

# ACORN

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Editor  
Ivan Acorn

## Editorial

Circumcision cuts the risk of HIV infection by half. That is the welcome news from a recently published research study in Africa. Indeed the results were so emphatic that the study was ended early – it had become unethical not to offer the intact men in the trial the greater protection afforded by circumcision. I shall return to the implications of the results for Africa and beyond in a later issue of the newsletter. But for now, in countries ravaged by AIDS, the study offers not just a ray but an enormous beam of hope. No wonder that men are already queuing up to get cut.

My Editor's Column reports on the responses to the newsletter questionnaire distributed with issue 3/2006. The very good return rate indicates a high level of interest amongst members. Now please reflect that level of interest by renewing your membership! Many of you have already done so – my grateful thanks. For the more dilatory amongst you, a reminder is enclosed. Please do renew – otherwise unfortunately the *Acorn Society* now has to bid you farewell.

*Ivan Acorn*

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## Editor's Column

### Your newsletter – what you think

**F**orty seven members completed the newsletter questionnaire distributed with issue 3/2006. This is an exceptional response rate and I am very grateful to all of you who took the time to return the sheet.

On the front page of the questionnaire, you were given 27 types of article or feature that appear in the *Acorn* newsletter and you were asked to indicate your degree of interest in each – Very interested, Interested or Not interested. I have ranked the types of article in order of interest (giving greater weight to Very interested than Interested) and the rank order is shown in the table.

The clear winner is Circumcision techniques. This is interesting as the newsletter under my editorship has contained little on this topic. Perhaps this dearth has caused the interest! Anyway, the message has been taken to heart and I will try to make circumcision techniques a regular topic in future. I start in this issue with the forceps guided method (see page 14).

Images of cut penises featured second on the list. Amongst the additional suggestions, which I will come to later, was the proposal that members should submit photographs of their own equipment for publication. In this age of digital cameras and remote control or delayed action, this is a simpler task than when films had to be processed by Snappy Snaps. The photos can be taken in the privacy of your own bedroom and can then be downloaded to your computer; or the camera card can be taken to your local Boots and you can print off the photos personally. Ideally there should be different views – front, side, flaccid, erect, foreskin (if still present) forward and back etc. It would be marvellous if these were accompanied by a short account of when you were circumcised (if indeed you are) and your opinions/feelings about your present state. On the principle that I should not ask others to do what I am not prepared to do myself, it is your editor that features on page 5. Now I can really challenge you all – can we keep “A Member’s member” going as a regular feature?

Third and fifth on the list are members’ accounts of their circumcision and members’ childhood reminiscences and experiences. I am in your hands about this – I will publish what I receive but, apart from a few stalwarts to whom I am eternally grateful, my appeals for material usually fall on barren ground. I am hoping to start a telephone interview process but I need to set myself up in terms of recording equipment first. More on this in a later issue. In the meantime, I have reproduced on page 15 an account from the internet of a tonsillectomy that turned into a double operation.

The level of interest in many of the topics is high. Even as far down as Religious circumcision, over 70% are either very interested or interested. It is at this point in the table that the emphasis turns from circumcision to the foreskin, and it has to be admitted that the level of members not interested shows a sharp increase from this point onwards. Nevertheless, even the final topic in the list attracts a 36% level of interest. This is a large minority, and the overall results would certainly

not justify the newsletter becoming a foreskin free zone. So I shall retain what I hope is an eclectic mix, but I shall try to ensure that the balance reflects the degree of interest shown by members.

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- 1 Circumcision techniques
  - 2 Images of cut penises
  - 3 Members' accounts of their circumcision
  - 4 News items about circumcision and foreskins
  - 5 Members' childhood reminiscences & experiences
  - 6 Circumcision styles
  - 7 Masturbation & circumcision
  - 8 Reviews of books on circumcision
  - 9 Members' opinions and comments
  - 10 Medical advice about foreskins and circumcision
  - 11 Literary extracts about circumcision or foreskins
  - 12 Articles arguing the merits of circumcision
  - 13 Personal ads to allow contact between members
  - 14 Celebrities – who is cut and who is uncut
  - 15 Tribal circumcision
  - 16 “Can you tell” quizzes (as in issue 2/2006)
  - 17 Articles in favour of routine infant circumcision
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  - 23 Jokes about circumcision and foreskins
  - 24 Articles extolling the virtues of the foreskin
  - 25 Foreskin infibulation
  - 26 Articles against routine infant circumcision
  - 27 Articles about foreskin restoration
- 

The second part of the questionnaire gave you the chance to list other ideas for features or articles in the newsletter – and many of you took the opportunity. Some themes emerged. The idea of compulsory circumcision seems popular whether for entry to preparatory or public school or whilst in the armed forces. On a similar theme, circumcision to discourage masturbation also got a number of votes. (The article ‘Bridling’ in the last issue should have appealed to this constituency.) There were several requests for a contact corner where members can advertise their willingness to enter into correspondence. This will be revived from the next issue and will continue to appear for as long as I receive entries from members. Please let me have your advertisements now!

There were suggestions that the newsletter should also cover hoodectomy – the removal of the clitoral hood in women; that is, female circumcision (although that term is now widely misused to describe female genital mutilation involving excision of the clitoris itself and parts of the labia). But I have taken the view that *Acorn* is about male genitalia. This doesn't of course preclude the female voice being heard within our pages. This would be attractive to many of you, so if any member wishes to encourage his spouse or partner to write about foreskins and circumcision from the female point of view I would be happy to print her contribution. And since *Acorn* is a discrimination-free zone, I

would equally like to hear from male partners.

From my point of view, the exercise has been well worth while. It has provided some validation for what has been appearing in *Acorn* under my editorship but it has also shown the emphases that you, the readers, would like in the future. I shall certainly use the table to audit the make up of the newsletter over a series of issues to ensure that I am covering all topics of interest.

But remember, many of the topics can only be covered with your help. Why not make 2007 the year that you write, as well as read, about your favourite subject?

*Ivan Acorn*

## **Circumcision Etc – Some Personal Comments**

**M**y late father was a doctor, but I don't think he entered into any discussion about my circumcision with the obstetrician who delivered me. I had a high shaft foreskin amputation which left a considerable section of my penis denuded of prepuce and a long white scar. If father had had any collusion on the style of cut, I'm sure it wasn't his intention to discourage masturbation in later life. He never actually sat me down and taught me how to do it but during my adolescent years, whenever I was in a stroppy mood, he would consign me to my bedroom with the not-to-be-disobeyed instruction to "go and toss yourself off – you'll feel in a much better mood afterwards!" ...Sound advice which I have followed ever since into my 74<sup>th</sup> year.

I started masturbating in earnest at the age of nine but couldn't ejaculate until I was about 15. I recall that my circumcision was never commented upon by my school friends though the late appearance of my pubic hair fascinated them to the extent that I began shaving it off as soon as it began to appear, to give me an excuse for having so little. I have remained shaved, incidentally, to this day! Being "cut" never interfered in any way with my masturbatory activities. I have been at least a twice-a-day man since the outset and that, as an aside, represents 14 wanks a week, or 628 a year, or 30,164 in the 48 years since I could first "cum" at 15. Turn that into approximately 4 ml of ejaculate per time, and that represents over 120 litres of my semen that have flowed under the bridges of time.

But I am not a "big man" down under. I could never manage more than about six and a quarter inches and I have sometimes wondered whether the tightness of my circumcision scar along the shaft of my penis has had a splinting effect which has constrained its size. After all, they used to bind the feet of Japanese Geisha Girls to keep them small and petite.

The status of my penis has never been of the slightest concern to me. Apart from a teenage craze for creating various rubber gadgets by cutting the ends off sausage balloons and condoms to fit over my glans to see what it might feel like to have a foreskin, I've never bothered one jot about my cock. If other guys don't like it they can lump it! Cut or not cut – I couldn't give a toss!

*Ray Hamble*

## A Member's Member

Unfortunately my mother was opposed to infant circumcision so I remained intact during my childhood. By my late teens I had decided that I preferred



the cut look but circumcision on demand was just not available in those days. It took several years and feigned medical problems to persuade a surgeon to operate and I eventually lost my foreskin in my mid-thirties.

The cut was very neat but quite loose – bunching around the corona and particularly on the underside in the frenular region. By this time the Surgical Advisory Service was advertising circumcision and I underwent a revision at the hands of Mr Hassan. This removed all the excess foreskin and my frenulum so that I now have a radical, low, tight cut. The photos reflect this.

I have always been pleased to be circumcised, both physically and psychologically, and have never suffered the loss of sensitivity that circumcision is claimed to cause. Having been both intact and cut during my sexual maturity, I can speak from experience! Consequently I am very supportive of men who wish to be circumcised as adults.

*Ivan Acorn*

## **Snip That Saves Lives**

**from an article by Sarah Boseley in the *Guardian***

Circumcision can halve the risk of a man acquiring the HIV infection that leads to Aids, US scientists reported in December. Two major trials, in Kenya and Uganda, have confirmed what doctors and campaigners have suspected and hoped for several years. The results have major implications for the fight against the AIDS pandemic raging in Africa and Asia.

Kevin de Cock, head of the World Health Organisation (WHO) HIV/Aids department, said it could cut the numbers of infected men by “many tens of thousands, many hundreds of thousands and maybe millions over coming years”.

Participants in the trials were randomly selected either to be circumcised or not. All participants were counselled on other HIV prevention methods. In the Kenya trial there were 69 infections among the 2,784 participants, 22 of whom were in the circumcision group and 47 of whom were not. In Uganda 65 men out of 4,996 were infected with HIV, 22 of whom were in the circumcised group and 43 in the uncircumcised group.

The two trials should have gone on into next year but were called to an abrupt halt by the funder, the National Institute of Allergies and Infectious Diseases (NIAID), after an interim review of the data showed a halving of the risk of infection among those circumcised. Now that the point is proven to the satisfaction of scientists, it would be unethical to continue. All the uncircumcised participants will be offered the procedure. With a vaccine still decades away, the circumcision results are the best news in a long while out of the AIDS pandemic. But there are questions still unanswered and a lot of work still to do.

Anthony Fauci, director of NIAID, said the 48% reduction among men in the trial in Rakai, Uganda, and the 53% reduction among those in Kisumu, Kenya, “could

be negated by small reductions in condom use or the addition of additional sexual partners". It was vital, he warned, that people understood the need to continue to protect themselves by condom use and safe sex. Circumcision dramatically cuts the risk of HIV infection, but Mr de Cock said: "It is not a magic bullet." There was no sign that the 2,784 men in the Kenyan trial and the 4,996 men taking part in Uganda had become reckless in their sexual practices, said Dr Fauci, "but now the announcement is out, we are cognisant that there could be [an effect]".

Mitchell Warren, executive director of the AIDS vaccine ASdvocacy Coalition, said the results were "a milestone in the history of the AIDS epidemic" but urged that circumcision be rolled out only in the context of other prevention measures.

There are other serious issues. Circumcision was carried out by skilled medical professionals in the trials and all those involved had aftercare in case of complications. The WHO intends to tell governments to ensure that circumcision is carried out in a similar hygienic and skilled fashion. But that will necessitate setting up clinics and giving staff the skills to carry out the surgical procedure and follow patients up. It is likely that, now the good news is out, a booming trade in adult male circumcision will develop among those who have no medical qualifications with potentially harmful consequences.

There are also cultural obstacles to overcome, because for some groups circumcision is not normal practice. In India Muslims are circumcised while Hindus are not. At the International AIDS Conference in Toronto in August Bill Clinton warned that if the trial results went the way they have: "We will have a big job to do. It is important that as we leave here we all be prepared for the green light that could have a staggering impact on the male population but that will frankly be a lot of trouble to get done." Scientists say there are several biological reasons why circumcision may decrease the transmissibility of HIV. The mucosal surface of the foreskin contains large numbers of cells particularly susceptible to being targeted by the virus and the area under the foreskin is moist.

A further study continues, investigating whether women whose partners are circumcised are less likely to become infected.

## **No Skin Off My Dick**

**A report of the anti-circumcision conference in Seattle  
by Dave Maass in the *Seattle Stranger*, 31<sup>st</sup> August 2006**

**T**he Ninth International Symposium on Circumcision, Genital Integrity, and Human Rights is part academic conference, part anti-circumcision rally. This year's symposium, running 24–26<sup>th</sup> August, is in Seattle, home to the national organization Doctors Opposing Circumcision. DOC's executive director is local attorney John Geisheker. He's busted his balls bringing the event to the University of Washington.

The International AIDS Conference was held a week earlier in Toronto, where Bill Clinton voiced support for controversial HIV research involving circumcision. The report claimed that men with foreskins are 60 per cent more likely to contract HIV

than circumcised men. In reaction, a petition is circulating around the symposium entreating the Bill & Melinda Gates Foundation to pursue a vaccine instead of “embroiling Third World citizens as test subjects in a giant experiment that has already proved a failure in the U.S.”

The lobby is filled with books, videos, T-shirts, and “Not circumcised? Lucky stiff!” bumper stickers. There are more than 40 presentations, including anthropological data, gruesome medical reports, legislative and judicial updates, stories of desperation and inspiration, and a musical lament for the foreskin by local songwriter Jess Grant: “Every time I go to the bathroom to take a pee/I’m holding the evidence of what they did to me...”

Many of the attendees are males, or mothers of males, who were damaged physically and psychologically by circumcision. They claim they won’t surrender while boys are still being subjected to the same trauma. “One of the deepest instincts we have is to protect our reproductive organs. If someone did it to you right now, you’d hunt the bastard down,” says William Stowell, the first American adult male to sue a doctor over neonatal (newborn) circumcision. He’s counselling Arthur Coons, a 19-year-old student at UW who’s contemplating a similar lawsuit. “That was my mindset. It’s not anymore.” I ask whether Coons’s circumcision was “medically successful” or “botched”. “Is there a circumcision that isn’t botched?” he replies. “I’m a runner and it hurts like hell. It’s not comfortable, a lot of problems came from it. So, no, I don’t think there is such a thing as a medically successful circumcision.”

On Friday, I see Dr. Paul Tinari, an intactivist celebrity and last-minute presenter: At age 8, priests at Tinari’s boarding school circumcised him as punishment for masturbating. Earlier this year, Tinari became the first Canadian to have his provincial health service pay for foreskin-replacement surgery. I follow Tinari to a basement classroom where 17 grey-haired doctors are gathered for box lunches and a strategy discussion. Tall, gaunt, and furious, Tinari hijacks the meeting. “Everyone I hear are waving their arms and saying we don’t have a stick big enough to hit back at this issue,” Tinari announces. “I’ve come to the conclusion, after years of studying, that no appeal to morality will ever end circumcision. You have to make it so financially painful that it ends by punishing practitioners. How do you do that? I may have the tool that we’ve been looking for.”

Tinari’s big stick is “nanobacteria”, a slowly replicating pathogen that is transmitted in the same ways as HIV. In a letter to the Centers for Disease Control and Prevention, Tinari links nanobacteria to everything from Alzheimer’s disease to breast cancer and claims nanobacteria enter the body through neonatal circumcision. Thus, the door is open for lawsuits against doctors and hospitals. Tinari’s fiery-eyed delivery energizes some doctors, especially the delegation from England. Others, including Dr. Fleiss, are sceptical. Tinari’s doctorate is in engineering, not medicine. In Canada, he’s “Dr. Future,” a futurist who once told the Vancouver Courier that cyborg insects will one day be used for military reconnaissance. Geisheker tells Tinari he doubts the plan’s feasibility, considering the prohibitive legal costs. Geisheker has funded several cases out of his own pocket. “I find it weird,” he tells me later. “I’m perfectly open to the idea, but I



need to see the science before I run it up the flagpole.” Later, Tinari contributes his strategy for combating Islamic circumcision: “You casually say ‘show me the verse in the Koran which calls for circumcision.’ There is none. Then you can really hit them: ‘Well I guess you want your kids to look Jewish.’” The doctors burst into hysterical laughter. Especially the Jewish ones.

I sneak off to bum a clove cigarette from Primus Lake, an Indonesian STD researcher whose stumbling English keeps him from mingling. As we talk and smoke, he presents a conundrum. Imagine you’re out in the Indonesian drylands, educating non-Muslim men about the dangers of their adult-circumcision ritual, which requires them to screw three women to purify their open circumcision wounds. They already believe the rite makes them impervious to disease. Now, imagine that globally recognized authority figure Bill Clinton announces that circumcision can prevent AIDS. “It will be a disaster,” says Lake, who attended the Toronto conference. “Logically, [HIV transmission] is connected to our behaviour. If you’re having risky sex and don’t use a condom, although you are circumcised, you are still at risk. “I told them, ‘we can help people do it the right way, but don’t promote it!’”

## **The Direction of *The Acorn Society***

**In issue 6/2006, an article by J.H. of Dorset urged the Society to become exclusively pro-circumcision and adopt a more campaigning stance. Here are the responses of members.**

### **Become pro-active**

I am very pro-circumcision as you will have realised from my paper describing my experiences – A Clean-Cut Young Sailor – published in two parts (issues 2/2005 & 3/2005).

However I wouldn’t go to the extent of buttonholing strangers in the street to try to convince them of the benefits. Nevertheless, since there is overwhelming anti-circumcision propaganda – in print and on the internet, I think it would be a good idea if our Society changed its policy of even-handed neutrality to become pro-active.

*F.E.*

### **Money well spent**

J.H. has mentioned me in his article and my views agree with his. It is a great pity that Great Britain does not emulate Israel and institute neonatal circumcision for all males. I am convinced that it would be money well spent by the NHS in saving a lot of later expenditure on the huge range of problems a foreskin can cause – HIV, STDs and cervical cancer to name a few.

I genuinely feel that *Acorn* can help to bring this about if we get off the fence and actively preach the gospel.

*R.W. – Surrey*

## **Fanaticism is dangerous**

I wholeheartedly disagree with J.H.'s views on the direction of the *Acorn Society*. The great joy of reading the magazine is the balance of views expressed and the ability to consider both sides of the issue of circumcision.

Having been cut only a few years ago, I am well situated to understand the multitude of sensations and emotions that are involved. Although I had a desire for circumcision from boyhood onwards, it was only by becoming entangled in a virulent pro-circ on-line group that I took the final steps. The result has not given me sex "a million times better", as the group was claiming, but on the other hand I am not bitterly disappointed. On balance, I have no real regrets, but do feel that the benefits of circumcision were grossly over-played.

Fanaticism in all its forms is dangerous, as the world has witnessed in recent years. It is far more constructive to take a balanced view of everything, whether in matters of religion or politics or general attitude to life. One must never forget that the other person's view might be right. If the *Acorn Society* becomes one of these fanatical groups, then this will be my last subscription.

D.B. – Askham, Newark, UK

## **A forum for debate**

I would like the *Acorn Society* to remain as it is; a forum for discussion by both circumcised and uncircumcised men. Even if the membership slant is pro circumcision, I feel we will lose the ability to debate issues if we exclude the uncircumcised views. I am pro circumcision and said so in the article I wrote for the last newsletter. However I also sent news of a foreskin restoration facility advertised in *H&E Naturalist*. If we exclude from the Society the uncircumcised members who wish to retain their foreskins, how many members will the Society lose? I would quite like to know how many members there are currently – I have sent a cheque for £12 for 2007; have all the 2006 members re-joined and if not why not?

I would like some details of how J.H. proposes to promote circumcision to the "masses" in the UK. I thought the *Gilgal Society* were promoting circumcision and have been for some years; I have not noticed them having much success. I note from *The Times* article reprinted in issue 6/2006 as 'The Times Doctor praises RIC' that the surgeon was keen to see circumcision make a comeback and he put forward some compelling arguments; but I do not see much support for this action elsewhere in the UK. I wish there was.

Another point I have noticed is that Parenting and Baby books these days do not even mention circumcision as "an option" when talking about care of the male child. These books used to discuss the reasons why circumcision is carried out: religious, social, medical, but tended to advise against the procedure. Now, it seems, the authors of these books feel they have so removed the thought of circumcision from the knowledge of most parents where circumcision is not a religious requirement that they no longer need even to mention the operation. Consequently circumcision appears to have been relegated to the shelf to be

brought down only if there is a medical problem; much the same as any other operation for “childhood medical” problems – appendectomy or tonsillectomy. These operations are not considered to be in the routine category and available to parents on request, and circumcision, so it seems, has now joined the list. Whilst I agree parents should have the right to decide whether they have their son(s) circumcised, information about the procedure and reasons for it seem to be withheld.

In addition the cost parents are going to have to pay for a circumcision may be prohibitive to many, particularly if as a result of the birth the mother’s income is going to be lost or much of it used for nursery care etc. For single mothers, paying for a circumcision is, I would suggest, not only far from their minds but financially totally prohibitive.

With the NHS in its strapped for cash situation it is unlikely that free circumcisions will be available to the masses. Politicians are looking at ways to save money not increase the burden on the Service. Look at the way NICE is trying to block some drugs which are proven to help a number of mental disorders, bone diseases, arthritis etc purely on the grounds of cost.

I would suggest that unless the pro circumcision lobby can show to the NHS that paying for the circumcising of young boys will show significant monetary savings to the NHS then it is very unlikely the procedure will again be made generally available. A very sorry state of affairs to the likes of me and others. But I am a realist and unless J.H. has some ideas of how to change the minds of the ‘Powers That Be’ I cannot see the situation changing.

*C.B. – Cornwall*

### **A dedicated organisation**

Although I am not a resident of Britain, I am interested in the incidence of circumcision in the land of my birth. There seems to be a sad lack of that operation for boys in Britain today.

I strongly support the suggestion that *Acorn* become an organisation that is dedicated to furthering the operation of circumcision. There are quite a number of apparently well-financed (financed by whom, I wonder?) groups who are rabidly against circumcising boys. I would like to see those balanced by as many pro-active groups who advocate male circumcision including RIC. I would therefore personally prefer *Acorn* to be a group which actively promotes male circumcision.

*D.B. – New Zealand*

### **Circumcision is beneficial**

I would like to see *Acorn* promote circumcision, including RIC with parental consent. With *NORM-UK* at the other end of the spectrum, we need to have a clear identity of what we believe in, i.e. circumcision is beneficial to males.

*H.F. – Cambridge*

## **Not just pro-circ**

The article 'Just what is the purpose of circumcision?' (issue 6/2006) provides detailed and balanced information on the subject, and I cannot agree with J.H.'s blinkered comment that "If the *Acorn Society* decides to continue on its present path of self-destruction and not become pro-active 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."

Surely the intention of *Acorn* is not simply to act as a pro-circ forum – the *Gilgal Society* fulfils that role quite effectively – but to provide information for both circumcised and intact men concerning foreskin and penile related matters that are difficult or embarrassing to discuss openly. Besides, becoming a pro-circ forum would mean fighting a losing battle, because the medical establishment is generally anti-circumcision.

G.B. – Kent

## **Work to be done**

Like J.H., I too had a few years absence from the Society because I wearied of the anti-circumcision content which seemed to be in the ascendancy at the time. In doing so, I did, and still do, appreciate that the editor has to represent the contributions received and can only publish what members submit. Since my return, the balance has been better, indeed, it has now swung much the other way, I guess the anti-circumcision tendency are the ones drifting off now.

One argument for keeping both sides in one society is that it is a catalyst for debate and should produce more lively correspondence. But, in practice, whichever side of the debate you live, you soon realise that mindsets are just that. Therefore as Herrick said: 'He who is not open to conviction is not qualified for debate.'

Our prejudices are born from our experience and if circumcision has been a boon and a blessing to us (as in my own case) no one is going to persuade us it can be otherwise. Likewise, those who remain intact can never know the joy of unfettered foreskinless sex, unless they take the irreversible step to have their prepuce removed. Of course, I equally concede those of us who were cut in childhood, before our first sexual experience, cannot attest to the efficacy of 'natural' intercourse. 'What you've never had, you never miss' may be a comfort to circumcisees, but it highlights the difficulty for intact guys in making the decision to part with their foreskin.

Binding such disparate groups in one Society makes strange bedfellows. (No pun intended!). If we are to have objects, as any Society should, then they should be broadly in common. If reports on the disposition of our current membership are correct, then *Acorn* should change to reflect it and become a PRO circumcision group. However, I would never be the one to snuff out free speech in any organisation. If *Acorn* magazine is to become a pro-circ platform, it would also be healthy for it to have a regular feature in every issue fenced around and called: 'A Dissenting View'. I would envisage this be occupied by one negative letter or article from the media or internet, posted for anyone who cared to read it.

There is certainly a *raison d'être* for a PRO circumcision Society in the UK today. Widespread ignorance of the benefits of the procedure prevail everywhere in the media, and, more surprisingly, in the medical profession. A generation of doctors and parents here has arisen where few fathers outside religious communities are cut. Those few will be the result of medical expediency to cure a foreskin problem. Only a tiny minority will have had sensible parents who, privately, perpetuated the tradition within their families from which, they perceived, they themselves had benefited.

What a sad, far cry from the situation which prevailed in my day, 50-60 years ago. Today, suggesting to most proud parents of a newborn son that they might consider circumcising him for similar prophylactic reasons as they will value for vaccinating him, will be met with shocked astonishment and thought as 'weird'. Such has been the success of anti-circumcisionists in managing the public perception of the procedure that advocates are howled down with downright untruths. One favourite is: 'There is no medical reason to circumcise.' So why does the NHS, which is largely opposed to circumcision on both medical mindset and budgetary reasons, perform over 30,000 of them every year? Foreskins foster many problems for a surprisingly high proportion of males.

So there is work to be done for those of us who would like to see this situation changed. It means writing to correct the media when it fails to give proponents a fair hearing. Invariably articles are launched from the standpoint that circumcision is outdated, questionable and anachronistic – a curiosity which has no value. At the same time these same editors are running hand-wringing reports on the increase in sexually transmitted diseases, the spread of which circumcision mitigates and often prevents.

Each one of us has a circle of friends and acquaintances whom we should inform whenever the subject arises. We could question those we know who are health care professionals if we are on good enough terms to argue and persuade. *The Gilgal Society* – [www.gilgalsoc.org](http://www.gilgalsoc.org) – which exists to promote circumcision has a range of leaflets which are available at nominal cost and can be usefully distributed or left in strategic places.

Whilst this may mean acting as individuals, it would be good to do it as part of *The Acorn Society* where we can report strategy and exchange ideas.

G.D.

## Is Superman Jewish?

In a *BBC radio 4* programme with the above title, the origin of Superman was traced to the Jewish American, Jerry Segal, who dreamt of the superhero character during the depression. Jewish immigrants with suitable talent worked for comics, being banned from reputable print. For the first appearance of superman in 1938, Joe Schuster drew the Segal character. In Nazi propaganda, Jerry Segal was referred to as "that circumcised chap".

So Superman has a Jewish origin but a circumcised superhero too? In the 1978 film the young naked arrival from Krypton was clearly circumcised. With babies clipped on Krypton, “Clipped on” would have been a more suitable name for the exploded planet. The *New Yorker* used the term “cheesy looking” (despite Superman’s absence of foreskin!).

Anthony

## Circumcision Techniques 1

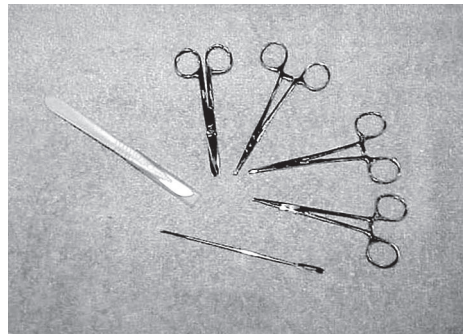
### The Guided Forceps method

The guided forceps method is an adaptation for older children and adults of the Jewish Shield and Knife method used for babies. With the foreskin in a natural “resting” position, the intended line of the incision is indicated with a marker pen; the line should correspond with the corona just under the head of the penis.

The foreskin is then grasped at the 3 and 9 o’clock positions with two artery forceps and the foreskin is pulled forward and out in front of the glans. These forceps are placed on the natural apex of the foreskin in such a way as to put equal tension on the inside and outside surfaces of the foreskin. If it is not done correctly, there is the risk of leaving too much mucosal skin or removing too much shaft skin. Sufficient tension is put on the foreskin to pull the previously made mark to just clear of the glans. Taking care not to catch the glans, a large pair of forceps (Artery forceps) is then clamped across the extended foreskin, just proximal to the mark, and immediately in front of the glans at an angle parallel to the base of the glans (the corona), not straight. Once the forceps is in position the surgeon should feel the glans to check that it has not been accidentally caught in the forceps.

A scalpel is run along the outside edge of the forceps to remove the foreskin, in much the way a barber might hold a lock of hair between his fingers and snip it with a pair of scissors. The metal arm of the forceps guides the incision. The forceps have the dual function of stopping bleeding and safeguarding the glans from injury. Once the clamp is released, the outer layer of skin retracts, and the inner layer is then manually retracted to expose the raw area. Bleeding vessels are identified and clipped with artery forceps. The two edges are then sutured together.

The tightness and relative amounts of inner and outer foreskin remaining depend on adjustments made before the forceps are fully closed although this method can leave a little bit of extra foreskin around the ridge at the bottom of the glans. There will be a V pointing towards the tip on the ventral (under) side of the penis, and a matching V pointing towards the base on the dorsal (upper)



side of the penis. The frenulum will still be present although it can be removed either before or after the circumcision if desired. Since it is hard to stretch the skin exactly equally, one or other V may be more prominent, and there may be other irregularities in the scar line.

## Topped And Tailed

As a child, I always seemed to have a sore throat, and visits to the doctor were a regular occurrence. He could not do much – this was in the days before antibiotics – but my mother had an agenda. She wished to have my tonsils removed. She had had the operation herself as a child and she was quite convinced that it would be a cure for me. The doctor, unusually, resisted, for at that time tonsillectomy was still a popular operation. “The child will grow out of it,” he used to say. But on one visit, he gave a hostage to fortune. “You will see, by the time he is thirteen or fourteen, sore throats will be a thing of the past.” Two attacks of tonsillitis at thirteen gave my mother her opening, and this time the doctor conceded, whether through weariness with my mother or because he was now convinced a tonsillectomy would be useful, I don’t know. “Very well. I will arrange a hospital appointment for him.” But this was not good enough for my mother. She claimed that panel patients (she hadn’t really accommodated to the introduction of the NHS) had their tonsils guillotined whereas private patients had the operation done properly. She insisted on a private referral and a few days later we found ourselves at a house in the expensive part of town with an appointment to see the recommended surgeon, Mr Nightingale – a wonderful name for an ENT consultant.

Mr Nightingale took my history, examined my throat and not unexpectedly, recommended a tonsillectomy. He was hardly going to give up the opportunity of a nice fee. Near the end of the appointment, whilst he was still looking down at his notes, Mr Nightingale coughed discreetly and murmured: “May I ask whether the boy has been circumcised?” Flustered at being asked such an intimate question, my mother went bright red and stuttered: “No. We did enquire at the clinic when he was a baby but, being wartime, they said they didn’t have enough doctors.” Mr Nightingale sighed sympathetically. “I’m afraid that that was so often the case but it meant that a lot of boys were disadvantaged. But” his tone brightened “I can perform a circumcision at the same time as the tonsillectomy. It is only a small operation and the boy can convalesce from the two operations at the same time. Most parents are pleased to take the opportunity to remedy the situation.” “Well” said my mother, “if you think it is for the best.” “Oh yes,” enthused the surgeon “it is much cleaner and healthier, and,” he lowered his tone “it does discourage unfortunate habits as the boy grows older. He will thank you for it in later years.”

Thus the fate of my foreskin was decided. I was not consulted – the conversation took place as if I was not in the room. Today, no doubt, a thirteen year old would have no hesitation in putting his point of view vociferously, but times were different then, and children were still seen but not heard.

At the beginning of the Easter holidays, I entered the private ward of the local cottage hospital. The surgeon came to see me the evening before the operation and checked my throat. Then I was asked to lower my pyjamas. Mr Nightingale looked down at me and addressed me in a loud voice as if I were deaf or an idiot. "Now, young man," he boomed. "Tomorrow, when I remove your tonsils, I am also going to circumcise you. This means that I shall cut away your foreskin" (he picked up the offending part of my penis) "so that the head is permanently uncovered like this." (He pulled back my doomed foreskin and exposed my glans.) "It will be a bit sore for a few days, but once it has healed, it will be much better for you." He looked across at the nurse and shook his head. "It ought to have been done years ago," he said. The next day, I lost my tonsils and my foreskin.

How did I feel about being circumcised? I was a bit resentful at first, but then I gradually realised that I liked the look and feel of my remodelled penis. The surgeon had given me a very thorough circumcision – no spare skin and the frenulum completely gone – and since I have quite a large glans, it is displayed in all its glory. Whatever people say about circumcision reducing sensitivity, my member has given me, and others, a great deal of pleasure during my life, and it has played its part in the conception of my two sons.

They still have their tonsils but their foreskins were harvested soon after birth. I bypassed the NHS and found a Jewish mohel who was willing to do some Gentile moonlighting. He gave them neat cuts with their glans nicely denuded. I am pleased to say that my grandson has also been circumcised, but that may have something to do with his having been born in the US.

Oh – and I don't get sore throats anymore.

*From the Internet*

## Ask Emma

**[The following question and answer appeared in the *Guardian* on Saturday 13<sup>th</sup> November 2004]**

*Q: I am 37 and have lichen sclerosis on my penis. I was recently hospitalised because scarring had begun to affect my ability to pass urine. This condition is chronic and the medical profession has little idea of the cause. Any ideas on treatment would be gratefully received.*

A: Although not fully understood, lichen sclerosis is thought to be related to two major causal factors: an overactive immune system or a bacterium that may cause the immune system to become active. A natural antibacterial such as Goldenseal may be helpful in the long term. Because the foreskin hardens with this condition, omega 3 and 6 fatty acids will be good for their moisturising and detoxifying properties. Crucially, you need to consider circumcision, where usually the condition disappears. I'd also advise treatment from a homeopath or naturopath.



# ACORN

Issue  
N° 2 2007  
Editor  
Ivan Acorn

## Editorial

A very large proportion of the articles in this issue have been submitted by members. This is an excellent state of affairs. Please, keep up the good work!

Routine prophylactic infant circumcision has long been a lost cause in the UK, certainly as far as the NHS is concerned. The appearance of a petition on the Downing Street website urging NHS access to circumcision for infants is therefore interesting. Is this just spitting in the wind or is it perhaps a straw in that wind indicating that the potential health benefits of circumcision are again about to be recognised?

Meanwhile, my article 'Bridling' at the end of last year, which quoted mainly Victorian sources extolling radical circumcision to prevent masturbation, has caused some comment. One member is astounded by its severity, but two others commend total circumcision as optimal. Is there a trade-off between tightness and sensitivity – the greater the loss of foreskin, the greater the loss of sensitivity – or does tightness actually bring the ultimate in sensitivity? Will there ever be a consensus on the issue? Your opinions and experiences would be very welcome.

*Ivan Acorn*

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### Circumcision And The Control Of HIV

Late last year, a report was published demonstrating that circumcision reduces by more than a half a man's chances of becoming infected by HIV. This may be the most significant news for Africa for a generation.

To get some measure of the problem, just consider Swaziland. Here, staying clear of the virus is hard – close to 40% of adults are living with HIV/AIDS, the highest infection rate anywhere in the world according to the United Nations Children's Fund (Unicef). HIV prevalence among 20 to 30-year-olds is already nearing 50%, even higher than the national adult average. These are frightening figures. Potentially one in two young adults faces illness and a drastically curtailed life expectancy. The disease threatens the very survival of their society. Few plagues are this virulent. And plagues usually target the weak disproportionately. It is the old and the very young who succumb. Devastating though this is for the families affected, the adults at least survive so that the economic life of the community is preserved and more children can be conceived to replace those lost. AIDS acts in exactly the reverse manner. It is the most sexually active whom the disease targets i.e. the young adults who would normally be economically active and producing children. As they die, the society collapses and the very old are left to care for the very young in conditions of abject poverty.

The new study offers hope. In two carefully controlled trials, one in Kenya, one in Uganda, uncircumcised men were allocated randomly into two groups. The men in the first group underwent immediate circumcision. The men in the second group remained intact. Both groups were counselled about safe sex precautions. The results of the studies were startling. For it was found that the number of uncircumcised men contracting the HIV virus was more than 50% higher than in the circumcised group. Both studies were concluded early on the grounds that it was unethical not to offer immediate circumcision to the men in the uncircumcised group.

With a vaccine against HIV years if not decades away, circumcision comes to the fore as potentially the most potent weapon against the scourge of AIDS. African governments are interested in the findings not least because of the epidemiological implications. As the resistance of the population as a whole rises against a particular disease, so the disease has a greater problem in maintaining its presence in the population. The measles vaccine is a good example. This not only protects the individual child. If a sufficiently high proportion of children are vaccinated, there are few left to host the virus and its occurrence falls away. Thus measles became a rare disease in the UK. It is only in recent years when the unfounded scare about MMR reared its head and parents stopped having their children vaccinated that the disease reappeared. Similarly, if circumcision offers at least some protection against HIV infection, the number of men susceptible will decrease. As the number of infected people decreases, so the number of opportunities for infection, measured by the number of sexual acts in which at least one partner is infected, will fall away. The virus should abate, even if it does not die.

The results of the trials cause immense problems for the anti-circumcision lobby. They have pointed to the USA where a high proportion of men are circumcised at birth but where the AIDS epidemic took hold. But that epidemic was primarily in the gay population and it is likely that the main route of infection was anal intercourse with the passive partner the person infected. They have also argued that, even if the results of the trials are true, circumcision only reduces the risk. Further, circumcised men will tend to think themselves immune and will feel free to indulge in profligate, unprotected sex. It would, they argue, be far better not to circumcise but to encourage safe sex precautions as the only guaranteed way of remaining disease free. The pilot studies actually showed that the number of relationships of the circumcised groups was the same as the intact groups i.e. circumcision did not encourage a change in sexual behaviour. The anti-circumcision lobby also needs to be aware that in many African societies, 'real men do not use condoms'. A campaign predicated on increased condom use is doomed to failure.

A finding of another study showed that circumcision could increase the chances of women becoming infected, if a recently circumcised HIV-positive man has sexual intercourse before the operation wound is properly healed. This is logical; any seepage of blood from an incompletely healed wound is potentially dangerous. It shows one more area in which careful counselling post-circumcision is vital.

With circumcision offering a potential lifeline to countries ravaged by AIDS, many African governments are now considering whether 'circumcision for all' is a policy which they should adopt. Of course, it is one matter to recommend a policy of universal circumcision, it is another to achieve it. Circumcision must be carried out by trained practitioners in sterile conditions. There is indeed a fear that, in a country like Swaziland, if the demand for circumcision is too great for the medical resources available, traditional, untrained practitioners will emerge. Not only might the operation itself be dangerous (witness the deaths each year in South African traditional circumcision camps), the operation carried out in unsterile conditions might also be the means of transmitting the very HIV infection which the operation seeks to prevent.

At the government hospital in the Swazi capital Mbabane they are trying to satisfy soaring demand for operations. Doctors are being trained and are asked to help out on special 'circumcision days' when the procedure is offered free of charge. These occasions typically see about 40 men operated upon, but up to 100 others are routinely turned away because there are not enough professional medical staff to carry out the circumcisions. More doctors are needed. If 200,000 men wanted to get circumcised – a figure deemed conservative – it would require 40,000 operations to be performed annually for the next five years. There is a suggestion that any campaign should first focus on circumcising the 15 to 30 age group as it runs the highest risk of infection.

This is obviously an area where international aid could be of enormous benefit. A programme aimed at training circumcisers and providing sterile clinics in which to operate could be funded. Circumcision is a relatively simple operation and does not necessarily need a fully qualified surgeon (witness the excellent work of Jewish

mohelim) nor fully equipped operating theatres. Good but basic facilities could initially offer circumcision to all males. These facilities would then be available for the circumcision of future boys and men as they reach the requisite age.

This raises the interesting question as to the best age for circumcision in these countries. We are used in the West to circumcision, when practised, being carried out in infancy or early childhood. There are good arguments for this – the operation is trivial when carried out at this age, and there are a range of effective operating techniques – clamps, Plastibell, freehand. In Africa, circumcision is far more practised as a ritual for entry into manhood. In such cultures, this is a powerful motivator – boys willingly submit to circumcision in order to become men. It may well be therefore that the period immediately before puberty is the optimal solution for these countries. Circumcision could then be combined with education about safe sex.

WHO and the UNAIDS Secretariat have convened an international consultation in early March to examine the results of the new trials and assess their policy and programmatic implications for countries. The consultation will address a range of policy, operational and ethical issues that will help guide decisions about where and how male circumcision can be best implemented, promoted and safely performed. Obviously, there are many developments yet to come in the story and I will give up-dates from time to time in the newsletter. I will also explore the implications of the studies for the United Kingdom. At the moment, the studies' relevance is being considered largely in an African context. But are the lessons also applicable at home?

*Ivan Acorn*

## A Bridge Too Far

I was circumcised as a child (late 1940s) and have no recollection of the operation or the reasons why it was done. All I know is that it seemed a fairly common occurrence amongst my school mates and this applied at the local grammar school as well as the local public school both of which I attended.

I had noticed for some time that the head of my penis was unusual when compared with those of others in that it had a bridge of skin attaching the crown of the penis to the shaft on the left side (looking down). This sometimes became sore if not dried properly and did little for the aesthetics of that particular part of my anatomy. After joining the *Acorn Society* and investigating numerous websites, in 2006 I decided that I would discuss the matter with someone or persons on the Circumcisers List supplied by the *Gilgal Society*. I visited two and at the second, Dr D'Silva of the Circumcision Agency based in Luton, I had a preliminary consultation (small fee) and was booked in for an operation under local anaesthetic three weeks later. At the consultation I was told about what would be involved and advised to read the text on the website about pre and post actions to be undertaken by me.

I duly arrived and was met by friendly staff and ushered into a waiting room. Children were obviously being attended to on that day as one could hear them in

adjacent rooms. I was subsequently introduced to Dr Van Bussen, an American practising as a doctor in an adjacent county, who would be assisting Dr D'Silva with my 'revision'. I was given the local anaesthetic and the medics got to work, chatting with me all the while. Within 20 minutes I had had the bridge removed and some excess skin at the back of the shaft had also been removed. I was sewn up and a bandage tightly wound around the shaft and it was explained what post op action I needed to take with Cicatrin powder and bathing. I was left to rest in an adjacent room and after about 30 minutes I was free to leave. I subsequently attended a meeting at Reading that afternoon and even when the painkillers began to wear off there was no pain and only slight discomfort.

I removed the bandaging after about a week and also the remaining stitches – probably the most painful part of the whole business – and called in on the surgery a few weeks later as I was in the area to get the all clear from the doctor. The process had cost me around £325.00 and I am pleased with the result. I was advised that a tuft of skin on the crown where the bridge used to join would remain as the likely loss of blood in removing it could not be justified. Good medics, pleasant property for the operation and friendly staff – good value all round.

*Walt*

## **Survey Of Acorn Society Members 2006**

**[In issue 3/2006, a questionnaire was distributed which asked members to comment on membership issues. Walt has now collated the results.]**

*1 How long have you been a member of the Society?*

- a) Less than a year: 2
- b) One to five years: 14
- c) Six to nine years: 8
- d) Over nine years: 19

*2 If you reside in the United Kingdom, in which county/unitary authority do you live?*

Cambridgeshire 1; Cornwall 2; Cumbria 1; Denbighshire 1; Derbyshire 1; Devon 1; Dorset 1; Edinburgh 1; Essex 2; Gloucestershire 1; Hertfordshire 1; Kent 2; Lincolnshire 1; London (Greater Authority) 3; Manchester (Greater) 5; Norfolk 2; Northamptonshire 1; North Wales 1; Nottinghamshire 3; Shropshire 1; Suffolk 1; Surrey 2; Sussex (East) 1; Wiltshire 1; Yorkshire (West) 1.

*3 If you reside outside the United Kingdom, in which country do you live?*

Ireland 1; USA 3; Australia 1

*4 How did you find out about the Society initially?*

Forum Magazine 8; Internet 11; Word of mouth 1; Gay Times 2; Yahoo Circlist 2; Chuck Thompson 2; Membership of NORM 1; Friend 8; Magazine advert 2; Magazine article 1

5 *Has membership met your aims in joining?*

Yes: 41

No: 2 – one of whom was disappointed that it had not led to meeting/contacting others.

One response per comment unless shown otherwise:

Fascinated by circumcision; knowing others were interested in non-religious circumcision 6; informed decision on circumcision 3; good discussion on issues and procedures 2; enjoys reading views of others 2; living abroad makes 'involvement' difficult; reading both sides of argument; erotic pleasure; well edited newsletter; seems to be few uncircumcised members (!); good information on penile topics 2; would like to see the Society's constitution; good articles 2; met interesting people; great service; balance of pro and anti; meetings can lead to enjoying status; need better contact between members.

6 *The subscription fee provides for six editions of the newsletter per year. Do you find the newsletter interesting and what improvements/topics would you wish to see in future?*

35 found the newsletter interesting

Inputs and topics:

More of the same; more member experiences; pictures are good 2; no more school accounts; well edited 2; more natural state items; more info on who is circ'ed and who isn't (presumably people of note); can be dry and clinical.

Some fictional stories; update annually on doctors and provincial circumcision costs and results obtained; individual experiences; military circ'd experiences; colour photos; contact corner; circumcision styles; female comments on male circumcision; list of inexpensive circumcisers; more personal accounts 4; pay more for monthly newsletter; could be more interesting with more personal experiences; no fetishes.

7 *The Society attempts to hold one national (UK) meeting a year and in recent years this has been held at Leicester, in November, usually on a Saturday.*

a) *Are you interested in attending these meetings?*

Yes: 20

No: 19

Maybe: 4

Comments: depends on agenda; like to meet like minded souls; no need to attend as get all info from newsletter.

b) *In favour of Leicester:*

Yes 15; No 14

Leicester is too far; Leicester is OK but not city centre.

If “no”, where would you prefer to have these meetings?

Within or close to M25: 1; Closer to Devon: 1; London centre: 4; Manchester: 3; Move around the country: 2; A fun location: 1; South East England: 1; York: 1

c) Is November a convenient month for you?

Yes 22

No 5

If “no” which month would you prefer?

Alternatives: prefer Feb/March; March/April; Sept/Oct; October 3; Bonfire night weekend caused a problem for pet owners.

d) Is a weekend meeting convenient for you?

Yes: 21

No: 3

If “no” when would be more convenient and why?

Prefer mid week 3; single day only.

8 The meetings have tended to be informal, without a particular theme, each year. Is there a topic that would entice you to attend if it was billed as being a special presentation with a knowledgeable presenter? Please describe:

Circumcision instruments and techniques; a presentation by Dr Zarifa; meetings need better direction; a talk by a religious circumciser; presentation by a surgeon; contributions by those unable to attend actual meeting; formalise the meeting to get constitution and committee sorted; talk on tribal and religious circumcision; circumcision styles and merits; female views 2; AIDS/circumcision studies; better meeting structure; adult elective circumcision; advance distribution of agenda; foreskin restoration; talk from someone who has attended a circumcision; film on tribal circumcision.

9 Do you have any ideas which could be considered for widening the awareness of the society and/or increase the participation of its membership in the Society’s meetings, newsletters and other activities, irrespective of whether you live in the UK or not? Please bear in mind that funds are not unlimited. Please describe:

(Some seem to relate to meetings)

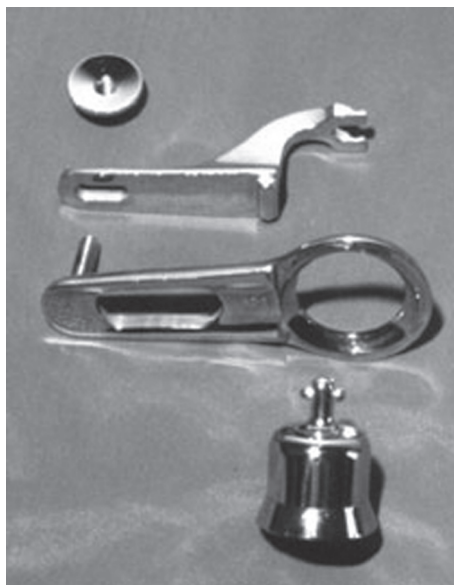
New members welcomed and introduced; widen options for discussion; get interviewed in magazines; take adverts in Forum 2; get other websites to allow links to ours; more about enjoyment of being circumcised or not; report of AGM to be sent out; better advertising 6; need to define Society’s purpose; hold meetings in sauna; nude swimming; advertise in newspapers; female views; member to member contact; more member email details; provide stand at events; penile health; introduce a contacts section.

## Circumcision Techniques 2

### The Gomco Clamp

There are a number of clamp devices available to aid circumcision. They are all designed in one way or another to crush the foreskin and cut off the blood supply. With some clamps, the foreskin is then excised immediately; with others, the clamp is left in place until the skin necroses and the clamp falls off of its own accord. The Gomco clamp is of the former type so that the operation is completed before the clamp is removed.

The Gomco clamp has four parts. The first part is shaped like a plunger with a hollow bell and a stud on top. The bell fits over the glans and protects the glans during the operation. There are various sizes and one appropriate to the penis of the person being circumcised is chosen. The second part is a base plate which has a hole at one end and a screw bolt at the other. The hole is fitted over the bell and the foreskin is drawn through it. The third part is a top plate (or rocker plate). One end fits to the stud of the bell, the other over the screw bolt on the base plate. The fourth part is a nut which fits onto the screw bolt. As the nut is screwed on, the base plate tightens over the bell and exerts a crushing force on the foreskin at the junction of the bell and plate. The clamp is left on for a few minutes to achieve haemostasis and the foreskin can then be excised.



The operation is carried out as follows. First local anaesthetic is injected at the base of the penis and allowed to take effect. The foreskin is then grasped on either side of the midline with two haemostats, taking care to avoid the urethral meatus. A third haemostat or other instrument is carefully inserted into the preputial ring down to the level of the corona. The instrument is used to tent the foreskin away from the glans to avoid the urethral meatus. It is then gradually swept around the glans on both the right and left sides, to separate any adhesions between the inner mucosal layer and the glans.

The foreskin is then grasped between the haemostat on the dorsal aspect (the upper side of the glans) from the tip of the foreskin to a point of the foreskin about 1 cm from the coronal sulcus. The foreskin is then crushed along this line to prevent bleeding when the foreskin is cut. Taking care to avoid the glans, the crushed skin is now cut along this line with blunt-tipped scissors, thus creating a dorsal slit. The foreskin is peeled back from the glans, ensuring that all adhesions



have been separated and the glans and sulcus are completely exposed. Failure to completely free mucosal adhesions from the glans penis so that the entire coronal sulcus is exposed is the most common reason for a poor cosmetic result. If the adhesions are not completely separated, not enough mucosa will be removed and the glans will not be completely exposed.

The foreskin is drawn back over the glans with the haemostats and the foreskin is checked to ensure that the mucosa is separated from the outer skin. The bell of the Gomco clamp is now inserted over the glans. The hole of the base plate is manoeuvred over the bell and the foreskin so that the hole sits on the bell near its base, catching the foreskin between it and the bell. The foreskin can be temporarily held in place with a safety pin through the two edges of the dorsal slit. The amount of skin to be excised is evaluated and the amount drawn through the hole may be adjusted for length and symmetry. The amount of



penile shaft skin to remain after circumcision should be assessed before the actual circumcision. One way to do this is to mark the circumference of the shaft skin with a marker. Sufficient skin should be excised for the glans to be fully exposed after the operation. Otherwise, there is a danger that the skin will adhere to the glans during healing, creating the need for a further operation at a later date.

The rocker arm (top plate) of the Gomco clamp is now attached and brought around into the notch of the base plate. The nut is tightened, crushing the foreskin between the bell and the base plate. The clamp is left in place for a few minutes until clotting and coagulation have occurred. A scalpel is now used to excise the foreskin at the level of the base plate. The nut is then loosened, and the top and base plate are removed from the bell. The shaft skin is then eased off the bell at the line of incision using a gauze with mild traction.

Provided sufficient skin has been removed, the incision line should lie on the shaft of the penis below the corona. In an infant, there should be little or no bleeding along the scar line which should heal naturally within a few days: older children and adults will require the line of the cut to be sutured. A bandage will then be applied to limit swelling and keep the wound clean during healing.

For those with access to the internet, there is an excellent training video on the use of the Gomco clamp at <http://newborns.stanford.edu/Gomco.html>.

*Ivan Acorn*

Though circumcision is a minority condition in Britain, I disagree with D.H. (issue 6/2006) that there are “pathetically few male circumcisions”. True, less than 1% of babies are routinely circumcised (excluding those for religious reasons), but there are about 30,000 NHS hospital circumcisions each year. Hardly pathetically few; and then there are the circumcisions in doctors’ surgeries, private clinics, and by mohelim at home or in the synagogue (on about 2000 Jewish babies annually). Most of the therapeutic operations are conveniently undertaken in late infancy before school, between primary and secondary education, or before puberty. D.H. should have stated that routine infant circumcisions were few, but not circumcisions!

The concept of ‘total circumcision’ presented in the same edition under the title ‘Bridling’ rather astounded me in its severity. It is clearly intended to maximise the reduction of sensitivity, sexual pleasure and skin mobility, exposing both the glans and its sulcus even when the penis is flaccid. (Most may be aware of the radical freehand surgery so popular in the mid 20<sup>th</sup> century. In my form at school in the 1950’s, 45% were radically circumcised, including me; of course that was before the advent of the Plastibell and its UK adoption by physicians and surgeons.)

Total circumcision as described requires the removal of practically all foreskin, inner membrane and frenulum, discouraging handling, masturbation and eroticism, minimising penile stimulation during intercourse. This is the ultimate bridling of male sexuality, a puritanical measure indeed, rendering baby boys chaste for life. How Dantesque!

Mentioned is the ‘circumcision rite of the Hebrews’ with the lamentation that it did not become law or custom everywhere. Note that Jewish circumcision is neither ‘total’ nor ‘radical’ in the accepted sense, as it removes very little of the inner membrane and leaves the frenal area untouched. After the adhesions have been broken, the foreskin of the baby’s erect penis is stretched forward. More of the outer layer is drawn forward than the mucosa. The shield is applied at an angle greater than the slope of the glans so cutting avoids the frenulum and most of the mucosa. After cutting, the outer layer retracts over the glans leaving the inner mucosa covering all but the tip of the glans, including that bearing the frenulum. The mucosa is torn and reflected back over the glans to join the cut edge, and bandaged in place after peri’ah (mouth or cup suction). Two strips of lint are applied.

Most of the erotic tissue is thus retained, assisting the sexual function in later life. Because no sutures are applied, the possibility of stitch tunnels is eliminated. Skin bridges are never encountered as the reflected mucous membrane is bandaged against the shaft throughout healing, avoiding any glans contact.

I feel circumcision is a matter of individual choice and shouldn’t be imposed on unconsenting babies for puritanical or fanatical reasons. However done, RIC deadens, desensitises, diminishes and destroys – not much of a legacy for life, although the Jewish and Plastibell circumcisions are the least drastic. In a book,

Paul McCartney's brother revealed that both boys had been Jewishly circumcised, the Queen's sons were attended to by a mohel, whilst babies circumcised for non-religious reasons are now usually 'Plastibelled'. Circumcision, yes, but kinder.

*Anthony – Devon*

## Turkey Neck

In 2004 I had a re-circumcision performed by Dr Zarifa at the Custom House Surgery, London. "As tight as possible" was a special request on my part. The circumcision scar is now between 2 and 3 cm above the glans. There is so little remaining penile shaft skin that it never rolls forward, no longer forming a 'collar' on the sulcus as was the case prior to my re-circ.

As can be seen from the photo, the scrotal sack is pulled noticeably forward on my tightly circumcised penis during erection. Even so, there is no discomfort as a



result of the re-circumcision, only a pleasurable tug on the glans. It would therefore interest me to know whether any circumcised *Acorn* readers feel some discomfort from a forward tug of the scrotum, known as 'turkey-neck' by Americans. Also, has anyone circumcised as an adult noticed glans enlargement after having been permanently freed of foreskin – my glans seems to have increased in girth after my re-circ?

I am aware that the cash-strapped NHS will only circumcise if a Consultant recommends it, but as circumcised men are much less likely to become HIV infected, one really has to ask oneself why the procedure is not more easily available on the NHS. If done on infants with a Gomco clamp or Plastibell device, it could be carried out on a routine basis at minimal expense.

*G.B. – Kent*

## Out Of The Window

In an edition of *Out Northwest* last autumn, an advert for the Terrence Higgins Trust showed a page of penises. Out of 21 cocks, only three were cut. This is now the trend of today. Circumcision has gone out of the window, no longer in fashion as it was some 30 or 40 years ago. As most young men nowadays are uncut, so will be sons born to them. Most young girls who get pregnant have never seen a circumcised penis and I'm sure don't even understand the word as it is something they have never come across.

I can foresee a time when circumcision will only be performed on religious grounds. This is a pity as a cut cock looks so much better and is so much easier to keep clean.

*D.B. – Lancs*

## Advocating Full Circumcision

The article 'Bridling' (issue 6/2006) quotes pro-circumcision comments from Victorians. They seemed to have the right idea about advocating full circumcision with total frenulum excision, although perhaps for the wrong reason. Today we would agree that boys should be circumcised but for cleanliness, aesthetic and sexual reasons. Pain and soreness as a boy provides better health, appearance and sexual results for life. Full radical circumcision should be carried out to provide a penis a boy can be proud of, with a totally exposed knob and tidy scar, the shaft skin cut back very tight and every trace of frenulum removed.

I also enjoyed H.F.'s article 'My Muslim Son – Part III' (issue 5/2006) on the circumcision of his youngest son, aged eight years, this being done so that he complied with his grandfather, father and brother – all cut. Other families could well follow his example. I personally agree with Adam (issue 3/2006) that 11 or 12 is a good age for a boy to be circumcised. I am aware that circumcision can be carried out at any age, from RIC to adulthood; but immediately prior to puberty a boy can understand the reasons for and the results of his foreskin and frenulum being totally removed.

*D.B. – New Zealand*

## Harry Potter In The Nude!!

Well, it is actually Daniel Radcliffe, the 17 year old who plays Harry Potter, who is in the nude. I note from the *Acorn* newsletter that members voted: 'Celebrities – who is cut and who is uncut' the 14<sup>th</sup> most popular topic. Unfortunately Daniel Radcliffe is uncircumcised which I suppose is not too surprising considering his age and the current anti-circumcision thinking in England. For those who want to see the nude picture of Daniel Radcliffe they need to go to: Google search – Images – Daniel Radcliffe. Page 1, about half way down the images, click on 'Daniel Radcliffe slammed for smoking', scroll down

the page and you will see a full frontal nude picture of Daniel Radcliffe with a horse behind. I know how unreliable some images can be and many people put up 'scam' photographs but I think this one is genuine as Daniel Radcliffe has a leading role in the play *Equus* which opened on 27<sup>th</sup> February 2007 at the Gielgud Theatre, London W1. Using a fake would therefore seem to be pointless as all is revealed during the play. The page also gives a web site: [http://thebosh.com/archives/2007/02/daniel\\_radcliffe\\_slammed\\_for\\_smoking\\_going\\_nude.php](http://thebosh.com/archives/2007/02/daniel_radcliffe_slammed_for_smoking_going_nude.php). I have not visited this site so cannot advise what else is on it.

*C.B. – Cornwall*

[Editor's note: The picture referred to by CB is printed below. Members will come to their own conclusions but I have some doubts about authenticity. First, the photo looks like one from the publicity set. Would the photographer taking the publicity shots really have risked his career by releasing a nude shot when the source would be obvious? I also doubt that Daniel would even have been required to remove his knickers during the shoot. Second, Daniel's torso is slim with little musculature. The thighs in the photo are by contrast very well developed and muscular. Do the two halves of the body fit?



Further doubt on his intact status is cast by an interview Daniel apparently gave about two months ago to an Australian early morning news and chat programme. He said that his mother is Jewish (father not) – and that he is not religious at all. The interview is on

youtube (<http://www.youtube.com/watch?v=qp7IlvZuGdU>). Since the mother married out, she would not necessarily have had Daniel circumcised. But since the racial line is through the mother, Daniel would be accepted as Jewish and it would have been prudent of his parents to arrange a bris in case he wanted to claim his religious inheritance at a later date.

All this speculation could be put to rest by a front stalls view at the Gielgud. Has any member been? If not, your Editor might just have to sacrifice himself and purchase a ticket in the interests of establishing the truth!]

## Contact Corner

**L**ong term member of *Acorn* who enjoys being circumcised would like to correspond with others, particularly any considering circumcision.

*R.W. – Surrey*

## All Hands On Dick!

I read Ivan's article on 'Bridling' with immense interest and not a little amusement. The Victorian attitude on the value of circumcision in curbing masturbation is almost beyond belief. Did they really believe that circumcising boys (and men) would really lead to a "maximum reduction of erotic sensations that lead to masturbation in children and uncontrollable sexual urges in youth and unmarried adults"? As far as masturbation is concerned, the males of the world are divided into two groups – those who say they masturbate and those who lie about it. As is well known, most of the *Acorn* membership has been circumcised and every one of us has masturbated at some time in our lives. And I would bet that the majority still does it. I have to go along with what Mae West said about sex (not that she talked about much else) when she said, "Sex is like a game of bridge. If you haven't got a good partner, you'd better have a good hand." If you don't have a regular partner in life, then you can't fail by pleasuring yourself with your right (or possibly left) hand. On discovering the joys of masturbation at a very early age I have continued to enjoy it on a regular basis. Some men feel a bit ashamed of admitting to masturbation in adulthood, but can there be a more harmless activity that promotes maximum pleasure?

I can say without a trace of doubt that my enjoyment of masturbation increased enormously after I was circumcised as a young man. Gone was the slackness that so masked the full pleasure of a self-induced orgasm. Before being circumcised, it really was like the old adage that it was like eating chocolate with the wrapping still on. My circumcision completely liberated my cock to terrific sensual pleasure and there was absolutely no 'bridling' effect whatsoever. To be honest, I soon felt that I hadn't been circumcised tightly enough and went for a second circumcision a year later. Sex was now even better than before. My shaft was tauter and I seemed to have no difficulties in getting an erection that led to a wonderful explosion of delight when I came. Like virtually everyone reading this article, I have never had the slightest regret in getting circumcised. Whilst my techniques in masturbation may have changed a little to accommodate the increasing tightness of the shaft, there has never been a moment's doubt that I am not in a position to fully appreciate masturbation. After the first circumcision I could still jack-off 'dry', but with the second, I found that it was much more pleasurable to use a little lubricant. My preferred one is baby oil rather than the traditional Vaseline as it allows for a full stroking technique from base of shaft to top of the knob. This way every bit of my cock receives maximum attention.

So despite what the Victorians would have us believe, masturbation is not evil and on being circumcised it is not even remotely 'unrewarding'. I certainly concur with the belief that circumcision is to "remove a defect in man's formation" but on the physical side rather than spiritual. In all my years of having been circumcised, I never found the slightest loss of sensitivity and it had absolutely no impact on my 'moral shortcomings'! So much so, that after many years of prevarication, I finally went in for a third circumcision last year. There always seems to be a desire in roundheads that you can always go a little further in achieving the desired effect of a drum-tight shaft with no noticeable movement. As my first circumcision was

low, the subsequent ones had to continue in that style. I realised that I could never have the much-wanted 'high-and-tight' cut that we associate with the Americans, but as far as I was concerned, the tighter the better would suffice. So I have now got what the article refers to as a 'total' circumcision – in their eyes (and mine!) a highly desirable result. Once the scar had thoroughly healed, I found that erections were almost unbearably exquisite in their tightness as the skin stretched and strained to fit my new perfectly smooth shaft. I also had the remains of the frenulum completely removed, which I feel gives my cock a much more aesthetically pleasing look. The wait to try out my third circumcision was frustrating but I felt sure I would be rewarded for my patience. Needless to say my first jack-off was performed with just a little caution, that was quickly carried through with vigorous abandon. There was no play in my shaft at all which was exactly what I had hoped for. Since then, I have continued to self-pleasure myself whenever I felt like it without any feelings that being circumcised had 'counteracted excessive lust.'

I get the feeling that routine infant circumcision continued in Britain for so long because whilst men could say they thought it was a good idea morally and hygienically, they actually knew how gratifying it was sexually. To say that it didn't prevent masturbation would be to admit that a man had had a great time in his youth! Forget the term 'self-abuse', it is so loaded with guilt. Think more of it as 'self-satisfaction'. So why deny your sons the fun you had yourself once circumcised?

Oh yes, as far as the title of this article is concerned, I admit to borrowing the name of an 'educational' film (thinly disguised porn) I once saw. It promoted the immense value of masturbation as the best form of ideal safe sex, which I cannot argue with. And as the film was American, all the men in it had tightly circumcised cocks and had not the slightest difficulty masturbating to copious climaxes. Good for them! (And good for us.)

*Peter – Manchester*

## Tight Circumcision

I appreciated the editor's story and pictures in issue 1/2007. The shaft skin is very smooth, the perfect result.

I'd like to make one small observation on the matter of sensitivity: I think that it can take up to about 8 or 9 months after a circumcision to regain FULL sensitivity; about 90% comes back quite quickly but that last little bit does seem to take some time.

A little observation of my own, and one which I obviously fully support, is the move to very tight circs over the last year or so. Much of the correspondence from UK men on the various internet groups has been about requesting and getting tight circumcisions/revisions. Quite different to the state of affairs over here when I had my original circ almost 30 years ago, when there was no information whatever about such things as styles and methods. What a pity we've had to wait this long to get the fuller picture.

Certainly Dr Zarifa seems happy to provide virtually as tight a result as anyone could want. I also think that the results he gets are at least as good, in aesthetic terms, as the pictures included on Dr David Cornell's own website. I also saw a report on a satisfied customer of Morris Sifman – I went to see him about a year ago before my last revision, but he was keen to avoid using sutures, using a tight strapping instead, which I was worried would not hold. In this instance he suggested to the patient that he might not use sutures, but the patient was strongly against the idea and insisted he did use them, which he did. Perhaps I should have been firmer against the idea, but Dr Sifman was so adamant that I did not feel I could go against his recommendation if I allowed him to do the job. A pity, as I would have enjoyed being the owner of a genuinely Jewish circumcision – the mohelim do seem to do a good job on others, possibly because they remove all the inner skin to get a good and tight result.

Does anyone know of any other doctors around at the moment who are highly regarded, other than Drs Zarifa, Sifman and D'Silva? I often reply to letters asking for suggestions of suitable surgeons, and would have thought that a few other names might be cropping up occasionally.

*C.F. – East Sussex*

## Petition To The Prime Minister

The Downing Street website now allows members of the public to mount electronic petitions to the Prime Minister. One of the most publicised in the recent past has been the petition against road pricing which gathered over a million signatures. But at the end of March, a petition about infant circumcision appeared, urging the Prime Minister to make adequate provision for access to infant circumcision on the NHS. The petition reads as follows:

“We the undersigned petition the Prime Minister to facilitate the provision of access to prophylactic neo-natal circumcision in NHS hospitals.

“Recent months have seen more evidence accrue in favour of the health benefits of circumcision, which is best performed neonatally. However, unlike in countries such as the USA, there is a complete lack of adequate provision for circumcision in NHS maternity hospitals and units, except in a few areas which cater to sizable Muslim populations. Circumcision reduces the risk of HIV infection by over 50%, the risk of urinary tract infections by a factor of 12, penile cancer by a factor of 22, prostate cancer by 50%, and also cervical cancer in partners. Current policy and provision should be amended to reflect the scientific evidence, and this option should be made available for all new parents.”

Go to the website <http://petitions.pm.gov.uk/circumcision/#detail> if you wish to sign the petition. The closing date is 23<sup>rd</sup> March 2008. I will keep members updated in future newsletters about the numbers of signatures the petition attracts.

*Ivan Acorn*



# ACORN

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N° 3 2007  
Editor  
Ivan Acorn

## Editorial

Summer is here and many of you will be heading for the beaches. This will be an ideal opportunity for our naturist members to check out the status of the European male. Remember that we will be interested to hear of your observations, particularly according to age. Are there any young cut men out there or is circumcision really a dying custom?

Sensitivity is raised in several articles this month. One new member considering circumcision is naturally concerned as to whether he will be sacrificing any sexual pleasure. Two other contributions indicate that he may be – to a greater or lesser extent. Research does not necessarily support this conclusion and I hope to devote a future editor's column to this issue. In the meantime, I would like to gather anecdotal evidence from members – especially those of you circumcised as adults. Was the sexual experience for you more or less pleasurable after circumcision, and in what ways, if any, did sensations differ? Let me know your conclusions and I will print them either as part of my article or separately.

*Ivan Acorn*

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### Is circumcision against nature?

The foreskin consists of healthy tissue and is a fully functioning part of the penis. In routine circumcision, the foreskin is excised for no good medical reason. Circumcision is therefore against nature and is a violation, some would say a mutilation, of the body.

These are potent arguments and they cause great concern to parents considering whether to have their baby boy circumcised. Can it be right to remove a healthy part of the body in this way? Is it even moral so to breach the integrity of the baby's body and his rights as a human being? Parents may well be convinced by the arguments that circumcision is an offence against nature and so decide to leave their son intact.

But what, we might ask, does natural and unnatural mean as far as the human race is concerned? All living species are the product of evolution. Over millions of years, each species of life has evolved, gradually adapting to its environment to ensure best its survival. Nature is full of the wonders of such evolution and adaptation. Thus the camel evolved to survive in drought conditions, the polar bear in extreme cold. The process of evolution is one of constant improvement in the living entity so that it can better survive in its environment.

Man, like all the species with whom he shares the planet, followed the same evolutionary path. But at a certain point in his history, an important change came about. Impatient with the painstakingly slow process of evolution, man started to adapt his own body, first through medicine, then through surgery. The purpose of the body's immune system is to fight disease. The immune system has been honed during the evolutionary process, a very real example of the survival of the fittest. Those whose immune systems were inferior quickly succumbed to disease whilst those with superior immune systems survived to pass on their better quality genes to succeeding generations. But then man found how to give the system a boost or a helping hand, originally through plants and herbs, which have gradually been developed into the vast array of pharmaceutical drugs available today. Similarly surgery has progressed from crude amputations and removal of tumours, carried out in unhygienic conditions without anaesthesia, to today's sophisticated range of surgical techniques.

Vaccination carried the process one stage further. The immune system can now be 'taught' to 'recognise' and eliminate potentially serious or fatal diseases. By these means, smallpox and polio have been virtually eliminated and rubella is no longer the scourge of the pregnant woman with its deadly threat to the foetus she is carrying.

Medicine continues to advance. With the unlocking of the human genome, the role of individual genes in particular diseases is being identified. Gene therapy holds a real potential to eliminate diseases and conditions which today have no cure.

Man has come a long way from his naked origins and probably has much further to go. When the mechanism of ageing can be fully identified, man may well become immortal in an earthly sense, with all the benefits and problems that will bring. So is man still 'natural'? The answer must be 'no', if we consider any modification to the body and its workings to be unnatural.

So where does circumcision fit into this picture? The origins of circumcision are lost in time. Some suggest that it was introduced as a religious rite – as it remains for Judaism and Islam today. But this does not explain the existence of the operation in widely different geographical areas of the world – the Middle East, many parts of Africa, Australasia. Religions are very good at incorporating established practice into their rites as a way of embedding religious belief into the community. This is probably how it worked with circumcision, i.e. circumcision was a practice which was already in existence and which religions then adopted. So why should circumcision have come into existence in so many different places throughout the world? The answer must be utilitarian – circumcision was found to be a useful practice. Why should this be?

The glans is the key part of the penis as far as sexual functioning is concerned. It is ideally shaped to facilitate penetration of the vagina during intercourse. It is the depository of the sensory nerves which give pleasure to the male and which when sufficiently stimulated brings orgasm and ejaculation. When the penis first evolved, man was still in his naked state. Protection of the glans against damage from the natural habitat – brambles, bushes, insect bites, even the sun's rays – was important. Thus the foreskin came into being to provide the necessary cover – neatly designed to withdraw at the crucial moment to allow full exposure of the glans. But then, when man started to wear clothes, the foreskin obviously began to cause problems. At that point it started to be judged as inconvenient, superfluous to requirements and better excised.

It is not hard to conjecture what those reasons might have been because they are still with us today. First balanitis – irritation of the foreskin and glans. It is probably no coincidence that circumcision tends to be endemic in hot countries. Where humidity is high, the space under the foreskin can easily become damp and the humid environment encourages the growth of bacteria and consequent inflammation and infection. Where the atmosphere is dry and the environment dusty, dirt and grit can penetrate the space under the foreskin causing severe irritation. One can well envisage a situation where a large proportion of the male population was affected by such symptoms which the removal of the foreskin was found to relieve and cure. It is then a small step to introducing universal male circumcision as a preventive measure.

Second, we have phimosis and frenulum breve. Probably between 5% and 10% of males have a malformed foreskin in that it does not retract back over the glans, or, if it does, the frenulum is so tight that tension causes pain. Such malformations inhibit sexual intercourse, impregnation of the woman and hence continuation of the race. In conditions where child mortality is probably high, anything which further threatens the production of the next generation is a threat to survival itself. With a relatively high proportion of men being affected by such

problems, it is better to eliminate the potential problem in all men – thus all males are circumcised.

So circumcision came about as just another of those measures which man took to give evolution a helping hand and adapt himself to the prevailing conditions. Is the situation any different today? We still have a situation where a relatively high proportion of males require circumcision for medical reasons as boys or men with all the additional costs, inconvenience and embarrassment that causes. We still have hot, humid or dusty environments where the foreskin can easily become prone to irritation and infection. We have growing evidence that the removal of the foreskin gives some protection against urinary tract infections in infancy and sexually transmitted diseases, including AIDS, in adults. The case for prophylactic circumcision is still as strong as ever.

So, is circumcision against nature? Surely, circumcision must be viewed as just one of the many means by which man has come to terms with his body and his environment. The conclusion must be that circumcision is only against nature if man's progress itself is against nature. To condemn circumcision as unnatural is similarly to condemn as unnatural the whole development of medicine over the past thousands of years.

Parents have many pros and cons to consider when deciding whether to have their sons circumcised. But the 'against nature' argument should not detain them – it is spurious and should be dismissed as such.

*Ivan Acorn*

## The Circumcision Fetish

The exposed glans undoubtedly has a fascination for many men. Mine started from the age of eight, when I first discovered that I could pull back my foreskin. At boarding school I was envious of those who had been circumcised, so I started becoming a skinback, first for a few minutes at a time, then gradually extending the period to a whole day, a whole week, and even a whole month. I was lucky that the geometry of my penis is such that the foreskin would stay retracted behind the prominent corona.

Puberty brought with it embarrassing moments, because, although I had experimented with skinbacking, I could not bring myself to make this the permanent state. Every night I would go to bed with a covered glans, only to awake with it naked, causing frequent wet dreams. So I gradually accustomed myself to more and more of the skinned-back state, although I could not bring myself to appear in this manner when naked on public nude beaches until the age of 30, when I finally decided that this would be my normal state.

However, this did not diminish my inner desire to be 'properly' circumcised, so, thanks to the internet, I achieved my ultimate goal on 4<sup>th</sup> December 2001, but not without problems.

I had agreed to have a circumcision and a frenulectomy, as the frenulum had always been somewhat tight and pulled the glans down when fully erect (see



picture 1). But the first op was not satisfactory so I returned for another, which proved to be a real 'cowboy' effort. Realising that I was not getting what I wanted, which was a smooth underside, with no pulling on the glans, I complained again and this time was given the full job, which actually turned out to be very painful, as the doc had to inject into the glans itself. But the result was good.

How do I feel six years later? No regrets, but a degree of disappointment. There is a loss of sensation with the removal of the stretch sensors that were in the foreskin, and the frenulum area is less erotic. Intercourse is still good (when I can get it!) and masturbation is still enjoyable, though different. But, I am convinced that circumcision is not for every man, as the result will differ according to each individual penis. The perfect penis does not need circumcising. Now, what is the perfect penis? How can it be described? Who has one?



*D.B. – Notts.*

## Circumcision Techniques 3

### The Plastibell

The Plastibell device is a disposable, single-use circumcision aid, designed to circumcise by strangulating the blood supply to the foreskin. The device consists of a plastic bell with a handle attached at the apex. The bell, which fits over the glans, has a groove close to its rim. The foreskin is partially slit so that the glans can easily be exposed and the appropriate size Plastibell is placed in position. The skin is then pulled forward over the bell, and a tie is fixed tightly around, compressing it into the groove. The surplus skin is cut off in front of the tie, which prevents any bleeding. The snap-off handle of the Plastibell is then removed, leaving the ring in place. In 5-10 days the ring, with the tie and the fringe of now dead skin in front of it, falls off leaving a clean, healed line.

The first part of the operation is carried out in the same way as for a Gomco clamp. First local anaesthetic is injected at the base of the penis and allowed to take effect. The foreskin is then grasped on either side of the midline with two haemostats, taking care to avoid the urethral meatus. A third haemostat or other instrument is carefully inserted into the preputial ring down to the level of the corona. The instrument is used to tent the foreskin away from the glans to avoid the urethral meatus. It is then gradually swept around the glans on both the right and left sides, to separate the adhesions between the inner mucosal layer and the glans.

The foreskin is then grasped in the haemostat on the dorsal aspect (the upper side of the glans) from the tip of the foreskin to a point of the foreskin about 1cm from the coronal sulcus. The foreskin is crushed along this line to prevent bleeding when the foreskin is cut. Taking care to avoid the glans, the crushed skin is now cut along this line with blunt-tipped scissors, thus creating a dorsal slit. The foreskin is peeled back from the glans, ensuring that all adhesions have been separated and the glans and sulcus are completely exposed. Failure to completely free mucosal adhesions from the glans penis so that the entire coronal sulcus is exposed is the most common reason for a poor cosmetic result. If the adhesions are not completely separated, not enough mucosa will be removed and the glans will not be completely exposed.

The plastic bell is now slipped over the glans and the incised foreskin is pulled over the top of it. The incised foreskin is brought forward until the apex of the incision is above the string placement guide on the device. It is essential that the foreskin is pulled sufficiently forward so that the Plastibell removes an adequate amount of foreskin. However, the skin should not be pulled too tight before being tied off. This is because if pulled very tight there will be considerable tension backwards after the bell has been tied in place. The end of the bell will be pulled into the glans and may easily compress the urethra to the extent of making urination very painful, if not impossible.

The foreskin is clamped across the handle of the Plastibell with a straight clamp to keep it in place. The string is placed around the foreskin and the Plastibell

device in the groove that acts as the string placement guide. The area is examined to make sure the device has not slipped out of place and the apex of the incision is distal to the placement of the string. The string is then tightened and tied in a simple square knot. An adequate result is obtained when the skin just distal to the string blanches without the string breaking.



The excess foreskin is excised after the knot is tied. This reduces the volume of dead foreskin which will drop off. The handle is then broken off the device. The thread cuts off the blood supply to the foreskin which withers and drops off, taking the Plastibell with it, in 7 to 10 days.

Sufficient local anaesthesia should be given to ensure at least 2 hours continued anaesthesia after the operation. The action of the thread in the groove of the bell is such that within this time not only has the blood supply been cut off from the foreskin, but the nerve endings at, and forward of, the

thread are rendered ineffective. All the boy will feel is a slight pressure from the bell on the glans. Because no stitches are used with a Plastibell there is no need for dressings, antibiotics, etc which makes things very much simpler, especially with young children who cannot easily co-operate.

As noted above, the foreskin should not be pulled so far forward as to put it under undue tension. This necessarily results in a looser circumcision than can be achieved with the Gomco clamp. Furthermore, the frenulum is protected by the bell and will never be cut when using the Plastibell. The position of the scar line behind the glans is determined only by the distance from the back of the glans to the groove in the bell. For a given glans circumference (and hence Plastibell size) the longer the boy's glans the further back the resulting scar line will be and the looser the circumcision will be.

The Plastibell has gained some favour in Denmark as a means of carrying out a partial circumcision; most boys there are left natural and leaving some foreskin makes a circumcised boy less 'different'. On the other hand, it is also very popular in Saudi Arabia where a fully uncovered glans is required. Thus the extent to which the skin is pulled forward before the tie is applied can give a range of outcomes, though a certain amount of free skin usually remains.

Only small size Plastibells are generally marketed and hence the method is only suitable for pre-pubescent boys. The largest Plastibell generally commercially available in the United States and Great Britain is designed to fit the 'average' 11-12 year old boy. Well developed boys of this age may well have too large a glans to use the Plastibell, whereas very late developers may be able to be circumcised with it to 14 or so years old. Determining the appropriate size of the device is

important. A fit too small can cause tissue strangulation and necrosis, and one too large may result in too much foreskin being removed and penile denudation. The Plastibell is primarily used on infants in the United States. The Plastibell is used in nearly 60% of all routine infant circumcisions in the United States with 39% being done by the Gomco Clamp.

The advantages of the Plastibell are:

- No bleeding
- No infection since it is difficult for infection to ascend beyond the point where the circulation is cut off
- Little pain since the clamping cuts off the nerve supply
- No dressings required
- A neat symmetrical circumcision line

The main disadvantage is the relatively loose cut and the retention of the frenulum. However, if the circumcision is performed in infancy, the excess skin, if not too great, may be 'absorbed' as the boy grows and the frenulum may fail to develop fully.

*Ivan Acorn*

## A Sensitive Question

I have just joined the *Acorn Society* and received my first issue of the newsletter. Something that immediately concerned me was the idea that the *Acorn Society* should become exclusively pro-circumcision. The *Acorn* web site seemed to stand against this taking-of-sides, which is precisely why I joined. The other organisations all take sides, and for that reason I had no interest in joining any of them. I hoped that I would find one that served the pursuit of truth rather than an agenda. Surely, the whole purpose and value of the *Acorn Society*, and probably what makes it unique, is that it should encourage objective and honest discussion from both sides.

There are still areas that need full examination and research, and one of these interests me particularly. It was touched on by the editor in the last issue. I was circumcised at the age of four, and so I have never had the opportunity to know how circumcision affects sexual sensation. This is an answer that only those who have had the operation during sexual maturity can give, and I believe it is based on a question that has troubled many of those circumcised during infancy. I was surprised this didn't reveal itself in the survey. Perhaps, generally, some of those who have been cut are angry because they fear they have lost sensation that was their birthright in a natural, uncut state, and consequently speak out against the procedure; or perhaps some others have sought comfort by deciding, regardless, that no loss of sensation has occurred, and so encourage others to be like them.

I really don't know what the objective answer is, but it could be achieved from some simple and honest research, with the possible distortions of attitude factored



in. There has been a little scientific treatment of this area. For example, I came across an article, 'The prepuce: specialized mucosa of the penis and its loss to circumcision' (*British Journal of Urology*, 1996, vol. 77, pp 291-295), available in any university medical library. This indicates that the normal foreskin has an important role in sexual sensation. Of course, bias can (but should not) enter medico-scientific articles, but at least they are presented in a way that enables full analysis and criticism. I must confess I would rather have been left uncut, if only because that was what nature intended and I remain unsure about what I might have lost in sexual sensation. It seems such an important, interesting but neglected field for research. (But please let me know if I've missed some full examination elsewhere.)

That's why information from those who have had sexual experience in both states would be so interesting for people like me, uncluttered by any predetermined allegiance to circumcision or non-circumcision. Please don't allow *Acorn* to become propaganda!

*D.W. – Cumbria*

[Editor's note: I am hoping to devote a future Editor's column to the issue of sensitivity. Meanwhile, I would welcome contributions from any member who has experience of being sexually active in both an intact and a circumcised state.]

## Glans After Circumcision

Just wondering what effect other guys think having your foreskin removed has on the glans of the penis. I was circumcised earlier this year and the effects are massive. Even though it was only my foreskin that was removed, my glans has gone from being moist and sensitive to being constantly dry and virtually numb. It's also changed from being a pink colour to grey. The texture feels different. It's no longer soft, it's become much tougher and rubbery. The constant exposure and chaffing seems to have desensitised it.

My GP says my penis looks like a normal circumcised penis and that the change of colour and texture are normal for all men after circumcision. I don't know if maybe I've had more skin removed than some – I guess when it's done as a baby/child the foreskin removed is very small. I was given my foreskin back to me in a jar before leaving the clinic where I had it done and to be honest, the skin removed looks massive. When unfolded it's bigger than my hand but the doctor who cut it off told me that it's normal to remove that much skin during a circumcision. The procedure certainly seems to have been done correctly. What I don't understand is so many other guys posting messages saying that being circumcised makes no difference and some saying they prefer it. Before I had it done, I really didn't think the effects would be much but I guess I didn't speak to anyone else who'd had it done as all my mates are uncut. Whenever I have sex, I struggle to ejaculate. I am frequently unable to ejaculate and end up having to go to sleep with a full erection after not ejaculating. Even sometimes when I do eventually ejaculate, the semen spurts out of my cock but I don't get an all-over-body orgasm that I always used to get. What do circumcised men do to make their glans sensitive? And how come

so many guys say they prefer sex after being cut? i.e. how can less be more? I know some say it's cleaner and I guess it is and my girlfriend certainly likes the look of it cut, but surely that can't be worth the loss of sensitivity. Or is it that many like me have their foreskin cut off thinking it won't make any difference and then are too embarrassed or ashamed to admit it to others? I would think if you have it done as a baby, you never know how much feeling you are missing as you'll never have experienced sex with a foreskin. Or maybe once you realise that what's done is done that you want to sound as positive as possible about sex and the state of your penis. For example, I am being as honest as I can in this forum, as no one knows me, but in the showers with football mates who can all see I've recently been circumcised, I say that I like the fact I've been circumcised as why would I admit to other guys that there is anything dysfunctional about my dick. Frankly, I just get really fed up with guys going on about how great it is to be circumcised. The foreskin has many nerve endings adding to sexual pleasure and how can anyone suggest that a desensitised glans gives more pleasure than a sensitive one.

*Comment from the Men's Health internet forum*

## **Call For Circumcision On NHS As Study Finds Procedure Halves Risk Of AIDS**

**[An article from *The Scotsman* by Eben Harrell in December 2006]**

Scottish patients who wish to have their male infants circumcised should have the procedure paid for by the NHS to prevent the transmission of AIDS, a World Health Organisation (WHO) expert has said. The comments come in the wake of a large US study that showed that circumcision reduces by half a man's risk of contracting AIDS from heterosexual sex.

The NHS, while performing a small number of infant circumcisions, discourages the procedure, claiming that the benefits of surgery do not justify its cost and risks. The majority of non-medical circumcisions in Scotland are undertaken privately by religious leaders or private physicians. "The presumption against male circumcision in Scotland should be lifted," said Dr Tim Hargreave, a urologist at Edinburgh University and a senior adviser to the WHO. "There needs to be a policy shift in the light of this evidence. Parents who seek circumcision for non-religious reasons should have ready access on the NHS."

Scottish AIDS campaigners welcomed Dr Hargreave's comments and suggested that NHS doctors should recommend circumcision to male adults known to be promiscuous. Roy Kilpatrick, the Chief Executive of *HIV Scotland*, said: "It makes us wince a bit, culturally, but major health organisations like WHO have made strong statements endorsing the potential benefit."

Male circumcision has also remained unpopular in Scotland because of ethical concerns regarding infants' inability to consent to the procedure. But Dr Hargreave said the evidence of benefit was now quite clear. The National Institute of Health, the US government body that undertook the study, had to halt two clinical trials,

in Kenya and Uganda, on the grounds that not offering circumcision to all the men taking part would be unethical. The success of the trials confirmed a study done last year. "There is an enormous anti-circumcision lobby that has very real concerns. But you have to separate the science and the evidence from the emotional baggage", he said.

This year saw the biggest annual rise on record in the number of HIV cases in Scotland. Of the 405 new HIV patients in 2005, a rise of 11% year-on-year, two-thirds were men. Even so, Dr Hargreave said, HIV was not prevalent enough in Scotland to justify universal male circumcision. For one thing, circumcision did not prevent transmission by anal sex or drug injection, ways the virus commonly spreads in Scotland. There is also concern that the new evidence will encourage circumcised men to be more careless.

A Scottish Executive spokesman said: "We will examine the results of these trials, but we have no plans to change our current policies. We would never advocate circumcision over the use of condoms as the best protection against HIV transmission."

*Submitted by J.T. – Edinburgh*

## Scottish Rates Of Circumcision

The above article from *The Scotsman* says that male circumcision is unpopular in Scotland but, despite this, circumcision in Scotland is not so rare. I concede it is not often done at birth but it appears on a list of common operations and their waiting times in a report in *The Scotsman* in March this year. Unfortunately, this shows that the median waiting time for circumcision has increased from 64 days in 1998 to 84 days in 2006.

I can think of nine men I know who are circumcised. They are all Scottish, aged from 28-45. These are workmates or guys I see in the pub – not close friends I can discuss the matter with. From general conversations over the space of ten years or more, I know that none are circumcised for religious reasons and that all were born or educated in Scotland. I also know from conversations with two Scottish guys who were at school 20 years ago that these nine men would have undergone penile examination as part of school medical examinations.

In general I think that the article in *The Scotsman* reveals that medical opinion on the question of circumcision is changing. I don't suggest that there are container loads of Gomco clamps on the way from the USA at the moment but I do believe that circumcision will, over time, become more common. Parents who read such articles in the general press will obviously want what is best for their sons and a reduction in the risk of contracting HIV will lead to a demand for the procedure.

I enjoyed the Editor's article on 'bridling' in issue 6/2006. It is an interesting concept but, if the intention is to prevent masturbation, it is doomed to fail. I recently watched an American DVD featuring guys aged 18-22 who wanted to 'star' in porn movies. All were American and all were circumcised, most

displaying the dark ring on the penis indicating use of the Gomco clamp. Some were circumcised more tightly than others – some retained the frenulum – two of the guys had no loose skin at all during erection but none the less appeared to enjoy masturbation.

*J.T. – Edinburgh*

## African Medicinal Plants

Whilst on holiday in South Africa earlier this year my friend and I visited the Kirstenbosch National Botanical Gardens in Cape Town. These gardens nestle at the foot of Table Mountain and are home to a very wide variety of plants from Africa and elsewhere.

The gardens are mainly laid out with plants grouped according to type, but there is a large ‘educational’ section displaying many different plants which are regarded as ‘useful’. Some provide materials for thatching and other construction work; others are foodstuffs or produce flavourings for food. A large selection are used by the native peoples as various forms of medicine or as ‘lucky charms’ to ward off evil of various sorts.

Prominently displayed right at the front edge of a large plot bordering a main path, two ‘medicinal’ plants in particular caught our attention. These were the icholocholo and the isicwe. The labels read: ‘Crushed & warmed icholocholo leaves are used to dress wounds, including circumcision wounds.’ and ‘Felted isicwe leaves are used as circumcision dressings, and to cure septic wounds & sores.’



Note that teenage Xhosa boys of the region (even those living in townships) are generally circumcised in ‘Initiation Schools’ held around September time (Spring in South Africa).

*Vernon – London*

## No To Compulsory Circumcision

I must comment on the seemingly growing trend for men to advocate mandatory or compulsory circumcision. There are far too many parts of our lives being made compulsory for political reasons – I hope circumcision isn’t another one

of them. I am definitely pro-circ myself. In my opinion the naked glans is a great improvement on the foreskin, especially when the penis is erect. However, mandatory circumcision is a different matter. If it became law, it would degrade all men beyond words, because there would be no female equivalent. Therefore compulsory circumcision is a 'cut' too far. To implement it would create a state where boys and men would become second class citizens. If a woman told me to get circumcised or the relationship would end, I would dump her straight away – unless she reciprocated by having her clitoral foreskin excised.

All circumcisions should be voluntary or at the discretion of the individual, not for religious reasons. Where young boys are concerned, a full explanation should be given by a sympathetic person, male or female. If a man or boy requires a circumcision for health reasons (balanitis), a full explanation must be given. If an adult was to ask for my advice on this subject I would give my full support provided he knew what was involved. Not only does it look better, it is easier to maintain and offers protection from women.

Some people seem to find the subject erotic, even to the point of fetishism, as some events advertised on the internet have shown. Personally, I have nothing against such meetings, as it may bring relief and companionship to some men. I suppose it will always be a topic for more debate.

R.W. – Manchester

## Comments On Survey Results

It is saddening to note that out of a membership of nearly 100 only 43 members bothered to reply to the survey. Surely the other half of the membership could have afforded the few minutes needed to complete the form and post it back?

Some comments in the responses deserve a reply, so here goes.

*“Would like to see the Society’s Constitution”, “Formalise the meeting to get Constitution and committee sorted out” and “Need to define the Society’s purpose”.*

The matter of a Constitution was discussed at a couple of meetings a few years back and the general feeling at the time was that it was better to have a Society which was not tied down by ‘rules’ and ‘red tape’. We therefore do not currently have a formal Constitution. If members feel that we should have one please write to the Editor who, if there are sufficient requests, will see that one is prepared and put to a future meeting for approval.

*“Contact Corner”, “Member to member contact”, “Introduce a contacts section” and “more member email details”.*

Contact Corner has always been available and was a regular item, but can only be included when members send in adverts. *Acorn* is not, however, a ‘dating’ magazine! The last issue did include a Contact Corner. Many members are, understandably, reluctant to publicly disclose their identity or contact details. The editor will always pass on letters for other members. Write your letter and seal

it in its own envelope with stamps to cover the onward postage – do not address this envelope. Write a note to the Editor giving the name or other contact details of the intended recipient (eg R.W. – Surrey, Page 13, Issue 2/07). Put this and your sealed envelope in another and post to the PO Box address on the front cover of *Acorn*.

*“Pay more for monthly newsletter”, “List of inexpensive circumcisers”, “Colour photos” plus various other suggestions for content.*

The newsletter used to be produced 8 times a year; but the editor depends on members’ contributions to fill the pages without having to repeat items that have been on the Internet or in various newspapers. The flow of material was often insufficient to make a new issue possible and so it had been decided to reduce the frequency to 6 times a year. A monthly publication would not be possible because of other commitments by the production team (e.g. work and personal holidays) as well as public holidays for Christmas and Easter interfering with the schedule.

Colour photos would, regrettably, increase the cost by up to 3 times. Furthermore, the present magazine is copied, collated, folded and stapled all in one go. This can only be done if all pages are in monochrome. Hand finishing would be required if any pages are of a different type and this could take too much of the production team’s time.

Newly discovered doctors who will circumcise are often mentioned in *Acorn*. Providing a regular listing would take up a lot of space as well as needing constant updating. Since *The Gilgal Society*, <[http:// www.gilgalsoc.org](http://www.gilgalsoc.org)>, already maintains a comprehensive list (a 40-page A5 booklet) and provides it in the UK for only the cost of post and packing, members are advised to use their services.

The variety and content of the magazine depends mainly on what members contribute. Unfortunately many have never contributed and most articles come from a tiny handful of members. If you want more variety, or a particular type of article then please contribute something – **it’s your magazine!**

Vernon – London

## A Scar That’s A Ring Of Confidence?

A mother once wrote about her son’s beautiful circumcision; he had been circumcised by a mohel who had happened to be attending the maternity ward to initiate a Jewish baby. Yes, beauty is in the eye of the beholder, but can the perfect circumcision be judged dispassionately? I believe so, with five simple criteria for making the assessment, viz:

- 1 Conspicuousness: Is the scar prominent and noticeable or hardly visible?
- 2 The shape: Is the scar irregular, lopsided, off-centre or neatly symmetrical?
- 3 The prominence: Is the scar lumpy with skin tags, weal-like, or not raised at all?
- 4 The colour: Is the scar brown, slightly darker, pink, or as the shaft itself?
- 5 The position: Is the scar far down the shaft, midway or near the glans?

Observations should be made with the penis erect, the condition that the mohel requires to assess that the operation complies with the Denim of Milah. Scoring is as follows from lowest (worst) to highest (best)

1: 0-1-2

2: 0-1-2-3

3: 0-1-2

4: 0-1-2-3

5: 0-1-2

This implies that the perfect circumcision scar would be hardly visible, neatly symmetrical, not raised at all, shaft coloured and near the glans. This aesthetically superb finish would score  $2+3+2+3+2=12$ . No freehand or forceps guided circumcision could possibly score 12. The perfect circumcision would be one performed using a bell or clamp like the Gomco clamp, although the Gomco sometimes leaves a noticeable brown ring at the line of skin crushing. I suggest the perfect circumcision would result from expert application of the Hollister Plastibell.

Would not most *Acorn* readers agree with these criteria? As for a perfect circumcised penis, all other penile attributes would have to be considered especially the glans, its flare, and the curve and shape of the shaft and sulcus.

Amongst my school mates of long ago, baby boomers from the end of World War II, freehand circumcision was de rigueur, and, from the 45% roundhead component of form 3G, I doubt if anyone would have scored more than 6. Though many *Acorn* members would better my score of 4, I doubt if any would reach 9 or 10, with a 6 or 7 average. Nevertheless, I stand open to correction, as someone who has restored and who feels the perfect penis is the natural uncut one.

*Anthony – Devon*

## **Prosecutor's Gaffes Add Touch Of The Surreal**

**[by Jeremy Gordin, *Independent Online*, South Africa]**

**I**t has not been an exceptionally jovial process for anyone connected with it, and yet there have been a few light – or at least witty or bizarre – moments at the rape trial of Jacob Zuma, the former deputy president.

First prize must go to Charin de Beer, the lead prosecutor. De Beer has preferred to cross-examine from a list of prepared questions and she has lost her place or focus a few times.

But, just as first prize goes to De Beer, so does the final word.

At the end of Zuma's cross-examination, Kemp put only a few questions of re-examination to him. One of these was: "Mr Zuma, can you tell us whether you are circumcised or not?"

“I am circumcised,” Zuma replied.

“Are you happy with that?” Van der Merwe asked De Beer.

“Well, my lord,” she said, “I certainly don’t want to make an in loco examination.”

## Students Expelled For Dodging Foreskin Test

Seven Chinese students have been expelled from school for skipping a foreskin examination. The seven, who say they were too shy to undergo the test, forged a doctor’s signature to say they had had it done. The foreskin examinations are part of an annual health check at Shahe People’s Hospital for pupils of the middle school in Guangzhou city.

Ahai, one of the seven expelled students, said: “A lot of us were very shy about doing the foreskin examination, so the seven of us decided to forge the doctor’s signature and return the paper to the hospital.” But the fake signatures were spotted by the hospital, which informed the school, reports *Guangzhou Daily*.

Mrs Tian, the administrative director of the school, said: “We expelled them from their classes and gave them serious warnings because their actions stained the school’s reputation.” However, their parents are complaining that the punishment was too severe - and they are being backed by hospital staff. “It’s not about the school’s reputation, the students are just too shy and traditional,” says a hospital spokesman.

*From Ananova Ltd – Internet*

## Celebrity Query

Has there been any updating of the Celebrity Status Report? I am particularly interested to know whether the following stars are Cavaliers or Roundheads and I shall be extremely grateful if any member can throw light on their status:

Kevin Spacey	Stephen Dorff	Matt Damon
Ben Affleck	Chris O’Donnell	Brad Pitt

*W.F. – Scotland*

## Celebrity Circumcision – Billy Crystal

In his autobiographical one-man Broadway show, *700 Sundays*, Billy Crystal reveals his status. He has forgotten nothing. He remembers being born (tough), circumcised (rough), Grandpa Julius (gassy), aunt Sheila (funny), uncle Danny (don’t ask) and a couple of hundred other incidents and people.



# ACORN

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Ivan Acorn

## Editorial

In issue 2/2007, I reported on a circumcision petition which had been created on the Downing Street website (petitions.pm.gov.uk). This urged that the provision of access to prophylactic neo-natal circumcision in NHS hospitals be facilitated. To date, it has attracted forty signatures. But the site now also contains two anti-circumcision petitions. One, which has so far attracted 300 signatures, calls upon the Prime Minister to ban the circumcision of all males under 18 in the UK.

The difference in emphasis is stark. The first recognises the wish of some parents, whether for reasons of religion, tradition or prophylactic benefit, to have their sons circumcised and seeks to make that choice financially and clinically feasible. The second would ban the operation entirely, sweeping away both religious requirements and parental choice.

When the potent evidence of the increased protection which circumcision gives against HIV infection is added to the other known benefits, the case for prophylactic circumcision grows. Could it be that the anti-circumcision lobby recognises the danger to their cause and is pressing for a legal ban before it is too late?

*Ivan Acorn*

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### Infibulation of the foreskin

Today, masturbation is largely accepted as a harmless and natural activity, providing sexual relief to the active male, especially those not in a regular sexual relationship. In the 19<sup>th</sup> century, however, America and Great Britain were gripped with a major hysteria about masturbation. It was viewed as an evil which had to be stopped. Masturbation was a dangerous, debilitating and deadly disease, and a potent cause of myriad other illnesses. A wide array of surgical, medical, dietary and behavioural therapies were introduced to curb masturbation. Most prominent amongst these was circumcision. The excision of the prepuce was thought to render manipulation of the circumcised penis difficult and unrewarding. Removal of the foreskin therefore became the main means of discouraging masturbation.

This is surprising considering that, historically, the foreskin itself had frequently been utilised to prevent self abuse. The process of masturbation is sequential. The glans is stimulated which leads to erection and ultimately orgasm and the emission of semen. If access to the glans is obscured and the potential for erection is limited, then orgasm and the waste of the male seed becomes impossible. Infibulation of the foreskin achieves these desired ends.

Infibulation is the process of piercing the foreskin and then inserting some type of binding to keep the foreskin closed and prevent retraction. Ideally the form and position of the binding should be such that erection is either impossible or, if it can occur, is painful.

The process of infibulation has been used since antiquity. The earliest forms were probably found in Ancient Greece where athletes taking part in the Games would bind the foreskin with a kynodesme, a simple leather lace, to keep it securely closed. But this was probably only a temporary measure to ensure that the glans did not become exposed during the competition. By Roman times, more permanent forms of closure were in use. Infibulation was used on three groups – athletes (including gladiators), singers and slaves. It was believed that athletes and gladiators preserved their vigour and performed better if chaste and that young singers' voices could be kept pure and unchanged. As far as slaves were concerned, it was important that the free women and children of the household should be under no threat of sexual seduction or violation. The infibulation of slaves provided this guarantee. It also prevented the unplanned impregnation of female slaves. Slaves were only permitted to be sexually active for breeding on a planned basis.

Infibulation then fell out of use until the eighteenth century when authors such as the English economist Thomas Robert Malthus vehemently advocated population control in western countries. In Germany, the surgeon Carl August Weinhold called for a policy of mandatory state sponsored infibulation. He proposed compulsory infibulation at the age of 14 for all those male citizens who were deemed unfit to propagate. This included criminals, beggars, chronically diseased

people, unmarried servants, and apprentices and soldiers of the lower ranks. The infibulating wire was to be stamped with an official metal seal to avoid illegal removal with a detailed regimen of punishments for those who refused to obey.

But it was during the masturbation hysteria of the 19<sup>th</sup> century that infibulation began to come into its own. One of the first medical recommendations for preputial infibulation as a surgical method of preventing masturbation in boys came from Johann Christoph Jaeger. He argued for the use of infibulation to halt masturbation, claiming that it caused little pain and was easily performed. He supported his argument by citing the writings of the German physician Samuel Gottlieb von Vogel who advocated the use of infibulation in a home medical guide aimed at parents and teachers. Vogel had implied that the operation prevented erection, was relatively painless, was quick to perform and was an unfailing method of preventing onanism.

So how was infibulation carried out? Essentially it involved pulling the foreskin down over the glans, and piercing the foreskin through both sides, either vertically or horizontally and clamping the whole thing in place with a ring or thread. The procedure was usually performed with a needle which was used both to make the initial piercings and to draw through a thick thread. Sometimes the ring or fibula (safety pin) would be inserted directly afterwards as part of the piercing process. Otherwise the thread remained in place until the cicatrising of the holes had taken place when a ring was substituted.

As noted above, the purpose of the infibulation was to make arousal painful and erection impossible, and the piercings were placed so as to achieve this goal. The intention was that, as the penis became erect, the foreskin would drag on the pins; at the same time, the glans would increasingly press into the pins as the penis became more engorged. Both these processes would be exquisitely painful.

The Glasgow physician David Yellowlees who served as the medical superintendent in a lunatic asylum first in Wales and then in Scotland described his method thus:

*[S]ome direct operative interference, which shall prevent masturbation and show him [the patient] that he can live without it, may be of much service. The best form of such interference is so to fix the foreskin that erection becomes painful and erotic impulses very unwelcome. To accomplish this, the prepuce is drawn well forward, the left forefinger inserted within it down to the root of the glans, and a nickel-plated safety-pin, introduced from the outside through skin and mucous membrane, is passed horizontally for half an inch or so past the tip of the left finger, and then brought out through mucous membrane and skin so as to fasten outside. Another pin is similarly fixed on the opposite side of the prepuce. With the foreskin thus looped up any attempt at erection causes a painful dragging on the pins, and masturbation is effectually prevented.*

To make erection even more difficult, the infibulation could be enhanced by a ring through the frenulum which was then attached to the scrotum. Any incipient erection immediately caused tension in the frenulum and pressure on the testicles – both inherently painful. The most extreme form of infibulation is exemplified by

two Roman statues of naked slaves in the Louvre. Both have their penises bent double so that the head points towards the body. The infibulating ring passes horizontally through the shaft of the penis, a little behind the glans. The other half of the ring is attached close to the trunk of the slave, and passes horizontally either through the shaft of the penis at its point of attachment or through the suspensory ligament. The ring is quite large. It would have been of bronze, and welded shut. There is documentary evidence to suggest that such rings were fitted shortly before puberty or just at its onset. Erections must have been very painful, and it is certain that the slaves could never achieve penetration. Orgasm and ejaculation would have been infrequent, and probably avoided as far as that was possible. The slaves would tend to avoid thoughts of sex, because of the pain of erections, and would thus concentrate on working hard for their master.

Although the uncircumcised foreskin was the most common target for infibulation, the Prince Albert piercing may have first been practised as a form of infibulation on circumcised men. It is often alleged that the piercing originated with Prince Albert and that he wore a ring attached to his penis which was then strapped to his thigh, in order to maintain the smooth line of the tight trousers that were in fashion at the time. However, it would clearly have been possible for the piercing to have been used as the basis for a more permanent means of preventing erections in young men.

All the above is written in the past tense, and it may be thought that male infibulation has long been swept into the dustbin of history. Not so. In a future edition I will print the story of a young man who has been wired up for the past five years!

*Ivan Acorn*

## Why Did You Have Me Circumcised?

**F**inally I got around to emailing my parents to ask them why I was circumcised and to let them know that I'm not cool with their decision. Amazingly enough, they both responded quite quickly (my dad almost never responds to anything that's vaguely serious). If you care, here's what they said.

### **Mom:**

"At the time I was reading what some said about the lack of medical necessity of circumcision, and was not convinced it was something we should do. There were arguments on both sides of the medical issue. It seems now opinion is shifting back to circumcision as better (health-wise), although you can find plenty of opinions otherwise. In my mind, it had nothing whatsoever to do with religion (and I don't think Robert thought so either). I felt that tradition was not a good enough reason (and I don't think Robert did either), and I was not sure that being 'like other boys' was a good enough reason. (I think this comes closest to why Robert thought you should be circumcised.) I wanted a good, solid answer on the medical advantages, and there really wasn't a clear cut line. Still isn't. Since I was not convinced enough that it was not a better idea to leave you uncircumcised, and Robert seemed very sure that he thought it was better to have you circumcised,

I went along with his decision. I don't say that to put the 'blame' on him. I was not at all sure it would be a good idea not to circumcise you, so in a way it was a relief that he was sure about what he thought. It was not a point of disagreement between us, even though I didn't feel 100% comfortable with it.

From what I've heard from people through the years, although no one likes the thought of being cut, men DO have more (health) problems when they are not circumcised. That's opinions of people, of course, not a scientific survey. You can find good information to back both sides. The long and short of it is that parents have to make a LOT of decisions for their children with no way of knowing at the time what the best decision would be. And it was a heck of a lot easier on everyone to have it done then than to find out later it was needed. We realized either way you might not agree with us and resent us, but we had to make a decision with what information we had.

So all I can say is I'm sorry you are not in agreement. It grieved me at the time (but of course so did the eye surgeries and hernia surgery and meningitis treatment...) but we did what we thought best. Although I considered not circumcising you, I was not convinced enough of the wisdom to really push the issue. (And if my account and Robert's differs on THIS, I am going to be absolutely amazed!!)"

**Dad:**

"Why were you circumcised? We debated the issue, and we had a 50% chance of getting it right. Now you know why I don't gamble.

When I was born (in our corner of the world), it was just assumed boys would be circumcised when they were born. Supposedly at the time it was for health (or perceived health) reasons. Thinking back on it, I only know of one boy I went to school with who wasn't, and yes, he was stared at and made fun of. He was different. I suppose that flavoured my opinion on the subject.

By the time you were born supposedly there had been many studies done and the common wisdom of the Zeitgeist was that circumcision was unnecessary as long as the individual practised good hygiene. But there have always been studies that indicate that uncircumcised men have more problems or even suggest they can lead to problems with their (female) sexual partners. (Twenty years ago, we just assumed you'd be heterosexual, and we didn't want you plagued with something that potential mates would find disturbing or even disgusting.)

Still we debated the issue. The doctors offered advice, but did not pressure us in any way. They left the decision up to us. We went back and forth. We did wonder if would you 'miss' your foreskin one day if we had it removed. We also wondered if you would hold it against us if we didn't have you circumcised and you were different from all your friends, and you were made fun of. We wondered what you would think if you realized you were different (in that department) from your father, and how knowing that would affect you. I wondered if you would think it was good enough for me, but we didn't think you were 'worth it' to have you circumcised. And I guess a part of me felt if it was good enough for my father, and it was good enough for me, it was good enough for you.

Religiously, it did enter into my mind that Jehovah probably had a good reason for telling all the Children of Israel (and all the men of the nations they conquered) to be circumcised. Though we're not Jewish, there is some sound advice in some of the roots of some of their customs and practices. But that wasn't a big player in the decision. With the latest news being that HIV incidence is much higher in uncircumcised men, I'm still not sure where I stand on the issue. I don't regret that I'm circumcised. I don't even regret that you are circumcised. I do regret that you object to the decision we made."

Naturally, I don't particularly agree with their reasoning. But I guess it's nice to know that I'm justified in being disappointed with/angry at them.

*Hynkle - Live Journal Internet Blog*

## **An Australian's Experience**

I was born in Australia at a time when all males were 'done'. My mother once told me that I was the only one not 'done' in the ward of 20 or so. I grew up knowing the difference and I would be lying to say that it did not make some sort of difference to me. Certainly I think it put me off getting involved sexually for a little longer than some of my friends. By 17 though I was involved with my first serious girlfriend and she actually preferred a foreskin, having seen both. It certainly never stopped her from giving head, that's for sure!

At twenty-one I moved to the US and had several more girlfriends, a (white) South African, a French girl and an American. While I thought that the 'skin' would be an issue, it never was, no matter where they were from. Actually not one of them cared or did/did not do something sexually because of it, though it might have taken that bit longer for it to happen... there was always a little hesitation at first and ALL asked if I had washed first (even my first girlfriend) even though they all knew I always showered and stayed very clean!

That all said, I found sex to be less than great, no matter who I was with. I had a longish, thick foreskin that did not stay retracted like so many seem to think they do, so sex, with or without a condom, was like masturbating myself! I was also finding no matter how much I washed, it always had an odour soon after especially in the warm climate of southern California. But perhaps the most interesting thing that made me decide to have it 'done' at some point was one night with the French girl. During intercourse, she reached down and held my foreskin back. Immediately I noticed the difference; someone had turned on the light and I saw what all the fuss was about! The kicker though was that, right after she did it, she said: "That feels so much better."

After several more years, I came back to Australia and decided to have it done. It's now been over ten years since the operation and I have to say sex has never been better and the odour has vanished. Do girls care? No, but in that vein I found the willingness to do certain things much greater or lacking hesitation. I can honestly say that I have not lost a single bit of sensation in any way. I had a son last year and we had him done. Certainly, after seeing just how little fuss it caused him (no crying and slept like a log afterwards), and how fast he recovered,

I wish it had been done to me at birth – recovery as an adult takes a lot longer and the healed result is never as good as having it done as an infant.

I make it sound like it's all about the sex though, which it's not. Sure, the improvement feeling-wise that came with having it done is great but to me there is something that I just prefer. I lived for 25 years with a foreskin and 12 without and I much prefer the without. It is cleaner from a day to day point of view as well as a sexual health one and to me more aesthetically pleasing. I like the idea that I don't always have to maintain it. Not a lazy thing, there are just instances in life where washing or 'normal' hygiene is not possible and not having 'things' grow under the skin is nice. My partner has no strong views either way and has experienced her fair share. At a pinch though she told me she thinks a circumcised penis is better for oral and the like but it's a minor thing. To her they both feel the same and it's what they are attached to that makes the difference, same with most women from what I have experienced.

I understand where all the near hysteria comes from on the anti side. Forcing an issue on people like they did in the US and here, with little rhyme or reason, was bound to cause the backlash it has. There is also nothing better to get a guy all worked up than to tell him that he's been ripped off because the tip of his dick has been cut off... as if most, if not all, guys don't have some sort of self doubt about what's between their legs. But it is hysteria and makes life difficult for new parents, the one's that make this decision most of the time for their sons. There is nothing wrong or abhorrent with modern circumcisions. My son's was a simple, controlled procedure that seemed to have caused him little or no distress – no more than trying to get used to the world he was brought into. I think there needs to be a balance and people need to be allowed to make their own choices for their sons, as there is really nothing wrong with either choice.

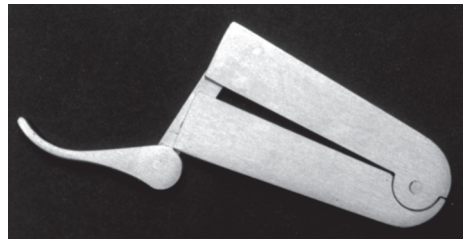
*Anthony – Internet discussion forum*

## Circumcision Techniques 4

### The Mogen Clamp

The Mogen clamp was invented in 1954 by Rabbi Harry Bronstein, a Brooklyn mohel. For many years it was used only in Jewish ritual circumcision but in the past ten or so years, US physicians have used the clamp increasingly in medical settings for newborn circumcision.

Mogen is the Yiddish word for shield and the Mogen clamp is used in the same way as the circumcision shield used traditionally by mohelim. The clamp is a flat metal device with two metal arms fixed at one end with a pivoting joint which allows the two arms to be pulled apart. The other two ends of the arms are joined with a brace which only allows the arms to be pulled apart



by a few millimetres. This creates a narrow opening through which the foreskin, but not the glans, can be pulled. Once the foreskin is in position, the clamp is closed. It locks with great force along a narrow crush line. It does not cut, it only crushes. It is not a guillotine as is commonly thought. The clamp protects the glans, which remains below the clamp, and allows the foreskin above the clamp to be safely removed.

The baby's penis is first injected with lidocaine, if anaesthesia is to be used. (See the discussion about this below.) The preputial opening is then stretched and a blunt-edged probe is used to free all adhesions between the glans and the foreskin so that the foreskin is completely retractile. After the mucosa is separated and anesthetized, the glans is lubricated with an antiseptic ointment.

A straight Kelly haemostat is placed in the midline of the dorsal side of the prepuce approximately 5 mm proximal to the corona and the prepuce is carefully pulled with the haemostat in an up and outward direction. This action causes the glans to retract towards the scrotum, preventing accidental amputation of the glans. The Mogen clamp is opened fully and the foreskin is pulled through. Since part of the inner skin, or mucosa, is preserved in this method, it is important that sufficient outer skin is drawn through the clamp and excised to ensure full exposure of the glans.

A key step in Mogen circumcision is the safe placement of the clamp. To push the glans back out of the way, the surgeon's thumb and index finger pinch the foreskin below the dorsal haemostat. The Mogen clamp is then slid across the foreskin from dorsal to ventral, with the hollow side of the clamp facing the glans. The clamp follows along the same angle as the corona. The shape of the foreskin to be excised is thus triangular and more foreskin is removed dorsally than ventrally.

Before locking the Mogen clamp shut, the glans is manipulated to be sure it is free of the clamp's jaws. If it is, the clamp is locked and the foreskin is excised flush with the flat surface of the clamp with a scalpel.

The clamp is left on for a period to ensure haemostasis - one to one and a half minutes for a new born but no less than five minutes if the infant is more than 6 months old. The clamp is then unlocked and removed. The crush line covers the glans fully with penile shaft skin. The glans is liberated by thumb traction at the 3 and 9 o'clock positions that pulls the crush line apart. The remaining skin is gently pushed down from off the glans and any remaining adhesions are removed. Antiseptic ointment is applied to the crush line and the penis is covered with a vaseline gauze.

If the clamp is removed prematurely, the crushed edges may separate and bleeding will occur. Bleeding is one of the most common complications and can usually be controlled by applying gentle circumferential pressure with gauze or a sponge. If the whole edge separates, it may be necessary to treat as if it were a freehand circumcision, placing quadrant sutures and sewing between them with fine stitches.



Research has shown that the Mogen circumcision clamp used by ritual circumcisers is a faster, less painful way to perform circumcisions than the Gomco clamp often preferred by physicians. Two physicians, Drs. Peter Kurtis and Hema DeSilva at the St. Francis Hospital and Medical Center in Hartford, monitored the heart and respiratory rates, oxygen saturation and crying of 48 healthy, full-term infants during circumcisions they performed at St. Francis. The study also looked at the use of local anaesthesia during the procedure. Noting that the Mogen clamp is faster and less painful, Kurtis said that when it's used, "even without anaesthesia, more than half of the babies didn't cry during the procedure". "It's interesting that the way it's been done in a traditional bris is clearly the least painful way to do the circumcision," Kurtis added. "Mohels are so skilled and fast at what they do, they do a very good job of minimizing pain to the baby. They're looked upon as experts in doing circumcision."

Since the pain level during circumcision with the Mogen clamp without anaesthesia is comparable to that accompanying the Gomco clamp with anaesthesia, it is arguable that circumcision with the Mogen clamp without the use of anaesthesia is justified.

*Ivan Acorn*

## A Wife's Perspective

As a woman, I am used to having frank and open discussions about my health with my gynaecologist. As a mother of three, I'm used to not being embarrassed over exposing my bottom to a room full of strangers. From a medical standpoint, I'm comfortable with asking questions and taking responsibility for my physical well-being.

When Franco continued to experience the balanitis it became clear that we had a problem for which we had to find a solution. His uncircumcised status was never an issue with me and I enjoy him just the way he is. However, after the increasing frequency of the flare-ups and the potential long-term effects of the situation, we decided to talk to the doctor about solving the problem once and for all via circumcision.

I view his circumcision as a cosmetic procedure for health reasons. It will not affect his sexual performance, it should improve and provide new enhanced sensation and eliminate the bothersome bouts of balanitis. I realise for him, as an adult, it is a personal choice, not one your parents made for you at birth. There are men who are in the process of trying to extend their foreskins and regain something they believe was robbed from them. Yes, it is a personal, emotional issue for men.

From my perspective, I want to make this procedure one where he is calling the shots, making the informed decisions and has my full support. There is really no equivalent for women in this realm, as female circumcision is genital mutilation, hysterectomy is often done as a last resort for tumours, endometriosis or cancer. The most obvious change in a woman's body is the tragedy of mastectomy due

to breast cancer. Therefore, in many ways I share his angst but do not view it as a life or death decision.

I understand that a man's penis is more than an organ with which to procreate and urinate. From infancy, it provides a great source of pleasure and pride. I don't believe women feel quite as intense about their genitals, at least not in the same cosmetic sense.

The bottom line is, I love my husband the way he is and will love him the way he will be. This is an informed journey with which we will take extreme care to make sure we are informed, make good decisions and support one another through. Individuals must take responsibility for their own health care and decisions. Unconditional love and trust are paramount to any successful marriage. For us, it is not about locker room appearance; it is all about health, long-term health issues and the acceptance of a new phase in life for Franco. I'm very comfortable with that and will be happy for him once the recovery is complete.

In case anyone cares or wonders, no, I do not have a preference for the appearance or feel of circumcised over uncircumcised penises as long as proper hygiene is observed. Hygiene and a good sense of humour mean much more to me than whether or not someone does or does not possess a foreskin!

Good luck to anyone who is contemplating this procedure. Make sure your partner supports you and that you feel like you are in charge of your body. Take pride in yourself and have the confidence to take this step and move ahead with the rest of your life.

*From Circlist*

## **Circumcision Is Progressive**

**[A member responds to the Editor's column in issue 3/2007]**

**I**s circumcision against nature? It is certainly against our natural state at birth, but as the editor referred to in his column – we must make progress as a species, jettisoning what we don't need. Science developed antibiotics, key hole surgery, spare-part surgery, and improved medication to prolong human life and improve health. Circumcision, if it is used to relieve the effects of balanitis, phimosis or some other defect is, in my opinion, progressive. If a man or boy wishes to undergo circumcision of their own volition for aesthetic reasons, that is in order. Circumcision for religious reasons or tradition, where a boy or man has no opinion, control, over his body should be dumped in the past regardless of what the traditionalists say.

With regards to the origin of circumcision, it seems to have got lost in the 'mists of time'. Although Egypt seems to be one of the main practitioners of the procedure, circumcision, including the circumcision of women (the removal of the clitoral hood) was for thousands of years practised all over northern Africa.

I was circumcised at two or three years of age during the early years of WW2 because I was apparently suffering from phimosis or balanitis – or what my mother

called a 'sore willy'. During the nineteen thirties, when I was born, it was common for little boys to be circumcised, although it did cause a lot of embarrassment and sniggering from the less enlightened people. Last year (21<sup>st</sup> August) I underwent a re-circ and frenulectomy, with Dr Zarifa, just for aesthetic reasons. As a naturalist, and a man who enjoys swimming totally naked in the sea, not having a foreskin is a definite advantage. Sand cannot get under it and cause irritation or discomfort. Women I have known have been noticeably impressed by my circumcised state. They have referred to my 'deep groove' at the back of the corona and the glans as the 'policeman's helmet'. They seem to be 'turned-on' by the fact that we need surgery to achieve a circumcision.

R.W. – Manchester

## Penile Hygiene And Circumcision

There's a lot of nonsense written about penile hygiene and circumcision.

**1. Circumcision discourages masturbation, or even makes it impossible. WRONG.** You don't need a foreskin to be able to wank! All you need is a lubricant. Soapy water in the shower is good enough, or talcum powder. Brylcreem used to be popular. The really kinky can use Sloan's Liniment.

**2. In this modern day and age with plentiful soap and water (in developed countries anyway) keeping the penis clean is no problem. WRONG again.** Public swimming pools, showers, changing (locker) rooms all abound with all sorts of nasty infections: fungal, yeasts, bacterial and viral. Tinea (Athlete's Foot) is very dangerous because bacteria can get into the cracks between the toes and cause Acute Lymphangitis, which is life-threatening. This nasty microscopic fungus can also get under the foreskin and cause Athlete's Cock (I don't know the correct medical term). This is what causes the dreadful smell of unwashed socks and smegma.

So plain old soap and water are not sufficient to keep the uncircumcised cock clean. The only way to ensure complete hygiene is to have the foreskin removed so that the glans remains permanently dry.

3. Whether you like it or not, the condom is here to stay. Even with the benefit of the Contraceptive Pill, a condom must be used whenever you **DO NOT** want to conceive a child or contract a STD. A condom is most comfortable on a tightly circumcised cock. It will stay on like Cling Wrap and not ruckle up or pull off.

F.E. – USA

## Police Investigate Baby's Death After Circumcision

[By Martin Beckford, *Daily Telegraph*, 16<sup>th</sup> February 2007]

Detectives are investigating the death of a baby boy who stopped breathing minutes after he was circumcised. Amitai Moshe, then just seven days old,

became ill while still at the north London synagogue where the ceremony had been performed. He was taken to a nearby hospital but died the following week. Initial tests suggest that he suffered a fatal heart attack.

Jewish leaders have stressed that no link has been found between the circumcision ritual and Amitai's death. However, police are treating the incident as unexplained and have appointed detectives from the Metropolitan Police Serious Crime Directorate, which includes child abuse investigators, to investigate. Last night Amitai's father Ran, 32, and mother Yotvat, 30, were too distraught to talk about their son's death. Amitai's grandmother, speaking from the family's home in Golders Green, said: "It is a very bad time for them." Neighbours in the close-knit Jewish community said they were supporting the couple, who also have a young daughter. One woman said: "It's a very sad tragedy and we're all helping them."

Amitai was born on 25<sup>th</sup> January and was circumcised a week later at the Golders Green synagogue by a registered practitioner of the operation, known as a Mohel. Jewish baby boys traditionally undergo the ceremony, known as the Bris Milah, on the eighth day of their lives. The foreskin of the penis is removed, to symbolise the Jewish boy entering into a covenant with God, followed by a naming ceremony.

But 15 minutes after Amitai was circumcised he stopped breathing and emergency services were called. He was taken to the Royal Free Hospital and later transferred to University College Hospital in central London, where he died last Friday. A post mortem examination gave the initial cause of death as cardiac arrest and starvation of oxygen to the brain. An inquest into Amitai's death was opened and adjourned at Hornsey coroner's court yesterday. The coroner will review the case in a fortnight after further tests. Scotland Yard said: "Police are investigating the circumstances of the death of a baby boy. Inquiries are being carried out by officers from the Serious Crime Directorate. The death is being treated as unexplained." A spokesman for Hornsey coroner's court said: "The child abuse investigation team is investigating the circumstances. A post mortem revealed a possible cause of death but this is to be confirmed after further tests."

A spokesman for the Board of Deputies of British Jews, the body that represents British Jews, insisted that circumcision was safe and that there was no suggestion that Amitai had died because of the procedure. He said: "We are deeply saddened by the event. There were absolutely no problems at the time of the circumcision and it was about 15 minutes afterwards that it was noticed there were some breathing difficulties. No causal connection has been established between the circumcision and Amitai's death. It was carried out by a Mohel who is a registered member of the Initiation Society, which has been regulating and training them for over 200 years. Over 2,000 circumcisions of baby boys are carried out in Britain every year. It is a very established, regulated practice in terms of medical training. This was an unfortunate juxtaposition of two events."

*Submitted by W.M. – East Sussex*

## A French Cut

[[www.circumcised-beauty.blogspot.com](http://www.circumcised-beauty.blogspot.com) is a website  
'in praise of the beauty that is the circumcised penis'.]

**The following is about an illustrated contribution from a Frenchman.]**

Jean hails from France, a country not exactly known for circumcision in the past, but he grew up in the French colony of Morocco, more specifically in that most exotic of cities, Casablanca, made famous by the film of the same name where his family business was based.

At the age of nine, both Jean and his cousin were circumcised under a general anaesthetic for phimosis, a relatively common problem that prevents the foreskin of uncircumcised males from being easily retracted thus hindering or preventing even basic hygiene and making sexual activities painful. If not treated, it may lead to other problems in later life.



As an adult Jean moved back to live and work in France and soon noticed that very few French males were circumcised. Initially this concerned him but he soon came to realise that, rather than something to be worried about, it was actually something to be celebrated and proud of, especially when visiting the famous beaches in the South of France!

Jean says that today, in a far more modern and multicultural France, the number of circumcised males is on the rise and not just in France but across other European countries such as Germany and Italy as well.

Merci, Jean, for sharing your photos. I'm sure all will agree the surgeon created a masterpiece that will be admired by all.

## Thoughts On Issue 3/2007

In response to *Celebrity Query*, online photos have shown that Matt Damon, Ben Affleck, Chris O'Donnell and Brad Pitt are circumcised as are most American men unless their parents were hippies (eg River Phoenix's) or recent immigrants from countries where their culture did not practise circumcision such as Asian or Latino.

I have serious doubts about the guy's story in the article *Glans After Circumcision*. The results of his circumcision were 'massive' and the removed foreskin was as large as his hand. This sort of stuff from a *Men's Health* internet forum is at best suggestive of made up stories by folks who are very anti-circumcision and, believe me, I have seen their horror story in an issue about five years ago telling how all those circumcised have been robbed of their manhood. Who ever met a man who couldn't figure out how to get an ejaculation once he passed through puberty? Sounds like it is written by a female! Worse yet, it reads like we have been infiltrated by the anti-circumcision lobby who seek to make liars of all those males circumcised as adults who find post-circumcision sex better. Frankly, I am surprised that the *Acorn Society* didn't understand what was going on in this article. Some in my locale think *Men's Health* is a gay publication with definite slants on its stories. Certainly, their big circumcision story of five years ago was slanted; all the comments said the circumcised were robbed of so much that it was definitely 'protests too much' stuff as is the story you reprinted. While I appreciate argument pro and con, here the poor reader could easily be conned, as we say in American slang.

As to the story *No to Compulsory Circumcision*, the writer's logic fails me. Women do not have a penis or a foreskin even though I have met some who have more 'balls' than do some men I know. I, too, am against mandatory circumcision. But I believe that Routine Infant Circumcision is the easiest route for parents to 'inoculate' their sons and evade the ordeal of later circumcision when surely it is more painful, must usually be done in a hospital and does lay one up for at least a few days.

Thanks for the Plastibell story. My first son's circumcision was by that method and it was easy for us as parents to understand that it would remove itself in a few days as it did.

While perusing the latest newsletter, I would appreciate the elimination of pictures of erect penises; they seem to put the publication closer to pornography than normal content.

*Californian*

## Healthy Cut

When my wife was pregnant with our first child, we took a Lamaze class. It so happened that we ended up in a class with three other couples, two of whom we already knew. During a session, we talked about what to expect after

the baby was born; a discussion that touched on circumcision. All of a sudden, one of the couples that we knew began to have a nasty fight over whether their baby, if a boy, would be circumcised. The husband was adamant he would be, the wife equally as adamant he wouldn't. It got so bad, the rest of us suggested they just better have a girl to avoid a further argument. They did end up having a girl... and a few years later, a divorce. I guess circumcision was just one of a number of things they couldn't agree on.

For us, when we had a boy, the question of circumcision was a no-brainer. I may not be a religious Jew but I'm enough of one to follow that tradition, rabbi and all. It never occurred to me not to have my sons circumcised and my wife was all for it, too. When the procedure was done, to be quite honest, she shed more tears watching than either of our boys did experiencing it.

Male circumcision has received a lot of negative press over the past few years. A number of groups have claimed that it traumatises boys for life and that it is equivalent to mutilation and female circumcision. Ridiculous arguments; at best it can be claimed that male circumcision is unnecessary. As it turns out, even that argument may have been quashed with the news that uncircumcised men are 50-60 per cent more likely to contract the HIV virus than circumcised men are. That announcement is being hailed as a breakthrough in the fight against AIDS, particularly in poorer nations where sexual activity is not met with the same precautions as it is in the developed world. The reason, it appears, is that the cells in the tissue that make up the foreskin are very vulnerable to the infection.

It has long been suggested that circumcised men were less likely to suffer from a number of infectious diseases and links have been established between circumcision and a reduced chance of penile cancers. To me, tradition and religion aside, that makes circumcision more like an inoculation than mutilation. Of course, convincing people, in places where superstition and religious dogma run rampant, that circumcision will be healthy for their children is another matter, altogether. Even efforts to wipe out diseases like smallpox and polio in those nations has been difficult thanks to hideous propaganda against Western efforts.

Hopefully, we can at least convince the naysayers in our society.

*From the Internet*

## Protecting Health

Recent figures from the *Health Protection Agency* show that rates of sexually transmitted infections are rising remorselessly, especially amongst teenagers. Yet mention is never made of the role of circumcision in reducing the level of sexually transmitted diseases (STDs). It has been known for decades that circumcised men are far less likely to contract and therefore pass on infection but this fact is ignored.

A couple of years ago I read on the internet the results of a long term survey conducted in New Zealand. The health of two groups of young men was compared from birth to 25 years. The first group had been circumcised at birth and the

second group was uncircumcised. The conclusion of the study was quite clear. After making allowances for the sexual orientation and the number of sexual partners of each young man, the circumcised group was far less likely to contract an STD. This, the report conceded, merely confirmed what was already known about the health benefits of circumcision.

It seems to me logical that health authorities should be promoting the procedure in the same way that they advise inoculations against polio, for example. The argument that the procedure cannot be carried out at birth because the child cannot give his consent is spurious – it is something parents have to do for their sons. This is not to say that I advocate compulsory routine infant circumcision. But it should be seen as something that responsible parents ensure is carried out (along with vaccinations) and should be available on the NHS.

The article from *The Scotsman* published in issue 3/2007 (page 11) quoted a health spokesman as saying: “We would never advocate circumcision over the use of condoms as the best protection against HIV transmission.” The figures for STD infection make it clear that condoms are not being used. The quote reveals a touching naivety about the priorities of a young man given the opportunity to have sex. Condom or not, after a few beers, he is going to take the risk and have sex. If he has been circumcised, his chance of contracting and passing on an STD is much reduced. That is the reality and health authorities are guilty of negligence in ignoring this.

They are also guilty of neglect in failing to ensure regular health screening of young men. STDs can frequently be diagnosed in men by a simple, brief visual inspection as long as the foreskin is retractable. They manifest themselves as lesions or blisters on the glans and discharge from the urethra. I met a young Turkish man in Amsterdam last month. He was 20 and was born, educated and circumcised in Holland. He told me of his annual school medicals. They are compulsory up to age 18 and, until the boy is 16, parents are free to attend. The medical is a top to toe examination and it concludes with the boy naked on an examination table where his genitals are inspected.

He is examined for hernias, his testicles are squeezed gently to check for lumps and finally his penis is squeezed and pulled to check for any unhealthy discharge. My Turkish friend, being a Moslem, was circumcised at 8 years old, but he knew from discussions with his class mates that uncircumcised boys have their foreskins retracted and their glans inspected from all angles. It is true that the boys do not look forward to their annual visit to the doctor, usually because they dread developing an erection. While erections are not deliberately induced, they do occur. Foreskin problems are more easily spotted when the penis is erect. Thus do the Dutch ensure that young men are rupture free, physically developed and free from STDs.

Issue 3/2007 reported (page 15) on the Chinese boys expelled for dodging a foreskin test. I have met young men from all over the world who have told me of their school medical experiences. It is an accepted fact of life in most countries, but not in the UK, which may explain our disgraceful rate of STD infection.

*J.T. – Edinburgh*



# ACORN

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Ivan Acorn

## Editorial

**M**ale Circumcision Partnership Director. This post, based in Zambia, is currently being advertised by Population Services International (PSI). They have formed a Male Circumcision Partnership to scale up safe, effective adult male circumcision services in four African countries including Zambia, Zimbabwe, Malawi and Swaziland. The vision is to reverse the HIV epidemic in Africa by engaging all sectors – private, public and NGO – to deliver high quality, large scale, male circumcision services. The Director will be responsible for driving and coordinating the implementation of the Male Circumcision Partnership to achieve the rapid scaling up of male circumcision in Southern Africa.

The research confirming that male circumcision substantially reduces susceptibility to HIV infection is less than a year old and it is excellent news that there is already such real momentum behind the move to make theory a reality. The task, to offer circumcision to all males in Southern Africa, is monumental – the article on page 6 about Israeli doctors in Swaziland confirms this. Yet with sufficient resources the goal of achieving universal male circumcision in Southern Africa can be achieved.

Details of the job can be found at [www.psi.org](http://www.psi.org), closing date 18<sup>th</sup> December.

*Ivan Acorn*

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## Correspondence

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### Circumcision as a Weapon of War

Shakespeare gives us many pairs of tragic lovers – Romeo and Juliet, and Othello and Desdemona, to mention just two. In real life, castration was the horrendous punishment inflicted on Abelard for his love of Heloise. But an even more disastrous love match was that recounted in the Old Testament between Shechem and Dinah, for Shechem brought disaster not just on himself but on his whole tribe.

The story is recounted in chapter 34 of Genesis. The story is skeletal in the telling and we have to put our own flesh on the bones. Dinah was the daughter of Jacob and Leah, probably about 15 or 16 at the time of the story, perhaps even younger. One day she “went out to see the daughters of the land”. In other words, she went to meet friends and no doubt she went out not just to see but also to be seen; and by the sons as much as by the daughters. As will happen on such occasions, mischief ensued. She was seen by, and saw, Shechem, the son of Hamor the Hittite, prince of the country. They fancied each other, a relationship ensued (was it just the one time she “went out”?) and they made love. The Bible implies that rape took place (“He saw her, he took her, and lay with her, and defiled her.”) but Shechem’s ensuing actions belie this. Rape is a brutal act, one of aggression and power rather than love, with the victim discarded once the act is over. But in the case of Shechem, “his soul clave unto Dinah, and he loved the damsel, and spake kindly unto the damsel”. In other words, the guy was in love, his feelings were reciprocated and the inevitable happened. Indeed, so deep was his commitment that he wished to marry the girl and he asked his father to arrange matters.

Now, in the families of princes, marriage is often more about creating alliances and acquiring property than it is about love. But Hamor, Shechem’s father, saw an opportunity to turn this love match to his advantage. The Israelites were a prosperous tribe with animals, servants and valuable possessions. All this could accrue to the Hittites if he played his cards right. So he arranged a meeting with Jacob and Dinah’s brothers and asked for Dinah’s hand for his son. He offered whatever dowry they required; indeed he went further and offered intermarriage between the tribes so that they would live together, and trade, and share possessions.

But Dinah’s brothers were furious that their sister had been defiled and no doubt family pride came into play. They decided to take a savage revenge but they first needed to lull their opponents into a false sense of security and then weaken them fatally. So they responded that they would be delighted to accept Hamar’s proposition. There was just one difficulty. It was impossible for them to give their sister to a man who was uncircumcised. But if the Hittites agreed that all the males would be circumcised “then will we give our daughters unto you, and we will take your daughters to us, and we will dwell with you, and we will become one people”.

Now circumcision might seem a big ask for grown men. But even if the Hittite tribe did not practise circumcision themselves, they would be aware of tribes that did and the concept would not be strange to them. And so besotted was Shechem with Dinah that he was a powerful advocate. He persuaded all the men of his city that this pact was in their own best interests and that circumcision was a small price to pay.

So all the men in the city submitted themselves to the knife. But the knives would have been of flint and of course those were the days before anaesthetics. So the operation would have been crude, slow and very painful. Furthermore, there would have been no sutures so there would probably have been loss of blood, and night-time erections would have reopened the healing wounds. Infection and fever no doubt afflicted some. In all the operation would be very debilitating and the men would have been feeling very sorry for themselves. The biblical description of them as “sore” is probably a gross understatement.

It was at this point, on the third day after the operation, that Simeon and Levi, two of Dinah’s brothers, wreaked their revenge. They and a band of kinsmen attacked the city; the Hittite men were in no condition to proffer resistance and they were easily overcome. All the men were executed, their wives, children and servants were taken into slavery and their animals and other possessions sequestered. At the time, the Jewish covenant required male servants and slaves within a Jewish household to be circumcised, even if they were not of the Jewish faith. Ironically therefore the male Hittite children and servants taken into slavery after the capture of the city would have come conveniently pre-circumcised.

Jacob, Dinah’s father, was concerned about the action of his sons but not through any moral outrage. Rather he feared retaliation from other tribes inhabiting the land. But the sons were unrepentant: “Should he deal with our sister as with an harlot?”

There were numerous occasions during the Crusades when Christian captives were forcibly circumcised by their Islamic captors. There will have been numerous occasions when men have undergone circumcision in order to marry into the Jewish or Islamic faith. But this is possibly the only example where circumcision has been used as a weapon of war. A more dishonourable one it would be difficult to find. Simeon and Levi used the cover of their religion to deceive their enemies – the sign of the covenant should have been sacred to them and in using it to violate their enemies, they themselves were being profane. Further, the sin, if sin there was since Dinah was equally complicit, was committed by one man, and one who tried to make reparations; but devastation was wrought on the whole tribe who were innocent of the original offence. A strange episode indeed.

*Ivan Acorn*

## **Erections Allowed!**

**I**n issue 4/2007, I raised an objection to pictures of erect penises in the *Acorn* newsletter. If I am allowed to change my mind, I must withdraw my comment. The change arises because I have just received an advertisement from Macy’s,

which is one of our largest retail clothes stores, and behold, in the popular domain, is an offering for 2xist men's underwear with the model sporting one helluva an erection. Now, if it made it through the US Mail on a postcard where nothing is hidden, then time must have passed me by. I had also winced when I heard that it was ok to answer your door wearing boxer shorts in NY City. That also had surprised me that standards had changed so much. So, I recant.

By the way, I asked the question of my wife whether sex had been any different for her after my circumcision and she said NO. Always thought the new 'polls' where women opted for the uncircumcised men over the circumcised had to be so much bull. These 'polls' surfaced recently on the web and I thought they were anti-circumcision material. Not that my wife's impression is a poll, but I know it is an honest answer. She was also surprised that I was corresponding to another man about such a private matter. I told her that it depends on the individual and that my speaking out probably helps some other person along the way.

There is so much ignorance and so many falsehoods out there that we all have an obligation to help those seeking an answer to their needs. One of my chums who is a physician (internist) responded to me when I was being hassled over a circumcision revision: "It is your body!" He really helped me immeasurably when some Urology Department Head tried to block me by saying I should see a Psychiatrist first. Another Urologist who had seen me on and off said: "Forget it, let's get it done, I don't answer to him." Later, the Department Head was removed although he holds another very prestigious position. It was, of course, politics; and the European-born Department Head had a different position based I believe solely in his own upbringing. At any rate, I won!

Please tell the seekers that it is their body and to go for it; the hurt is miniscule compared to the gain. Yes, it is a gain. I feel so strongly about physicians responding responsibly to those who seek circumcision and knowing what a runaround I got. There has to be a way for us as a group to head people in the right direction. Frankly, I believe it may be easier in UK than US but my experience is limited. I don't want guys to be examined and told to go away. I want them to be able to approach with certainty of what they want and not to be dissuaded.

*Californian*

## Naturally Ugly?

[The following is an exchange of letters from  
*Health & Efficiency* submitted by Robert]

### Smooth 'n' cut

With the photographs of the male nudists that you publish in *H&E naturist* could you include more of "us" – smooth and circumcised men? I am a proud smooth and circumcised naturist and as such would like to see more of us in photos in *H&E*. I find it rather sickening when male naturists shave their bodies but keep an elongated foreskin: a rather ugly affair, I'm afraid.

A. N.

[Editor's response: The photos we publish are representative of the many which we receive each month. We certainly have no policy against publishing pictures of any particular type – smooth or hirsute; circumcised or not; male or female – we welcome photos from all our readers!]

### **“Bizarre” attitude to uncut look**

While entitled to his opinion, A.N.'s attitude to retained foreskins as “a rather ugly affair” is somewhat bizarre and bigoted. Religious, medical and aesthetic reasons exist for circumcision. As a doctor I would point out that all operations come with complications. What does A.N. expect uncircumcised males to do just to please him: go for an unnecessary and potentially risky operation?

If we took this to its extreme someone out there would argue that fat people should undergo liposuction, small-breasted women have implants, big-breasted women have breast reduction surgery, large labia be trimmed, penises enlarged and short people have their legs lengthened (yes, these procedures can all be done).

I thought naturism was partly about accepting people as they are. Has anyone told A.N. yet?

*Dr W. J.*

### **Nothing ugly about the human form**

So A.N. finds the sight of a shaved pubis with elongated foreskin an “ugly affair”. What a strange view, and one I do not hold. Does he feel equally that the sight of older naturists is ugly, or women who bear the scars of childbirth, or hirsute males? Surely the philosophy of naturism is acceptance of the human form regardless of individual choice or genetic inheritance.

While some very “conventionally” beautiful women and handsome men are pictured in *H&E*, I find it refreshing that *H&E* shows all sorts: fat and thin, hairy and smooth, old and young. In my view *H&E* represents genuine naturists who embrace the naturist philosophy and human spirit, and in no way should the magazine pander to balancing its pictorial content based on individual body choices.

My view is that the only ugly thing about a human is that carried in their soul and heart, and there is nothing ugly about the human form. A form incidentally, that we might not have control over.

*T. W. – Wiltshire*

## **Plea For Help**

Can any member please help with maintaining the *Acorn* web site? Our graphic designer has produced the basic design but we now need a member to carry on the good work.

To offer help, or for more details, please write to the Editor at the PO Box or email to [webmaster@acornsoc.org.uk](mailto:webmaster@acornsoc.org.uk)

## Israeli Export Skills To Fight HIV

[By Andrew Jack in the *Financial Times*]

Israeli medical volunteers have begun exporting their expertise in adult male circumcision to sub-Saharan Africa, in a pioneering effort to help tackle spiralling HIV infections. A small group of doctors and public health specialists are at work in Swaziland conducting a pilot programme designed to reduce significantly the time it takes to perform safe and low-cost circumcisions in large numbers of local men. Their visit, at the invitation of a local charity, follows official recognition for the first time earlier this year by the World Health Organisation and other international agencies that male circumcision is a powerful technique to help reduce HIV transmission.

The Israeli specialists have developed expertise in rapidly conducting large numbers of adult male circumcisions for the first time since the late 1980s, when uncircumcised Jewish men began to emigrate in large numbers from the former Soviet block and Ethiopia and request the operation. "Until then, we had just a few cases each year for medical reasons. It had been very unusual to circumcise adults," said Dr Eitan Gross, medical director of Operation AB, created by volunteers from the Hadassah Medical Organisation and the Jerusalem Aids Project to lend their expertise to Africa.

Studies published in recent months in Kenya, Uganda and South Africa have all shown that male circumcision can reduce HIV transmission by about 60 per cent. Scientists believe the procedure hardens the skin, reducing abrasions and decreasing the number of cells beneath the foreskin that are particularly sensitive to infection.

Dr Inon Schenker, head of Operation AB, said that his team had already identified simple ways to halve the time for a circumcision to 25 minutes in Swaziland as it trained local doctors and nurses in its techniques. Derek von Wissell, head of Swaziland's National Emergency Response Council on HIV/AIDS, welcomed the project but cautioned that with only 85 government-employed and 80 private doctors in the entire country, he was concerned about distracting them from other essential medical duties. "Perhaps we can persuade retired US surgeons to come here, play golf, visit the Kruger national park and perform 100 circumcisions," he said. "The interest is there."

More generally, public health experts warn that circumcision is only a partial solution that should be accompanied by other practices to reduce transmission. In some cultures, it is unacceptable; it may create a false sense of immunity and can trigger complications if not conducted hygienically.

*Submitted by Walt*

## Small Mercies

I am an Englishman officially categorised as old by the World Health Organisation. When I was 13 days old my mother took me to the doctor for a routine post-natal

check-up. He claimed that my foreskin and/or penis were not right, and an attendant nurse endorsed his opinion. So he circumcised me then and there. My mother told me that when he had finished he inserted 3 stitches around the wound to hold the skin in place.

I once had a girlfriend from the USA who told me that my circumcision was “a messy job”. Her statement was correct. As a result of the surgery my shaft skin is rotated anticlockwise around my shaft. It is positioned about 2 centimetres to the left of where it should be and is badly out of alignment with what remains of my frenulum, etc. My circumcision scar is thick, brown and ugly. There are nodules on it, and what look to be stitch flaps. There are also two stitch tunnels, a large one on the upper left hand side, and a smaller one on the lower left hand side, of my scar tissue. Periodically, these fill with puss that has to be squeezed out. My glans penis is almost the same colour and texture as my shaft skin. My whole cock looks battered, scarred, beat-up and ugly; it has lost a lot of skin, nerves and blood vessels, and I am convinced that, in ways that are many and various, my sexual pleasure has been sharply cut.

And yet, incredibly, I am actually grateful to my foreskin’s nemesis, the doctor who cut me. He left, you see, a small patch of frenulum, together with a narrow cuff of skin around my scar. There is not much, but it is just enough for me to be able to pull my shaft skin over my corona while my cock is erect. Oh, wow! That is so nice! How much nicer must it be when you can pull your entire foreskin right up your stiff shaft, and tug it completely over your engorged, purple-coloured knob? Yet although I know that I have only a fraction of the pleasure that is the uncut man’s birthright, the doctor who chopped me could have been meaner and more vindictive still, and I rejoice that he was not.

In contrast, I remember one of my schoolfellows. When we were about 12 or 13 he got an erection in the showers after a gymnastics lesson. To this day, I still remember it vividly. He had clearly been circumcised very tightly, and the skin on his erect shaft was pulled as tight as a drum skin, so tightly, indeed, that it gleamed and glistened. At the same time, his shaft could scarcely be contained within its denuded housing and was bent every which way, like a corkscrew. I was stunned. I stared, intently but not lewdly, at my colleague’s mutilated member, and thanked a benevolent fortune that I had been spared the chopping that had been inflicted upon him. Even at the time, however, I did not fully realise the awful truth; but in retrospect I can see that his frenulum (the small, deliciously sensitive flap of stringy, twangy skin that harnesses the foreskin to the underside of the cockhead) had been more or less completely severed and excavated.

I am firmly opposed to circumcision. I support the anti-circumcision lobby, and I greatly admire the various pioneers who are campaigning on its behalf. I rejoice that circumcision, unlike in my day, is now comparatively rare in the UK, and that the generations of Englishmen that follow me, together with their wives, girlfriends and daughters, will have more pleasure in bed than I have managed to achieve. Oh, wow! Our present generation of young ladies in the UK, like well-fertilised roses, have been excellently tended and nourished. Many of them are fit, well-developed, and stunningly beautiful; I envy the young men with uncut

foreskins and a full set of nerves, tissues and blood vessels up their stiffened cock shafts who are lucky enough to enjoy such fair and excellent ladies perfectly, and as nature intended. Would that many of my generation had been lucky enough to luxuriate in such pleasures.

And yet... Despite my best efforts at maintaining a civilised opinion on this barbarous practice, I find that, in my perverse, lewd, and filthy imaginings, the mutilation of circumcision sexually excites me. The information and the images of circumcision that I collect from the Internet and elsewhere actually turn me on. I write anecdotes, musings and stories about it, and these also excite me.

But I operate solely at the level of kinky fantasy. My advice to citizens of the USA is to remember the fox in Aesop's fable who lost his tail in a trap. He wanted all the other foxes to have their tails chopped off too so that his mutilation would appear normal. By the same token I ask you: is it right to have your sons cut just so that they will 'look like dad'?

*From the Internet*

## **A Medical Examination – And Its Consequences**

The comments of J. T. about school medical examinations in issue 4/2007 brought back memories. I was at school in the Midlands in the 1940's and we were examined at school about three times. It was a full medical each time, done by a nurse.

I remember the first occasion to this day. I was 10 or 11 years at the time. The nurse told my mother who was with me that I should have my penis seen to. An appointment was made for the next week. I asked my mother what it was all about. She said: "You are going to be circumcised." She explained to me that a lot of boys were done. I was upset about all of this.

We went to the School Clinic on the appointed day. We were shown into a waiting room and a little later we were shown into the doctor. The nurse told mother to take my trousers and pants off, also my shoes. She took me to the doctor who sat at a table. I had to stand on a box in front of her. She was trying to pull my foreskin back. She said to mother that I did need circumcising as the nurse had stated at school. The doctor injected my penis about three times. I know I was crying. After a while, I couldn't feel my penis. Mother had asked for a dorsal slit circumcision. The doctor did as mother wanted. It was then wrapped up.

Later in life I had my foreskin removed but that's a different story.

*R. T. – Spain*

## **What Women Prefer**

It is logical to assume that if we randomly pull two women from a crowded street and interview them, one of them might say that she prefers a circumcised man while the other may claim that she wants it otherwise.



Going back on the age-old question, which do women prefer: circumcised or uncircumcised? I had an opportunity to meet Jane (not her real name), a communication student in a southern college. According to her, she prefers her partner to be uncut. "Although I do base my opinion of a man on his big head, not his little one, I have to say that uncircumcised is better because there is more variation. Playing with the skin is like an added benefit, it feels comfortable while he is thrusting also. From my experience, cut penises tends to rub too hard and too much. A little friction is good, but too much can be quite painful. Uncut guys give just the right amount of friction and I like the way the skin moves back and forth in my mouth."

Meanwhile, Alex, a customer service representative, prefers circumcised men mainly for hygienic reasons as well as sexual ones. "Based on my previous encounters, cleanliness is important because the penis tastes, smells, and looks more appealing. Plus, spur-of-the-moment sexual activity is more enjoyable with a man who is circumcised, because bathing efforts last for longer periods of time."

As far as statistics are concerned, however, a one-to-one profile will be meaningless. We need to go to a bigger perspective. The bottom line of course is the woman's personal preferences but considerations on health should not be ignored. On one point, we have pain and shock; and on the other hand, we have pleasure and cleanliness. Women's preferences in this subject have undoubtedly become more pertinent nowadays than let us say, two decades ago. During that long-ago era, about 90% of the male population in the Western world underwent circumcision but since then, a lot of lobbying has been done to stop this tradition. To date, only about 60% are circumcised for non-religious reasons.

So what are the reasons why women would prefer a circumcised man? If we based it on actual studies, one would be because it moves more smoothly during sex and as a result, both parties derive more enjoyment. Another is on the usage of condoms. Those who are uncircumcised would find it difficult keeping a condom on during actual sex. In one particular survey conducted by a team of experts, 57% of the respondents said that they preferred a circumcised penis because it looked more attractive. On the other hand, 33% preferred the other side. However, out of those unaccounted yet, 11 women said that their ideal male organ would be natural. Let us count out the anti-circumcision lobbyists and the remaining would be six respondents. Six whose 'ideal penis' is untouched, so as far as this study is concerned, the conviction that women in general are in favour of circumcision is highly exaggerated.

Still on this survey, with regard to oral sex, circumcision reigns supreme. About 80% of men who accepted oral sex were circumcised while the rest were not. Moreover, another study showed that circumcised men gave out more sexual contentment to the women. Among heterosexual men who engaged in sex at least once a month, it was concluded that 83% of those circumcised claimed that their partners achieved the orgasmic state while the remaining 17% claimed that their women did not. Of the uncircumcised, 53% claimed that their bed partners usually achieved climax and 47% revealed never or occasionally.

Before boring you to death with tons of figures, these significant comparative studies done over the years are still assumptions and nowhere near a conclusion. The general statement from women all over England, Singapore, North America, and other places is that the circumcised penis wins. Why did I say that we could safely assume but not definitely conclude? To carve it in stone would be too risky, indeed. There are other studies (done by equally intelligent and capable professionals) that concluded in favour of the uncircumcised. The outcome of these researches is that women are actually more at ease with what they are better acquainted with (and that is the natural). In one of these, what came out was a highly interesting piece of data that bulldozes the belief that circumcised men give "better sex" to women. This study said that 73% of the respondents said that "natural" men thrust more lightly and that their (the women's) clitoris was in fact better "caressed", obviously indicating that they enjoyed the sex more.

As far as the definitive answer is concerned, the jury is still out although all things considered, we can fearlessly say that circumcised still holds the edge.

*From Sexplanation.blogspot.com*

## Contact Corner

Recently rejoined early *Acorn* member seeks information and experiences of institutional circumcisions in UK, Empire, Commonwealth boarding schools and other similar institutions. Attended UK boarding school run by circumcisionist in late 1960s and I am keen to hear of others' experiences and observations. Preferably through the pages of *Acorn* newsletter or contact me privately by email ([bentrunch@googlemail.com](mailto:bentrunch@googlemail.com)). Discretion assured. My own story to follow...

*Ben Trunch, London*

## Cartoon

*I wouldn't like him  
to nibble my Acorn!*



## Picture Gallery



## A Very Short Foreskin

A father on the bulletin board *fathermag.com* reported that the mother of his baby son had had the doctor separate the baby's foreskin from the glans at birth and had been retracting it from the age of three months. Now, at the age of six, his foreskin just covered the ridge when soft and he appeared circumcised. The father asked whether this was normal for a six year old, or whether the foreskin had been retracted too early and whether there would be any future problems with masturbation.

Two authoritative responses were received on the practice of retraction:

### **Response 1:**

There are many men in many parts of the world that have elected to wear their foreskins permanently retracted because it is cleaner, healthier and looks sexier. It is said that in some cultures this is a goal to be achieved by puberty and that it is a sign of adulthood.

Your son now has the benefit of the automatic exposure to air for the glans, which keeps it a lot cleaner and lets late drops of urine dry out. There are men that expend some minor efforts to 'train' the foreskin to stay back, by retracting it, sometimes even placing rubber bands, 'O' rings, etc to help train the skin to stay behind the glans. This often is a family practice. Someone estimated that about a century ago in the US, before the upswing in the number of circumcisions, as many as 25% of men did this.

I heartily endorse the idea. As I still have excellent sensitivity of the glans with it having been exposed from year 12 to 83, I definitely feel your son has a nice benefit in his short foreskin.

### **Response 2:**

You can be reassured that your son's foreskin will almost certainly be sufficiently mobile for easy and comfortable masturbation and indeed, on that account, will also confer comfort during intercourse.

But the question that you are really asking is whether, by deliberately retracting his foreskin from a particularly early age, you have caused it to be shorter than it otherwise would be? Well, I suspect the answer is in fact: Yes. While body parts clearly grow according to genetic 'programming', skin generally grows to accommodate the tension to which it is subjected on a continuous basis. The skin over joints grows to allow movement in that joint whilst remaining snug. The foreskin grows to match growth of the penis which is subject to quite frequent erections particularly at night, and infants and children are no exception to this.

The 'trick' with the foreskin is, however, that it has a 'toggle' action with two options, to remain closed in front of the glans, or to retract and 'pop' back over it. There is therefore a possibility that if it gets retracted infrequently or not at all, it will respond to the erections by growing longer to accommodate them. On

the other hand if it 'learns' or is 'taught' early on to retract very easily over an erection, then by doing so, it will not experience the tension to grow anywhere near as much in length.

This would be in line with the claims of certain fellows, that they deliberately chose in childhood or early puberty (and usually due to the perceived need to emulate circumcised peers who seemed, at that point, to be attractive to them, either emotionally or merely socially), to keep their foreskin retracted at all times, as a result of which, their foreskin does in fact continue to stay retracted with no deliberate manipulation and will not now remain covering the glans by itself even when flaccid. Indeed, in a small proportion of boys this may happen accidentally, causing them to appear 'naturally' circumcised.

*From the Internet*

## **Muslim Turkey Makes Circumcisions Free Of Charge**

**[by Darren Ennis, *Star Publications* (Malaysia)]**

**T**urkey's Islamist-rooted government has made circumcision – a key ritual for young Muslim boys – available for free on social security. Circumcision is an important coming of age ritual for Muslim boys, usually celebrated with large parties. The move, announced in the official gazette, follows a tax cut for tourism after much lobbying from the industry, and another for food – measures seen by economists as electioneering. Previously only circumcisions required for medical reasons were covered by social security, a health ministry official said.

## **Cutting Comments: The Foreskin Debate**

**[An article by Simon Mills in *The Sunday Times*]**

**T**he actor Alan Cumming gets quite a reaction when he drops his trousers. Especially in America. Why? His penis is uncircumcised. He is genitally intact, a cavalier rather than a roundhead. His johnson wears an opera cape, as they say in US gay circles. This gives him something akin to freak status in the hygiene-obsessed States, where 70% of the mature male population have been circumcised.

Cumming, an endearingly puckish type, is really rather proud of his foreskin. "During interviews in America, I have made a point of talking about it," he says. "I think it's insane that an entire nation is ignorant about a part of their body they have lost. When I take my pants off in America, people gasp, which is kind of nice, until I realise that they're actually staring at my penis as if it's some kind of *National Geographic* photo come to life. Nobody has a foreskin there. They're, like, 'Wow! What do you do with that? How does it work?'"

Why is it that so many American men are circumcised? Well, it seems the Brits are responsible. Queen Victoria, who, along with much of the British aristocracy, believed that the English descended from one of the Ten Lost Tribes of Israel, chose to have her sons circumcised. It became fashionable, and the procedure travelled

to America. It was there that John Harvey Kellogg campaigned for circumcision as a cure for masturbation, which was, in his opinion, a cause of psychological problems. And ever since (in the 1950s, it is estimated, 90% of American boys were snipped), middle-class Americans have grown up believing that foreskins are filthy, wholly unnecessary fleshy adjuncts that harbour disease and make a sensitive teenage boy something of a fairground attraction in the communal shower environment.

That's why the uncut likes of Nick Nolte, Leonardo Di Caprio, Willem Dafoe, Emilio Estevez, Nicolas Cage and Keanu Reeves, all born during the barbaric period of the last millennium, are listed on pro-foreskin websites as if they were all some kind of heroic locker-room maverick. Blame Cumming and the unlikely figure of Ben Affleck, if you like, but the circumcision debate has suddenly caught the attention of a new breed of quietly militant pro-choicers and so-called 'intactivists' who are putting foreskins to the fore again and unleashing some appropriately cutting comments from the high-minded and famous.

Men with foreskins squirm and buttock-clench comedically when the subject is broached, while men who were cut as babies can't see what all the fuss is about. Foreskins are said to heighten sexual pleasure but harbour disease. Circumcised men are said to suffer from, wait for it, 'significant penile sensory deficit', although – get this – a *Men's Health* magazine survey in 2000 suggested that uncircumcised men lasted an average of four minutes longer during sex than their circumcised peers. Pressure groups such as Brothers United for Future Foreskins (Buff) and Uncircumcising Information and Resources Center (Uncirc), and even Jews Against Circumcision, fronted by Rabbi Moses Maimonides, do their best to break with tradition and prevent unnecessary cuts in the United States, while Cumming and the art critic Brian Sewell are both spokesmen for the British branch of the National Organization of Restoring Men (Norm, originally known as Recover a Penis, or Recap), founded in 1989 for men hoping to restore their foreskins. Foreskin restoration? It can be done. Sort of.

Medical techniques are not sufficiently advanced to give back the erogenous tissue and nerves amputated at circumcision, but careful stretching can create a more natural-looking penis, and softening the epithelium (or outer tissue) of the glans (or tip) can return the penis to a much higher level of sensitivity.

The pro-choicers feel that they are on a roll right now. Non-medical circumcision for children is now illegal in Sweden. The numbers of circumcision procedures in the UK are slowly declining and, after peaking in the 1930s, when 35% of British boys were snipped, fell to a mere 6.5% in the 1980s. Today, only 12,200 circumcisions are performed in the UK annually. Most of them go ahead without a hitch. A few end in tragedy. The inquest into the death of Amitai Moshe, who was just seven days old when he stopped breathing after being circumcised at a synagogue in north London last February – he died a week later from a heart attack – is to be held soon at Hornsey coroner's court. "No causal link has been established between the circumcision and the baby being taken ill. There is no indication that this was anything other than a tragic juxtaposition of two events," a spokesman for the synagogue said after the child's death. "The mohel [appointed

circumciser] is a registered member of the *Initiation Society*, which has been licensing and training practitioners of the procedure for more than 200 years. It is a well-established and well-regulated practice.”

Anti-circumcision horror stories such as this have served only to rally the pro-choice, intactivist PR machine. As well as Affleck, who has made it known that he is against routine infant circumcision, celebrity supporters include Colin Farrell. Affleck, it should be noted, was apparently circumcised in adulthood, after suffering injury during the filming of a superhero movie; a doctor decided that removing his foreskin would be easier than repairing it. Which has to hurt.

But this isn't just about cautiously radical telegenic celebrities or grown men checking one another out at the urinals or intact males doing histrionic winces and leg-crosses at the thought of the dreaded bris. For parents, there's a basic guilt issue at play, too. In his eloquently incensed invective against religion, *God Is Not Great*, the firebrand polemicist Christopher Hitchens rails against parents who have their boys circumcised. “As to immoral practice,” he writes, “it is hard to imagine anything more grotesque than the mutilation of an infant's genitalia.” He argues that circumcision weakens the faculty of sexual excitement and diminishes its pleasure, pointing out the significance of the operation being performed on babies rather than those who have reached the age of reason. (One study found that 92% of male infants subject to circumcision were not given anaesthetic during the procedure.)

Unconcerned that militant Jewish factions rancorously dismiss the intactivist lobby as wholly antisemitic, Hitchens states that, as recently as 2005, a mohel in New York City quite legally performed a ritual known as metzitzah (taking a mouthful of wine and then sucking the blood from the circumcision wound) on newborn babies, giving genital herpes to several small boys and causing the death of at least two.

And what happens to all those lopped-off foreskins? Believe it or not, there is a handsome profit to be made from harvested bits of young penis. The Norm UK website features the following item: “Since the 1980s, private hospitals have been involved in the business of supplying discarded foreskins to private bio-research laboratories and pharmaceutical companies, who require human flesh as raw research material. Human foreskins are in great demand for commercial enterprises, and the marketing of purloined baby foreskins is a multimillion-dollar-a-year industry.” There is even an expensive face cream, SkinMedica, on the market, made from a formula grown from young foreskins. Yes. Really.

“There's a sinister side to all this,” Cumming says. “It's tradition, control and pleasure-removing masquerading as a hygiene thing. What it comes down to is mass genital mutilation. It's barbaric. I don't mean to offend anyone, but I've heard about men who can't orgasm for ages because they have no sensation. People in America are impeded, because they don't feel, you know?”

There have been a number of studies conducted to find out whether male circumcision reduces the risk of acquiring sexually transmitted diseases, including HIV/Aids. While some of them show it may reduce the risk, they are not entirely

conclusive, and using a condom still offers the best protection. For Cumming, it's more of an emotive issue. "As far as I am concerned, the default-setting arguments about hygiene just don't stand up," he says. "The sanitation issue, especially, always comes up when I am in America. But you know what? I am very clean. I shower frequently. I am very proud of my foreskin. I believe it's there for a purpose. And I just want people to stop and think for a second before they decide to get a big bit of their newborn son's cock cut off."

*Submitted by Douglas*

## Circumcising An Adopted Son

**[The following is taken from an internet discussion forum  
for parents of adopted children]**

**Question:** I know many would not agree. However, we have finally made a decision and decided to circumcise our two year old adopted son Andres after going back and forth for a year. We just got the date for the procedure and I am looking for some info for those whose sons had it done at a later age as opposed to newborn. What is the recovery like? It is scheduled for a Monday so obviously we would be keeping him home on Monday and Tuesday, but I'm not sure how many more days he would need to be out of day care. We will take as many days as he needs but I would like to give work an idea as well as be able to figure who will take what day so it doesn't fall on one of us completely. Obviously we will both be off and with him on the day of the procedure. The doctor has said that recovery will be minimal but I really want some real life experiences.

*Dawn*

**Response 1:** We circumcised Josh when he was just over a year. They put a bandage on his penis and said it would fall off within the next couple of days (and if it fell off sooner not to worry). Well, the bandage fell off at our next diaper change! We kept Josh home from day care for only 2 days (so about what you are thinking). He just needed bacitracin put on at every diaper change...it was pretty easy.

**Response 2:** Colby was circumcised at about a year because he was such a premie, it was not safe to do it at birth. The recovery was not bad – I think he fussed a little at diaper change time, etc. I was most worried about having to go under anaesthesia, but he actually did fine with it. Overall, not a big deal at all. I think after a day or two, they are totally back to normal!

**Response 3:** Both of my boys were completely normal the next day... I'd take the extra day off work just in case, but once the anaesthesia was out of their systems, you really couldn't tell there was ANYTHING wrong with them. I didn't even use the Tylenol with Codeine that the doctor gave us, or even regular Tylenol. The first day they came home and both slept A LOT. After that it was just putting the ointment on their sores at every diaper change for a couple days.



# ACORN

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N° 6 2007  
Editor  
Ivan Acorn

## Editorial

This issue should have arrived in time for Christmas. Instead, it will be early 2008 when this reaches you – my apologies; but “Happy New Year” none-the-less. I will attempt to make up for lost time over the coming months.

The last issue of the year always brings with it the annual renewal notice. I hope that you have enjoyed the newsletter sufficiently in 2007 to make renewal a no-brainer. If so, get that cheque book out now!

This issue devotes a fair amount of space to the question of sensitivity. Does the removal of the foreskin inevitably condemn the owner to a second class sex life? This is the concern of many who were deprived of their prepuce at birth. It is also a fear of those now contemplating circumcision for themselves. Will they live to regret the decision? As ever, results of different studies point in opposite directions. But the weight of evidence indicates that circumcision does not impede the sexual experience – a fact affirmed by many members’ personal testimony both in this issue and in issues past.

*Ivan Acorn*

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### A Sensitive Question

Men considering circumcision for themselves or their sons often have an underlying fear. Will the removal of the foreskin adversely affect the sensitivity of the penis? Will the quality of the sexual experience be diminished? The situation is not helped by anti-circumcision propaganda which talks of thousands of nerve endings being lost when the foreskin is excised. Immediately following this article, I print experiences about sensitivity from *Acorn* members and others. These are largely from men who have undergone elective adult circumcision and the evidence appears to be that in such cases the sexual experience is not diminished and is sometimes enhanced. But these may be special cases and the would-be circumcisee is perhaps looking for more scientifically based evidence. Research in this area has been undertaken, some of higher quality than the remainder, and it is the purpose of this article to look at this research.

Perhaps the most important study is the most recent, published in the *British Journal of Urology International*, January 2008. This study researched the effect of male circumcision on sexual satisfaction and function. The study was carried out in Uganda as part of the trials to determine the effect of circumcision on HIV transmission rates. As is well known, these trials showed conclusively that male circumcision lowered the risk to such an extent that the trials were stopped early so that all participants could be offered circumcision. This evidence forms the basis of the current drive in many African countries to introduce universal male circumcision as an AIDS preventative.

As part of the trials, the researchers investigated self-reported sexual satisfaction and function. In all, 4456 sexually experienced HIV-negative males aged 15-49 years were enrolled; 2210 were randomised to receive immediate circumcision (intervention arm) and 2246 to receive circumcision delayed for 24 months (control arm). Men were followed up at 6, 12 and 24 months, and information on sexual desire, satisfaction and erectile dysfunction was collected. These variables were compared between the study arms and over time within the study arms.

There were no differences between the study arms at enrolment. Problems with sexual satisfaction and function were reported by less than 2% of participants in both study arms at all time points. At 6 months, no difficulty with penetration was reported by 98.6% of circumcised men and 99.4% of controls, and no pain on intercourse was reported by 99.4% circumcised and 98.8% of uncircumcised men. There were no differences between the study arms in penetration or painful intercourse at later visits. Sexual satisfaction increased from 98.0% at enrolment to 99.9% at 2 years among the controls, but there was no trend in satisfaction among circumcised men (enrolment 98.5%, 2 years 98.4%). The conclusion of the study was that adult male circumcision does not adversely affect sexual satisfaction or sexual function in men.

This study is important for a number of reasons. First, the large scale – over 4,000 subjects, as opposed to the much smaller numbers for other studies. Second,

the fact that it is randomised with proper controls. Third, the men undergoing circumcision have no problems with their foreskins, unlike other studies where the adult males involved have mainly undergone circumcision for medical reasons. Fourth, the study measured what is important to men – the ability to penetrate and the quality of the orgasm. The study showed that circumcision did not reduce sexual satisfaction, even after two years. An end to the myth that circumcision causes the glans to become tough and leathery and insensitive over time.

Other studies have approached the issue from a different perspective – the sensitivity of the penis to touch and stimulation. Of course, such an approach takes as axiomatic that the greater the sensitivity to touch the better. But many men find that the covered glans is over-sensitive. One of the perceived benefits of circumcision for many men is that the permanently exposed glans is less sensitive to immediate touch. They believe that there is no change in the underlying sensitivity, but that exposure ‘trains’ the glans to experience greater stimulation. Indeed, many circumcised men cite the constant low stimulation of their glans by contact with underwear etc as one of the pleasant by-products of losing the foreskin.

One study in New York tested the sensitivity of the small axon nerve fibres in the dorsal midline glans (the upper side of the glans) in 36 circumcised and 43 uncircumcised men. In uncircumcised males, the foreskin was retracted for testing. The researchers concluded: “We demonstrated that there are no significant differences in penile sensation between circumcised and uncircumcised men with respect to vibration, spatial perception, pressure, warm and cold thermal thresholds in both patients with and without erectile dysfunction.”

Another study in South Korea included 373 sexually active men aged 30-57 years of whom 255 were circumcised and 118 were not. Of the 255 circumcised men, 138 were sexually active before circumcision, and all were circumcised after the age of 20 years. Participants were asked to complete a questionnaire about the effects of circumcision on the quality of sex life, including masturbation. Analysis of the results showed that there were no significant differences in sexual drive, erection, ejaculation and ejaculatory latency time between circumcised and uncircumcised men. Masturbatory pleasure decreased after circumcision in 48% of the respondents, while 8% reported increased pleasure. Masturbatory difficulty increased after circumcision in 63% of the respondents but it was easier in 37%. About 6% answered that their sex lives improved, while 20% reported a worse sex life after circumcision. This study therefore appears to confirm the Ugandan study that the quality of intercourse is not affected by circumcision, but that there may be problems with masturbation. Of course, any man circumcised as an adult knows that he needs to adopt a new masturbatory technique to achieve satisfaction. Perhaps the South Koreans whose masturbatory experience had diminished had not experimented sufficiently with their modified penis.

Two other studies are relevant. Kimberley Payne of the Riverside Professional Centre in Ottawa, Canada, and her colleagues tested the sensitivity of 20 intact and 20 circumcised men’s penises as they watched erotic movie clips, by touching the penises with filaments that press down with predetermined amounts of

pressure. They found no difference in penile sensation between circumcised and uncircumcised men. However, when Robert Van Howe of Michigan State University used a similar method to measure sensitivity at 19 points along the penises of 163 men, he found that the five most sensitive points were all in portions of the penis removed by circumcision, especially those in folds exposed as the penis becomes erect. However, this latter study was funded by the *National Organization of Circumcision Information Resource Centres*, which opposes circumcision, so there must be some doubts about its objectivity.

There have been other small studies where results have been ambivalent. But if one weighs them all in the scales, the conclusion must be that there is little evidence that circumcision, in the vast majority of men, has any deleterious effect on the sexual experience. This is important. Men considering circumcision for themselves can evaluate the risk and decide whether that is worthwhile. A father considering circumcision for his son is assessing the risk for another human being – a more onerous task since no father would wish to think that he had ruined his son’s sex life. All the evidence appears to be that he can arrange that circumcision confident in the knowledge that the many benefits of infant circumcision will not be outweighed by a poor quality sex life in adulthood.

*Ivan Acorn*

## Some Observations On Sensitivity

After a lifetime of fantasising, I was circumcised six months ago and so have a fairly recent comparison of the before and after feelings. Before I was circ’d, I used to feel I was oversensitive and would ‘cum’ far too quickly both during partner sex and masturbation. I was therefore quite happy to reduce my sensitivity. I cannot really comment much on the sensitivity of my inner mucosa as when erect my foreskin rolled back easily enough but the frenulum kept it tightly bunched so it was never exposed as such during sex of any sort. I did however have a Prince Albert piercing for many years and deduced from that rubbing inside the skin, that there was sensitivity there, as masturbation over the ring was always pleasurable.

During the last few weeks before my circ, I increasingly kept my skin peeled back to try and acclimatise my glans to exposure. Initially this was very uncomfortable and I would become either highly aroused or sore. The soreness I discovered was due to the inner bunched up foreskin becoming red and inflamed rather than my glans which seemed to cope.

I was circumcised in February with a low and tight style, removing most of the inner mucosa. (The pictures show me after four months.) I am now six months from that time, fully healed and sexually active. My exposed glans is very sensitive



but the overall sensitivity is reduced and sex and masturbation last longer. The feelings are however immensely pleasurable and the final build-up to orgasm very intense. I would say more pleasurable than before as each stage lasts longer and that final exquisite plateau just before orgasm lasts longer.

The head of my penis is very sensitive as expected and it is here that I get most of my stimulus. However the small amount of inner skin remaining and particularly the scar line is ultra sensitive. Initially I thought this was painfully sensitive but now that healing is complete it is a very pleasurable added sensation. My frenulum was never pleasurable before – it was just annoying and got in the way. Now that I am fully healed I have discovered that this area has become



very pleasurably sensitive. Other guys speak of a ‘sweet spot’ which develops with time after the frenulum is removed and I would agree that this seems to be happening.

On a general daily basis I am more aware of my penis and small movements can give a pleasurable tingle that did not happen with my foreskin. At weekends and on holiday, I like to wear loose shorts and trousers and no underwear, which gives a constant low key stimulus and keeps me semi-hard. Fun when I do not have more serious matters in mind but too much to cope with during the working day!

I am not aware what long-term changes there will be to my penis and particularly the glans now it is exposed. At the moment there is that wonderful duality between it being exposed but generally insensitive to the alternative state when it becomes aroused and very sensitive. It is amazing that the one organ can behave in two such different ways.

Long live circumcision!

*Nik – Nottingham*

I would like to put my words in about the sensitivity issue as a man who was circumcised at age 30 to remove a redundant (too much) foreskin that wouldn't retract anytime during coitus and left me with no feeling on a covered glans. Post-circumcision, I have a great deal more sensitivity in my circumcised penis. Yes, more sensitivity. The carrying-case foreskin was preventing so much for me. We almost always remove our ‘instruments’ from the carrying case, don't we. Also, think about it, so many men find the use of a condom quite all right in their sexual expressions. Haven't heard many guys complain about this covering in their efforts to prevent pregnancy or disease. Now, it is elected covering, isn't it and it does not let the glans be uncovered unless there is some disaster. In conclusion, this sensitivity issue is fairly new and is the drum beat of the anti-circumcision lobby in almost everything they write.

*Californian*

I had a very nice patient visit me today for a circumcision with an interesting agenda. He is an early 30s married father and told me that he was getting the circumcision for the purpose of improving the sexual experience for both himself and his wife. He said that with the intact foreskin he was not getting enough friction during intercourse. His wife had also found that she did not get enough stimulation from the foreskin-covered glans. He had discovered the technique of holding the foreskin back during intercourse which he found to improve the satisfaction for both of them. The man was seeking circumcision to prevent him having to manually hold the foreskin back. So, this couple had already tested out the circumcised status before having the procedure.

I thought this was very interesting as the anti-circumcision lobby would have you believe there is less sexual satisfaction for the circumcised man due to reduced sensation. Maybe this is an atypical assessment of the sexual results of circumcision, but I doubt it.

*David Cornell, M.D.*

I had a circumcision to remedy my phimosis at the end of April this year. There were a number of post-op complications and so my healing has been quite slow, but earlier this month I began having sex again with my girlfriend. Previously my foreskin had barely retracted during sex (and the only time it retracted fully led to paraphimosis and a trip to the hospital!) so sex now feels like a completely new sensation and is incomparably better than pre-circumcision.

However, this greatly heightened sensitivity means I reach the point of climax far, far quicker than I did previously. At first I attributed it to the long lay off from sex, but now that has been worked out of my system I still find myself reaching orgasm very quickly. I was wondering if anyone else has experienced similar issues and if so how you dealt with them? Am I correct in assuming that over time I will become more used to the sensitivity and thus be able to control my orgasms better?

*From Circlist*

Under normal circumstances (i.e. non-sexual) I have an awareness of my penis in my pants, gently rubbing against the fabric. When nude (again non-sexual) I also have a constant awareness of my cock and contact with its surroundings (wind, sun, seawater, whatever). So the nerve endings, especially around the scar line and the ex-frenulum 'sweet-spot', are clearly still sensitive. The glans itself, despite the anti-circers assertion that it is not sensitive, is very sensitive and, as above (i.e. non-sexual situations) is constantly impacting my consciousness. Now everything magnifies 100 times (at least!) in a sexual situation, and the scar line, the sweet-spot and the glans become exquisitely responsive and sensitive.

*Chris Z. - Circlist*

If you have ever broken a limb, and had it in plaster for the ritual 6 weeks while it heals up again, you might have noticed that when the plaster comes off, the skin that was covered for those 6 weeks is much more sensitive to touch because it has been covered for that time. Surely the same is happening with the glans and

inner foreskin. General touch sensations are much more readily received by the nerve sensors or the brain because they are not usual/the norm. It seems to me that the nerve endings that give rise to sexual pleasure are much deeper in the structures of the penis, and are therefore completely unaffected by the presence or absence of a foreskin. The enhanced pleasure for the male after circumcision seems to be due to the stretching of the skin in a way that is never possible with the large amount of foreskin always riding up and down the shaft.

*Jeff – Circlist*

## Circumcision Techniques 5

### The Dorsal Slit

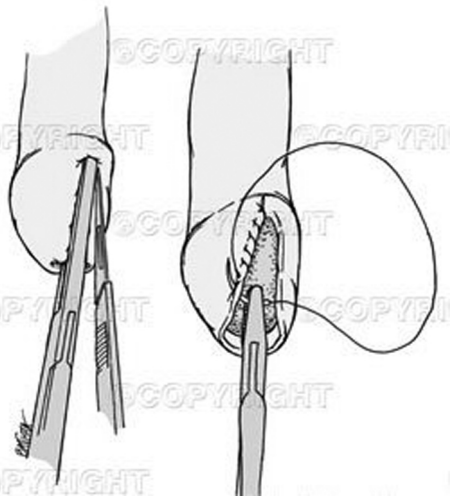
It is questionable whether the dorsal slit is a circumcision technique per se, since it leaves the foreskin largely intact. Rather, it is a technique which is used as a substitute for circumcision.

The dorsal slit is performed by making an incision in the midline of the foreskin as it covers the upper side of the glans. The incision is made from the tip of the foreskin. The length of the cut can be anything from just a few millimetres at one extreme to extending as far as the corona of the glans at the other. Usually no actual tissue is removed during the operation although occasionally a v-shaped section of foreskin is removed so that there is some space between the two halves of the divided foreskin.

The dorsal slit procedure is very simple and is minimally invasive. The foreskin is pulled down and held under a slight tension. The dorsal foreskin, at the 12 o'clock position, is then double clamped. Incision of the crushed tissue is then made. The edges of the inner and outer foreskin on each side of the incision are approximated and secured with the use of absorbable sutures.

Where the length of the incision is small, the penis retains the look of a naturally intact penis with a wide loose foreskin. Where the cut is longer, the effect is to leave the foreskin hanging over the glans rather like a pair of curtains. When the penis is erect, the foreskin naturally falls away from the glans and gathers underneath, giving the appearance of a turkey neck (see picture overleaf). The glans is thus fully exposed.

The advantages of a small dorsal slit are that it eliminates the possibility of phimosis, whilst retaining the foreskin. It is difficult to argue the same advantages for the longer slit. Whilst the foreskin is retained, it does not cover the glans



in the same way as a normal foreskin and does not therefore help retain moistness and suppleness. It is of little use in masturbation. It also results in an unsightly tag of skin hanging under the back of the glans that can get in the way of sex.



The dorsal slit may be seen as a half way house between leaving the penis intact and a full circumcision. In fact, it probably achieves the worst of both worlds – it loses most of the potential advantages of a foreskin whilst not achieving the benefits of a full circumcision. It would appear better either for the patient to be left intact or for the foreskin to be fully excised.

*Ivan Acorn*

## **A Snip In Time Can Save Lives**

**[In issue 5-2007, we reprinted an article from the *Sunday Times*: Cutting Comments: The Foreskin Debate. Below are some letters and web comments received by the paper following the article.]**

**B**ravo for updating us on the ongoing war between roundheads and cavaliers over circumcision. The roundheads are clearly in retreat in the UK and Scandinavia but just about holding their own in America.

Despite being a cavalier I would have to say that the article betrayed a little of an unbalanced zealot's point of view rather than a true yin-yang summary of the issues involved. Clearly the death after a circumcision in a north London synagogue reminds us of the rare dangers (the first I have heard of in 20 years) we are exposed to by surgical procedure.

By contrast the article was very dismissive ("may reduce") of the three recent "gold standard" randomised trials in Africa involving 11,054 men showing, on average, a 50% reduction of HIV infection after a follow-up of two years in the men who were circumcised after puberty. These figures do not make me a rampant circumcision proselytiser but rather provide the impetus for the far more serious debate which the article does not address.

Circumcision earned its reputation as a cost-effective public health procedure for desert societies in ancient Egypt and was adopted after the time of Sodom and Gomorrah by Abraham. Today the virtual absence of deaths from penile and cervix cancer, as well as lessened AIDS and prostate cancer deaths in these societies, vouches for the lasting benefit that has been acquired from this procedure for peoples with limited access to water although – as data from Denmark and Brazil show – the provision of running water, and of lavatories, is equally effective.



The urgent question today in Africa is whether more circumcision is needed, or will the same investment spent providing improved access to running water and education at puberty about foreskin hygiene provide a greater all-round health gain? The fact that even today more than 75% of men dying from penile cancer in this country are unaware of the importance of foreskin retraction and hygiene suggests there could be benefit to us as well from such a campaign.

*Professor Tim Oliver, Trustee, Orchid Cancer Appeal, London EC1*

**H**aving been circumcised when I was 40, at the suggestion of my (then new) wife and for no medical reason, I can say unequivocally that being circumcised has been a wholly positive experience. I was always uncomfortable having a foreskin and its radical removal has meant improved hygiene, comfort, appearance, self-esteem and overwhelmingly improved sexual sensation during intercourse for both myself and my wife. An additional benefit is that my wife much prefers to have a circumcised husband and it would appear that her view is the norm among women of her generation (she is 57) who have experienced both roundheads and cavaliers in bed. There has been no downside and I cannot understand why some men who were circumcised as babies and thus have no basis for comparison, can possibly think that they have been deprived of anything by losing their foreskin. This simple and highly beneficial procedure should be reintroduced as a routine measure in the UK in the way that it is in the USA.

I really wish that I had been circumcised myself as an infant, but apparently, when my mother tried to have this done, the NHS refused on the grounds that it was 'unnecessary' and thus I had to endure a foreskin throughout my childhood and youth.

*Richard Sturdy, Ripon, North Yorks*

**I** think the only people qualified to comment on the difference between being uncircumcised and circumcised are those who like myself were circumcised (at my own request) as an adult and have experienced 'both sides of the coin' so to speak. I always hated being uncircumcised and was very envious of my friends whose parents had taken the sensible choice of having them done shortly after birth. The operation was completely painless and since then every aspect of my life has been better; sex, cleanliness, appearance etc and I would say "go for it". It is surprising in this day and age that there are men who cannot and do not retract their foreskin to clean their penis. More on penile hygiene should be taught both by parents and in schools.

*Neville Sumpter, London*

**B**orn in NW London in 1953 I was one of the first generation of baby boys born after the introduction of the then new NHS and as such I was denied circumcision even though that was my parents wish, according to my mother when the subject came up for discussion many years later. Now living in Sydney Australia I was finally circumcised as an adult for purely cosmetic/sexual reasons and have to say I have never looked back and my only regret is that it wasn't done years ago; circumcised sex is so much better.

*Nigel Bisset, Sydney, Australia*

## Skinning Back

**I**n *A Very Short Foreskin* (issue 5/2007), a father is worried that early retraction has disadvantaged his son by leaving him with a short foreskin. He should stop beating himself up – he has done the kid a favour.

There is too much political correctness these days about the foreskin. First we are told that adhesions take four or five years to separate and the boy's foreskin should not be touched during that time. Then we are told that it could take until puberty for the adhesions to clear so not to worry until then. Now we are told that a foreskin which never retracts is no problem!

I prefer the old-fashioned stance of encouraging mothers to gently push back their baby's foreskin at each bath time. Then if by four or five months the foreskin would not skin back completely, the doctor or nurse intervened. It is a less than five minute job to clear adhesions. A probe is inserted between the foreskin and the glans and is swept round in increasing circles until all adhesions have been broken down and the foreskin can be pushed back clear of the glans. Petroleum jelly is then smeared on any raw spots to prevent re-adhesion during healing. After three or four days, the raw spots have healed and the baby has a foreskin that can be skinned back naturally.

Mothers can then be encouraged to push the foreskin back behind the glans at each diaper change. If this is done, by the time the boy is out of diapers, the foreskin will have been trained to stay back naturally. The foreskin will then fail to develop to its full potential, and the boy will be left with a short foreskin and a nicely exposed glans.

My own opinion is that the covered glans is too sensitive and benefits from exposure. My own glans used to be almost untouchable and a friend suggested that I should skin back when I was at university. It was hard work at first, but once the glans was used to being uncovered, I soon found the benefits. A few years later, I had a nice tight circumcision so that exposure is now permanent. Of course, that would be the ideal solution for every male baby, but until that happy day arrives, skinning back is the next best thing.

*Mark – Monmouth*

## Reporter Gets Circumcised To Fight AIDS

[an article by Joseph J. Schatz, *Zambia Associated Press*]

**A**southern African radio correspondent has been receiving a flood of text messages and cell phone calls – some from offended listeners and readers. All because Kennedy Gondwe chose to get circumcised to protect himself from AIDS, and took the British Broadcasting Corporation's radio and Web audience through the procedure with him.

Frank talk about AIDS and prevention methods is still rare in Gondwe's Zambia, where HIV prevalence is 16 percent. That's what made the 27-year-old Gondwe's

public testimony on the eve of World AIDS Day even more striking. A prominent Zambian journalist, Mildred Mpundu, died in November after going public with her HIV-positive status earlier this year and urging her fellow journalists to get tested. Gondwe, who says he undergoes an AIDS test several times a year, said that he finds it “sad” that more people don’t talk about circumcision as a prevention method. “We as journalists also have a role to play in the fight against the disease,” he said.

Gondwe, on the radio piece and in an online diary, recounts his 22<sup>nd</sup> November procedure. Listeners can hear him gasp as a doctor injects him with a local anesthetic, but he assures them the procedure is otherwise painless. He was up, walking to his car and driving himself home soon afterwards.



Dr. Jan van den Ende, a microbiologist at Toga Laboratory, which provides AIDS testing and counseling in neighboring South Africa, the country hardest hit by AIDS, described circumcision as a relatively simple and painless procedure, something Gondwe’s story demonstrated. While one admiring Web reader from Zambia told Gondwe he would soon follow his example, the reporter said others told him they were offended. Gondwe’s Tumbuka people of Zambia’s Northern Province do not embrace circumcision, he said.

David Alwick, a senior AIDS adviser to UNICEF based in Nairobi, said UNICEF supports educating people that “circumcised men are relatively well protected against HIV”. But he said there was a danger of creating demand that the world’s poorest continent is not now prepared to meet. Alwick said Zambia has a long waiting list of men who want to be circumcised and only a few centres are providing the service. But he says he expects governments to come aboard across the continent and international donors to provide funding.

## A Precautionary Measure

**M**y two sons, Theo aged four and Luk aged six months, were both circumcised when about five or six weeks old. Although we are not Jewish, our doctor is, and he was willing to carry out the procedure privately. I had it done to save them the problems I had as a teenager.

When I was fifteen, I noticed blood in my urine. The doctor diagnosed a urinary infection which was soon cleared by antibiotics. But he also found that I was suffering from phimosis and he referred me to the local hospital. A few weeks later I was circumcised. At that age, I found the whole process excruciatingly embarrassing, and I vowed then that if I ever had sons, they would be circumcised as babies as a precautionary measure.

I have always enjoyed being circumcised – my sex life has always been great and my wife likes the stripped, ready for action look of the circumcised cock. So

having our sons snipped was no contest. The ops went very smoothly – just a little whimper from each as the local was given. Healing took only a few days and then they were back to normal. Since then, it has been a source of satisfaction to see their little uncovered glans, knowing they won't have the same problems as me.

Of course, the fact that they have been circumcised has not gone unnoticed among friends. Their status is there for anyone to see at nappy change or splashing about at bath time. I never know what women discuss when they are amongst themselves – far more than men, I suspect. Anyway, I know that, through the example of our two boys, there are now several other babies in the village whose foreskins have made a one way trip to the doctor. But then, infant circumcision is such a non-event that I do not know why more parents don't have their babies trimmed.

*From the Internet*

## **Like Father, Like Son?**

**[A shortened version of an article by Neal Pollack,  
The Guardian, 3<sup>rd</sup> February 2007]**

[Neal Pollack is Jewish but his wife isn't. She refused to circumcise their newborn son, but then his mum issued an ultimatum ... and the battle of Elijah's foreskin had begun.]

A couple of weeks before my son, Elijah, was born, I was doing something very important on my computer when my wife, Regina, entered my office. "Do you have any feelings about circumcision?" she said.

"Nope."

"I was doing some research. The American Academy of Pediatrics doesn't recommend it any more. It used to be medically recommended, but now they're neutral."

"Hmm. I would say that I'm neutral, too," I said.

"They don't use anaesthetic, Neal. They cut off nerve endings and it decreases sexual sensitivity. It's barbaric. I can't do it to him. I just can't."

"You must leave me to think on this question for a while," I said.

Regina helpfully directed me to a parenting website. Circumcision, the website shrieked, was "part of the same movement that pathologised birth and actively discouraged breastfeeding". The foreskin is a natural part of the human anatomy, and there's no reason it should be removed. And then the kicker: "The birth of a son in the United States is fraught with anxiety and confusion. Most parents are pressured to hand their baby sons over to a stranger, who, behind closed doors, straps babies down and cuts their foreskins off ..." That was enough. The article was shrill beyond measure. Still, I thought, maybe circumcision is wrong.

For the first time in two decades, I'd been forced to stare my Judaism right between the ringlets. On the one hand, I thought, Jewish men get circumcised. I've been circumcised my whole life, and my dick works fine. Hell, I thought, it works better than fine. On the other hand, what if circumcision really did decrease sexual sensitivity? Was that something I wanted to deny my son? Wouldn't his life be painful enough? My son wasn't even born yet, and I was already thinking about the quality of his future orgasms.

This was a very hard decision, so I did what any good Jewish boy would do in such a situation: I called my mother. "Regina and I were thinking about not circumcising Elijah ..." It's hard to describe exactly what my mother's voice did at that moment, but convulsed is probably the closest word I can find.

"No, oh, no, no, no, Neal. Don't say that to me." My mother began to weep openly on the phone. "Oh my God, Neal! I can't believe you're doing this to me! You have to circumcise! You have to!"

"My wife ..."

"Your wife is immaterial here. You can't betray 6,000 years of Jewish tradition."

Suddenly, my generation's sin of intermarriage lay fully on my back. The fate of the entire diaspora rested on my decision. An innocent medical inquiry had turned into Sophie's Choice.

When I hung up the phone, I went into the bedroom, where Regina had propped up her feet. "Well?" she said.

"My mother says we'd betray 6,000 years of Jewish tradition."

"Oh, does she, now? We'll just see about that! I will not circumcise my son! I will not put him through that pain! I can't bear it!"

Now, just as my mother had five minutes earlier, my wife began to weep. "You can't make me do it, Neal! You can't! Promise me!"

"I need some time to think."

At that moment, I wanted to buy a plane ticket to Uruguay and never come back. But there I was instead in Austin, Texas, and my rational brain had ceased functioning.

A week went by. My brain was a fetid goulash of guilt and resentment. It's not as if my parents are super-Jews themselves. They go to synagogue, but only occasionally. I had a bar mitzvah because that's what Jews did, not because of some familial covenant with God, or so I thought.

My father called. I was in no mood to hear from him. "We're very upset," he said. "Your mother hasn't slept. We've decided that if you don't have him circumcised, he won't be our grandson."

"Are you out of your mind?"

"We demand it."

“You’re in no position to demand anything.” I hung up.

Meanwhile, Regina was already a week overdue. She and I lay in bed and talked. This was our first major decision for our child, and my own mother and father were trying to completely take it out of our hands, based on arguments we found superstitious and naive. But I also had a larger family to consider, aunts and uncles and cousins and sisters, and, beyond that, a generation of nieces and nephews and second cousins to come, not to mention “6,000 years of Jewish history”. If we decided not to circumcise, it might very well rip open a wound in my family life that would take decades to heal.

“We have to,” I said.

“I know we do,” said Regina, and she began to cry.

That evening, I called home. “We’ve decided to circumcise,” I said.

“Good,” my father said. “That will connect him to my father. And my grandfather before that. And down through the generations.” He was sincere, and I almost found myself touched.

Eight days after Elijah was born, we went to the urologist’s office to discuss the circumcision. This is how it works, he said. He would put Elijah on a board and strap down his hands and feet. Then he’d slide a metal ring over the top of the penis, which would cut off the circulation to the foreskin and gradually kill the nerve endings. Over the next week, the foreskin would gradually turn black, and then it would rot off, and then Elijah would be permanently connected to his ancestors.

When Regina had called about the procedure, they’d said the doctor used topical anaesthetic. When we were in the doctor’s office, we asked him. “Of course we don’t use topical anaesthetic,” he said. “Everyone knows that stuff doesn’t work.” We wouldn’t put our son through pain without anaesthetic! But by then, it was too late. The doctor took our baby from us and told us to wait in the hall. A few minutes after the procedure, he said, he’d let Regina in to breastfeed. I went into the waiting room, sat with a six-month-old issue of *Sports Illustrated*, and tried to remember a time when I wasn’t an adult.

Regina and Elijah came out. He was screaming. She was bawling.

“Babe ...”

“Let’s just go!”

And so I drove us home, which was strange enough considering that Regina usually does all the driving, but even stranger because my newborn son was in the back seat howling because someone had just lopped off the tip of his penis, and my wife was holding him, weeping as though her soul was being ripped from her body, and my heart and throat and face felt clogged with sorrow and grief and mucus and shame, and I could barely see the road through a film of tears.

An hour later, my parents called to see how Elijah was doing. “How’s Elijah?” my mother asked.

“He’s asleep. He cried a lot.”

“He’ll be fine,” she said. “It didn’t hurt at all.”

*Submitted by G.H. – Yorkshire*

## Speaking Of Uncut Men

[by Simon Sheppard, Gay.com/PlanetOut.com Network]

**F**oreskins. Some penises have ‘em. Some don’t. And given the remarkable range of specialized tastes when it comes to sex, it should be no surprise that an inch or so of flesh should excite so much passion.

“The more foreskin, the better,” says one man who’s no slouch in that department himself. “I love the kind with the wrinkled tip, the ones that don’t fully retract even when a guy’s fully hard.” And why’s that? “I don’t know. Why does somebody find anything attractive? Once, when I was heading to Amsterdam, I made a date with a guy purely on the basis of some pictures of his equipment I’d seen online. He just had the greatest foreskin, really long. OK, maybe I’m obsessive. But it sure was fun to play with.”

Americans in particular have an unusual relationship with foreskins. For decades, routine circumcision was the rule throughout much of American society. Uncut guys were viewed as, oh, exotic. Or at least European. Or working class. Or Southern. Or even ‘natural’. Now that increasing numbers of guys in the United States are uncut, the “He’s got a foreskin, so he must be British” stereotype no longer holds sway. About all a foreskin indicates nowadays, at least about a younger guy, is that he’s unlikely to be Jewish or Muslim. Still, to some guys, foreskin is just the tiniest bit unusual, something extra to admire and mess around with. And then there’s the tender, moist skin exposed by erection, the ridge of flesh part way down many a hard shaft.

Of course, like any sexual fetish, not everyone shares a taste for prepuce. One fellow who’s uncut himself prefers dicks that have been snipped. “They just seem a lot prettier to me,” says he. “I think long foreskins are just ugly, and I’m glad mine isn’t much.”

## Young Man With A Big Drawback

[From a doctor’s advice published in the *Jamaica Gleaner*]

**Q**: I am a 22-year-old female, from the western side of the island. I have been dating this young man, who is 21 years of age, for approximately two weeks. We have yet to have full sex, but we kiss and fondle each other. Last night, I saw his organ for the first time – and everything went badly wrong. You see, doc, when his penis came out of his pants I detected an awful scent that made me lose interest immediately. The aroma got even worse when the foreskin rolled back. So I stopped kissing him, and told him that we were ‘too hot’ and that I was not ready to have sex with him.

My question to you, doctor, is what could have caused this dreadful odour? As it happens, I know that he had just had a bath. How could his problem be treated? And how do I tell him about the smell without hurting his feelings? He is really kind-hearted to me, and would do anything I ask. He is very romantic and extremely gentle. I am very much interested in being with him, but I can't continue without solving this difficulty. I need a response from you before I make the next move.

**A**: Well, it sounds like this is a real nice young man – apart from his big drawback. I am not sure if you have had any previous experience of men – and in particular I do not know if this was the first male organ you have ever seen or fondled. It is important for you to realise that even in the cleanest of guys, there is a slight aroma which comes from the penis. This scent comes from certain glands which are located just below the head of the organ, in the area which is usually covered by the foreskin. Some biologists claim that these glands produce pheromones – which are special 'sex smells' that are intended to attract the female. It is notable that most women do not find the slight fragrance unattractive; indeed, some are turned on by it.

But in this case, it does not sound as if there was any question of a 'slight aroma'. What you describe was clearly an overwhelming stink! This drives me to the conclusion that your young man has not been washing under his foreskin – which is what all uncircumcised males should do every day. If a guy doesn't do that, he gets a big build-up of some rather unpleasant white stuff called 'smegma.' This material is cheesy in appearance and feel, and it has germs in it. After a few days, it starts to smell – quite unpleasantly. I think that this is what has happened here. The young man may have had a bath, but it sounds as though he has neglected to wash his organ.

Incidentally, another important aspect of smegma is that if it is not washed away regularly, the man will have an increased risk of penile cancer in later life. So all in all, I feel that your best move now would be to tell your boyfriend that you have heard from an authoritative source that for hygiene reasons, every guy should thoroughly wash under his foreskin each day. Make clear that you expect this of him – and that you will not take 'No' for an answer.

## **Bishops Forcibly Circumcised**

**T**he anti-Greek pogroms in Turkey in September 1955 included the participation of Islamic extremists and secular ultranationalists who were supported by the Turkish government of Premier Adnan Menderes. This was a blatant example of Turkish state sponsorship of terrorism. On a terrible September night, mobs of extremists unhindered by authority proceeded to attack Greek property and to assault the members of the Greek minority who were living in the former Capital of Byzantium. Orthodox Churches were profaned and religious Icons, Bibles, and Crucifixes were burned while chalices used for holy communion were used by thugs for urinating. Greek Orthodox Bishops were forcibly circumcised on the street.

*From the internet*