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Medical Myths

Perpetuate Circumcision in America

> If the American penis is circumcised, it is because the twentieth century has been 'the 100-year reign' of routine infant circumcision in this country. During this century, only a handful of doctors and parents have questioned or opposed the practice. With such near-universal acceptance, many beliefs about the penis and infant circumcision have come to be accepted without question. Many of these beliefs have become, in fact, national myths. That is, they are simply believed to be true and are often repeated without any demand that they be reconsidered and demonstrated to be true.
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> Myths only survive in a culture when at least some authority figures give them credence and benefit from them. Circumcision myths survive in America in part because a very large segment of the medical community in this country continue to repeat them...(1).

MYTH: The foreskin is a mistake of nature—a superfluous and unnecessary skin that extends beyond the actual penis.

Dr. S.I. Millen stated the myth as follows:

> The human male is cursed with a super abundance of foreskin over the penis. Circumcision...remedies the fault by removing the excess of foreskin (2).

Dr. Sherman Silber had this to say about the foreskin:

> The foreskin is essentially just an extension of the outer penile skin that is redundant and extends well beyond the actual tip of the penis. It is this extra skin that is removed during circumcision (3).

A. A. Lewis, together with Dr. Eli Bauman and Dr. Fred Klein, had this to say:

> The foreskin has no sexual significance for the healthily formed male. It neither impedes nor increases his coital pleasure. With erection, the foreskin naturally rolls back to uncover the head of the penis and, from then on, plays absolutely no part in any sexual activity. The head usually has extreme erogenous sensitivity, but the foreskin has none. It is as useful as one's appendix and, like the appendix, can sometimes be troublesome enough to need surgery (4).

With statements like these coming from the medical community, America has not been a very safe place for foreskins.

FACT: The foreskin is not extra, purposeless skin.

It is unfortunate that doctors have been routinely removing foreskins for nearly a century without understanding or questioning what they have been removing. Incredibly, the medical community has been debating circumcision's risks and potential benefits for decades, yet virtually no one addressed the question: Does the foreskin have a purpose, and if so, what is it? (In defense of the medical community, let me reiterate that until somewhat recently, sexual topics and the study of sexuality have been taboo. In a country where the vast majority of the adult male population, including doctors, are circumcised, no one was looking for the sexual purposes of the foreskin.) But now we know, the foreskin is alive with sensory nerves and serves several functions during intercourse. It is a living, vital part of the complete penis. To cut it away is to leave a lifetime scar on the

body and mind of the victim, who must then go through his life denied his full sexual existence.

THE CANCER MYTHS

There are three cancers that have been alleged to be linked with the natural penis: cancer of the penis and/or prostate in men, and cancer of the cervix in women.

Cervical Cancer

In the early 1960s, Dr. S. I. McMillen published a book entitled *None of These Diseases,* in which he reported on several studies linking increased rates of cervical cancer in women whose sex partners had uncircumcised penises. He took the position that Old Testament "ordinances" are God-given protection against such diseases. Dr. McMillan noted that 13,000 women had died of cervical cancer during a representative year and then went on to say, "[T]he large majority of deaths could have been prevented by following an instruction that God gave to Abraham [to circumcise]" (5).

In 1981, Dr. Sherman Silber took this attitude:

> A...benefit of circumcision is that wives of circumcised men are less commonly afflicted with cancer of the cervix (the opening of the women's womb). There is controversy currently among doctors on whether it is circumcision that protects against cancer of the cervix, or whether it is some other aspect of hygiene in circumcised men that is responsible. Regardless of the reason, these women are much less likely to suffer the most frequent cancer of the female organs (6).

In response, Jim Bigelow, Ph.D., author of *The Joy of Uncircumcising!,* states:

> It is interesting to note in Dr. Silber's statement above that he questions whether it is circumcision *in men* or some other aspect of hygiene *in men* which governs the female's susceptibility to cancer. Nowhere during this period was the cause associated with the woman's behavior relative to cervi-

> cal cancer. The debate lasted for several years, but finally even the most dedicated proponents of infant circumcision had to acknowledge that factors other than the circumcision status of the male sex partner accounted for cervical cancer (7).

By 1984, Dr. S. I. McMillen, in the second edition of *None of These Diseases*, had modified his indictment of the foreskin as it related to cancer of the cervix:

> In the first edition of this book, I cited the evidence that cancer of the uterine cervix...was primarily a disease of sexual partners of uncircumcised males. In the intervening years, however, cervical cancer has been more firmly related to multiple sex partners.... A recent study found evidence of venereal warts virus in 73 of 80 women who had cervical cancer. Thus it seems that cervical cancer is, for the most part, a result of venereal disease...(8).

Edward Wallerstein, in his comprehensive book, *Circumcision*: *An American Health Fallacy*, goes into considerable detail about the various invalidities of several studies linking cervical cancer with uncircumcised sex partners. To report on this in detail is beyond the scope of this book. However, one aspect of his research is highly important in the cervical cancer debate, for when he compared the new case data for the United States with the non-circumcising countries of Sweden and Norway, the results showed that the United States had a *higher* rate, not the lower rate you might expect, if circumcision status of a sexual partner were the sole determining factor. In 1972, the rate per 100,000 for the United States was 32.0; for Sweden (1968) 25.0; and for Norway (1967) 20.2 (9).

After all his years of research, Wallerstein concludes, "Correlations exist between cervical cancer and poor state of health, poor nutrition, poor hygiene, poverty, early onset of sexual activity, promiscuity, number and spacing of children, etc., but not circumcision" (10).

The capper for this inaccurate claim is that in the American Academy of Pediatrics' recent exhaustive review of the scientific data on male circumcision (discussed at the end of this chapter),

the cervical cancer myth was not even dignified with a historical mention, let alone asserted.

(Cited references, fore and aft, may appear dated, but keep in mind that they represent the time frame when these issues were being discussed—from which the myths to this day survive.)

Last Minute Insert: While this 2nd edition was at the press, the cervical cancer issue was resurrected when a study published in the *New England Journal of Medicine* (April 11, 2002) reported that women married to uncircumcised men were slightly more at risk in contracting it. Subsequent public discussion pointed to various flaws in the study's methodology and interpretation of its statistics, calling into question its validity. However, even if its findings were valid, circumcision should not be advocated as a preventative because CIRCUMCISION IS A GREATER HARM since it severely damages the sexuality of both the man and his female partner throughout their life, every time they make love. And what about the vast millions of women who will never contract cervical cancer: Should they, and their male partners, be made to suffer the lifetime of sexual deprivation (routine circumcision would bring), and the havoc it wreaks on relationship happiness? Also, periodic pap smears detect cervical cancer in its early stages, which is treatable. In addition, leading scientists anticipate a cure for cancer before the end of the decade.

Penile Cancer

Cancer of the penis is often used in the arguments of circumcision proponents even though it is one of the rarest cancers to strike males. Dr. George Denniston homes in on the crux of the penile cancer issue with the following statement:

> Cancer of the penis is very rare—one case in 100,000—usually in older men. Even if circumcision could prevent it, 100,000 foreskin amputations would be necessary to prevent one [case of] cancer of the penis. One hundred thousand infants would be mutilated, and several infants would die to prevent that one case of cancer. Who could scientifically advocate foreskin amputation for this reason? (11).

If circumcision were a factor in reducing penile cancer, we would expect to see significantly less of it in circumcising nations as compared to non-circumcising nations. This does not appear to be the case. For example, when Wallerstein researched this topic, he found that the penile cancer rate of the U.S. (a circumcising country) and the rates of Finland, Norway, and Denmark (all non-circumcising countries), were approximately the same, about one new case annually per 100,000 population (12).

On its web resource The Penile Cancer Resource Center (13), the American Cancer Society states:

> This practice [circumcision] has been suggested as conferring some protection against cancer of the penis by contributing to improved hygiene. However, the penile cancer risk is low in some uncircumcised populations, and the practice of circumcision is strongly associated with socio-ethnic factors which in turn are associated with lessened risk [that is, these other factors, and not circumcision, account for the lower risk]. The consensus among studies that have taken these other factors into account is that circumcision is not of value in preventing cancer of the penis.

Even if the foreskin were a risk factor in penile cancer, which it does not appear to be, why should a man be denied a lifetime of sexual pleasure when there is only one chance in 100,000 that he will ever contract the disease—and then, only in his old age? Considering the foreskin's many functions, circumcising to prevent the possibility of cancer of the penis makes about as much sense as routinely removing women's breasts to prevent breast cancer.

Prostatic Cancer

In 1972, in *Today's Health*, Dr. Marvin Eiger stated, "The uncircumcised man is more than twice as likely to develop this [prostatic] form of cancer" (14).

Dr. Eiger's conclusion was based on a study by Dr. A. Apt that compared incidences of prostatic cancer in Sweden (non-circumcising) and Israel (circumcising) (15).

Importantly, Dr. Apt did not take age into consideration. It is well established that prostatic cancer is most often found in men over the age of 55-60. Dr. E. N. Preston re-analyzed Dr. Apt's data taking into account the proportion of the population in both Sweden and Israel aged 60 and over. He found that Sweden had 7.2 times as many men in this older age group as did Israel. Based on this increased number of men, Sweden would be

expected to have 7.2 times as many incidences of prostatic cancer as Israel. The data, however, showed a difference of only 4.7 times that of Israel's. Dr. Preston asked, "Would this mean that non-circumcision protects against prostatic cancer?" (16).

In summarizing his discussion on prostatic cancer, Wallerstein states:

> [W]e see that the overwhelming epidemiological data demonstrate that the cause of prostatic cancer remains a mystery. Its etiology has nothing to do with circumcision, yet the myth persists in current medical literature (17).

And finally, in a definitive statement, E. Grossman and N. A. Posner assert:

> No one today seriously promotes circumcision as a prophylactic against cancer of any form. No significant correlation between cancer and circumcision has ever been proved (18).

In summary, the American Academy of Pediatrics has never aggrandized this one-time myth, which is no longer parroted by even the most uninformed.

VENEREAL DISEASES

MYTH: Uncircumcised males are more likely to contract venereal disease than circumcised males.

Many statements by members of the medical community have perpetuated this myth. Dr. Vincent Vermooten bluntly states, "Circumcised men are less prone to venereal infection" (19). Dr. Marvin Eiger stated in 1972: "Certain types of venereal disease are rarer among the circumcised possibly because their penises are less subject to slight breaks in the skin that might admit disease germs" (20).

In 1973, Dr. Abraham Ravich published a book entitled,

Preventing V.D. and Cancer by Circumcision (21). And in 1974, Dr. David Reuben published, *How to Get More Out of Sex*, in which he writes, "...military doctors discovered that circumcised men were less susceptible to Venereal Disease...(No one knows exactly why—maybe the foreskin...gives germs a place to hide)" (22).

Although the above statements are from somewhat older literature, it is exactly this type of reporting that gave rise to the myth that circumcision could somehow protect against the ravages of VD.

More recently, Dr. Aaron Fink wrote, "...estimates of relative risk suggest that uncircumcised men are twice as likely as circumcised men to develop genital herpes or gonorrhea and five times as likely to develop yeast infection or syphilis" (23).

FACT: According to Bigelow, who investigated this subject extensively, "No study has ever substantiated the claim that circumcision prevents or significantly reduces the risk of venereal disease" (24).

There have been studies that found a higher percentage of cases of a particular venereal disease in uncircumcised males, but in each case, other factors emerged to explain the reason behind these findings (25).

For example, two famous studies, one in 1854-55 in London and the other in 1882-83 in New York, each found that, of all religious groups, Jews had the lowest incidence of venereal disease. Since male Jews are circumcised in infancy, the researchers concluded that circumcision helped prevent VD. However, Orthodox Jewish religious practices, Jewish social life, as well as the social isolation of Jews, were not factored in (26).

To put it in plain language, the Jews in these studies didn't sleep around; if you don't sleep around, you won't contract VD. This, not circumcision, was the primary factor in their low incidence of venereal disease.

As Wallerstein points out:

> If circumcision were the remedy, because of the high circumcision rate in the United States, all venereal diseases, including Herpes II, should have largely disappeared. They have not (27).

The Center for Disease Control, located in Atlanta, has been maintaining figures and estimates for sexually transmitted diseases since 1941. Each year more than 12,000,000 new cases are reported to The Center (28).

There are basically two kinds of sexually transmitted diseases (STDs)—viruses and bacteria. There are more than 40 million people in the United States with STD viruses—1 million documented cases of HIV, 30 million cases of genital herpes, and 12-24 million cases of genital warts (29).

STDs caused by bacteria include syphilis and gonorrhea. There is presently an epidemic of these bacterially related STDs. Syphilis has been increasing annually since 1986. More than 50,000 infectious-stage cases were reported in 1990. This is the largest number of cases reported in the past 40 years (30).

Gonorrhea is the most frequently reported bacterially related STD. Approximately 700,000 new cases were reported in 1990. The Center for Disease Control estimates, however, that the actual cases were double (1.4 million) because many cases are not reported (31).

In light of the above and considering that the vast majority of sexually active American men are circumcised, we can clearly see that circumcision does not offer a magical form of protection against sexually transmitted diseases.

AIDS

The following chart (Figure 18-1) demonstrates that circumcision clearly does not ensure protection against the HIV virus leading to AIDS.

Did you know?	
The United States has the sixth highest AIDS rate in the world. It is preceded by Zimbabwe, Congo, Malawi, Kenya, and Chad. All are circumcised nations. How protective can circumcision be?	
AIDS Cases per 100,000 (1994) Source: World Health Organization	
Circumcising Nations:	
Zimbabwe	96.7
Congo	58.4
Malawi	49.2
Kenya	24.8
Chad	20.2
United States	**16.0**
Non-Circumcising Nations:	
Japan	0.2
Finland	0.9
Norway	1.5
Sweden	2.0
Germany	2.2

Figure 18-1: Comparative AIDS Cases

On the contrary, circumcision may possibly help to spread AIDS. In a letter to the New England Journal of Medicine, Dr. John Swadey writes, "...common speculation tends to link American circumcision practice to AIDS." Dr. Swadey says that his examination of circumcised American males "discloses a very significant incidence of persistent suture holes, micro-sinuses, skin tabs and bridges, irregular scarring" around the circumcision scar which are subject to tearing from abrasion (32). During circumcised intercourse the taut penis shaft skin is continually frictionized against the vagina, possibly resulting in minute

abrasions to both the vaginal entrance and the penis shaft skin. Consequently, microscopic amounts of blood may be exchanged and the HIV virus passed. Some respondents to the Awakenings Survey done by NOHARMM (33) confirmed Dr. Swadey's observations when they stated that their circumcision "scars still bleed to this day" and that "...[my circumcised penis] sometimes bleeds from being cut so tight." In addition, some respondents to my survey indicated that bleeding and/or abrasion during intercourse was sometimes a problem.

"My husband was cut too close—the skin on his penile shaft occasionally 'splits' much like a paper cut, causing him much discomfort."

"My ex-boyfriend, who was circumcised, seemed desperate to achieve orgasm and would thrust quite violently, occasionally making me bleed. He always felt bad about it, but it would happen again."

The AIDS rate in America (and those of other circumcising countries) shown in the AIDS chart demonstrates the inanity of promoting circumcision as a means of stemming the tide of HIV. The United States has the highest rate of HIV among first world nations, by a large margin. The United States also has the highest circumcision rate among first world nations, again by a wide margin. Clearly, circumcision has not been effective in preventing AIDS in the United States. The best protection against AIDS is to always wear a condom when with a partner whose sexual history is in question.

URINARY TRACT INFECTIONS

MYTH: Circumcision is effective in preventing and/or treating urinary tract infections.

Beginning in 1985, Dr. Thomas Wiswell, et al. published studies reporting a statistical correlation between infant circumcision and a reduced rate of urinary tract infections (UTI).

His findings indicate that from 1 to 4% of uncircumcised infants boys could develop UTI before their first birthday, which may require a short hospitalization (34).

FACT: Any body part may, in fact, become infected, but foreskin amputation as a preventive treatment for UTI is a drastic overreaction for a problem that is readily treatable by other means, such as antibiotics. Dr. Wiswell's research findings and conclusions have been challenged on a worldwide basis.

The amount of research and rebuttals set off as a result of the Wiswell studies are too numerous to fully report here, but a few of the more striking issues should be explained.

First, nearly half of the infants involved in Dr. Wiswell's research were baby girls, and their UTI rate of 0.57% was nearly twice the 0.31% UTI rate of the infant males (combined circumcised & uncircumcised) (35). The recommended treatment for baby girls is antibiotics. But for prevention in baby boys, Wiswell recommends circumcision. Isn't circumcision a rash measure considering that the treatment for girls is antibiotics?

Other studies that followed Wiswell's questioned the validity of his findings. Dr. Martin Altschul presented the results of his UTI study at the First International Symposium on Circumcision (1989). He reported that he:

> ...found not a single confirmed case of UTI in a normal male infant. All of the confirmed cases occurred in infants who had clear-cut urinary birth defects (36).

Dr. Altschul also examined the records of all infants under one year of age with UTI admitted to Northwest Region Kaiser Foundation Hospitals from 1979 to 1985. Out of approximately 25,000 infants (boys and girls), he found only 19 UTI cases, 14 female and 5 male. Three of the males were uncircumcised, which computes to a rate of 0.12% (or 3 out of the approximately 2,500 males in the group who were uncircumcised). Dr. Altschul concludes that such a rate "is not high enough to justify routine circumcision" (37).

Another physician, Dr. Leonard Marino, states:

> It has been my custom for the last 15 years to do a routine urinalysis at 2 months of age. Rarely is any abnormality found. In 15 years, I have admitted only 3 infants to a hospital with illness of the urinary tract: two girls with hydron-ephrosis and a circumcised male with UTI.
> ...My experience reinforces the practice of discouraging routine circumcision, a cause of more morbidity than benefit (38).

Why would there be such a difference in findings and conclusions between Wiswell and his contemporaries? Dr. Altschul speculates that the differences between his findings and Dr. Wiswell's may be due to "differences in foreskin care" (39). Parents in the Wiswell study were instructed "to gently retract the foreskin to allow the easily exposed portion of the glans to be cleaned." As previously discussed, authorities in the know, including the AAP, recommend that the infant penis be left alone until it can be retracted naturally by the boy himself. Forcible retraction may actually open the way for infectious organisms.

A second possible explanation comes from information provided by doctors from five different Swedish hospitals, which suggests that increased incidence of UTI among uncircumcised males may be related to the hospital birthing environment, not the foreskin (40). It has been noted that "Kaiser hospitals (from which Altschul got his figures) commonly offer rooming in. Military hospitals (source of Wiswell's studies) frequently do not" (41). New medical research indicates that when an infant is allowed to room in with its mother, staying in close physical contact, it picks up natural antibodies from the mother, which help the infant to resist infectious germs (42). In addition, The American Academy of Pediatrics and the Canadian Paediatric Society have both recently pointed out that breastfeeding has a protective effect against urinary tract infection in infants (43)(44).

Finally, there is a question as to the relative seriousness of UTI. Dr. George Denniston puts this entire issue into perspective:

> The largest number of infections that could be prevented by foreskin amputations, according to the author Dr. Thomas Wiswell, is 20,000 per year in the United States. So we should do 1,500,000 foreskin amputations [annually] to prevent infections, *now treatable with antibiotics*, in less than 2% of the infants? (45). (Emphasis added)

It seems self-evident that circumcising to prevent potential medical problems for a minute few is not a valid reason to routinely remove the foreskins of millions and millions of infants.

While there has been an ongoing controversy for decades in the medical literature concerning circumcision's possible health benefits—the stark, hard fact remains that these articles consistently failed to discuss the possibility that the foreskin could have a purpose and should not be casually cast into the trash can of medical waste. This remissness on the part of the American medical community seems unbelievable, but it must now be acknowledged, and somehow lived down.

Why have doctors been so slow to open their eyes to this issue? First, there is the economic consideration—doctors collectively make hundreds of millions of dollars annually from this surgery. Second, there are deep personal psychological connections to the custom—imagine how embarrassing and humiliating and ego-threatening the foreskin/circumcision controversy must be for a male doctor who 1) is himself circumcised, 2) had his sons circumcised, and 3) has circumcised other males (and, in the case of a female doctor, the latter two, plus her husband is probably circumcised). Circumcision simply perpetuated itself—doctors were psychologically blinded to the idea that circumcision could have harmful sexual repercussions.

Yet, for every troubling issue that cries out for resolution, there is a day of reckoning. And the contents of this book portend that that day has arrived. The medical community can no longer escape the inescapable truth—the foreskin is an intrinsic element in male sexuality and it is every male's birthright to retain the genitals he was endowed with by nature. To this end, an

organization has formed called Doctors Opposing Circumcision (D.O.C.), which has members in all 50 states and all the Canadian provinces, as well as many other foreign countries. Doctors and nurses can get more information by visiting these websites

www.DoctorsOpposingCircumcision.org
www.cirp.org/nrc

This chapter was written in the mid-1990s as a brief overview touching on the major topics discussed in the medical literature. Since that time additional articles have been published both for and against circumcision. These I did not attempt to include because in 1996 the American Academy of Pediatrics (AAP) formed a Task Force to review the medical literature on circumcision from the last 40 years. After an intensive two-year study, they released their findings on March 1, 1999, and published a new "Circumcision Policy Statement" in the journal, *Pediatrics*, excerpts of which follow (46)(47). Their position is summarized in their opening statement:

> Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal [infant] circumcision.

The statement cites hygiene and protection from urinary tract infections, penile cancer, and sexually transmitted diseases as the "potential health benefits" not compelling enough to warrant recommending routine newborn circumcision. The reports that:

- "there is little evidence to affirm the association between circumcision status and optimal penile hygiene."
- "the absolute risk of developing a UTI in an uncircumcised male infant is low (at most, ~1%)."
- "behavioral factors appear to be far more important risk factors in the acquisition of HIV infection than circumcision status."

- "Penile cancer is a rare disease" and "the risk of penile cancer ... is low."

The statement acknowledges that the "true incidence of complications after newborn circumcision is unknown," then adds that complications include bleeding, wound separation, infection, skin bridges, meatitis, meatal stenosis, urethral fistula, inclusion cysts, scalded skin syndrome, sepsis, meningitis, partial amputation of glans, penile necrosis, and others.

The new AAP statement acknowledges that "newborns who are circumcised without analgesia experience pain and physiologic stress" and recommends using analgesia to reduce circumcision pain, but it does not explain that there is no analgesia that eliminates the pain.

The statement* advises that, "Parents and physicians each have an ethical duty to the child to attempt to secure the child's best interest and well-being," but fails to mention that legal experts and medical ethicists in the U.S., Canada, and Europe have questioned the legality of routine circumcision and have determined that it constitutes a violation of human rights.

However, by rejecting potential "medical benefits" as justification for routine infant circumcision, the American Academy of Pediatrics has struck a major blow against the practice of circumcision, and the already declining circumcision rate in the U.S. should therefore drop dramatically.

In August, 2000, the AMA (American Medical Association), the largest medical association in America, joined the AAP in renouncing the reputed medical benefits of circumcision in a statement entitled, "Neonatal Circumcision," saying that routine circumcision is "non-therapeutic"—not medically necessary. For details visit website: *http://www.ama-assn.org/ama/pub/article/2036-2511.html*

* Readers interested in reviewing the AAP policy statement, with supplementary comments for non-medical persons, should visit:

www.cirp.org/library/statements/aap1999/