

Common Myths That Popularized Circumcision

As Americans, we tend to think of ourselves as pacesetters, as leaders for the rest of the world to follow. We think that if other countries aren't doing things our way, they soon will. But as far as circumcision is concerned, "We are the laughing stock of the other industrialized nations...[because] we are the only nation on earth to circumcise the majority of...[our] infant males for nonreligious reasons" (1). The other English-speaking countries (England, Canada, and Australia) that adopted the practice at the same time we did have either discontinued it almost entirely or its incidence has been rapidly declining. England's neonatal circumcision rate is now at about one-half of one percent. The rates for Australia and Canada are about 10 and 20 percent, respectively.

CLEANLINESS IS NOT A VALID REASON FOR CIRCUMCISION

The myth that the natural penis is difficult to care for and keep clean is one of the most common reasons given for circumcision. In numerous conversations with friends and relatives, the one comment I heard repeatedly was, "Isn't it supposed to be cleaner?" While the bared, dry, circumcised penis head does seem easier to keep clean, the fact remains that keeping the glans and foreskin of the natural penis clean requires minimal effort, no more than it takes for a woman to keep her genitals clean.

In infancy, the foreskin does not usually retract. The advice of the American Academy of Pediatrics is simply to wash the outside of the penis as you would any other part of the body. Do not try to forcibly retract the foreskin because it can hurt the child and damage the penis. Retractability will take place in time (anytime from infancy or childhood to the late teens), whereupon the child can be taught to retract his foreskin and clean beneath it, just as little girls are taught proper hygiene for keeping their genitals clean.

In childhood, adolescence, and adulthood, keeping the penis clean requires no more effort than we pay to other parts of our body, such as shampooing our hair or washing our ears. Surely, a male's most prized possession—his penis—is worth this minimal effort. Retracting the foreskin and washing behind it once a day, or perhaps just before having sex, should not present a problem for most men. A few males may neglect their hygiene, but this is not a justification for removing the foreskins of millions and millions of infants.

Although the secretions of the female genitalia emit an odor, sometimes quite strong, we don't cut away parts of a woman's genitalia to make her cleaner and odor free. Let me stress that some genital odor for both male and female is normal and natural, and many people even consider it an aphrodisiac. Certainly, many men perform oral sex on women and admit they find a woman's genital odor erotically stimulating.

However, if your mate objects to the odor of your genitals, there is a simple remedy: Take vegetable oil (like Wesson oil) and apply it around the inside of the foreskin and glans, or for the woman, around the clitoris and vulval lips. Leave the oil on for about a minute, then blot it off with a tissue. The oil will absorb the odor and transfer it onto the tissue. Then rinse with an unsoaped washcloth. This method is better than washing with soap because it will not leave a soapy residue on the genitals if you decide to engage in oral sex.*

* During showers, when you do wash with soap, be aware that some soaps can dry out and irritate the genitalia. I recommend Dove soap (classic version, not the unscented) because it is gentle and moisturizing as well.

The vegetable oil technique really works. If you are a person who is easily offended by your partner's odor, I highly recommend this procedure.

WHAT IS SMEGMA, AND IS IT A PROBLEM?

The inner lining of the foreskin is mucous membrane, which secretes a clear, lanolin-like lubricant, that facilitates the foreskin's movements and prevents it from adhering to the glans. (Likewise present within the female vulva area.) This substance does not presently have a medical name and is usually referred to by doctors simply as "subpreputial wetness," or erroneously as smegma. I propose that this transparent, lanolin-like, lubricating secretion be called *lanofore*. Smegma, in contrast, is an opaque, whitish substance that is *sometimes* present under the foreskin and can emit an odor if hygiene is neglected.

Critics of the natural penis often point to smegma as evidence that the natural penis is unclean, and they use this as a justification for circumcision. But in light of the points below, does this make sense?

First, keep in mind that smegma is easily removed by occasionally wiping or washing the penis.

Second, *women's genitals also produce smegma*, yet no one makes any big fuss about this, and rightly so.

Third, let me stress that smegma develops a potentially offensive odor *only when penile hygiene is grossly neglected*, just as it would if a woman grossly neglected her genital hygiene.

Fourth, ironically, with all the concern about smegma, I propose that it is actually an *unnatural excretion*—a by-product of the incomplete digestion of dairy products—this is why it may develop a cheesy odor when allowed to accumulate, if hygiene is neglected. The explanation below elaborates.

In their mega-million-selling book, *Fit For Life*, authors Harvey and Marilyn Diamond make a strong case for why milk and dairy products are an unnatural food for human beings (2).

According to the Diamonds, and others (like Robert Cohen, author of *Milk: The Deadly Poison*), who have thoroughly researched this topic, the human digestive system cannot properly process the dairy products of cows. It is becoming widely known that many people have great difficulty digesting dairy products, and several dairy-product digestive aids are currently on the market. Also milk substitutes, like soy milk, are now a basic constituent of many infant formulas, due to the fact that infants exhibit digestive disturbances from cows' milk.

The Diamonds point out that in the wilds of nature, no other animal continues to drink milk after it has been weaned from its mother. *Moreover, milk, as it exists in nature, is not subjected to extensive processing—like pasteurization, homogenization, irradiation, and preservatives, etc.—that modern commercial dairy products receive, which further adds to their indigestibility by destroying vital enzymes.*

I propose that in the absence of dairy products, smegma would virtually not exist. In this regard, a prospective examination of over 4,500 uncircumcised males was done in Japan, where dairy products are not part of the typical everyday diet. Only 0.5 % (5 in a 1,000) had smegma (3).

My husband notices that he develops smegma only after he has ingested dairy products, which he rarely eats. Fortunately, when he does occasionally have smegma, it is easily eliminated with the vegetable oil method described earlier or by washing the penis with Dove soap and water.

It is common for dairy-product residues, trapped in skin crevices, to develop a cheesy smell. You can easily test this on yourself. Go for a couple of days without washing behind your ears and then run your finger in the crevice behind your ear a few times. If you have eaten dairy products, you will notice that your finger may present a residue and will smell a bit cheesy. This is an indication that your body is using the pores of the skin to excrete dairy product residues. The same thing can happen under the foreskin. The body uses the pores of this thin, mucous membrane to expel the residues of incompletely digested dairy

products—in fact, there is a medical term, *smegmalith*, which *Dorland's Medical Dictionary* defines as “a calcareous [calcium rich] concentration of smegma.” The fact that this substance is calcium-rich suggests that smegma may have its origins in dairy products.

It should be stressed that some sloughing off of dead skin cells (desquamation) is normal and natural and takes place on both the circumcised and uncircumcised penis. But I propose that dairy products may somehow exacerbate this process and cause excessive desquamation.

Each individual must decide for himself the merits of eating or not eating dairy products. I merely wish to make the point that the intact penis does not naturally have an offensive, cheesy odor as its critics (who have a vested interest in having the circumcised penis remain in favor) claim. Nor is the intact penis automatically accompanied by smegma. And it certainly does not make sense to cut away an important component of a man's sexuality to correct an odor problem that may be caused by dairy products—postulated to be an unnatural substance for humans to eat—and can be eliminated by giving them up, *or by practicing simple hygiene*. It is well known that dietary habits are changing. Who knows, in 10 or 20 years, dairy products may no longer be an important constituent of the American diet, just as it is not an important component in the diet of billions of people around the world. Who knows, at some point in the future, we may all be drinking soy milk instead.

Smegma is a terrible sounding word, and since it is used almost exclusively to identify the opaque, potentially odorous substance sometimes present under the foreskin, I suggest it be used specifically to describe that substance. On the other hand, *lanofore* is a pleasant sounding word, and I propose that it be used to designate the natural, clear, lanolin-like, lubricating secretion of the foreskin, which does not have an objectionable odor.

In short, the solution to the smegma problem, if indeed it is perceived as a problem, is a simple cleansing of the genitals on a daily basis—not amputation of the foreskin.

NEWBORNS DO FEEL PAIN

There is a common myth that newborn infants do not feel pain. Or, more recently, that they do feel pain during circumcision, but it is minor, of short duration, and is not remembered.

The mistaken idea that the newborn does not feel pain has been commonly believed for quite some time. *The Mothers' Medical Encyclopedia* (1972) stated, "Circumcision of a newborn boy is not painful for the child" (4).

Dr. E. T. Wilkes said that circumcision is "not very painful" (5). Dr. F. W. Rutherford stated that "circumcision is only momentarily painful" (6). Moreover, Dr. Charles Schlosberg declared that "the infant feels as much pain momentarily as he would while receiving an injection" (7).

Another common misconception is that the cries of the child are due more to the restraints used during the operation than the actual operation itself. Dr. Seymour Isenberg and Dr. L. M. Elting express this belief this way:

As for anesthesia, none is needed. Although the baby may scream and kick during the procedure, this seems to be more of a reaction to being bundled to the circumcision board than actual pain...Since a good portion of the baby's nervous system is not yet formed, especially that part that localizes pain, circumcision done at this age the first few days after birth is probably the best time (8).

The fact is: ***Infants do feel pain, and there is now a great deal of research evidence to substantiate this*** (9).

A newborn baby is as sensitive to pain as anyone else is, yet, babies are routinely circumcised ***without anesthesia***. Perhaps this would be a little like having a root canal without Novacain. Probably worse, much worse. Make no mistake about it, circumcision causes your baby excruciating pain and agony.

Babies cry and scream frantically while they are being circumcised. Some stop breathing and lapse into a semi-coma.

Others go into a state of immobilized shock, in which they can't even cry. (I would like to interject this important point. In television presentations of the circumcision topic, a video of an actual circumcision is sometimes presented in which the baby is shown distressed and crying. But there is actually more distress than meets the eye, because underneath the surgical cloth that covers the child, the infant's arms and legs are strapped down. If he were not strapped down and covered, the infant's distress would be considerably more visible; he would be thrashing his arms and legs about quite violently. Because his head is the only part of the body that can move, his crying and the thrashing of his head are all we see. These television videos do not present an accurate depiction of the infant's suffering.)

Dr. Howard J. Stang, et al. (1988) describes the infant's pain as follows:

There is no doubt that circumcisions are painful for the baby. Indeed, circumcision has become a model for the analysis of pain and stress responses in the newborn. Not only does the unanesthetized newborn cry vigorously, tremble, and, in some cases, become mildly cyanotic because of prolonged crying, but other stress-related physiological reactions have also been demonstrated, including dramatic changes in heart and respiratory rates and in transcutaneous oxygen and plasma cortisol levels (10).

In an interview with Rosemary Romberg, author of *Circumcision: The Painful Dilemma*, Dr. Howard Marchbanks stated:

In medical school I was taught that the baby's nervous system is not developed sufficiently to be aware of the pain of circumcision. But my experience in doing it and observing the baby's reactions tell me otherwise.... Anyone who has a foregone conclusion that it was not painful for the baby and therefore one should not hesitate to do it only has to listen to the baby while it is being done (11).

In March, 1999, the American Academy of Pediatrics released a new report entitled, “Circumcision Policy Statement,” wherein it acknowledges, *for the first time*, that “newborns who are circumcised without analgesia experience pain and stress” and recommends using analgesia to reduce circumcision pain. But the report does not explain that *analgesia doesn’t eliminate pain, it only relieves it somewhat*. Analgesia is not equivalent to anesthesia. Infants cannot be anesthetised due to the risks involved. Despite the policy statement of the AAP, many American infants undoubtedly continue to be circumcised without analgesia because it takes time for this type of information to permeate down to the everyday practitioner. An additional factor that could potentially impair this information getting to the right people is that it was published in the journal, *Pediatrics*, and many circumcisions are performed by interns, obstetricians, and others, not pediatricians.

CIRCUMCISION IS A VIOLATION OF AN INFANT’S HUMAN RIGHTS

Every year, about 1,200,000 million American baby boys are strapped down and stripped of their foreskins *without their consent*, which, of course, they cannot give. But that’s the point. Would an infant consent to his own circumcision if he had a choice? As a nation, we’ve come a long way in our awareness of human rights. But we still have a long way to go. An infant’s right to the genitals he was born with is only now beginning to be recognized. Genital mutilation—circumcision—call it what you will—is a violation of an infant’s rights as a human being. For the infant will soon grow to be a man, and as a man, isn’t he entitled to the basic human right of the genitals he was born with?

Many articles written about infant circumcision make the assumption that it is the right of the parents to make the decision. Some parents and/or doctors think that it is their duty to make the circumcision choice for the child. However, in the last analysis, the infant’s genitals belong to him, and no one should have the right to cut off a healthy part of the child’s body.

The male penis is the only organ of the human body over which parents are given such authority. There is no other healthy structure of the human body that can be amputated at the parent's request. Why should parents be allowed to choose whether the child—the child who will soon grow to be a man—will get to live out his life with a complete, natural penis or go through life with an incomplete, circumcised penis?

During his circumcision, the infant may struggle and scream with all his might, but unfortunately, no one who is listening believes he has any “voice” in the matter. If the infant were not preverbal, perhaps it would be a different story, for surely he would tell the circumciser in no uncertain terms what to do with his knives, scissors, and clamps.

ADULT CIRCUMCISIONS ARE RARELY NEEDED

There is a general myth that sooner or later the foreskin is likely to develop medical problems and it is therefore better to have the child circumcised in infancy to avoid having to have it done as an adult. But getting a circumcision performed later in life and *needing* to get a circumcision done are two different matters. Adult foreskin problems rarely develop, but if they do, there are other solutions besides circumcision.

When Edward Wallerstein, author of *Circumcision: An American Health Fallacy*, questioned the health departments in non-circumcising countries like Norway, Denmark, and Finland, he found that very few adults ever require a circumcision. He reports:

In Oslo, Norway, over a 26-year period in which 20,000 male babies were cared for, 3 circumcisions were performed—a frequency rate of 0.02%. In Denmark, 1,968 children up to the age of 17 were examined over a period of several years. In this group, 3 circumcisions were performed—a frequency rate of 0.15%. In this study, in retrospect, the physician believed all three operations might

have been avoided. Both of the above studies related to the infrequency of circumcision in infancy and puberty; they did not deal with the issue in adulthood.

Health officials of each Scandinavian country were queried about adult circumcision.... None of the health officials could provide precise data, because the numbers were so small that they were not worth compiling. Each official stressed that foreskin problems were presented but said they were largely treated medically—surgical solutions were extremely rare (12).

In America, doctors are quick to recommend circumcision as the only remedy for conditions that are treated and cured by other means in non-circumcising countries. American doctors simply have not had the diversity of experience their counterparts in non-circumcising countries have had because in America there are so few foreskins. Consequently, when a problem arises—even something simple like a minor local infection—they generally recommend circumcision without considering simpler, alternative solutions, like prescribing an antibiotic or soaking the penis in a warm bath of Epsom salts.

PHIMOSIS DOES NOT REQUIRE CIRCUMCISION

Below is a story received at the offices of NOCIRC, a clearinghouse for information about circumcision.

My parents not only resisted medical advice for circumcision but also let my foreskin loosen at its own slow rate. I was about 12 before my urethral meatus was visible and 16 before I saw the corona of my glans. Even with this slow loosening of the foreskin, I never experienced irritation or inflammation. Before becoming sexually active, I spent a few minutes per day over a period of months gradually stretching the foreskin by hand until it would easily retract. This approach was simple, painless, and effective (13).

Since the early 1970s, several articles have been published in the medical literature outlining a variety of surgical techniques that doctors can use to expand a phimosed* opening, thereby eliminating the need to circumcise (14). This new attitude is commendable, but in most cases, perhaps all, surgery may not be needed at all, as discussed below.

Surgical intervention for phimosis may soon be superceded by a promising new *non-surgical* treatment developed in China, which uses a balloon catheter to stretch the foreskin opening. This technique was judged successful if within two weeks there was free retraction of the foreskin over the coronal sulcus (coronal ridge). The success rate in 512 boys was almost 99%; only three patients required a second or third dilation (15). The procedure is simple and safe, and is well tolerated by the patient. Balloon catheters are commonly used in medicine today, most notably to dilate coronary blood vessels.

Another approach used in France gently stretches the foreskin with graduated speculums (16).

In addition, there are prescription steroidal and non-steroidal topical ointments (like betamethasone valerate 0.05%) now available that can effectually render a tight foreskin opening elastic and expandable, thereby resulting in retractability. Also, in some cases, a tight foreskin can be corrected simply by periodically stretching the foreskin manually while in a warm bath.

Visit www.cirp.org/library/treatment/phimosis for more information about correcting phimosis non-surgically.

Fortunately, phimosis and paraphimosis (defined in the next section) are extremely rare. The Finnish National Board of Health provided Wallerstein with case records for 1970 for both phimosis and paraphimosis. A total of 409 cases were reported for males 15 years of age or older, which represents only 2/100ths of 1% (0.023%) of the total male population in that age group. *This means 99.997% did not develop a problem.* Moreover, according to Finnish authorities, only a fraction of the reported cases required surgery—a number too small to reliably estimate (17).

* Phimosis is a rare condition sometimes present in adulthood, in which the foreskin is too tight and will not retract over the glans.

The causes of phimosis have not yet been determined, but it seems logical that this condition may be a consequence of insufficient levels of nutrients that promote skin elasticity (like vitamins C, B6, E, and the mineral zinc). (Consult the plethora of literature that is available in health food stores and your local library, bookstore, and/or visit a professional versed in nutritional therapy.)

THE FORESKIN USUALLY DOES NOT RETRACT IN INFANCY AND EARLY CHILDHOOD, AND SOME MALES MAY NOT DEVELOP FULL RETRACTABILITY UNTIL THEIR LATE TEENS

The myth that the foreskin should retract at birth has been, and continues to be, widely believed by the medical community, when in fact, about 96% of male babies have non-retractable foreskins at birth that gradually become retractable during childhood (18). At birth, the penis is not yet fully developed, as is the case with all parts of the body. *Foreskin retractability is a gradual process.* Partial retractability is often achieved by the age of five. However, *full retractability may not occur until some time later, occasionally as late as puberty, or the late teens.* This normal developmental stage should not be misdiagnosed as phimosis. (A detailed discussion of phimosis can be found at www.infocirc.org/top.htm)

Because doctors see so few intact penises in this country, many are not aware that the foreskin is usually tight during infancy and early childhood. Many doctors will advise parents to forcibly retract the foreskin for cleaning purposes, but this is painful, damaging, and unnecessary. The penis as a whole should simply be washed like any other part of the body until such time as the foreskin does retract. By this time, the child is usually able to take care of his own penis and can be taught how to do so.

If an infant is not circumcised at birth, various circumstances may lead to an *unnecessary* circumcision later in childhood. Because doctors are generally unaware that the foreskin is non-retractable in infancy, several things may happen, all of which

may result in the child getting circumcised. First, during routine office visits, the doctor may notice that the foreskin is non-retractable and try to force it back. This is painful for the child and bleeding may occur. The doctor may then misdiagnose the condition as phimosis and advise the parents to have the child circumcised.

Second, if the mother follows the doctor's advice to retract the foreskin to clean the glans, she may find it psychologically uncomfortable. She may feel it's too much like "playing with the child." Besides, it may hurt the baby and cause crying and bleeding. As a result, in many cases, the parent(s) may decide to get the child circumcised after all.

And third, if the mother does continue to forcibly retract the foreskin, causing bleeding and little tears between the glans and the foreskin, it can result in a condition called *acquired phimosis*, where the little tears continually heal over, causing scarring and adhesions. This condition can result in a non-retractable foreskin, in which case circumcision will generally be prescribed, all because the foreskin should not have been forcibly retracted in the first place.

There is one more condition caused by improper care of the natural penis that requires discussing. This condition is called *paraphimosis*. Paraphimosis can be brought about when the foreskin is forcibly retracted and then gets stuck behind the glans. Circumcision is usually advised for this condition, but such does not have to be the case. It is my understanding that another solution is possible—applying ice to the penis head. Ice causes the penis head to contract, thereby allowing the foreskin to slide back to its original position. Or one can simply clamp down on the glans with the thumb and index finger to reduce its size and then ease the foreskin back in place over the glans.

Until recently, very little information was available to health care professionals concerning the proper care of the uncircumcised penis. Consequently, they assumed that proper care required forcible retraction of the foreskin in order to clean underneath it. Due to lack of information, American doctors,

most of whom are circumcised themselves, were left on their own regarding advice to new mothers on the care of the natural penis.

The medical community is making progress, however, and the American Academy of Pediatrics now has a pamphlet entitled, "Newborns: Care of the Uncircumcised Penis." Yet it is important to note that the first edition of this pamphlet was not published until 1986 (19). Many doctors and nurses who have not yet read this pamphlet may continue to advise mothers incorrectly.

The following is taken from the above-mentioned American Academy of Pediatrics pamphlet, presented previously but reported here because of its relevancy to this section:

Care of the uncircumcised...[penis] is quite easy. 'Leave it alone' is good advice. External washing and rinsing on a daily basis is all that is required. Do not retract the foreskin in an infant, as it is almost always attached to the glans. Forcing the foreskin back may harm the penis, causing pain, bleeding and possibly adhesions. The natural separation of the foreskin from the glans may take many years. After puberty, the adult male learns to retract the foreskin and cleanse under it on a daily basis (20).

**THE FORESKIN IS AN INTEGRAL PART OF THE PENIS
ITSELF. CIRCUMCISION DOES CAUSE HARM
AND DOES NOT ALLOW THE PENIS TO FUNCTION
NORMALLY**

Most Americans believe that circumcision does not impair the functioning of the penis. But as discussed throughout the book, this is an erroneous belief. Of course the circumcised penis can still be used for urination and procreation, but we are just beginning to understand that circumcision damages normal sexual functioning, on sensory and mechanical levels, and does not allow the penis head proper protection.

The above has been adequately dealt with in previous chapters. There is, however, one harm of circumcision I would like to elaborate on and re-emphasize. This concerns the “tight” circumcisions many men have received as a result of having had too much skin removed.

Many circumcised men who contact organizations like NOCIRC and NORM complain of tight, taut shaft skin, and even painful erections. Over and over men complain, “I was cut too tight,” “I have no slack skin on the shaft of my penis,” and “I was cut so tight my penis bends up (or down or to one side)” (21).

Some men are cut so tight that it causes hair from the penis base to be pulled up onto the penis shaft during erection. These hairs would normally remain at the base of the natural penis, but when the foreskin is missing, the lower penis shaft skin is pulled forward to accommodate the erection. One electrolysisist I spoke with said that he is seeing more and more men for removal of these hairs, which are frequently pulled forward as far as midway onto the penis shaft during erection. Some of these men confided that their female sexual partners found these wiry hairs uncomfortable during intercourse and caused them vaginal irritation.

CIRCUMCISION’S RISKS AND COMPLICATIONS

Doctors commonly tell parents that infant circumcision is a simple operation with few risks. The procedure may be easy to perform, but like any other surgical procedure, it has its risks and complications. A few of these are hemorrhage, infection, a badly executed circumcision resulting in a mutilated appearance, excessive skin loss, scarring, fistula, fibrosis, ulceration, accidental injury or amputation of the glans, and even death. Medical literature clearly reflects such complications and tragedies (22). Wallerstein notes:

The most common circumcision complication is hemorrhage.

According to Dr. John Denton (1978) the 'rate reported at times as being up to 2%' (23). In some cases, hemorrhage was so severe that heroic measures had to be taken, including blood transfusion (24).

Below is a portion of a presentation made to a subcommittee of the California Medical Association on March 4, 1989. The presentation was made by Dr. James L. Snyder (25):

In 1986, I presented to the Virginia Urologic Society two infants who had been circumcised with disastrous results. One had suffered a degloving injury with the loss of all the skin of the penile shaft and required further surgery. The second infant suffered gangrene and necrosis of the entire glans and penis due to electrocautery. I was called as a consultant to see both of these infants within hours of the injuries and can tell you that both of these children will be lifetime genital cripples.

Since my two personal experiences witnessing tragic infant circumcision, I have gathered data which I bring here before you on other tragic results of infant circumcision.

In 1982, an Iowa infant bled to death after circumcision.

In 1983, another Virginia child suffered a degloving with his circumcision, requiring skin grafting.

In 1984, a Louisiana child's penis was destroyed by a circumcision and sex-change surgery was advised.

In 1985, two children in an Atlanta hospital suffered destruction of their penis at circumcision. One underwent sex-change surgery.

In 1986, an Alaska child's infected circumcision led to convulsions and massive brain and kidney damage.

Numerous children are circumcised so severely that their sexual functioning is devastated, and recently the medical literature and the lay press have reported on significant numbers of adult men who were so displeased with their circumcisions they have sought and submitted to plastic surgical reconstruction of their penis.

Electrocautery devices have caused severe damage in several incidences since the 1970s. In one case, reported by Dr. S. John Money and Patricia Tucker, the entire penis sloughed off. In this case, the child underwent sex-change surgery and was raised as a girl (26). (In Jan/Feb, 2000, this story was featured on *Dateline NBC*, *The Oprah Winfrey Show*, and *20/20*). In August 1985, as noted in Dr. Snyder's report, two babies in Atlanta were burned so severely by an electrocautery device that one boy also required a sex-change operation and is also being raised as a "girl." The other boy, whose parents refused a sex-change operation, will, according to a 1991 news report, "never be able to function sexually as a normal male" (27).

HEALING MISHAPS

Sometimes the circumcision incision (scar) bonds to places on the corona of the denuded infant glans during the healing process. This is known as a "skin bridge." Skin bridges usually occur unevenly so that they do not involve the entire scar around the penis. These "bridges" form tunnels between the scar and the glans, where dirt and debris can get trapped, causing irritation.

Acquired phimosis is another healing mishap. Sometimes enough of the foreskin is left so that the remaining skin collapses back over the raw glans and attaches to it. These bonds form true adhesions and require medical attention. Rosemary Romberg, author of *Circumcision: The Painful Dilemma*, cites a mother's account of a doctor freeing her 20-month-old son's post-circumcision adhesions:

My sister accompanied us and the doctor instructed my sister and me to each pin down one of Colin's arms and legs. He then—using no anesthesia—tore the foreskin from all around the glans. It was minutes of horror!! Perhaps it was worse than his original circumcision, for now he could recognize exactly what was happening. Here were three adults, two of

them close love-figures, restraining him and putting him through this agony!! He screamed, ‘Mamma, Daddy, Lola...I’m sorry, I’m sorry...Mamma...’ over and over again. My poor baby, sorry for what!?!? I was the one to be sorry.... After the doctor was done with Colin, he had us put ointment on the wound until it healed. This took two adults just to pin him down again to get the ointment on. For weeks after this ordeal, Colin wouldn’t allow anyone near his penis (28).

MEATAL STENOSIS

This is one of the most common circumcision complications. Normally, the foreskin cloaks and protects the glans and urinary opening. But circumcision removes this inherent protection and exposes the bared glans to abrasive diapers, urine, and feces. Diaper rash and abrasion on the glans and urinary opening can bring about ulceration, scarring, and meatitis, which may lead to meatal stenosis. Meatal stenosis is a stricturing or closing of the urinary opening due to ulceration and scarring. When meatal stenosis occurs, the infant must have an operation called a “meatotomy” to reopen the urinary channel (29).

INFANT DEATH

Death is something no one recovers from. It is a life gone forever. Nevermore to return. Deaths due to circumcision are truly tragic for the parents and family of the infant involved. Dr. Hank Streitfeld states that, “In America, with millions of elective circumcisions performed annually, about five little boys will die each year as a result of infection or bleeding” (30).