionary process. The original purpose of intercourse was to fertilise the woman. Therefore, as the penis entered the vagina, it was advantageous for orgasm and ejaculation to be triggered immediately. The glans was designed in its super-sensitive state to achieve this. Nowadays, conception is the objective in only a minority of sexual couplings – pure pleasure is more often the reason. Prolongation of the process is therefore advantageous and some diminution of the hair-trigger reaction of the glans desirable. This is where dehooding the glans can be beneficial. The permanent exposure results in keratinisation of the skin of the glans – the glans becomes accustomed to contact with clothes and does not therefore react so uncontrollably in a sexual situation. However, the man does not sacrifice any pleasure – research has shown that the ultimate sensitivity of the glans and the intensity of the male orgasm is unaffected by circumcision. It is rather like the contact lens process. The eye of a contact lens wearer accommodates to the presence of the lens; this does not mean that the eyeball is any less sensitive.

The second benefit sexually occurs in intercourse. The whole surface of the glans of the circumcised penis is fully exposed to stimulation – in particular the very sensitive rim of the corona and the V-shaped sulcus (especially if the frenulum has been removed). In the uncircumcised man, these areas can become covered by the foreskin on the retraction stroke (the man is partially withdrawing into his foreskin) and thus the stimulus to the coronal ridge is less. The third benefit is the aid to conception where this is desired. The fact that the urethral opening is entirely unobstructed by foreskin means that the semen is ejaculated as far as possible into the woman's vagina without hindrance. With an uncircumcised man, there is the possibility of at least some of the ejaculate being caught in the foreskin.

A further purpose in exposing the glans is aesthetic. Many men and women prefer the appearance of the penis when the foreskin has been completely removed and the glans stands proud and bare. With the glans permanently stripped apparently ready for action, the sexuality and the virility of the male is excitingly on display. This has been compared favourably with the uncircumcised penis where, especially when the foreskin is long, the appearance of the flaccid penis can be almost prepubescent.

The two distinct purposes of circumcision are probably not recognised by surgeons, especially in the UK. They circumcise predominantly to cure medical defects. The removal of sufficient foreskin to cure the immediate problem is the purpose of surgery. This means that they are usually conservative and remove as little foreskin consonant with their primary objective. This leads to loose circumcisions, sometimes with sufficient foreskin remaining to cover the corona. For those undergoing circumcision mainly to gain the benefits of a permanently exposed glans, this can lead to disappointment. Such an aim is only achieved by removing sufficient foreskin (and probably the frenulum) to result in a tight cut. Such radical circumcisions are foreign to most UK surgeons.

But of course this discussion is essentially artificial since a circumcision performed to remove the foreskin automatically confers the benefits of an exposed glans, and vice versa. In this respect, circumcision comes as a two-for-the-price-of-one offer – lose your foreskin and gain the advantages of a denuded glans; expose your glans and dispense with all future foreskin problems. So it's a bonus package and a cut price offer on which there is no time limit. But this is no reason for delay – with the dual benefits that circumcision brings, why hesitate?

Ivan Acorn

The Direction Of The *Acorn Society*

Members may recall that, two years ago, I no longer felt that the *Acorn Society* was going in the direction I wished it to take and so, with much reluctance after some 10 years of membership, I resigned. The Editor was kind enough to print my Letter of Resignation at that time (issue 3/2004).

Moving on a couple of years to October 2006 I have just been visited by my very good friend and *Acorn* member R.W. – Surrey who, like me, is extremely

pro-circumcision and who introduced me to the Group all those years ago. R.W. brought with him a number of date-stamped envelopes each containing a year's worth of past *Acorn* magazines so that I could catch up on my reading matter and see what I had missed!

I have to say that, while some of the members' articles were of interest – plus the increasing numbers of extracts from the Internet – in my opinion by far the best written and most interesting articles were from the Editor. Indeed, without exception, on concluding the reading of his foreword and especially his page two and three missives where he deals with related topics in some detail, I was left stimulated by his well researched works which were very interestingly constructed, with excellent use of words, grammar and punctuation.

In particular I enjoyed the leading article in issue 3/2005 which dealt with the very positive effects of circumcision on the reduction of the transmission of HIV. Again the article was very well researched and I found it extremely interesting. Then, to my utter horror, I turned to the following issue to discover that both the Editor and his article had been annihilated by *Acorn's* past leader, David, who until then I had always respected for his apparently unbiased views on circumcision. So incensed was he that he 'publicly' resigned over the article the Editor had so skillfully written – and all praise to the Editor for publishing such condemnation! Surely this is all a bit extreme of uncut David ... or maybe he was just looking for a reason to resign from the organisation? Perhaps *Acorn* had become too pro-circ for his liking?

It has been frequently commented that the majority of *Acorn* members are circumcised – or wish to be – and, as I read in *Acorn*, with fewer active members at meetings and a generally falling membership (as David acknowledged), the time must now be right for the *Acorn Society* finally to come off the fence and declare itself as a PRO-circumcision Group. In this day and age of pathetically few male circumcisions, there are regrettably no organisations dedicated to furthering the practice in the UK, whereas there is a plethora of groups dealing with foreskin restoration.

We, the small percentage of circumcised males in the UK, are the ones who have taken positive action (or, in cases such as mine, whose parents have thankfully taken action on our behalf) to enable us to achieve a circumcised organ of which we are proud and it is we who will benefit from a support organisation. Males who have chosen to remain with their foreskins, with all the disadvantages, have not taken any positive action and so do not require organisational support. Put another way: You wouldn't enroll ordinary (non-pierced) people into a club for people with body-piercings!

After lengthy discussions, R.W. and I are proposing that *Acorn*, with all its excellent infrastructure, should as soon as possible become an organisation which enthusiastically promotes male circumcision, including RIC if the parents agree, here in the UK, and makes the many positive advantages of circumcision available to all who wish to know about them (including mothers of male babies). It's time that the tide was turned and, with reborn *Acorn's* help, male circumcision, with

all its advantages both to men and their partners, will again become the norm in the UK.

If the *Acorn Society* decides to continue on its present path of self destruction and not become proactive and pro-circumcision as R.W. and I (and others) would wish, we will take matters into our own hands and form a new Pro-Circumcision group ourselves.

Think about it, *Acorn Society*, if you wish to be here in five years time!

J.H. – Dorset

[Editor's note: I would be interested in members' reactions to J.H.'s proposals. To date, the Society's objectives have been centred on informing and supporting members on issues concerning circumcision and the foreskin. How many members would wish to add the promotion of circumcision (including routine infant circumcision {RIC}) to the Society's aims; and how many would object to such a move?]

***The Times* Doctor Praises RIC**

[The following question and answer appeared in Dr Thomas Stuttaford's health column in *The Times* on 9th November 2006]

Q: A Hertfordshire reader has written about circumcision. She is just back from America, where she read that it is advantageous and she wonders why it is not done routinely in Britain.

A: My opinion, which I have been propagating for many years, is in accord with that of David Ferguson, a research worker from the Christchurch School of Medicine, New Zealand. Ferguson has followed the case histories of more than 500 newborn New Zealand boys until they are 25. He has kept a close check on their sex lives as well as their sexually transmitted infections and has related the incidence of the latter to whether they were circumcised. He has made suitable allowances for every known eventuality: the number of sexual partners, their background and whether they used condoms. He found that circumcising baby boys at birth reduces their chances of transmitting sexual diseases, not only HIV, by a half. It has already been indicated that the likelihood of catching HIV from an infected person is reduced by a greater ratio than this.

Circumcision not only reduces sexually transmitted infections but also the number of urinary-tract infections in early life – a time when they may do lasting damage – and also of penile cancer and balanitis xerotica obliterans (BXO), a reasonably common condition of the penis that causes a chronic skin problem with shrivelling of the end of the penis so that the meatus (orifice) may become fibrosed and closed.

Jay Berkelhamer, president of the Paediatrics Society, has suggested that the policy of paediatricians towards circumcision laid down in 1999 in the US should be reviewed. He has been supported by other paediatricians in this plea. Colleagues, including Dr Edgar Schoen, of the Kaiser Permanente Medical Centre, California,

have said that they would like parents to be told by their doctors that the benefit of circumcision now far outweighs its risks.

Thomas Wiswell, a professor of paediatrics from the University of Florida, has made the point that I have been supporting since the early 1970s when I started to practise genito-urinary medicine. It is that, despite increasing evidence of the advantages of circumcision in adult life, so far as STDs are concerned, any decision about circumcision is left to the paediatricians. Paediatricians are concerned only with a child's genitalia and urinary function, whereas it has other uses for the 60 adult years of a man's life.

Circumcision Fear

[From a question and answer feature with Dr Jane Collins,
The Times, 30th September 2006]

Q: Our eight-year-old son's foreskin will not pull back over the top of his penis. Our GP says he will need to be circumcised, and that it is better to get it done soon. Is there an alternative?

A: All boys are born with non-retractile foreskins. In the vast majority of boys, the foreskin will retract by puberty. There is a great deal of data suggesting that, in most cases, boys have a retractile foreskin by 4. But for some this won't happen until 5, 8, even 10 or 11, and this is nothing to worry about.

Don't be tempted to do anything to encourage the foreskin to retract. Eventually the adhesions holding the foreskin in place will begin to break down and it will gradually retract. It would, however, be reasonable to see a paediatric surgeon or paediatric urologist for advice. In the vast majority of cases the foreskin will, in time, retract naturally, without the need for surgical intervention.

Literary Extract

[From *After the Victorians* by A. N. Wilson]

One of the most striking ways in which the British male of this date expressed a feeling of kinship with the Jews was in the popularity of circumcision. "It is a curious fact," wrote Ronald Hyam in his masterly *Empire and Sexuality*, "that outside the traditional circumcising communities (Jewish, Muslim, Melanesian, Amerindian and some African) the only Westerners to adopt it as a common practice were the English-speaking peoples." The plot of George Eliot's last great novel, *Daniel Deronda*, published in 1876, had hinged upon the discovery by the central character that he was Jewish, a fact unknown until his mature years. An American critic of our day remarked that "Deronda had only to look". But not, in 1876, if he had been of Jewish origin, but brought up from birth as if gentile.

In the later generation, there would have been much greater opportunities for confusion. Circumcision became popular among the medical profession in the 1890s. Some attribute this fact to the pioneering skills of a Jewish doctor named Remondino. Others think that circumcision became popular in army medical

circles, especially in India. The periodical literature in the Edwardian period is extensive. For example, the *British Medical Journal* of 15th June 1907 contains a learned lecture on the subject by J. Bland Sutton, FRCS, who outlines the history of the custom among Jews, Muslims, the Masai and the Kavindondos of East Africa. Clearly, there were circumstances where British doctors had undertaken the operation for the treatment of specific disorders. Dr Bland Sutton gives as an example: “The Museum of Charing Cross Hospital contains a prepuce removed from a man of 35 years of age, with an orifice so narrow that when urine escaped from the urethra it ballooned the prepuce to the size of an orange and it was then expelled by squeezing. Micturation required fifteen minutes.” But this was the consequence of congenital phimosis. The practice of circumcision upon males whose religion did not require it was, for Bland Sutton, a modern development. He notes that in 1906, 54 children were circumcised at his own London hospital, the Middlesex, while at the Hospital for Sick Children in Great Ormond Street in the same year a striking 874 patients were circumcised.

In our own day, once more, something like 1 per cent of the male population of Great Britain is circumcised, and this almost always for ritualistic reasons. In the period of the Empire’s heyday, however, especially among the professional and officer classes, the proportion was high. In the 1930s, a survey suggested that two thirds of public school-boys in Britain were circumcised. As the Empire declined, so did the circumcisions. In 1946, a survey of boys born on 4th March found that 38.8 per cent of the professional and salaried families had circumcised their sons, with 29.9 per cent of manual and unskilled workers. The separation of Cavaliers (uncircumcised) and Roundheads at private schools, from the Edwardian period to the early years of Elizabeth II, was something with which every privately educated British boy would have been jocularly familiar. Dr Remondino had believed that evolution would eventually lead to the disappearance of the prepuce altogether. Certainly, gentile doctors pointed to the much lower incidence among Jewish children of infant mortality, and there was a belief that circumcision was more hygienic. It is certainly remarkable that the British adoption of the habit coincided with the period, roughly from the 1890s to the 1950s, of the sand and heat of the Empire, though it is hard to see exactly why the popularity of this observance, hitherto in history of unambiguously religious significance, should be seen as “primarily an imperial phenomenon”.

When Do You Want Your Sons Circumcised?

[By Diane Mason, *The Globe and Mail*, Toronto]

It’s only a piece of skin. It shouldn’t upset me so much. Anyway, there’s nothing I can do about it now. Besides, the experts said it was the best choice; in 1986 when my twin sons were born, the operation was *de rigueur*. Back then, circumcision was performed on 85 per cent of North American boys.

I got the whole spiel from the medical folk. I have no religious requirements respecting the procedure, so circumcision was unnecessary in my case – but not according to the hospital staff. If I didn’t have my sons circumcised, I was told, they’ll be plagued with infections. They’ll get cancer of the penis. They’ll give their

wives vaginal disorders. What's more, since their dad is circumcised, they'll be confused by the difference, and suffer psychological problems. The nurses assured me it was painless, and over in a flash. The message was: do your duty, mom, and get those little boys snipped!

I wish I could claim total ignorance. But even then there was discussion about circumcision being unnecessary and painful (although it wasn't a very loud discussion). Men – perhaps since they'd forgotten what it felt like to have it done – didn't speak out against it, and women seemed more concerned with “women's” issues. But even though there wasn't enough objection to make me halt the procedure, I was suspicious about the claim it didn't hurt. How could it not hurt, to have a piece of skin lopped from your genitals?

Not trusting my own judgment, I agreed to it. Shortly after the operation, however, I was in the hospital nursery, and happened to see the plastic frame used for the procedure. It was a small device (for babies are small) with a moulded form for the boy to be tied to, so he could be held down easily during the circumcision. I pictured my babies in that device, and instantly recognised what I'd done. Too late. Had I seen that thing earlier – had the hospital shown me what they were really doing – I never would have let them near my children.

Nevertheless, I put the matter aside. It was easy to forget what had been done and the boys healed up, of course. But recently, I've done some reading on the subject, and the whole question of circumcision came back to me. I wouldn't do it to my sons now, how could I do it to my babies?

There is evidence that circumcision is a devastating event that can have intense psychological repercussions. The foreskin is a complex and sensitive tissue, not just an appendix-like, superfluous tag of skin. It has functions. I had no idea, for instance, that the head of the penis is normally a mucous membrane that is permanently changed by the removal of the protective sheath. What remains is arguably scarred tissue. Yet because no baby says: “Hey, don't do that,” and no man circumcised in infancy knows what it's like to have a foreskin, the procedure continues.

Yet this procedure does damage. Why do we imagine that babies don't suffer and don't remember? How dare we take such a risk with their feelings, and their potential, as to do them such an injury? Looking back, my own weakness in the face of the status quo astounds me. But what astounds me more is that years later, this is still going on. We are still letting this happen to our boy babies.

Years ago, when we women suffered ignominy and unnecessary procedures in childbirth – shaving, enemas, being tied down while in labour – we banded together and said no. We changed things. We should be changing this, too. We women in particular should be advocating for our boys. These are our children, and later they become partners and lovers and friends. A man or a boy with the power to declare his choice would not agree to be tied up and submit to an unnecessary operation, without so much as an analgesic, with its attendant psychological, sexual and even physical repercussions. Surely we cannot believe our speechless babies have fewer rights.

We are the agents of our children's choice. I wish I had remembered that, when – as I held my new little boys in my arms – I was approached by the doctor who asked me, "When do you want them circumcised?"

The answer, of course, should have been: never.

Responses:

Diane Mason's essay rankled me, for all sorts of reasons. As a man, because I find the idea of circumcision-induced trauma to be preposterous. By the logic adduced by the writer, even something as superfluous as the umbilical cord shouldn't be cut, since it might cause undue physical strain on the infant. Should the coming generation of children be forced to walk around with a two-foot long tube of tissue coiled up inside their shirts?

I imagine that Ms. Mason's sons will read her article and express a collective "Huh?" to her argument. I have no doubt that they are perfectly well-adjusted boys, and will have healthy and happy sex lives, and might one day choose to have their own sons circumcised. Their mother should just relax.

Colin Krivy, Toronto

As a happily circumcised male, I am constantly chagrined at the preponderance of anti-circumcision articles in the media. These articles are, for the most part, written by women, who have no idea what it really is like to possess a penis. When Diane Mason uses phrases like "a devastating event" and "intense psychological repercussions," and when she infers that the circumcised penis head is "scarred tissue" – I say, what claptrap! The only function the foreskin served was to protect the penis head from injury in the prehistoric days when men ran naked through the jungle.

From my experience, circumcision is a one-time, harmless improvement on nature.

R. Ware, Victoria

Madonna's New Row Over Tot

[By Thomas Whitaker in *The Sun*, 6th December 2006]

Madonna is embroiled in a new row with the natural father of her adopted African son. The pop queen aims to have baby David Banda, one, circumcised. But dad Yohanne Banda, 32, says that this flies in the face of Malawian tradition.

The wrangle arose because Madonna, 48, wants to raise David in her Kabbalah religion – and circumcision marks the formal entry into the Jewish community. But potato farmer Yohanne said David had been baptised a Christian. He said last night: "This goes against the Christian religion and is not something we would ever consider in Africa. We don't ever get circumcised here. I would urge her to think again."

Madonna and hubby Guy Ritchie, 38, are locked in a legal battle with human rights groups in Malawi who have won the right to scrutinise the adoption.

Foreskin Restoration

Whilst I am very pro circumcision and have been circumcised twice myself, I do appreciate that some members do lament the loss of their foreskin and wish they could restore it or at least some semblance of it. These members may therefore be interested in the following advertisement that appeared in the November 2006 edition of *H & E naturist*:

“CIRCUMCISED? NON-SURGICAL reversal of the procedure using simple but effective device to increase sensitivity and other benefits. Full details from Cavalier Products (H&E), PO Box 160, Lindford, Bordan, GU35 5AN”

As I have no wish to restore my foreskin and consider the sight of the fully exposed glans is far more attractive, I have not approached Cavalier Products. However I would welcome the views of any members who decide to try the product, preferably through the newsletter so that we all can benefit from their experience(s).

C.B. – Cornwall

Court Rules Circumcision Of Four-year-old Boy Illegal

[from an article in *Helsingin Sanomat*]

Finland's first court ruling on male child circumcision has been handed down by a Finnish court. A Muslim mother faced charges of assault in Tampere District Court for having her four-year-old son circumcised. The incident was reported to the police by the boy's father, who had not been consulted. The court found that the mother's action was illegal. However, it did not assign any punishment. The mother defended her action by saying that she thought that circumcisions performed by doctors were legal in Finland. The case will now go to the Court of Appeals.

The mother said that the procedure is part of the family's religion and cultural heritage. The court found that interfering with personal inviolability could be allowed only in cases specifically permitted by law. “There is a perception in Finland that only girls' circumcisions are banned by law. There is no specific legislation about them; both types are illegal under the same criminal law. After all, in both procedures, part of healthy genitalia is removed without medical foundation, or competent consent”, says local prosecutor Jouko Nurminen. Nurminen says that the “misconception” may have arisen in connection with the drafting of the new constitution, at which time only the circumcision of girls was part of the debate. In its decision, the court notes that not even a long religious tradition justifies protecting the bodily inviolability of boys to a lesser degree than that of girls.

A working group of the Ministry of Social Affairs and Health proposed a few years ago that circumcisions performed under medical supervision in hospitals should be allowed. The working group wanted to avoid complications from operations performed at home, and to reduce the suffering of the child. Legislation is somewhat vague on the matter, and practice varies in Finland. For instance,

a report drafted by the Ministry of Social Affairs and Health in 2004 notes that male circumcision is permitted in all countries. “There is no legislation on male circumcision, but there is also no prohibition. The operations have been performed on the basis of common law”, says Riitta-Maija Jouttimäki, a lawyer for the Ministry of Social Affairs and Health.

Rash Decisions

[From Love Bites by Sasha, *Eye Weekly*, Toronto]

Question: I'm an uncircumcised guy who occasionally gets dryness and irritation under the foreskin. I've stopped soaping the area when I'm showering (I just use the hot water and a bit of friction so things don't get skanky), and that does help, but I'm still uncomfortable from time to time. Would there be any potential hazards in moisturizing the area, or is it just like any other skin on my body? *DRYLY CURIOUS.*

Answer: You'll want to have a doctor look at the irritation to see if it's eczema or psoriasis, both of which can be treated (though not cured) with either pharmaceutical or herbal medication. You may certainly moisturize your penis, something many men do with great thoroughness. Some even discover localized allergies to various products this way. Perhaps you recall a letter writer from a few years back who realized he had a petroleum intolerance when his foreskin would swell after he applied Vaseline to it. My favourite part of this story, aside from his vivid description of it looking like “a cinnamon bun,” is that he continued to “sometimes use it to swell [his] penis (just a bit) for show.” As a seduction technique, I must say I found it rather uncommon, sort of like a child trying to impress the bigger kids by showing them the dead raccoon in the field behind the gas station.

When it comes to epidermal products, I would be inclined to give some special consideration to the penis, the skin of which is thin (making absorption easier) and contains lots of sensitive nerve endings. One balm you may find suitable is Stroke It, designed with male masturbation in mind, by the Lilith Moon Company.

Lily Fawn, the owner of Lilith Moon/Earth's Herbals, says the plants contained in Stroke It (calendula, chickweed, plantain, comfrey, sage) are considered antimicrobial and soothing. Roger Lewis, a chartered herbalist at Thuna Herbals (298 Danforth), confirms that all these plants are used in salves designed to heal cuts and abrasions and are also recommended in salves for women who have cracked nipples from breastfeeding. Your only real concern, after ruling out eczema or psoriasis, would be an allergy to beeswax, which is one of the emollients in Stroke It. If this is an issue, simple shea butter would also be appropriate, also available at Thuna.

If you don't use latex barrier protection with a partner, Stroke It also makes a handy vaginal (and anal) lube, especially since there's no glycerin or sugar in it.

The Story Behind The Pictures

When I completed and returned the latest questionnaire, I suggested that members might be prepared to forward photographs of their own (or a consenting friend's) penis for inclusion in the picture gallery. I submitted a few photographs of my penis and the Editor suggested that I might like to write an article giving some background about my circumcisions.

I did write an article 'Childhood Wish Fulfilled' that was included in issue 3/2000 in which I gave a fairly full account of my history. However, in order to give some narrative to the photographs, I will give a further very potted history.

Born in 1948 I was partially circumcised (according to my mother) at ten days old when I had a dorsal slit, in which my foreskin was simply sliced apart along the top of my penis for about half its length; no foreskin was actually removed. It had been my parents' wish that I be fully circumcised but the doctor would not do it. So I ended up with a penis where my glans was partially exposed when flaccid and I had a large amount of baggy foreskin draped around it.

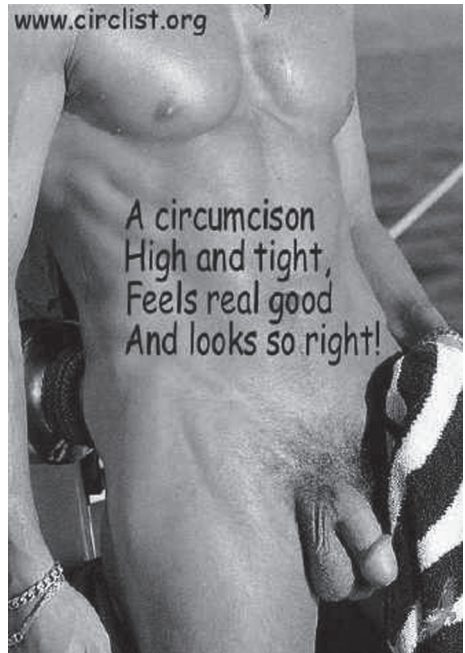
When at school I was the only boy who had been cut like this: all the others were uncut or very distinctly circumcised. The split was about 50/50 circumcised to uncircumcised and of the cut boys two were very radically cut and had fairly high scars i.e. about half way up the shaft. They also had very taut skin on the shaft and very prominent totally exposed heads even when flaccid. The balance were generally loosely cut. Although there was no conflict/bullying etc between the roundheads and cavaliers, there were occasions when one was asked what your status was. I always said I was a roundhead, mainly because my closer friends were roundheads although to look at my penis it was obvious that I had more foreskin than any other roundhead.

I lived with my penis like this until 1988 when after a series of problems I decided, with my wife's full support, to have a revision circumcision to remove all the redundant foreskin. I had a private circumcision at the Surgical Advisory Centre (only cost £190 in those days) and although I asked the surgeon for a tight cut, the result, as you can see from the photographs, is fairly loose.

I am not particularly happy with the result and have made enquiries about having it tightened up considerably. However, costs for circumcisions and revision



circumcisions seem to have spiralled out of all proportion and I am reluctant to line the pockets of greedy surgeons who are prepared to carry out the procedure. I note from issue 5/2006 that some members have suggested using a clinic at Custom House and quote it as being reasonably priced. When I looked on the internet the price for an adult redo circumcision was £800; hardly what I call a reasonable price. I would really like to see a full makeup of how this price is arrived at. Another factor that I have to consider is the time my penis will take to heal up and return to “normal” after the operation. As I am a life model, and am only paid when I work, I would not wish to decline too much work because of a swollen and bruised penis; I would also like the cut areas to have settled down before I expose my penis to students, artists, etc.



Ideally I would like a penis like the one shown on the internet – Circlist Splash Page – How Tight Should I Be Circumcised – Tightness. I would not mind having the body as well but at my age, dream on.

C.B. – Cornwall

Noel Coward Advises Circumcision

The following anecdote appeared at the end of an interview with Derek Jacobi by Sally Vincent, reported in *The Guardian* on 19th September 2006.

Coward and Jacobi spent an evening together in 1966. They went to the theatre, then back to the Savoy for dinner and up to Coward's suite for late night drinks.

The gossip was riveting. It grew late. It was half past one in the morning. Green as grass, young Mr Jacobi rose to leave. “Derek,” said the great man, “might I ask you a very personal question.” All atremble lest the lovely evening be spoilt by a lunge, he stood his ground. “Are you circumcised?” “No, no, no,” he answered. “Why do you ask?” Coward replied: “What a pity. What a great pity. You're a very fine actor, Derek, but you'll never be a great actor until you're circumcised.” “Why?” he asked, edging for the door. “Freedom, dear boy,” Coward explained mystifyingly. “Freedom.” Jacobi was out the door and away.

Next day he wondered: Noel Coward must know something...maybe he should check himself into the London Clinic immediately. He did so want to be a great actor. As it turned out, he decided to risk it.

Bridling

The bridle is a device to rein in a horse. But when used as a verb, the word means to curb or control, and in this article it is restraint of the male sexual appetite which is under consideration. This was a matter of great concern in Victorian times and still exercises some people today. The ideal is sexual abstinence before marriage, sexual moderation within marriage. Any form of self-stimulation is of course completely forbidden.

Circumcision was seen as a very powerful tool in the bridling of sexual extravagance. If this resulted in some loss of sensitivity, and hence of sexual pleasure, this was something to be applauded as a means to the greater end. Below are some writings which encourage this point of view.

Every boy should be so circumcised that the remaining foreskin can never cover the corona, nor even the coronal sulcus just back of it. The frenulum and inner foreskin should be removed. This produces a complete or total circumcision. If the inner foreskin is turned back on the shaft rather than removed the full benefits of a total circumcision are not obtained.

A total circumcision provides the maximum protection against disease and maximum reduction of erotic sensations that lead to masturbation in children and uncontrollable sexual urges in youth and unmarried adults. Sufficient glans sensitivity remains, however, for healthy marital sex. Some doctors do hurried, sloppy, incomplete circumcisions. Be sure your doctor knows you want the frenulum cut, the inner foreskin removed and sufficient outer foreskin excised so that the sulcus behind the glans will never be covered. If your doctor is not in full agreement with this, get another doctor. The ideal time for circumcision is eight days after birth, but it can be done with benefit at any age.

Even adults benefit from circumcision. Much of the ejaculate of an uncircumcised man is lost under the foreskin. An infertile marriage is often corrected by circumcising the man. I recommend that any uncircumcised man whose wife is pregnant immediately gets circumcised (totally) to reduce the stress of abstinence during pregnancy. He will learn first hand the many benefits of circumcision and in nearly every case will want his sons circumcised. It is very unfortunate for the human race that the circumcision rite of the Hebrews did not become also law or custom among all races. Among Christians, it appears that the influence of Apostle Paul took precedence over Apostle Peter with the result that circumcision became an option rather than a requirement for Gentile Christians. Today the health and spiritual benefits of circumcision are well established. Some parents, however, unwisely refuse to have their male children circumcised because it causes a little pain and temporary soreness. In so doing the parents harm the child, subject him to great temptations, to health and hygiene problems and often ruin his life.

For the treatment of masturbation in the male, circumcision is undoubtedly the physician's closest friend and ally. To obtain the best results one must cut away enough skin and mucous membrane to rather put it on the stretch when erections come later. There must be no play in the skin after the wound has

thoroughly healed, but it must fit tightly over the penis, for should there be any play the patient will be found to readily resume his practice not begrudging the time and extra energy required to produce the orgasm. It is true, however, that the longer it takes to have an orgasm, the less frequently it will be attempted, consequently the greater the benefit gained. The younger the patient operated upon the more pronounced the effect, though occasionally we find patients who were circumcised before puberty that require a resection of the skin, as it has grown loose and pliant after that epoch. But if we make sure that the skin is stretched tight during erection, then masturbation will become almost impossible and certainly unrewarding.

“Some people believe that circumcision is to remove a defect in man’s formation”, said Moses Maimonides, “but anyone can easily reply: ‘How can products of nature be so deficient as to require artificial completion, especially since the function and purpose of the prepuce to that organ is so evident – to protect the glans and thus preserve its voluptuous sensitivity?’”

“The commandment of circumcision has not been enjoined as a complement to a deficient physical creation, but as a means for perfecting man’s moral shortcomings. The bodily injury caused to that organ is exactly what is desired. It does not interrupt any vital function, nor does it destroy the power of generation. Circumcision simply counteracts excessive lust.”

The glans gets tanned and loses most of its sensitivity through an early circumcision – and especially if the greatest possible amount of skin is removed – and great care should be taken to excise the delicate inner mucous membrane as totally as possible – thus we can get rid of the most sensitive and exquisite nerve endings. This reduces the penis’ erotic sensitivity and arousal the most, and the removal of the freely moving skin deprives the boy of the ability to masturbate. It is also advisable to cut through the frenulum, as this reduces the sensations of lust even further. Also, in the treatment of seminal emissions, circumcision is the best means of curing that disease, as the glans’ irritability is greatly diminished by the operation.

The reduced genital eroticism will help your child live a chaste life. This will be particularly helpful during his teens when sexual temptation is great. When he marries he will be slower in reaching orgasm, a benefit to both him and his wife. Moreover, his wife will always know his penis is clean, and never fear contracting cervical cancer from him.

A total circumcision removes the erotically hypersensitive inner foreskin and exposes, toughens and desensitises the glans. The freedom from genital irritations and the lowered erotic sensitivity will protect the child from the temptation to handle his genitals. It is highly unlikely that he will ever discover masturbation on his own. Even if introduced to masturbation by an evil (uncircumcised or only partially circumcised) companion, a totally circumcised child with no freely movable skin will most likely find the act unrewarding and not acquire the habit.

Ivan Acorn