

ACORN

1988 Issue No 1
(Formerly Issue A)

Editor
Tony Acorn

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**Membership, Fees, Advice, Personal Matters,
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Editorial

Thank you for your subscription to *Acorn* and welcome to the first issue of the Newsletter.

Forum readers will have noticed that the foreskin and arguments for and against circumcision are topics which come up frequently in letters and contributions. So in March 1987 a *Forum* group for those of us who share this interest was suggested. Several people replied, and in October Stan in Essex offered to start the Group, only to find soon afterwards that he could not do so after all.

My name is Tony, and I have agreed to try and run the Group. I'm starting with this Newsletter, and I hope to be able to produce three or four issues in 1988. But everything depends on Group members: if you send in contributions, we can get the Group going, and we can use the Newsletter to keep in contact. If you have suggestions for other activities, let's have them. So long as they are not illegal, I'll publish them, and at last you will have a means of learning more about something which fascinates a surprisingly large number of men and women, and have a way of contacting others who share this fascination. I'll only publish a name and address if you make it clear that you want me to; otherwise just initials or a first name.

Tony Acorn

Why Acorn?

The group was originally advertised as 'for foreskin/circumcision fetishists'. That may be a sociological description, but it is not a very convenient flag to sail under. I'd prefer to describe the group as 'for people interested in foreskins and circumcision'. One member summed up-our aims as being 'for everyone interested in getting the cock into the best possible shape'. Another version of our aims would be to serve as the means of exchanging '101 ideas for things to do with a foreskin'. Various names for the Group were suggested, including 'Cavaliers and Round-heads', 'To cut or not to cut', 'the cock-cut club', etc. But we decided on *Acorn*. At a glance, it is short, uncomplicated, fairly general, and could apply to a Group interested in anything from computing to naval history ('Hearts of Oak' and all that). But if you look in a dictionary, you will find that the Latin for *Acorn* is *glans*, 2nd of course if you look at an *Acorn* you will immediately see the point. Also, it applies equally well to both cavaliers and round-heads. So I hope you agree that the name is appropriate: outsiders won't know, insiders will.

The Newsletter

All contributions to the Newsletter will be welcome, but here are some questions which you may especially like to write about.

- Do men take enough trouble to keep clean under their foreskins?
- How should parents establish hygienic habits in their sons?
- Should boys and men always pull their foreskins back before urinating?
- Can a woman tell whether a man has a foreskin or is circumcised by looking, or from differences of feeling during sex?
- How does circumcision affect sexual performance?
- Does circumcision discourage masturbation, and is that good or bad?
- How frequent is circumcision these days, and why is it less popular than it was?
- It is said that Prince Charles is a roundhead but his sons William and Harry are cavaliers: was circumcision more common among the upper classes, and has this changed?
- Why is circumcision discouraged by most doctors in Britain, but encouraged in the USA?
- Should a man have the right to choose circumcision (provided he is prepared to pay), or should a doctor only agree to circumcision if there are 'good medical reasons', and what are these?
- Should a parent have a son circumcised, and if so, which age is best?
- If you are unhappy about having been circumcised, how can you learn to live with the fact?
- How often should a parent check that a son's foreskin is developing correctly and not becoming a cause of trouble?
- Ritual female 'circumcision' (in fact, the clitoris and often most of the labia are cut away) is practised in some parts of Africa and the Middle East, and is condemned everywhere else; but is there sometimes a case for a minor operation to expose the clitoris to direct stimulation?

Many of these are matters of opinion, and replies from Group members in opposition or support will also be welcome. But we'll also aim to answer any factual questions. Please keep letters for publications short and to the point.

Most *Forum* letters on *Acorn* topics are from men, so it would be especially interesting to have women's views. Many of the *Forum* letters about

circumcision are in favour: let's hear both sides, and let's hear more from the medical profession. Let's also hear what your parents taught about hygiene of the penis, and what you think children should be taught now. And let's hear whether you think a foreskin is a help or a hindrance to a successful sex-life.

Meeting

If there is enough interest, we may be able to arrange a Group meeting. Can anyone offer a secure venue? And what form would you want a meeting to take?

Subscription

Your subscription helps cover costs of photocopying, envelopes and postage. This entitles you to all the issues of *Acorn* Newsletter published in 1988.

ACORN

1988 Issue No 2
(Formerly Issue B)

Editor
Tony Acorn

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Editorial

Welcome to the second issue of *Acorn*. Issue 1 went out in January and this Issue 2 goes out for the beginning of March.

We already have 23 paid-up members, mainly from southern England and South Wales but also from Scotland, Ireland, Norway and Finland. This issue is being sent only to those who have paid the £5 subscription, receipt of which is acknowledged with thanks. If your friends would like to subscribe, they should send a £5 postal order for the 1988 subscription, which covers costs of production, copying, envelopes and postage. They'll be sent all the 1988 issues. The good response so far means that I hope to publish six issues rather than the four originally promised, in January, March, May, etc. Please remember that, to be successful and to reflect your interests, the Newsletter needs your contributions. I have saved some for the next Issue, but more are still needed. Please send contributions by mid-April for publication in Issue 3, on the theme of 'What proportion of men are circumcised in Britain today?' But contributions on other *Acorn* topics will also be very welcome.

T.A.

Acorn

As explained in *Acorn* 1, the name chosen for the group allows for some useful anonymity, while being fairly explicit as soon as its origin is explained. Some of the other suggested names for the Group were: the Cut Society; the Clipped Society; Roundhead vs Cavalier; A cut above?; To cut or not to cut, that is the question; The ring of confidence; The foreskin issue; The elephant's trunk; The knob of the issue; The cock cut club.

Anonymity

Your name and address will be published **only** if you explicitly ask, for example in a contact advert. Otherwise anonymity will always be maintained, with contributions acknowledged by two initials or a pen-name.

Foreskins – Variations On A Theme

Some men have thin foreskins, so that the glans rim can clearly be seen – other men have thick wrinkled foreskins. Sometimes the opening is wide and loose, and sometimes it is small and tight. Sometimes the foreskin is so tight that to pull it back to expose the glans is difficult or painful or impossible. But some men can keep their foreskin behind the glans rim most or all of the time: this may become easier to do when the penis develops at puberty.

The length of the foreskin may vary greatly. Young boys usually have a long

foreskin which forms a wrinkled bunch beyond the end of the glans, making the penis look like an elephant's trunk. As the penis grows during puberty, a tight foreskin may expand with it, while a looser foreskin may slip back to reveal the tip of the glans some or all of the time. A lad may find that when his penis grows to adult size, the foreskin is loose enough to slip easily over the glans, so it grows less: some are even fortunate enough to be able to keep the foreskin back permanently. Sometimes a short foreskin leaves some or all of the glans bare even when the penis is not erect. There is some variation with race: Negroes tend to have rather long foreskins and Chinese and Japanese very short ones. Japanese boys train their foreskin to stay behind the rim of the glans, and a boy without a bare glans is very odd. But Europeans have a foreskin that is usually more than long enough to cover the glans and to form a wrinkled bunch beyond the end. They tend to keep the juvenile "elephant's trunk" type of foreskin, and are especially likely to suffer from the problems associated with it.

A study by Dr John Smith found the following frequency of coverage of the glans of adult European uncircumcised men: glans completely covered: 45%; glans partly covered: 32%; glans completely uncovered: 23%. It would be interesting to hear whether other observations agree with these figures.

When the penis is fully erect, the foreskin should slide easily back behind the glans rim on its own. But many lads and men find that their foreskin still covers part or all of the glans. This hinders effective sexual performance. It prevents sexual contact with the glans and its rim and really spoils or reduces the pleasures of sex. A foreskin which does not easily slide back clearly indicates a need for circumcision. A long foreskin may also retain a drip of urine and become red, sore and inflamed. It is almost impossible to keep clean, and smells stale and unpleasant, even not long after it has been washed. This can lead to inflammation, the cure or prevention of which is another frequent reason for seeking circumcision.

You might expect that if a tight foreskin gives problems, a loose one would be an advantage. A short loose foreskin usually causes no trouble during sex, but it may ride to and fro during everyday activities trapping pubic hairs uncomfortably. A long loose foreskin may cover the glans during sex, so both partners get much less stimulation than if the glans was uncovered.

Against circumcision it is sometimes said that cleanliness is no argument for surgery; otherwise we would have our ears cut off rather than bothering to clean them. But this argument is mistaken on two counts. First, the ear has an obvious function to catch sounds, while the function of the foreskin (at least after a boy no longer needs nappies) is far from obvious. Secondly, social pressure can encourage us to look clean, but it is surprising how little soap and water reaches the parts that are not seen. One survey showed that 96% of German men do not wash below the waist every day (and Germans are usually thought of as clean, with one of the highest figures in the world for sales of soap). Similarly, a London social worker found that of 190 boys

aged 9-18, about $\frac{1}{4}$ were circumcised (80% as babies, the rest when aged 5-13). The standard of cleanliness of the uncircumcised boys was particularly suspect: many of the younger ones had no idea that it was even possible to pull back the foreskin, let alone wash it. Probably very few boys or men wash under their foreskins frequently or at all.

Hygiene is especially important for adolescents. The glands in the sulcus (the dip behind the glans rim) make a cheese-like white material called smegma, at a much more rapid rate than before: this should be washed away regularly every day. Smegma smells characteristically stale and can serve as a breeding-ground for bacteria, viruses and fungus infections. So it is essential to pull the foreskin right back to bare the whole glans and to wash especially at the glans rim very thoroughly at least once every day. It should be possible to do this without pain or physical difficulty. If there is any problem doing so, or any soreness or inflammation of the foreskin, circumcision should be seriously considered. It is much better for a problem foreskin to be dealt with at this stage than later, perhaps after it has become the cause of difficulties in a sexual relationship.

Tony Acorn

Roundheads And Cavaliers

Can you always tell the difference between a circumcised and an uncircumcised lad? No – quite often not. If an uncircumcised man with a short foreskin has pulled it right back behind the glans and left it there, it can be quite difficult to tell whether or not he has been circumcised. But if the rim of the glans is covered by 1cm or more of skin from the shaft, he is probably uncircumcised. On a circumcised penis any loose skin is almost always all behind the glans rim, and there is usually a narrow strip of the lighter-coloured inner layer of foreskin bordering the glans rim. Sometimes rather little skin may be removed at circumcision, but generally the skin on the shaft is tighter and less wrinkled on a circumcised penis. Most uncircumcised men don't like to be seen with their foreskin back, but many pull it back to urinate or in the shower, and sometimes they do not pull it forward again. The only certain test, however, is whether the line of circumcision scar can be seen. If he was circumcised as an baby the scar line can be an almost invisible pale line which may only be seen on close examination in good light. More usually, though, the scar is quite obvious.

Especially when it is partly or fully erect it may be very difficult to tell for certain whether a penis is circumcised or uncircumcised. Medical surveys have shown that wives may often not know reliably whether their husbands are circumcised or not. But the resemblance of a circumcised penis to an erect

one may be one reason why circumcision has been such a widespread custom for many thousands of years and has been such a source of fascination.

Tony Acorn.

Correspondence

“It seems puzzling how a man with a very tight foreskin (phimosis) manages successfully to father children: one would think that the discomfort must be intense. Any comments? I would be interested in attending a group meeting. Perhaps a doctor could give a talk on the different techniques of circumcision and stretching the foreskin, followed by an interesting question and answer session.”

Bill – Surrey.

“I was circumcised as a baby and found it to be a great source of pleasure to myself and others over the years. I am now 37. I have worn a stainless steel ring behind the head of my penis for some 20 years.”

R.R. – Truro

“Most of the men interested in circumcision are totally heterosexual, but simply interested in one aspect of another male’s anatomy: the presence or absence of a foreskin. There are, though, a few gay males who prefer circumcised partners. My feeling is that they would not be welcome in the Group. This is simply because the interest lies in circumcision, for or against.”

Andy – London

“I have a friend who is keen to be circumcised. I believe it can be done under local anaesthetic. Can anyone give names and addresses of doctors/surgeons who do circumcisions. Also an idea of the cost would help.

Do men keep clean under their foreskins? From experience in showers after football, very few appear to take enough trouble. I can think of only one person who openly washes properly by retracting his foreskin (publicly, anyway). That is about one in 30, of whom about $\frac{2}{3}$ are uncircumcised. That is equivalent to 5 per cent.”

D.D. – London

Comments On Issue 1

As a convert to the roundheads at the age of 26, just over 10 years ago, through personal request and in the private sector, I can offer a few comments on some of the points mentioned in Issue 1.

1. With experience both with and without a foreskin, I can honestly say that circumcision in no way inhibits masturbation, though I do retain my frenulum and the pleasurable feelings around it upon erection. Has anyone experience of circumcision plus excision of the frenulum? Certainly I would not advocate circumcision as an aid to eradicate masturbation: it won't, and it shouldn't.
2. It is difficult to quantify how frequently the operation is performed nowadays but thinking about the incidence among a class I was in, at the age of 12 in 1962, there were 8 circumcised out of 24 in the class (three of whom had been done for religious reasons, all Jews). Today I suspect that 34% would be down to 10% or less, which if true would lead one to suspect that parents, or rather fathers, circumcised as children in the late 1940s/early 1950s are not having their sons circumcised, or rather did not in the 1970s. That may, of course, be nothing to do with their preference or wishes, but just because it appears hard nowadays to get doctors to perform the operation as routine on infants. Not having any sons I pass this over to others to continue the debate.
3. As to the Royal Family, there seems to be some doubt whether Princes Willy and Harry are roundheads or cavaliers: will we ever know the truth? I for one would like to know what has persuaded the Royal Family not to have them circumcised (if that is the case), breaking what appears to be a long-standing tradition.
4. A man, in my opinion, certainly has the right to choose to be circumcised if he is prepared to pay. There are many other cosmetic operations carried out (eg nose jobs) which surely can be considered as perhaps more drastic than becoming a roundhead. Any man who is prepared to pay for the operation has surely given the matter considerable thought, and in most cases will surely have discussed the matter fully with the surgeon prior to the operation. I was put in touch by *Forum* with a doctor who was prepared to circumcise me, after I had given the matter a great deal of thought.

I do agree that under the NHS the doctors perform the operation only when it is medically necessary, but there should be easier recourse to clinics/surgeons who will perform the operation for a fee. Let's not overburden the NHS, but let's have some doctors in a position to perform circumcisions on personal request at a price.

5. I am sure that we all realise that no two circumcisions are exactly the same, the greatest difference being the amount of foreskin removed.

I would be interested to hear views on how much foreskin should be removed. Personally my knob is exposed permanently, but I still have reasonably loose skin on the penis shaft which can lead to bunching under the glans rim. Has anyone any experience of drum-tight skin on the shaft after an operation? Or the experience of a second circumcision to make the skin drum-tight and the glans really prominent?"

Brian from the West Country.

Contact

I am a 37-year old accountant, single, heterosexual, fit, healthy, and in my opinion reasonably attractive and easy to get on with. Since the age of eight I have been fascinated with the subject of circumcision ever since I discovered my best friend was a roundhead. I have maintained a keen interest ever since. I was voluntarily circumcised four years ago and have been pleased with the result and performance in my relations with females. I would like to meet other members, roundhead or cavalier, interested in the subject and to share experiences. Although heterosexual, I would probably enjoy comparisons, DIY, mutual masturbation, voyeurism and exhibitionism with other males, but although pleased to meet gays I would not wish to participate in any more physical contact than described above. I would also be pleased to meet females/couples interested in the subject. I am fairly free to travel and look forward to your contacting me by letter or phone.

J.S. – Hants.

Circumcision: An Ethnomedical Study

Are you fascinated by personal accounts of the effects of circumcision, the different techniques by which it is done and their varied results, and the tribal initiation customs of Africa, Australia and the Pacific? Have you ever wondered whether circumcision is for you or your son? Then this book will answer more questions than you ever thought of asking, now in a new edition, revised and expanded to over 200 pages and extensively illustrated with drawings, pictures and statistical tables. Send £20 cheque or postal order (blank payee) to cover production cost, postage and secure packaging, to Alan Acorn, addressed as for other replies.

For Sale

A copy of *Hautlos: Der total sex-report uber Boys, Menner und Beschneidung*, edited by Max Snyder (Copenhagen: COQ International, ?1986). 94 pages, including 30 photographs and 3 sets of line drawings plus text in German discussing the case for circumcision, plus several biographical accounts. Good value anyway, and even better if you read German. Send £10 cash or postal order (payee blank) to Tony Acorn, addressed as for other replies.

ACORN

1988 Issue No 3
(Formerly Issue C)

Editor
Tony Acorn

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Editorial

Welcome to the third issue of our newsletter. The theme of this issue is the incidence and frequency of circumcision. The response of readers (British, Scandinavian, American, and Irish) to the last two issues was excellent – so good that we are managing an issue a month, and have had to hold some material over to Issue 4. This issue ends with a contribution from a US reader. Let's have plenty more contributions, including ones from cavaliers, from women, and from the medical profession. Let's have more on the ideal penis, with your observations and your fantasies as well as your personal accounts and your comments on the letters published here.

T.A.

Ritual Circumcision

Dear Tony: I would be interested in hearing members' views on two topics. The first is that of ritual circumcision worldwide. The second is how we can redress the balance, which has swung too far, so that doctors who were often circumcised as children themselves now put difficulties in the way of those who quite rightly wish to have the benefits of circumcision for their sons.

David.

The Incidence Of Circumcision In The UK and USA

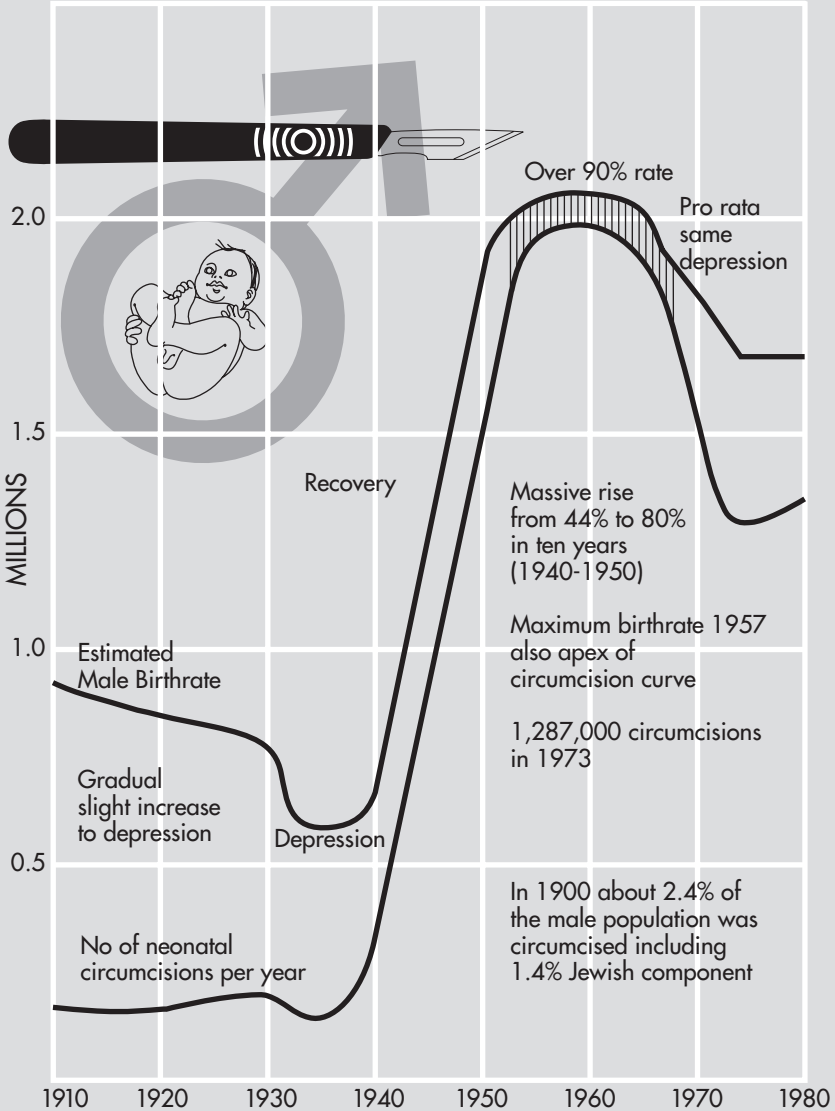
In the UK the circumcision rate has declined from 25-33% between the Wars to 17% after the formation of the NHS, falling steadily to 5% by 1970, but recovering to 6.2% in 1980. In 1973 there were still 21,920 circumcisions, but the non-ritual neonatal component was only a small proportion of this, i.e. 1,857 (0.41%) in 1972 and 3,850 (1%) in 1986.

Across the Atlantic in the USA, the rate was just over half that of the UK in 1930 but had soared to a very high 90% by 1960. Most surgery is performed in the first few days of life, After an injection of vitamin K, but usually without anaesthetic, the boy is strapped to a specially shaped board and the operation is often done using the Gomco clamp or the Plastibell, which simultaneously remove both preputial layers almost bloodlessly and without the need for sutures. Of the 1,608,329 male births in 1973, 1,287,000 were circumcised. The graphs on pages 4 & 5 illustrate these changes.

The present near elimination of non-ritual neonatal circumcision in the UK has reduced the overall rate remarkably, and most circumcisions of children are now done around the age of five. By the age of 4, 90% of foreskins are fully mobile, and retraction under anaesthesia can successfully free 85% of the remainder, reducing the necessity for circumcision to 1.5% of the total. The actual rate is currently four times this figure, at about 6%.

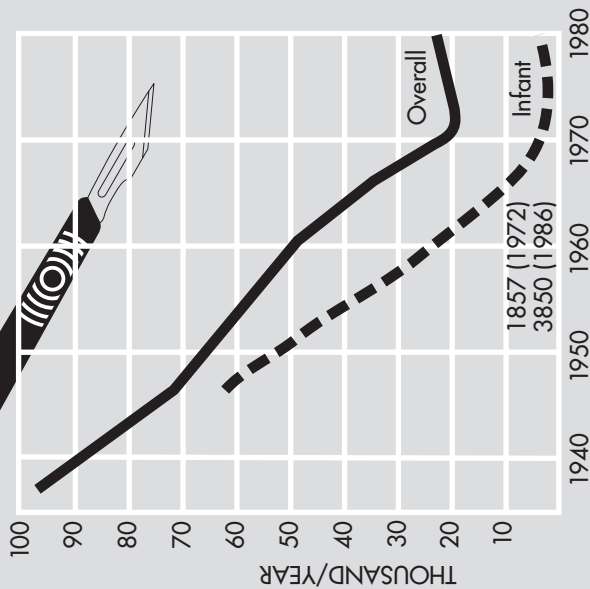
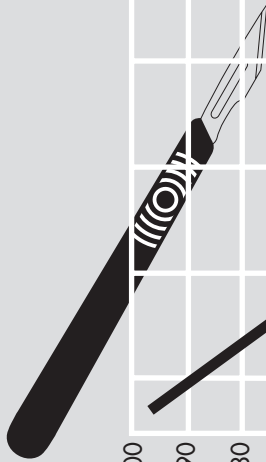


USA Estimated Male Birth and Circumcision Rates

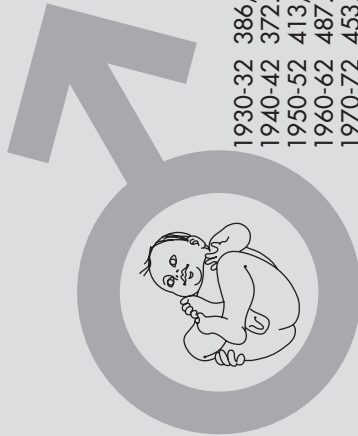




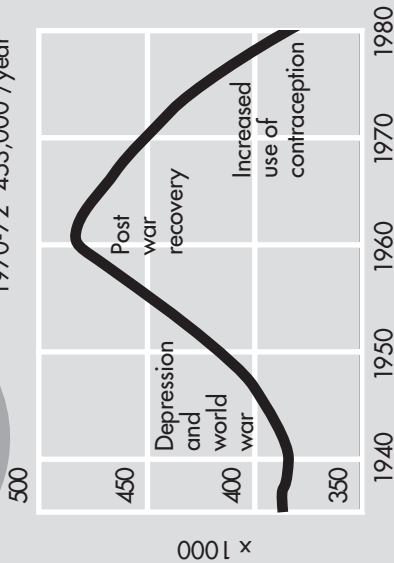
UK Circumcision Operations



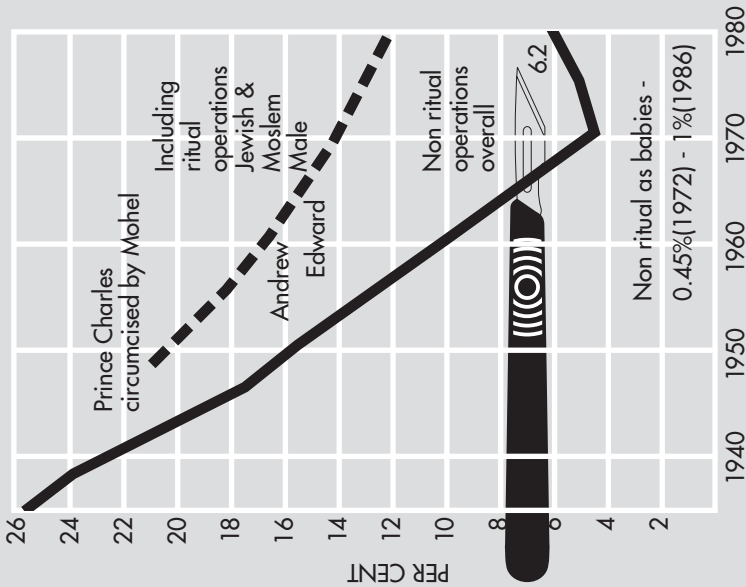
UK Live Male Birthrate



1930-32 386,000 /year
 1940-42 372,000 /year
 1950-52 413,000 /year
 1960-62 487,000 /year
 1970-72 453,000 /year

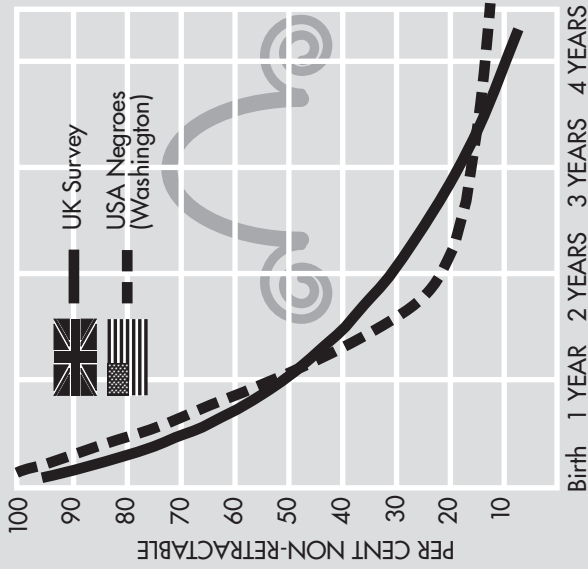


UK Circumcision Rate



UK/USA Preputial retractability with age

At Western Infirmary, Glasgow, 91 boys, mean age $4\frac{3}{4}$, with non-retractable prepuce, had therapeutic retraction with 85% success. Only 12 were later circumcised



With a circumcision rate of 17.6% for the generation of the 1940s, my selective secondary school class was 45% circumcised, but a similar one of 1980 could only muster 9%. Until recently, most UK operations involved excising the outer skin and the remaining inner membrane separately. The edges were then approximated and sutured, resulting in irregularities such as untidy skin tags, suture site lumps, twisting the inner membrane to form folds in the sulcus, or folds of skin over membrane or membrane over skin.

Since the Victorian era it is said to have been the practice of the Royal Family to make use of a Jewish mohel for the baby princes, as did Princess Elizabeth for Charles. The Jewish method of circumcision retains the frenulum, and less skin is removed underneath and at the sides than on top. I suspect that the statement of dissimilarity between Charles and the latest generation is incorrect. Shortly before her marriage Lady Diana was given charge of an American baby, and presumably this acquainted her visually with a healing infant circumcision. I also read that a rabbi visited the residence within days of each birth.

Foreskin length is variable, from constant coverage of the glans to complete exposure, while circumcision can leave the glans partially or fully exposed, so confirmation of circumcision depends on the presence of a scar-line. Close examination may give a clue to the technique of circumcision used, whether freehand, clamp, Jewish or Muslim, depending on whether the scar is close to the glans rim or mid-way down the shaft. The most aesthetic result is obtained using a clamp or bell without suturing, especially where only enough prepuce is excised to ensure that the glans is easily kept clean. The minority circumcised state would not be instantly visually obvious and this outcome would eliminate most dissatisfaction with uglier or more stark forms of the operation. Necessity, whim or parental decree should never lead to embarrassing mutilation.

The majority of non-ritual infant circumcisions, not necessarily in the first months of life, are due to difficult access to the glans, seldom seen phimosis, or clumsy retraction leading to phimosis, by self or a parent. Adhesions may be strained to the point of bleeding in search of the arch-enemy, smegma, years before its production actually begins, usually between 7 and the teenage years. No comparable mischief befalls the baby girl's clitoris, despite similar secretions. Developing erogenous zones in both boys and girls should be equally respected, allowing elective surgery later if required.

Anthony.

[Thanks, Anthony, I wonder where you got your figures from? It is always useful to be able to refer to the sources of such information to compare them for dates, social class, etc. Your concluding remark assumes that a boy knows about the advantages of circumcision, and can have it done if and when he decides it is required. — *Tony Acorn.*]

Tight As A Drum-Skin

Dear *Acorn* Editor: Congratulations on Issue 2. I was stimulated by 'Brian from the West Country' to offer the following personal experience. I have circumcised myself three times, successively removing more of my inner foreskin so that now only $\frac{1}{4}$ " remains, and my skin is 'drum-tight' when erect. Quality of intercourse improved at each stage, at first because of the exposure of the glans rim on the 'outstroke', and latterly because there is now no loose skin to slide up and down over the shaft. The whole length of my penis slides fully against my partner's vaginal walls. Since my last circumcision (which left $\frac{1}{4}$ " of frenulum) I have removed the last bit of frenulum, and can say that the heightened sensations in the area are still there, but slightly dulled. Most of the sensation must be under the surface skin. I would be willing to provide details of my self circumcision technique to *Acorn* or privately. Masturbation technique has had to change radically, as there is now no loose skin on my shaft. The best for me is to make thumb and forefinger into a firm ring just behind the glans rim and to oscillate 1-2 mm, keeping contact with the glans.

Paul D.

Pull-Overs

What proportion of men are circumcised in Britain today? At the age of eight in 1947 I went to a small boys' boarding school. Half were roundheads and half cavaliers, and for some time we all thought that it was due to nature whether one was born with a foreskin or not. For unofficial games we quickly organised ourselves into roundheads and cavaliers. There was one youngster who was not sure and so he was always the referee. Foreskins were always known as 'pull-overs'.

At the beginning of one term a youngster returned without his 'pull-over'. All was made clear when he told us of his experience. It turned out that his 'pull-over' had become stuck when retracted. His cock swelled up like 'a balloon', and urgent action was needed to deal with the matter. At communal bath-time, I never remember anyone washing underneath their foreskin. It is embarrassing to retract one's foreskin when others are watching. If parents send their sons to boarding school, then circumcision should seriously be considered.

I did read that on average about 20% of males in Britain are circumcised: this can only be a guess. With fewer circumcisions being carried out, it must mean that there are more circumcised older men than younger men and boys, and the average must be dropping. I was interested to read in the *Acorn* Newsletter the comments about the different types of circumcision and that no two circumcisions are the same (Brian in the West Country). When I saw the surgeon about being circumcised, I did enquire about only having part of the foreskin removed. I had an "elephant's trunk" even as an adult.

The surgeon told me that it was important to remove all the foreskin: leaving a scarred foreskin is usually uncomfortable and unsightly, and this can cause more problems than it seeks to solve. Now with hindsight, I am glad that this was done.

Bill M.

Hygiene

Dear Tony: Congratulations on getting the *Acorn* group off the ground and on the selection of an appropriate name. Issue 2 was most interesting and I have a few comments to make. The section entitled 'Roundheads and Cavaliers' was particularly interesting. Not having seen a circumcised penis close up I was not aware that some circumcised men had loose skin behind the glans rim. I always thought that this was cut away. I am uncircumcised, with what must be a fairly short foreskin and I keep this pulled right back behind the glans. Thus to the unenlightened, this must look like a circumcision, something I had not considered as I assumed the presence of some skin was a give-away.

In response to the question of hygiene, I imagine the circumcised penis to be much cleaner although personally I maintain my penis scrupulously clean by vigorously soaping the glans and skin in the shower. This gives me great pleasure and is recommended to any man.

Something I would like to hear about is masturbation and circumcision. I am an avid DIY enthusiast and although I find wanking with my foreskin retracted fairly pleasurable, I find it necessary to resort to using the full length of skin over the glans for the final stages leading up to the climax. This seems to give me far more pleasure. Can we hear from men who have experience before and after circumcision?

With regard to a group meeting, I think this an excellent idea. What about a weekend away somewhere? Looking forward to the next issue.

A.M.

Not Soon Enough

I was circumcised ten years ago last July at the age of 44 and my only regret is that I did not have it done 25 years before. For about 12 years before being done I had trained my foreskin to remain retracted at all times, in fact on the rare occasion when it slipped forward over the glans it felt uncomfortable.

The operation was done under a local anaesthetic, the first two injections

on either side at the base of the penis, then while these were taking effect a line was drawn round at the level of the corona. The foreskin was then pulled back and another line was drawn round the maximum diameter of the inner fold. I asked why it was so far back from the glans but was told that it would have caused problems when it came to sewing up afterwards if it was placed further forward. He then gave me about a dozen jabs round the external line. In addition to the anaesthetic these jabs had a brown substance 'to control the bleeding'. Then foreskin back and another series of jabs around the inner line, following which foreskin forward for the last time and a few minutes wait for the jabs to take effect. The doctor then clipped the tip of the dorsal surface with a pair of locking forceps and slit the dorsal surface to about $\frac{1}{8}$ " of the line marked externally at the corona level with a pair of scissors. The cut was then continued right round, about $\frac{1}{8}$ " from the marked line. He then trimmed about $\frac{1}{4}$ " all around from the outer skin, followed by $\frac{1}{8}$ " from the inner skin. This was followed by 13 sutures to join the inner and outer skin. The doctor told me that the stitches were a synthetic material which would be absorbed so I should cut the knots off after about ten days. I left them for a few days longer than this, then cut one side while holding the knot in a pair of forceps and pulled them out. It was completely painless except for the first two injections and the last three which were on the dorsal surface near the corona. The cut line felt a little bit sore when the anaesthetic wore off after about ten hours.

I found a great improvement sexually: before, the foreskin used to roll forward on the withdrawal strokes, completely masking the corona; now the corona is in contact with the vagina all the time and consequently receives the maximum stimulation. The only regrets I have are (1) I wish more had been removed. The scar line is about $\frac{5}{8}$ " from the glans and when flaccid I still have the original fold. I would have preferred the scar to have been a maximum of $\frac{1}{8}$ " from the glans. (2) The doctor started the sewing together from the wrong place. He started on the dorsal side and as a result the median raphe is displaced $\frac{3}{8}$ " to the left on the scar line at the frenulum. I believe that circumcision should be universal and always 100 per cent, i.e. with the scar line as close as possible to the glans and it should be readily available from any doctor at a reasonable fee.

Experience Before And After

I am 48, and was circumcised when I was 34. I was born with a long foreskin and my first recollections of trouble with my penis as a youngster was balanitis. I found it upsetting to have this continually attended to. Circumcision was discussed, apparently, but nothing was ever done. I was sent to a boarding school and as an adolescent had considerable trouble keeping my penis clean, as there was only communal bathing. I seemed to collect a good deal of smegma, which frequently made my penis sore and irritable. In order to overcome this, I retracted my foreskin when I urinated, and tried to keep

it 'pulled back' to allow the smegma to evaporate, which did help. I certainly envied my schoolmates who were circumcised and clearly did not have the trouble I was having. About half were circumcised, some having it done at school. If parents send their sons to boarding school, then the advisability of circumcision should be discussed, although I think individuals should decide whether they wish to be circumcised or not. In general, routine circumcision at birth should be avoided, as I believe is now the practice.

On meeting my wife, she often retracted my foreskin, which I found uncomfortable, particularly when my penis was erect, and I realized that I had a somewhat tight foreskin. Also my wife read in a magazine that an uncircumcised penis is more likely to cause cancer of the cervix in the partner. We discussed the matter, and I agreed to see a surgeon, who said that circumcision was necessary. It was done under general anaesthetic, so unfortunately I could not see what technique was used. My first reaction to the operation was amazement at the amount of skin that had been removed. The wound healed after about ten days.

I have found four main advantages. First, my penis is a lot easier to keep clean. Secondly, my glans is bigger. Thirdly, my penis needs more stimulation before ejaculation; and fourthly, my wife is happier with the situation and more willing for oral sex. My only regret is that I did not have it done earlier. As regards masturbation, before I was circumcised, I stimulated my penis by rubbing my foreskin, but rarely retracted it fully. I now realize that this was because of the tightness already mentioned. Now I tend to concentrate on the rim of the glans, which I find much more sensitive than previously. Also the scar is sensitive, since some nerves were cut. From my experience, it would seem that a long, tight foreskin is unhygienic and gives trouble: it is important that the foreskin retracts itself on erection.

Bill.

Social Class And Circumcision

Dear *Acorn*: I much enjoyed the first edition of your newsletter. Like all *Acorn* members I am fascinated by the incidence of circumcision and have been making mental notes ever since I first got interested in the subject in the dormitory of my boarding prep school in the 1950s. This idle curiosity has resulted in my liking to know (and indeed in most cases succeeding in discovering) which of my friends are roundheads and which cavaliers. As I am enthusiastically heterosexual, I have also asked my girl-friends where their preferences lie. I have the following observations from my research:

- (1) at prep school, about 50% were roundheads.
- (2) at the very grand public school I went to, over two thirds were roundheads. This, together with subsequent observations, leads me to conclude that there is a distinct social bias. The upper class boys were almost all

circumcised; so were those middle-class boys whose parents had social aspirations. The exceptions were those coming from non-social intellectual backgrounds whose parents were presumably not interested in the social stigma of circumcision.

- (3) Circumcision would seem to be even more widespread amongst upper and middle class boys born in the 20s and 30s. Even cavaliers born in the 40s had roundhead fathers.
- (4) 1943 would seem to be the watershed in the UK.
- (5) In the 1950s in the UK, its incidence seemed to be falling, well below 50%, although socially conscious parents still seemed to think they were giving their sons an added social cachet by having them cut.
- (6) By the 1970s it was becoming very rare and even those of my friends who wanted their sons 'done' were having difficulty in finding a doctor, and in some cases having to resort to the local rabbi. In my own children's case, the hospital was vehemently opposed. As they were born at the same hospital and under the same doctor as the Royal Princes, I would be very surprised if Harry and William were circumcised even if their parents had wanted it.
- (7) My feeling now is that only those with a medical problem or with a particular religious or family prejudice are circumcised. In London, where there are many races and religions, perhaps 10% of my children's friends are circumcised. In the country and in the provinces it is far less. Against this background, it is surprising that those women who have had experience of both roundheads and cavaliers still seem to prefer the roundhead. Notwithstanding that preference, today's mothers seem to be accepting that circumcision is an operation of the past and that tomorrow's generation will be uniformly skinned. Maybe that is for the best as all the jealousies and prejudices that have developed surrounding this subject are probably borne of envy and the worry that the grass might be greener if the knife hadn't struck or vice versa. Certainly in America, there was total disinterest in the roundhead cavalier debate amongst men and women while everybody was the same. Now that the pendulum is moving against circumcision, interest has heightened and the debate has developed. Personally I enjoy the debate and hope that the practice of circumcision will continue, if only to add a little variety to the male sex organ.

Yours, R.

Dear Tony

A friend sent me a copy of your *Acorn* Newsletter. Issue 1, Jan. 1988. I found it very interesting and would very much like to join the club. Enclosed is the £5.00 membership fee. I realize that this won't cover postage to the US. Let me know how much more I should send. Do you know that there is a club in the US having the same name and same orientation. The US club can be contacted by writing to *Acorn*, c/o Bud Berkeley, P.O. Box 26011, San Francisco, CA 94126, USA. Feel free to print all or parts of this letter, but please don't publish my last name. I will accept letters via you, if anyone wishes to comment personally on anything I have written.

Circumcision is much more prevalent in the US than in Great Britain. During the period from 1950 to 1980 each year between 95 and 98% of the male infants were routinely circumcised. Over the last 8 years the number has fallen to about 85% as a result of the efforts of anti-circumcision groups. I am enclosing a list of some of the anti-circumcision articles in the public press during the last year. It used to be everyone had it done, but no one talked about it.

You pose some very interesting questions for discussion. I would like to comment on many of them, but time and space permits only one, the effect of circumcision on masturbation. Even though we know today that masturbation in moderation does no harm, one of the reasons doctors still give for having your child circumcised is to discourage masturbation. Does it do so? From my observation it doesn't if done neonatally. However, if an uncircumcised youth or adult is masturbating excessively (say more than once a day) and he really wants to break the habit but can't, circumcision will help. First he will be too sore to attempt to masturbate for several weeks. This will allow time for the habitual drive to masturbate to diminish. Once the soreness is gone he will not be able to masturbate using his old technique. All uncircumcised boys and men that I have observed, masturbate by sliding the foreskin back and forth over their glans. With no foreskin, this can't be done, so new techniques have to be learned. If the individual really wants to quit, he won't search out any new technique. The masturbation habit will be broken. My own case bears this out.

I wasn't circumcised neonatally. My father didn't believe in it. Nor would he allow my circumcision later, even though nearly every other boy was circumcised, I wanted to look like them. Every year in grade school we would receive a medical examination and the school doctor would send a letter to my parents saying that my foreskin was excessively long and tight and I should be circumcised. When I was about 8 years old, my closest buddy and the only other uncircumcised boy in school was caught masturbating and because of this his parents had him circumcised in the doctor's office under local anaesthetic while he watched. He told me the gory details and showed me his sore, swollen, black and blue cock with the stitches still in it. This made

me fear circumcision. We had previously masturbated together. It effectively stopped his masturbation.

In my teens I tried unsuccessfully to train my foreskin to stay behind my glans. Adhesive tape didn't work. Eventually I cut my frenulum to allow me to wear a collar in the sulcus behind my glans. This successfully held my skin back, but failed in training it to stay that way. My glans did lose its ugly glassy purple colour, becoming pink like a circumcised one. I liked my circumcised looking glans, but I didn't like the loss in sensitivity that accompanied it. So I quit keeping my glans exposed but its former high sensitivity never returned. This makes me believe that foreskin restoration is not advisable for those who don't like the reduction in sensitivity that their circumcision caused. It can not restore the glans sensitivity of an uncircumcised penis.

By the time I was 21, I had read widely about circumcision: in medical journals, army and navy reports, medical and surgical text books, patents, etc. I was in college and dating a very sexy nurse. I felt sure that before long we would be in bed together. Then during some heavy petting she discovered that I was not circumcised. She was completely turned off. She thought an uncircumcised prick was dirty and unattractive. Moreover she feared that I would give her cancer of the cervix. By retaining my foreskin I was, she said, risking cancer of the penis, which would require amputation of my entire penis.

Although she was only part of the reason, this clinched it! My foreskin had to go. I had long had a love hate feeling toward my foreskin. My uncircumcised cock was always an embarrassment. But the hold masturbation had over me was the most compelling reason I felt I had to get circumcised. I was masturbating far too much, often several times a day – so frequently that often I didn't come. I had acquired a very bad habit of rhythmically squeezing my legs together while sitting. This made me lubricate and my foreskin slide back and forth over my glans giving me very erotic sensations. I decided that even if it meant losing more sensitivity, I would have to start keeping my foreskin retracted again, until I broke the squeezing habit. So I started wearing my foreskin holding devices again. But this didn't work. The beads or collar would press against my sulcus and corona and produce sufficient, although less pleasant, erotic sensations, to let me masturbate. The worse part was that frequently I wouldn't even be aware that I was masturbating until I felt myself about to come. Usually I could stop before coming, but sometimes I soiled my pants – once in class. I started wearing a Kotex pad over my cock to catch the cum.

I had made a New Year's resolution that I would stop squeezing myself and would masturbate only by other means and no more than once a week. I wrote in my diary that if I broke this vow I would go to the College free health service and have myself circumcised. Honestly, I didn't want to get circumcised. Yes I wanted to look circumcised, but I didn't want to lose my foreskin or lose any more glans sensitivity than I had already lost by keeping my foreskin

held back mechanically. I really enjoyed masturbating with my full foreskin. I thought that knowing this would be my punishment would make me control my masturbation. But the habit was too strong. In less than a week I had broken both parts of my vow.

I went to the College health service and told them my foreskin itched and bothered me and would like to be circumcised. The doctor examined my penis and couldn't find anything wrong with it. He said my College health insurance did not cover an elective circumcision and there was no evidence of phimosis, disease or irritation. This gave me an out. I told myself that I had tried to get circumcised. I gave myself a second and third chance to bring my masturbation under control; but still couldn't. I had to get circumcised. My integrity was at stake. If I didn't keep my word, even though it was to myself, my word wasn't much good. My Jewish girlfriend gave me the final incentive to do it and do it right away. Since I knew my dad wouldn't agree to it and I didn't have the money to pay for a circumcision, I decided to do the job myself.

I chose the ecraseur, or strangulation, method because it was bloodless and seemed simple and safe. First I located a wooden spool about 35 mm diameter and fashioned a Plastibell like device from it. I carved out part of the centre to fit over my glans and made a groove next to the rim at this end. Then I soaked it in hot paraffin to make it waterproof. Instead of going home for the Easter holidays, as my roommate and nearly every one else did, I circumcised myself. First I sterilized all my equipment either with heat or alcohol. I shaved my pubic hair and took a bath, carefully washing my genitals. When everything was ready I pulled my foreskin forward over the spool with the grooved end toward me. I held my foreskin in place temporarily with a rubber band while I looped a piece of fine nichrome wire tightly twice around the back part of my foreskin over the groove in the spool and pulled and twisted the ends together with pliers. I used no anaesthetic because at that time I didn't know I could obtain topical local anaesthetics without prescription. So I applied tension slowly, stopping when the pain became too great. Surprisingly, my penis thought that this was fun and became very hard. As a result I shot my wad. This didn't help. My hands were full, so cleanup had to wait. I knew that the wire had to be tight enough to stop all blood circulation. At the same time I didn't want to break the wire or make the wire so tight that it would cut through the skin. (If anything went wrong I planed to go to the doctor and tell him that I had caught my foreskin in my zipper and that getting it out made it bleed badly. So I had applied this tourniquet to it to stop the bleeding.) I had considerable concern that the wire might not be tight enough to cause the two layers of skin to grow together as they should. However everything turned out fine. I became sore, but there was no great pain – except when I had erections. For the first two days I had a slight burning sensation in my penis. The skin grew together where the wire pinched it to the spool, and on the sixth day my dead foreskin and the spool, still bound together, fell off while I bathed. The remaining foreskin retracted by itself behind my glans and stayed leaving my glans and sulcus behind it uncovered. I had removed a bit more

foreskin than I had planned, but still could pull my foreskin forward to cover 2/3 of my glans. The skin is taut only during an erection. I did not lose any additional glans sensitivity. My previous exposure had fully toughened it. In fact circumcision increased the erotic sensitivity of my penis. I was amazed at how erotically sensitive my circumcision scar was, particularly for the first few months. It still continues to be my most sensitive area. It seems that all the nerve endings that went to my foreskin now are concentrated in the scar.

Most importantly, circumcision brought my masturbation under control. Squeezing no longer works. For masturbation by hand to be any good I have to apply a lubricant. Then it is super, but it requires preparation, and is now a controllable act, not a habit.

When I told my girlfriend that I had circumcised myself for her, at first she didn't believe me. But she gave me a date and when she examined my penis she couldn't believe her eyes. She took my healed but still sore penis into her mouth without my asking. It was great. This was the first time I had ever experienced fellatio. Other fellows had told me about their girl friends doing it for them and I envied them. I learned later that this is another advantage of being circumcised. It is easier to get head.

Sincerely, Warren

[Thanks and congratulations, Warren. You seem to have been very fortunate in your use of the ecraseur method, as it is not usually recommended for adults. A 1981 comparison by I.A. Fraser et al. (*British Journal of Surgery* 68: 593-5) of 46 circumcisions using the Plastibell method against 49 'conventional' circumcisions using scissors and sutures produced rather better cosmetic results with the Plastibell, and it was rather less likely to cause discomfort or bleeding. But there were some difficulties with urination in almost every case and one poor result required further circumcision. The boys were aged up to 8 and were treated as day-cases except if there were post operative difficulties, when they stayed in hospital for a night. The Plastibell separated after 5-16 days, the average being 9 days. — Tony]

ACORN

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Editor
Tony Acorn

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**Membership, Fees, Advice, Personal Matters,
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To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Editorial

Welcome to our fourth issue. This includes a discussion of the way that circumcision may help to reduce the chances of catching several of the more common types of sexually transmitted diseases. No-one would ever claim that it reduces the chances of catching HIV (Aids), but this research shows that there are several other stds which the circumcised are far less likely to catch, compared with their foreskinned friends. Continuing a theme from previous issues, we have the results of a survey by the US anti-circumcision organisation INTACT, which illustrates the wide variation in the incidence of circumcision in the US: several states in the south and the mid-west maintain rates over 90%, while Texas is down at half that (the Chicano influence, perhaps?) There is also an article about counselling parents on the pros and cons of circumcision. As a contrast, we have a story from John McC. about his granny and the Prince Albert. Please keep the contributions coming in: we have made a good start, and we're still gaining new members. Next issue will, I hope, include an article from a leading circumcision surgeon. There is also a chart comparing the advantages and disadvantages of six of the most widely used methods of circumcision and giving some of their identifying features. And there will be a review of an American book, *Foreskin*, which I recently received. I am beginning to think about an *Acorn* event in mid-September in Oxford: if anyone can suggest suitable accommodation or has ideas for what to include, please let me know.

Tony Acorn.

Tightening Up

Dear *Acorn* Editor: I was circumcised about 8 years ago, aged 26. At the time I was fairly satisfied, but more recently I have felt strongly that it was not radical enough: much less than the 12mm of inner foreskin should have been left, since the shaft skin was rather loose and there was quite a lot of loose skin just behind the frenulum. Increasingly my preference was for the glans rim to be completely exposed and far more prominent, even when my penis was flaccid.

Since the earlier operation was sufficient to achieve the advantages of hygiene and disease prevention, I knew I would have to give a surgeon reasons mainly concerned with appearance and self-esteem and would have to be able to discuss at length my reasons for wishing to be circumcised originally. Clearly, too, it would not be advisable to give any impression that I was under pressure from anyone else to seek a second operation. There would have to be some slackness of shaft skin when not erect, but I had more than I needed. So I tried to work out as exactly as possible what result I wanted, sketching it out, both flaccid and erect, with comparable sketches of how I saw it as it was to assist me in explaining what I wanted.

In early December 1987 I had the revision operation performed through

the Surgical Advisory Service. It involved the removal of more of the outer foreskin, all the remaining inner foreskin, and excision of the frenulum. I am personally convinced that the more radical forms of the operation produce the most satisfactory appearance.

Keith B.

Circumcision And Disease

The following is an extract from an article by Laurence Gerlis on 'Cancer Risks' to women, printed in *The Guardian*, February 11, 1988:

"We now know that human papilloma viruses (HPV) are transmitted during sexual intercourse, and that these viruses are implicated in the development of cervical cancer. In brief, a girl can be unlucky if she chooses a man carrying the wart virus on his penis. It has been known for many years that two groups of women rarely develop cervical cancer: Jewish women and nuns... There has been limited discussion of the protective effect of circumcision on the wives of Jewish men and the debate has been confounded by two erroneous hypotheses. It has been suggested that Jewish women are protected from getting cervical cancer by genetic factors or by the strict religious code which prohibits intercourse around or during menstruation. It is time that both these theories were abandoned, the first because there is no evidence nor precedent, and the latter by the simple demonstration that almost all Jewish women are protected, while only a tiny minority follow the strict Talmudic rules.

Disposing of these arguments should allow us to face up to the reality that the prepuce or foreskin, which is removed by circumcision, harbours within its glistening groove the potential for carrying wart and other viruses. No definitive statement has yet been made but there has been a suggestion from studies of American homosexuals that Jewish men are less likely to transmit the HIV virus that causes AIDS... We should not allow embarrassment to stop us getting information on mixed marriages to elucidate the situation. We need to know if it is the gentile woman with the Jewish husband/lover who benefits from circumcision, or if the Jewish girl with the non-Jewish man reaps the reward of having more Jewish ex-boyfriends, thus lowering her potential exposure... Although preventive medicine is in vogue, preventive surgery has lost the enthusiastic support it had in the early years of the health service... One could too easily extrapolate from routine circumcision to nonsenses such as preventive appendectomies."

Maybe not. But if evidence is mounting of a lower statistical incidence of AIDS among circumcised men, is it responsible of parents to deny their boys the protection which it offers? Another virus which can settle on or under the foreskin causes genital warts: this is closely connected with cancer of the penis in men and cancer of the neck of the womb in their sexual partners. The importance of circumcision in preventing such disease is well known: cervical

cancer is rare in Israel and Saudi Arabia. But many studies which attempted to test this idea more widely found that women's knowledge of whether or not their partner was circumcised was unreliable. As well as viral problems, bacterial or fungal infections can take hold in the moist environment under the foreskin and may cause inflammation (balanitis). The tip may become red, swollen, painful and inflamed or the whole foreskin may be infected. This problem is especially common in, but is not limited to, the hot dry and dusty parts of the world where circumcision is normal. Self-treatment with antiseptic may only make it worse. Ointments may be tried to clear up the infection, but the lasting solution is circumcision. The prevention or cure of such problems underlay the high incidence of circumcision practised by medical personnel in the British armed forces, reaching high levels during the 1914-18 and 1939-45 wars and remaining high in the US armed forces until a decade ago or less.

**Association between uncircumcised state
and sexually transmitted diseases.**

	Number of patients	Proportion uncircumcised
Controls	471	37%
Diseases		
Scabies	10	30%
Non-specific urethritis	374	37%
Pediculosis pubis	33	42%
Chlamidia infection	82	45%
Genital warts	97	46%
Gonorrhoea	97	56%
Herpes	104	58%
Candidiasis	84	75%
Syphilis	12	75%
All cases	848	49%

The proportion uncircumcised was as high or higher than in the control group for every disease except scabies. Source: Parker et al (1983): Circumcision and sexually transmissible disease. *Medical Journal of Australia*, 2: 288-290.

This very thorough Australian study by Parker and colleagues (1983) used a large sample of men attending a clinic for the treatment of sexually transmissible diseases and checked their own statements against an examination of whether they were circumcised. They found that there was a significant association between being uncircumcised and four major sexually transmissible diseases: syphilis, candidiasis, herpes and gonorrhoea. Uncircumcised men are twice as likely as circumcised men to develop herpes genitalis or gonorrhoea and five times as likely to develop candidiasis or syphilis. The moist, warm environment under the foreskin encourages these disease organisms to breed. The far greater cleanliness possible after

circumcision greatly reduces the risks of these unpleasant and dangerous diseases.

Tony Acorn.

Incidence Of Circumcision

My observations over the last 25 years or so provide the following figures, which certainly show that amongst those born after 1950 the incidence of circumcision has declined but may perhaps be on the increase again. During this period, I have regrettably never discussed the matter fully with anyone, but one man I knew who had been done as a baby (pre-1951) thought all boys should be circumcised as infants, particularly after his son was done at the age of 5, since he thought it painful and upsetting for his lad at that age. The adult who was circumcised for medical reasons was very bitter about the pain he had to endure after the operation. Apparently he was done in an Army hospital under a general anaesthetic at the age of 22, but despite this obviously didn't think it had in any way harmed his sex life, and had he thought more about it would have had his son done at birth to avoid any possible pain if it became necessary in later years. He didn't want him to suffer any pain, but quite clearly didn't feel being circumcised was any disadvantage at all.

Despite reading in *Acorn* Issue 2 about the incidence of complete exposure of the glans among the uncircumcised I know of only one example of this amongst 109 cavaliers: hardly 23%. I must admit that prior to joining the roundheads I had trained my foreskin to remain retracted behind the glans rim.

Proportion of men/boys circumcised today:

Date of birth	Cavaliers	Roundheads	Total	% Circumcised
Pre-1951	44	40 +	84	47.6
1951-60	30	6 *	36	16.7
1961-	35	10 @	45	22.3
Total	109	56	165	33.9

+ includes 11 Jews: without them, % circumcised is 39.7% (pre-1951) and 29.2% total.

* one circumcised as an adult for medical reasons.

@ 1 British, circumcised neonatally in America, 1 white South African and 2 circumcised for medical reasons aged of 5 - 10.

Brian From The West Country.

Women And Circumcision

Dear Editor: You ask whether a woman can tell whether a man has been circumcised or not. Really it depends upon how knowledgeable the woman is. It seems that many women, perhaps a majority, have little or no knowledge of what circumcision entails. If your partner is one of these, she almost certainly will not know whether you are circumcised or not. On the other hand, if she does know what is involved, she will usually have little difficulty in deciding whether her partner has been done or not, even assuming that the foreskin had been pulled back. A glance below the rim will show either folds of retracted foreskin or a scarred region, and the glans of an uncircumcised penis is smooth and slightly moist in contrast to the hardness and dryness of the circumcised.

If partial masturbation is part of the foreplay, then most men will probably prefer to leave the foreskin on the glans to assist the process so if a woman knows what she is looking for she should have no difficulty in making up her mind. One lady I corresponded with claimed that there was a different feeling during sex, albeit a small one. Apparently the rim of the circumcised man provides a more pronounced scraping sensation than the rim which is holding back foreskin. Some men apparently find that the rim does not keep the foreskin securely retracted, and the foreskin is dragged forward onto the glans; when this happens, the woman is said to experience a marked loss of sensation.

On the other hand, it is said that some circumcised men find the initial insertion uncomfortable as it pulls down the shaft skin, putting a strain on the scarred area behind the rim. Insertion is easier for the uncircumcised man, particularly if the foreskin is still forward. A 'shoe-horn' effect then operates with penetration being achieved at the same time as the foreskin is pushed back by the vagina. However nothing, it seems, is simple in this controversial subject as the woman's pubic hair can get caught in the folds of foreskin which form as the loose skin is pushed back behind the rim. The unexpected nips received are disturbing and, on balance, I find it best to pull my foreskin back behind the rim manually before attempting insertion.

M.L.

More Observations

Dear Tony: Congratulations on Issue 3 of *Acorn*. It gets better and better as more people write. I used to be a member of American *Acorn* myself, but I think it is harder for them to keep their material coming across the Atlantic, as I haven't heard from them in some little time. It's very good to know that there are guys everywhere with an interest in circumcision.

It's particularly good to hear that there is interest in Scandinavia. Very few Scandinavians are circumcised on religious grounds, and it has never been

part of the culture as it was here, so the fact that about 5% of Swedish men are circumcised suggests that this might be about the normal proportion for circumcision on grounds of phimosis. If so it suggests that since a few of these would also be candidates on religious grounds, the number of circumcisions in England (ritual plus non-ritual) should be about 10% of the live birth rate. On the other hand the ritual circumcisions would be about half and half neonatal (mostly Jewish) and pre-adolescent (mostly Islamic), while the non-ritual 5% would extend from birth to about age 25. There would also be elective circumcisions (which should certainly be available on the NHS) where individuals decided that though not necessary on strictly medical grounds, the procedure is desirable, and those cases where parents or guardians decided on circumcision for the offspring in their charge. I guess that the 'base' figure for circumcision in England would end up at about 12% to 15%.

At grammar school in the 1950s, just over half of my class were circumcised, which more or less agrees with everyone else. I agree with Anthony that some of the 'free-hand' circumcisions of that period were technically shoddy, leaving untidy scars or misalignment of the cut edges or suture marks. On the other hand, many left no visible scar at all, while the assisted Gomco or Plastibell circumcisions may have other side effects. Some of these problems are illustrated in the *Ethnomedical Study* mentioned in *Acorn 2*, which I highly recommend.

One correspondent asks about material on ritual circumcision. I can also recommend J.S. de la Fontaine's Penguin book, *Initiation*.

D.P.

The 'Prince Albert'

The 'Prince Albert' is the name used for a ring set into the end of the penis, piercing the urethra, and emerging just above the frenulum. It is commonly supposed that the name originated because Queen Victoria obliged her husband, Prince Albert, the Prince Consort, to wear one. Where this rumour originated I have no idea, but it is quite without foundation. The Prince Consort was never known as a philanderer. How, then, would the world have come to know about it? Rather, it is named after their son, Prince Albert Edward, (or 'Bertie' amongst family and close friends), the Prince of Wales and later King Edward VII. He was well known as something of a rake, and wore such a ring for many years. How do I know this? Read on!

My father was born in 1900. His mother had been born in March, 1870 of an unmarried lady who had been a servant in a large stately home in Aberdeenshire. This was the home of a wealthy aristocratic family much given to lavish entertainment. Amongst the guests in the house during June and July of 1869 was the younger Prince Albert.

Prince Albert, or Bertie, was the eldest son of Queen Victoria, and had been born just over a year after her marriage. In 1861, he had married Princess Alexandra of Denmark. His was a political marriage; he had had very little say in the matter, and had little love for her. He was well known for his powerful sexual appetite, and had never been very faithful to his wife. Whilst in London, he would frequent the clubs which then existed for the rich and titled to indulge themselves discreetly. When in the country, he would seduce the serving maids of the houses he stayed in. These servants were hardly in a position to refuse his advances, despite the risk of pregnancy. Most seemed to have been passing fancies, quickly fucked and forgotten. My great grandmother would seem, if her story is to be believed, to have enjoyed a somewhat deeper relationship with him than was usual. It lasted for about a month, and during this time he told her many things which he claimed never to have told to anybody else.

This, then, is his story, as told to her and passed down by word of mouth through the generations to me.

Bertie had always had a strong sexual appetite. Puberty arrived much earlier for him than for most boys. His upbringing was isolated from other boys of the same age, and so he had no opportunity to learn about sex from his peers. He discovered quite by accident the pleasures of masturbation at about the age of twelve, and, not knowing any better, did not make much attempt to hide it.

The Victorians considered masturbation to be a great evil and a serious hazard to health. It was considered to be a dangerous disease, known as 'Onanism' or 'self abuse', to be cured at all costs. The attitude can best be understood by comparing it with the present day attitude to child sex abuse. Many eminent Victorian doctors spent a great deal of time and effort devising cunning methods of combating this menace. When Bertie was discovered to be a victim of this habit, his Nanny, like any responsible nanny of the time, sought all in her power to cure him. His being heir to the throne made a cure even more important, since masturbation was believed to cause insanity and deformed offspring.

The first thing she did was to explain the supposed dangers of the habit. Having no contrary source of information on the subject, (there were no published counter arguments until many years later), he was quickly convinced of the dangers and the necessity of giving up the habit. He tried very hard to stop. For a boy with such a strong sex drive and no alternative outlet, however, this proved a practical impossibility. But because he was convinced of the need to stop, he cooperated fully in the attempts at a cure, confessing to his Nanny whenever he had had a relapse. When she realised that mere warnings were insufficient to cure the habit, she embarked on a régime of severe punishment whenever a relapse occurred. Eventually, after this method had proved unsuccessful, the Doctor was called.

The Doctor tried all the usual remedies of the day. For a while, Bertie was obliged to sleep with his hands tied to the sides of the bed. This merely caused him to masturbate during the day. He was fitted with an anti-masturbation appliance, a sort of chastity belt, but soon had to stop wearing it because of the chafing it caused against his crotch and thighs which soon became badly infected. The Doctor then tried applying caustics to his penis to make handling it painful, but he soon found that frustration overcame the pain.

The next remedy employed was circumcision. In all he was circumcised three times. The first time about 1 quarter of an inch of skin was removed, so that the glans was still partly covered. He started masturbating again almost as soon as the scar had healed, less than three weeks after the operation. The second circumcision left his glans permanently uncovered, but enough skin remained to pull up over the corona when erect. Again he was masturbating using this technique, within a very short time of healing,

By this time the Doctor was becoming desperate. He claimed never to have had such an intractable patient. The third circumcision was as radical as he could make it without endangering the life of his patient. The mucous membrane was trimmed close to the corona and the outer skin was cut right back so that it was under constant tension whilst the penis was erect. The frenulum, said to have been abnormally sensitive in his case, was cut right back also. The wound took a long time to heal because the scar tore whenever erection occurred, which was frequently. He had to be given bromides constantly for several weeks to suppress this tendency. Once healing had completed, he found that his previous methods of masturbation were impossible, since the skin could no longer be pulled up over the glans. The doctor was jubilant, he was convinced that his cure had been successful. Bertie was very frustrated, and when his rational mind became overwhelmed by the frustration he experimented with many methods of achieving orgasm.

He soon found that a suitable lubricant applied to the palm of the hand would permit orgasm and temporary release from frustration. Masturbation was less frequent, because it required more preparation and because he could put off the event by denying himself access to suitable lubricants. But, always, the frustration would build up until it dominated his reason, and a relapse would occur. He started to worry that he might be going mad, for madness was supposed to be one of the consequences of masturbation. The cure had been partly successful, but the ideal demanded by the medical opinion of the day was no masturbation at all.

When the Doctor was told of his patient's relapse, he was initially at a loss as to what to do. He had read of a cure tried in Germany of inserting a silver wire ring in the foreskin to make erection painful. This could not be used in this case, since all of the foreskin had already been removed, but it gave him an idea. He had a ring made and inserted in the end of the penis, through the urethra, emerging from where the frenulum had been cut away. The ring was of gold, about one sixteenth of an inch thick and three quarters

of an inch across. It was fastened permanently into position with gold solder. A similar ring was fastened into the skin of the perineum, between the thighs and in front of the anus. Once the wounds had healed, a small gold padlock was used to join the two rings together.

Because he had always promptly confessed his lapses, and had fully cooperated with all the treatments, he was entrusted with the key of the lock. This was done on the express understanding that if he had any relapse, the key would be taken away from him. This time the cure was successful. He found that he was totally unable to masturbate with the penis held down in this way. He also found that, because erection was very uncomfortable, he tended to avoid arousing thoughts, and so was far less tempted to masturbate. But the main factor, at this time, that helped him give up the habit was that he discovered girls. It was thus fortunate that he had access to his own key.

It is a strange feature of Victorian attitudes, that it was considered quite proper for a boy of fourteen to have sex with a girl just as often as he wanted. It was not sex which was forbidden for boys, just masturbation. (Girls were less fortunate, but this is not the place to digress into a discussion of the horrors of their treatment at that time.) Within a few days of his first experience of sex with a girl, he had discovered that regular fucking was an effective cure for his habit. He had no difficulty finding suitable partners, and was soon performing regularly several times a day.

My great-grandmother was probably not an innocent maiden when the Prince first met her, this would be very difficult for a maid-servant in such a house, but she was still in her teens. She certainly knew enough to express surprise at the circumcised state of his penis (circumcision was a very rare phenomenon then) and at the ring. Initially he told her that he had had these things done in order to increase his own pleasure, as well as that of the girl. This is probably what he told all of the girls he went with; most of them would have accepted this, and questioned no further. Certainly, amongst the better class whores of London (and their clients) the advantages of the 'Prince Albert' were being discussed at about this time. Nothing of this, however, was known to my great-grandmother. She recalled the strange and rather pleasant sensation of it nudging the neck of her womb (perhaps they favoured the rear-entry position). She remembered leading him round the room by it, 'the way you lead a bull to the market'. She remembered playing with the other ring, near his anus, teasing him by using it to pull him away from her during lovemaking.

Later, when they became more intimate, he confessed the real reason for it. At that time, for a man to confess masturbation to girl would be most unusual, since it was considered not just unmanly, but a truly heinous activity, (comparable to confessing, nowadays, to having sex with one's pre-pubescent daughter!). For this reason, I feel that their relationship must have been something quite exceptional. He told her that, despite being married and nearly thirty, he still needed sex at least twice a day to suppress the urge to

masturbate, and that, if he was not going to be able to find a suitable girl, he still had to use the lock. This was the reason he still kept the ring in place. He did not know whether it enhanced his own pleasure, since he had never tried sex without it, but he thought that he would probably miss it. He said that many girls had claimed that it improved sex for them, but he did not know whether this was mere flattery.

His stay in that house came to an end all too soon. And so did hers, since, as soon as she was found to be pregnant, she lost her job. They never met again. They never wrote; that would have caused terrible complications for him, besides, she could barely read or write. Nine months later, my grandmother was born.

A few other facts are worthy of note:

Since that time, all male offspring of the Royal family have been routinely circumcised at birth (with the possible exception, unconfirmed, of the most recent ones); before then it was totally unknown.

I was born at about the same time as Prince Charles. When I was young, many people remarked on the uncanny likeness between me and the newspaper photographs of him.

I have, in my possession, a gentleman's gold fob watch with an alarm of about that date. He gave it to her to put under the pillow when they slept together. He used to set the alarm to waken her at five in the morning when she had to get up to go about her duties. Before she had that, she had got into trouble for oversleeping. The watch is quite plain, without any engraving.

The expression, 'Prince Albert', for such a ring, has been used in England since that time, and is now in common use throughout the world. I have encountered it in literature from France, Germany, Holland, the U.S.A., and Japan.

When my grandmother told the story to my father, she made him promise never to tell anybody outside the family. When my father told it to me, we agreed that, since more than a hundred years had passed and since all the protagonists were now dead, there was no longer any real need for secrecy.

John McC.

INTACT Educational Foundation Report Of The 1984 Hospital Survey

In the spring of 1984 the INTACT Educational Foundation made a survey of hospital maternity departments in the United States. The purpose of this survey was to ascertain trends in the practice of circumcision of newborn boys, especially after extensive medical research and findings on the subject made over the past twenty years. The consensus of these findings has been as follows:

- 1) That routine circumcision is medically unnecessary
- 2) That it is more painful and traumatic than previously supposed
- 3) That presumed benefits of this surgery which have guided past practices have not been demonstrated
- 4) That circumcision itself is riskier than the conditions it is alleged to prevent
- 5) That routine circumcision of the neonate is not cost-effective

In 1972 the prestigious American Academy of Paediatrics appointed a special task force to study the question of routine circumcision. After three years of reviewing all the arguments for and against the practice, this committee concluded in its 1975 report, "There is no absolute medical indication for routine circumcision of the newborn." In 1978 this report was endorsed by the American College of Obstetricians and Gynaecologists.

One should also bear in mind that medical circumcision has never been widely practised except in English-speaking countries. Beginning in 1950, however, it was abandoned in Great Britain. (In a 1972 survey of 400,000 newborn boys conducted by the British government only 1 in 200 was circumcised.) In Canada, Australia and New Zealand the practice has declined rapidly. The present rate is well under 30% in Australia and New Zealand, and about 40% in Canada. Thus, the United States is the only country in which the majority of baby boys are circumcised for non-religious reasons.

How The Survey Was Done

On April 16, 1984 a questionnaire was sent to the head nurse of the maternity department at 500 hospitals in all fifty states. We requested that questionnaires be returned by May 21, 1984, and we received a total of 311 replies.

Because we wanted broad geographical representation, at least five hospitals were polled in each state, and this was the number of questionnaires sent to the District of Columbia and to the fourteen states which have fewer than 20,000 births per year. In the thirty-six remaining states questionnaires were sent out in proportion to annual births. (See table for a complete breakdown.)

All hospitals in the survey reported at least 500 births per year in the 1983 American Hospital Association Guide to the Health Care Field. This meant that the survey was limited mainly to urban and suburban hospitals.

Table

In the data below the number before the slash indicates the number of questionnaires sent out to a state. The figure after the slash is the number of responses received. Next comes the average circumcision percentage reported in the state. For example, nine questionnaires were mailed to hospitals in Alabama; five were returned. The circumcision rate averaged 85%.

Alabama	9/5	85.0	Missouri	10/7	92.4
Alaska	5/3	54.8	Montana	5/4	74.5
Arizona	9/7	60.1	Nebraska	8/5	96.2
Arkansas	8/6	79.6	Nevada	5/3	70.6
California	35/19	56.4	New Hampshire	5/4	73.8
Colorado	9/7	72.9	New Jersey	11/7	91.1
Connecticut	8/5	92.8	New Mexico	8/5	58.0
Delaware	5/4	96.8	New York	23/15	70.7
District of Columbia	5/3	63.3	North Carolina	11/7	79.7
Florida	15/9	83.7	North Dakota	5/4	94.3
Georgia	11/6	92.2	Ohio	18/11	89.7
Hawaii	5/3	83.3	Oklahoma	9/6	78.9
Idaho	5/3	64.3	Oregon	9/5	60.0
Illinois	18/15	74.7	Pennsylvania	16/10	89.1
Indiana	11/5	95.5	Rhode Island	5/3	76.0
Iowa	9/8	94.8	South Carolina	9/5	81.2
Kansas	8/5	74.2	South Dakota	5/3	80.0
Kentucky	9/3	90.0	Tennessee	10/4	95.5
Louisiana	11/4	61.0	Texas	25/13	45.2
Maine	5/4	67.5	Utah	8/0	
Maryland	9/6	90.0	Vermont	5/4	72.8
Massachusetts	10/7	66.1	Virginia	10/5	91.2
Michigan	15/11	91.5	Washington	10/7	67.9
Minnesota	10/7	88.0	West Virginia	8/5	87.6
Mississippi	9/6	76.0	Wisconsin	10/5	91.8
			Wyoming	5/4	80.0

This survey was conducted and written up by Christopher Davenport, with assistance from Rosemary Romberg. This report is a publication of the INTACT Educational Foundation. Extra copies are available from:

Rosemary Romberg
4521 Fremont Street
Bellingham, WA 98226

or Jeffrey R. Wood
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Circumcision: The Issue Behind The Foreskin
From: *Journal of the South Carolina Medical Association,*
November 1984: 547-8.

Despite formal statements by the American Academy of Paediatrics declaring the lack of medical indications for neonatal circumcision, approximately 95 to 98 percent of newborn males appear to be undergoing the procedure. Investigation into physician and parent attitudes has been carried out, and both proponents and opponents of the operation have outlined the rationale for either removal or preservation of the foreskin. To date no review of actual patient attitudes is available. In lieu of interrogating large numbers of neonatal males, a retrospective opinion survey of adult males in a select population was accomplished.

Methods

A standard questionnaire was presented to men attending the outpatient clinics at a large medical centre hospital. Participation was entirely anonymous and voluntary, and the patients responding were distributed among the surgical, primary care, urology, orthopedic, family medicine, and internal medicine clinics. The period of the survey covered three months. Not all items on the survey form had to be completed in order for the patient to be included in the study.

Results

There were 311 respondents, with ages from 18 to 48 years. Over half (58.5 percent) were less than 30 years of age. All were high school graduates, 32.5 percent were college graduates, and 14.5 percent had completed at least two years of postgraduate work. Two hundred eighty-one (90.4 percent) were born within the continental United States. Two hundred five, or almost two-thirds (65.9 percent) were circumcised within the first month of life with 13 (6.3 percent) expressing regret. Of the remaining 106 men uncircumcised at birth, 50 (47.2 percent) would have preferred having the procedure done as a neonate. Furthermore, 25 (50.0 percent) of the latter group had been circumcised later in life. These results are summarised in Table 1. Reasons

given for desiring neonatal circumcision included perception of higher risks for cancer of the penis in uncircumcised males and for cancer of the cervix in sexual partners of these men. Others mentioned the difficulty of maintaining desired penile hygiene with an intact foreskin. Uncircumcised respondents who indicated a preference for circumcision explained that they viewed the procedure too risky, too painful, or too embarrassing for an adult.

<u>Neonatally Circumcised</u>	<u>Neonatally Uncircumcised</u>
205 (65.9%)	106 (34.1%)
<u>Regrets</u>	<u>Regrets</u>
13 (6.3%)	50 (47.2%)
	<u>Later Circumcised</u>
	25 (50.0%)

Table 1

Further characteristics of the population surveyed and some of the findings are delineated in Table 2. Fifty-one (16.4 percent) of the respondents were Black, 240 (77.2 percent) Caucasian, and 20 (6.4 percent) were either of other racial origin or were undetermined responses. One hundred seventy-four (55.9 percent) were Protestant, 61 (19.6 percent) Catholic, and five (1.6 percent) Jewish. The great majority were born in hospitals (85.2 percent) and 10.6 percent were born at home, with the remainder unspecified.

Characteristics Of The Surveyed Group

Black	51	(16.4%)
Caucasian	240	(77.2%)
Protestant	174	(55.9%)
Catholic	61	(19.6%)
Hospital Born	265	(85.2%)
Home Born	33	(10.6%)

Table 2

Table 3 illustrates the frequency of the procedure in the group with respect to race, religious preference, and place of birth. As can be seen, the frequency of neonatal circumcisions was higher in Caucasians and in those born in hospitals but was not significantly different in Protestants versus Catholics. Among those not circumcised at birth, 39.7 percent of Caucasians and 60.6 percent of Blacks would have preferred the operation.

Frequency Of Procedure

Blacks	18	(35.3%)
Caucasians	177	(73.8%)
Protestants	113	(64.9%)
Catholics	41	(67.2%)
Hospital Born	197	(74.3%)
Home Born	3	(9.1%)

Table 3

Discussion

The information obtained from this survey has obvious utility when discussing the operation of circumcision with parents of newborn males. Since 'informed consent' of the patient *per se* in this setting is impossible, the parents should be privy to as much data as feasible prior to making a decision. The necessity of fully-informed consent becomes apparent when one considers that neonatal circumcision rates approach 95 to 98 percent in spite of the aforementioned statements from the American Academy of Paediatrics.

The frequency of the procedure varies with individual physicians. Patel reported in 1966 that neonatal circumcision was done almost always by those openly favouring it and only 20 percent as often by those opposed. Lovell and Cox revealed some inaccurate notions regarding the risks of and indications for the operation as perceived by mothers of baby boys. Eighty percent of almost 200 mothers said the risks had not been explained to them by the physician doing the circumcision and apparently none of them responded that they had requested the operation because they felt that their sons would later approve it.

With the data revealed by the current study a comprehensive review of the indications, risks, probable attitudes, and background regarding circumcision can be provided parents, allowing them an informed decision on an important issue. The following comments are proposed to be included in a discussion of circumcision with parents of newborn males:

1. The American Academy of Paediatrics has said there are no absolute medical indications for the procedure.
2. The problems which might be encountered by males not circumcised as a newborn include:
 - A. Phimosis of clinical significance in approximately ten percent by age three years.
 - B. Balanitis, which rarely if ever occurs in circumcised men.
3. Neonatal circumcision is not without risks including:

- A. Serious complications such as haemorrhage or mutilation in 0.2 percent, and possibly even death in 0.0002 percent (or two in one million).
 - B. Minor problems of clinical significance (bleeding, irritation, infection, etc.) in up to four percent.
4. When adult males were surveyed, only six percent regretted having been circumcised at birth yet almost half of those not circumcised as a newborn would have preferred the operation. Furthermore, one-fourth of those left with a foreskin as an infant underwent circumcision later in life.
 5. There appear to be no major differences in attitudes towards circumcision as a neonate among American Blacks, Caucasians, Catholics, or Protestants.

Gerald E. Harmon, M.D.

ACORN

1988 Issue No 5
(Formerly Issue E)

Editor
Tony Acorn

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**Membership, Fees, Advice, Personal Matters,
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Editorial

Welcome again to another newsletter from the group with 101 ideas for things to do with a foreskin. We have some good correspondence in this issue: let's have plenty more, as this newsletter relies on the contributions of its members for its success. You may have seen the letter about *Acorn* in the current issue of *Forum*, which has brought many new members. So far, most members have been predisposed towards circumcision, but several of these new members are less enthusiastic. One, Dr J, has written to say that he is particularly interested in the foreskin and its retention, and is only too willing to discuss any problems, in writing or in his London surgery, free of charge: a member wishing to be put in contact should write in to the Editor.

The BMA is thought to be going to change its rules to allow doctors to advertise: this should help an organisation such as ours to put members in touch with the help they need, but at present medics have to tread carefully.

As promised, we include in this issue an exchange of questions and answers with Mr H, the surgeon to whom the Surgical Advisory Service refers many patients. He does circumcisions on a day-patient basis using local anaesthetic, on a large and growing number of patients, some of whom have written to us to say how satisfied they are with the result. The Surgical Advisory Service currently advertises circumcision on this basis in London for £190. Many will see this fee as good value for a trouble-free procedure, but it may be beyond the means of others, and some may think the fee excessive, compared to the charges for infant circumcision mentioned in the article about Houston later in the Newsletter.

T.A.

Circumcision: A Surgeon's View

A leading expert in the surgery of circumcision has answered a long string of questions for *Acorn* newsletter, as follows:

1. What do you advise patients as to the advantages and disadvantages of circumcision?
 - A. I do not think there are any disadvantages in performing circumcision. The advantages are:
 - a. Prevention of the development of cancer in the male organ.
 - b. Prevention of the development of cancer in the female organ.
 - c. Prophylactic advantage of removing herpetic lesions (i.e. herpes sores) for social and hygienic reasons.
 - d. Treatment of phimosis (i.e. tightening of the foreskin).
 - e. Treatment of paraphimosis (strangulation by tight foreskin behind glans).

- f. Treatment of balanitis (inflammation of the foreskin).
 - g. Treatment of cysts and other lesions of the foreskin.
 - h. Treatment of tight frenulum.
- 2 Are there any categories of patient whom you would strongly advise against circumcision?
- A Strict, absolute contraindications for circumcision include congenital malformations (such as hypospadias, i.e. the urethral opening is underneath the shaft and not at the tip of the glans). The foreskin is needed for plastic reconstruction of the urethra. In adult patients, of course, these are very rare. Other than that, there are no absolute contraindications.
- 3 Which age do you consider best for circumcision, (a) to produce the most satisfactory cosmetic result, and (b) to minimise inconvenience/trauma to the patient?
- A I have performed circumcisions from the age of day one, and the oldest patient on whom I have myself performed the operation was 85. But I would consider patients of above 70-75 with great discretion, as they take a longer time to heal. Other than this, there is no upper age limit for good cosmetic results.
- 4 What do you think are the comparative advantages and disadvantages of local and general anaesthesia for circumcision? What complications occur with day-patients, how frequently, and what precautions do you recommend them to take?
- A I have now performed this operation under local anaesthesia for the last 5 years with a special technique of my own. I do not consider that there are any circumstances in which this operation has to be performed under general anaesthesia except for children under the age of 5, or a person of nervous disposition, or those who have an adverse reaction to local anaesthesia, which is extremely rare. The patient comes to hospital as a day case. There is no need for hospitalization and the patient is discharged after half an hours rest in the clinic. He can return to work etc later the same day.
- 5 When giving local anaesthesia, for about how long do you intend it to last?
- A Local anaesthesia should last 2-4 hours, which enables the patient to take the journey back home if he has come a long way for the operation.
- 6 Are there any categories of circumcision patient for whom you consider local anaesthesia inappropriate?
- A Local anaesthesia is inappropriate for children under the age of 5, or an extreme form of acute dermatitis of the skin, or any obvious acute ulceration and inflammation of the prepuce.

- 7 Which circumcision technique do you think gives the most satisfactory result, and why? Are different techniques desirable, depending on the age of the patient, for example, or on other factors?
- A My technique is a simple single prick installation of 20ml of 2% local lignocaine anaesthesia and a standard technique circumcision with the application of clamps. At this stage I cannot reveal the exact technique.
- 8 Dorsal incision or stretching of the preputial meatus are sometimes suggested as an alternative to circumcision. What do you consider are the arguments for and against these procedures?
- A Alternative techniques for circumcision are not recommended as they leave ugly scars and do not serve a purpose. I try to discourage partial slits or excision of the frenulum as such.
- 9 Please describe the ideal outcome of a circumcision, in terms of
- (a) how much of the inner foreskin should be allowed to remain, i.e. how close should the scar-line be to the coronal sulcus?
- A The scar should be about $\frac{1}{4}$ of an inch away from the margin of the glans. The length of the foreskin depends upon the length of the organ, hence each patient is treated on his own merits. The scar should be smooth.
- (b) how slack or tight should be the skin on the shaft?
- A The degree of tightness or slackness depends, of course, upon the wishes of the patient, which should be ascertained previously.
- (c) should the frenulum be left intact, divided, or dissected out?
- A The frenulum can be divided or left intact: this should be discussed with the patient.
- 10 To what extent do you take into account the wishes of a patient regarding the intended outcome of circumcision?
- A In general all patients are counselled in my Harley Street rooms, as well as prior to the surgery itself. All the patient's wishes are taken into consideration. The patient must sign a consent form before the operation.
- 11 What would be your advice to a patient who asked for
- (a) 'semi-circumcision' to merely shorten the foreskin, so as to leave the glans half-covered (at least in the flaccid state);
- A There is no such thing as 'semi-circumcision': I would not recommend this form of operation.
- (b) or a very radical circumcision, e.g. to leave the shaft-skin very tight, and/or to remove as much as possible of the mucous membrane so as to place the scar-line at the coronal sulcus?

- A A very radical circumcision is generally not done; however tightening of the skin has been carried out for patients with too much elasticity, which of course happens in the (?) stage.
- 12 What suture technique do you use? Do you consider a few sutures sufficient, or do you use many small ones, as in some techniques of cosmetic surgery? Do you use soluble sutures, and if so, how long do you recommend that they should remain in place? What do you think of the suggestion that using 3/0 monofilamentous polypropylene, removed after 5-7 days, reduces the likelihood of formation of nodules or fistulas at suture sites? Some correspondents (none of them your patients so far as I know) have mentioned these as adverse outcomes following circumcision. Have you encountered this problem, and, if so, what solutions do you suggest?
- A I use a continuous suture technique, using catgut disposable sutures. This gives the advantage that the patient does not have to return for removal of the sutures, which dissolve in $2\frac{1}{2}$ to 3 weeks. Synthetic nylon or Ethicon sutures are not advisable, as they leave more fistulas (holes) or pock-marks. An absorbable synthetic suture in the form of coated vicryl can be used: I have used it for revision of circumcision.
- 13 What advice do you give in response to the common fear of an erection during the healing period, which might reopen the wound and delay healing? Do you prescribe medication to suppress erections, e.g. Stilboestrol?
- A As a general principle, I usually prescribe Diazepam, a tranquilliser, one tablet to be taken at night for the next three nights. For the last four years there have been no problems with patients complaining of erections disturbing the healing pattern after operation. I do not recommend the prescribing of hormones as there is no indication for female hormones to be taken by the male, other than if indicated for conditions like cancers etc, eg cancer of the prostate.
- 14 What do you advise patients about treatment and aftercare following circumcision? e.g. dressings, period of sexual abstinence, etc.
- A There is a non-stick dressing on the shaft which should remain for 48 hours, and this slips off very easily. I recommend, of course, that the patient does not bathe until 48 hours after the operation, and then uses dilute Savlon lotion. I usually request that then the patient leaves the wound without a dressing, with plenty of fresh air to heal under normal circumstances.
- 15 What case-histories (in general) are presented to you by patients seeking circumcision? Have you been able to form any views as to the motivation, average age and social characteristics of such patients?
- A Indications and motivations for patients to come to me for this operation are

plenty, including the standard ones described in textbooks (cysts, herpes, phimosis and paraphimosis, balanitis, etc); also prevention of carcinomas (male and female), prevention of viruses, social reasons, hygiene reasons, sexual reasons.

16 What is your estimate of the demand for elective circumcision, and what factors influence this?

A In my personal experience the demand for male adult circumcision is on the increase. I have performed more operations this year so far than last year, as the general public become more aware of the advantages of circumcision being performed as a day case with a minimum of fuss. With a consumer-based ideology, I am sure the demand for the operation in this country will increase.

Methods Of Circumcision Compared

There are about a hundred methods of circumcision, so I have confined myself to the six most popularly used today, two religious/ritual, two classical surgical and two twentieth century instrumental. In the USA most neonates are circumcised either with the Gomco clamp or the Plastibell, or are given the traditional Jewish Brit Milah. Note that all these three are done without any anaesthesia. The baby is held with legs apart and bent, either strapped to a specially-designed shaped board or held by the Sandek, the Jewish God-father.

Because circumcision is the most practised surgical operation in the USA, foreskins are dispatched in record time. Manufacturers of the Mogen clamp and the Plastibell claim it is possible to circumcise in one and three minutes respectively. The Gomco clamp has to remain closed for 5 minutes before the foreskin is cut away, the total operation when it is used lasts 8-10 minutes. The two last stages of the Jewish ritual, tearing the mucous membrane to uncover the glans, and applying suction to remove blood, must extend the ritual operation to 3-4 minutes.

The Mogen clamp is claimed to be the least painful method. Both the Gomco clamp and the Plastibell require an initial dorsal slit before the foreskin is clamped or tied off, which may be more painful. Some Americans claim to be able to recall the experience of circumcision under hypnosis. If true, the pain league table is an indictment of medical practice, since the operation is experienced by about nine out of every ten American males. If duration is the measure, then the least painful is the non-ritual use of the Mogen clamp (1 minute), followed by Brit Milah with a shield or clamp (3-4 minutes), the Plastibell (3 minutes), and the most painful is the Gomco clamp (8-10 minutes).

American neonatal circumcisions exceed British ones by 100:1, and the British methods are of a different mix. The Gomco clamp is almost unknown

Most Common Methods of Neonatal to Juvenile Circumcision

Technique	Anaesthetic given	Glans protection	Simultaneous removal of both layers	Separate removal of inner layer	Suturing cut edges	Dressing	Application to adult	Appearance and identification
Islamic (Khitān) in non-muslim country	Sometimes local (dependent on age)	YES in most cases, clamp	NO	NO membrane rolled off glans on to shaft	NO except bleeding parts. Yes with larger penis	YES	YES performed by doctor with local anaesthetic	Scar half-way down shaft of erect penis all the way round. (could be 3-4in from glans)
Jewish (Brit Milah) by Mohel	NO on neonates worldwide	YES shield or Mogen Clamp in USA	NO skin removed quill shaped	NO membrane split dorsally and reflected back over glans	NO	YES around shaft but not glans	YES performed by doctor/mohel using local anaesthetic	Scar at angle to glans with greatest membrane to scar band at top decreasing to intact frenulum. Skin bulking around frenulum when flaccid
Classical Forceps Guided	YES General	YES Sinus or clamping forceps for Mogen clamp in USA	NO	NO membrane split dorsally to 1/4 in of corona and removed	YES starting with frenal stitch	YES	NO	Least tidy of all non-ritual circumcision scars with line irregularities and lack of symmetry. Scar should be 1/4 in behind glans when erect
Classical Dorsal Slit with trimming at both sides	YES General	NO but glans is fully exposed after dorsal slit	YES	NO	YES starting with frenal stitch	YES	YES	Edges may be irregularities but will be matched by a single cur. Scar should be 1/2 in behind glans when erect
* Gomco Clamp 9 sizes: 1.1cm small newborn to 3.6cm	NO on USA neonates	YES Glans is secure within metal bell	YES	NO	NO except at bleeding parts (yes over 12 months old)	YES	YES with glans up to 3.6cm in width	Perfectly straight scarline (1/32 in wide) Less prepucce remaining than with Plastibell, so scar will sit nearer to the glans when erect
Plastibell 3 sizes 1.1cm very small to 1.7cm large	NO on USA or UK neonates	YES Plastic bell over glans	YES by ligature	NO	NO	NO	NO largest size would only fit 7-9 year old with small penis	Perfectly straight scarline further down the erect penis than the Gomco clamp. 1 in to almost 2 in (in fitting and tying there is 1cm of prepucce between sulcus & ligature)

* Most commonly used circumcision instrument

(unlike in continental Europe), but use of the disposable Plastibell is relatively common, vying with the traditional 'cut, trim and stitch' method. Though only about 1% of the young are circumcised, neat results are beginning to outnumber the ragged ones that were once widespread.

In the first three methods in the Table; Jewish, Islamic and forceps guided, the forward-drawn prepuce is held in a shield, clamp or by forceps and the knife is swept downward along the guide. This often results in small dog-ears of skin at each end, dorsal and frenal, of the incision.

Where remaining inner membrane is turned back as in the Islamic and Jewish methods, the circumcision is less tight. Where this membrane is removed in a second stage of the operation, it may be more difficult to match up the two cut surfaces, especially in infants, and the result may be less attractive cosmetically.

Ideally both preputial layers should be excised simultaneously, so that the cut edges of skin are precisely matched. Both the Plastibell and Gomco do this, and have the further advantage of bloodless surgery (apart from the initial dorsal slit to facilitate fitting). The instrument can be skilfully adjusted so as to vary the amount of foreskin removed, and personally I would advocate a positioning which results in the glans remaining almost half-covered.

In choosing the most suitable method, consideration should be given to pain (if no anaesthetic is used), size of penis, amount of skin to be removed, and neatness. So for the neonate, the Plastibell or Mogen clamp is least painful. For a child, the Plastibell or Gomco clamps give the neatest result. For a youth or an adult, the Islamic method, the Gomco clamp or the classical freehand methods allow precision in the final result. The final appearance of the modified penis would be dramatically improved if universal instrumental foreshortening replaced non-ritual freehand surgery on the small organ. For the adult, the larger size allows reasonable neatness with most methods, but the Gomco clamp guarantees it.

Anthony.

Circumcision Clinic Thriving In Houston From American Medical News, January 11, 1985

Finding a need and filling it is a market principle that found a medical application in the case of Houston's first circumcision clinic. Circumcision Services Inc., a for-profit venture launched in August 1984, was conceived by professional marketers who have connections at the Texas Medical Centre. Because Houston's Harris County Hospital does not perform circumcisions on the 8,000 to 9,000 male infants born there annually, resident physicians began joking about opening a clinic for just such a purpose.

The joke stopped, however, when the idea reached a resident's wife who is in commercial marketing in Houston. Six partners collected \$22,000 in start-up capital, a building near the hospital was rented, five to six resident obstetrician-gynaecologists were recruited, and the clinic was opened on August 1. For \$35 (raised to \$45 in October), parents can bring in their 3-day to 3-month-old infant for the simple surgical procedure.

"We have five residents on a rotating schedule", said John W. Zern, one of the clinic partners. He explained that settling on the cost of the procedure was difficult because "people associate price with quality. We are learning a lot about the public's perceptions of quality care versus costs. \$45 seems to be a popular price", he said. Only cash is accepted. The clinic is open from 6 pm to 9 pm Monday, Wednesday and Thursday and 10 am to 2 pm on Saturday. "We tried to set the hours so that both parents could bring the infant", Zern noted.

The clinic has the blessings of Baylor medical school staff. Some physicians have referred parents who want the operation for their sons to the clinic, and people as far away as Dallas have come to the clinic. Appointments are not necessary at the clinic, which has four rooms for the operation and employs a nurse, receptionist and the physicians, one or two of whom are present during hours. The entire procedure takes about 20 to 25 minutes, Zern said, depending on the infant's clothing.

"If there's one thing we learned, it is that people put too many clothes on infants," he said jokingly about the time needed to undress and dress the babies. "Medical information about the procedure is given to parents by physicians; other information comes from the staff", Zern said.

Marketing the clinic is handled through advertising the clinic's address on a brochure distributed by the American College of Obstetricians and Gynaecologists in a gift pack given to new mothers. Other advertising comes by word of mouth, Zern said. Although jokes continue to flow about the clinic and the prospect of expanding into a nationwide franchised business, Zern said he did not see his group "diversifying too soon. The concern over the medical aspect is a given; the experiment with profit involved is secondary. We are very sensitive about diversifying too soon, but we've already had enquiries about franchises."

Linda Busch

Correspondence Received

Thanks to John McC, Anthony, and Bill for some long contributions which we hope to include in later issues.

Yes, Circumcision Is Still A Good Idea **From *Health Confidential*, April 1988**

Circumcision is performed on 1.25 million infants and on thousands of older children and adults every year. Today 60% to 80% of boys [in the USA] have their foreskins surgically removed. This surgical procedure has come under increasing attack and is not usually reimbursed by most medical insurance. However, my findings and those of others confirm that circumcision is an important preventive medical procedure that should continue to be performed. The advantages far outweigh any potential disadvantages. The relevant findings are:

- Circumcised boys are 10-20 times less likely to contract urinary tract infections (UTIs) during their first year, and 15-20 times less likely to contract UTIs between ages one and 15. These UTIs are far from benign. Those who suffer from severe chronic infections often wind up with kidney failure and must undergo routine dialysis.
- Circumcised men are about 50% less likely to contract sexually transmitted diseases, including syphilis and gonorrhoea. The reason is that the foreskin is easily abraded during sex, giving disease-causing micro-organisms easy access to the man's bloodstream. Venereal warts are almost unheard of in circumcised men. Many causes of cervical cancer in women are associated with the wart-causing virus being passed during sex. Uncircumcised men may be passing on these cancer-causing viruses to their lovers.
- Circumcision lowers the risk of penile cancer. Of 50,000 US cases, all but nine occurred in uncircumcised men.

Circumcision also reduces the risk of balanitis and posthitis, annoying localised fungal and bacterial infections of the penis. As many as 10% of the men must be circumcised in adulthood to eliminate such chronic infections. Those who suffer from a fairly common condition called phimosis (tight foreskin) also benefit from circumcision. Phimosis can be extremely painful and may prevent erections.

Myths: That circumcision reduces penile sensations; that circumcising a newborn without anaesthesia causes emotional trauma that carries into later life. No scientific evidence exists for either of these claims. Note that general anaesthesia for the newborn is not the solution either. Because a newborn's respiratory passages are smaller, chances of upper respiratory tract problems increase. Local anaesthesia does relieve discomfort.

Boys over age one and adults who were not circumcised should seek out the procedure, if desired, with a urologist. A drawback is that circumcision is a much bigger production in adults than in infants. Adult men who undergo circumcision typically need general anaesthesia (which involves some risk) and miss a week of work after the procedure. The total cost (surgery and

hospitalisation plus lost work time) comes to \$3,000 to \$4,000.

Newborn circumcision as practised today is a fast, inexpensive (\$100) and safe procedure. Within 48 hours of birth the infant boy's foreskin is swiftly cut off and disposed of. In most cases the incision heals quickly without stitches. For every 1,000 circumcisions, only two result in serious complications. Occasionally the procedure leads to septicemia. Very rarely doctors take off too much tissue, and in extremely rare cases the entire penis has been removed. The very small latter risk can be all but eliminated if the surgeon uses a scalpel rather than an electrical probe. Parents should try to find a surgeon with considerable experience.

Thomas Wiswell, MD
(Walter Reed Army Medical Centre)

Review

Foreskin: its past, its present and ... its future?
by Bud Berkeley and Joe Tiffenbach, 208 pages, 1983,
from Bud Berkeley, PO Box 26011, San Francisco 94126, USA.

This book was compiled as the result of Bud Berkeley's successful formation of an organisation called the Uncircumcised Society of America (USA), which shares with *Acorn* the aim of exchanging information about circumcision and foreskins among those of us who find the subject interesting. The two groups each have a different emphasis, however, because they cater mainly for the minority in each country: roundheads in Britain and cavaliers in the USA.

He began with a questionnaire which asks for some social characteristics and a genital description, and includes questions such as: Are you shy about being uncircumcised/circumcised? Do your fantasies include having a foreskin/being circumcised? Your sexual orientation? Your sexual activities? Do you want to know more about circumcision? etc. About 12 pages summarise some of the basic statistical data and some one-line comments received in response to such questionnaires. Another 70 pages are extracts, a few lines to a page or more in length, from letters generated by the U.S.A., and many of them published in *Foreskin Quarterly (FQ)*, a journal which it published (still publishes?) These cover the range from men who are glad to be circumcised to men who are glad to have foreskins, via several who are dissatisfied with whichever state they are in. There are descriptions of what they use their equipment for, and also many accounts of how they were circumcised or narrowly avoided it. Many of these involve encounters with forces medical personnel, several of whom conducted 'short-arm' inspections and some of whom applied substantial degrees of pressure to ensure if possible that all the personnel in their unit were circumcised.

The first half of the book is 'A long history of the American foreskin, shortened'. This traces the spread of circumcision onwards from ancient Egypt and Jews in Biblical times. The onslaught of the crusades ended Islamic tolerance of the foreskin, and resulted in many a knight in shining armour being sent back to his cold northern woods without the benefit of his 'hood'.

Later, but as far back as 1661, 'the Old London Company' realised that her many phimosed employees were in mortal danger. Knowing that it was impossible to protect British foreskins from zealot Moghuls, the British governor of Madras proclaimed that all applicants to the Company be "bodily examined" and if a cadet could not "strip his yard", the company surgeon was obliged to "clip ye skin entire". This is taken as the start of 300 years of circumcision of European Christians by European Christians, and it is claimed that records still exist with explicit details of which of the builders of empire were 'clipcocks' and which were 'pillcocks' (or peelcocks, uncircumcised).

By the early 19th century "the clipcock became fashion among the British aristocracy, who wore it as a badge of honour, proof of serving Throne and Empire in foreign service" (p.31). It spread to other classes in the second half of the 19th century, impelled by a hysteria against masturbation, so that by 1914, 85% of upper class and nearly 50% of working class males were circumcised. At that point prevention of VD took over as the favoured reason given for encouraging circumcision. The well established link between the forces medical personnel and the operation was continued through World War II, Korea and Viet Nam.

The book goes on to discuss foreskin restoration operations from Roman to modern times, and mentions another US organisation, BUFF (Brothers for Future Foreskins), which aimed to advise and encourage men who were dissatisfied with their circumcised state: the most effective technique seems to be to stretch and tension the remains of the circumcised foreskin, and partial or full coverage of the glans is claimed to be possible with persistence. The book is extensively illustrated by Berkeley's co-author with photographs on every second or third page which illustrate the wide variety of penises, both with and without foreskins. There are also some line drawings reproducing Egyptian hieroglyphic accounts of circumcision, etc. The book is unique in its discussion and illustration at such length, and is unusual in emphasising the foreskin rather than circumcision, although it will be of interest whichever viewpoint is yours, whether for or against circumcision. No price is given. For US postal purposes it is apparently possible to avoid censorship by stating that you are soliciting private correspondence and that all matter received as a result through the US Postal Service is acceptable to you and will not offend you and that you are at least 18 years of age. Whether a similar statement would satisfy the British Customs or Postal censors can only be a matter of experiment.

Correspondence

Dear Editor: Andy (Issue 2) claims that 'most of the men interested in circumcision are totally heterosexual'. Sorry, but that just isn't true; there are quite a large number of gay and bisexual men who are interested too. I am sorry that Andy doesn't feel that gay or bisexual men are welcome in the group, but that is his problem. Let us all please remember that we share a common interest in the subject of circumcision. We can all contribute, and we can all gain a better understanding of the subject. I for one want this group to be a success. It doesn't matter to me what a person's sexual leanings are. We are all individuals, so please don't let this Newsletter become just another platform for anti-gay views.

K.

Dear Tony: I hope the letter from the other Andy of London in Issue 2 doesn't represent club policy. My own view is that *Acorn* should be for anyone, gay or straight, who takes an interest in getting the cock into the best possible shape. I very much look forward to the next issue.

Andy S.

[Thanks Andy I think your phrase about the group being "for anyone who takes an interest in getting the cock into the best possible shape" is an excellent summary of our aims. — *Tony Acorn*]

Dear Editor: I was delighted to receive details of *Acorn* and to know that something is being done to lift the wraps on the simple operation of circumcision. Please enrol me as a member of the *Acorn* group. May I congratulate you on the apt choice of title: *Acorn* applies to both the 'haves' and the 'have nots'. I would summarise my own views as follows:

As a Christian I do not endow circumcision with any religious or spiritual significance, but think that a large proportion of the population would benefit from the operation. In general I regard male circumcision as healthy, hygienic and aesthetic, contributing to improved sexual performance by the man and increased enjoyment by his partner.

Ritual female circumcision is to be deplored as an unnecessary and cruel mutilation. Nevertheless, many women are endowed with an over-abundant or adherent prepuce, preventing proper stimulation of the clitoris. In such cases orgasmic response is greatly enhanced following exposure of the clitoris.

Adult male circumcision may well lead to difficulty during masturbation, due to the different techniques required (until these are learnt), but this is

fully compensated by the greater satisfaction reached in sexual intercourse.

Yours sincerely, A.W.

Dear Tony, Thanks for your prompt reply. Your concern that the ecraseur method can cause difficulties was well taken. While I experienced no trouble, I have, since my own circumcision, helped four other men circumcise themselves, two by correspondence. One correspondent had a very strong erection on the third day that partially pulled the skin out from under the ecraseur. Although this produced only minor bleeding and eventually healed OK, the swelling that accompanied the accident caused difficulties with urination. He decided to remove the ecraseur. He cut the ring where the skin had slipped from under it, and by soaking to soften the scab, was able to remove the ecraseur with hardly any bleeding. The wound healed slowly but satisfactorily and except for a wide scar the results were quite cosmetic.

Sincerely, Warren.

Dear Tony: A friend on holiday was on a beach in Spain last year. He heard a commotion and saw a guy of about 17 being led by a group of about fifteen people along the beach with his hands tied. They took him to a spot where there were some trees, stripped him and tied him with his legs apart to the forked branches of a fallen tree. The guy was then forcibly circumcised by one of the group, who then placed the ring of foreskin over one of his fingers and showed it to the rest of the group. The operator seemed well experienced, and had come with the necessary dressings. I can only assume that the guy was circumcised either as some sort of punishment, or as a form of ritual initiation. Have you ever heard of similar incidents?

Sincerely, Keith.

Dear TA: Thank you for forming *Acorn*. Since J.M. stated the case so well with 'Cock Cut Club', I've watched for just such a positive response. I trust in your confidentiality. Once again, well done.

Alan B.

Dear Sir: I would like to join and enclose £5 for this year's subscription. I am 42, a keen masturbator, and the proud owner of a foreskin, which I prefer. I am against circumcision except on medical or religious grounds. If a tight foreskin is the problem, only partial and not complete removal of the foreskin should be attempted. I look forward to being a member of the group.

Yours faithfully, D.M.C.

Dear *Acorn*: I enclose my subscription. When I have seen the newsletter, I might pluck up courage and write to you, but at the moment I am a bit too

shy.

Yours sincerely, A.A.

Dear Sir: I am currently doing research into the changing attitudes in this country and the US towards circumcision and the foreskin. The intention is to contrast the widespread but little realised distress of the man circumcised in infancy with the fanatical zeal of the foreskin phobes. The key to both attitudes is the attitude of the sexually aware woman towards the foreskin and its removal. Can the group help, do you think?

R.B.W.

Dear Sir: As one whose sex life has been wrecked by circumcision (*Forum* published a letter from me recently giving details), I am interested in seeing the subject discussed, particularly from the woman's point of view.

R.B.W.

Dear TA: You may have read some of my comments on circumcision in past issues of *Forum*. I am particularly interested in the foreskin and its retention. I know many men have hang-ups on their penises and I am only too willing to discuss the problems in writing or my surgery free of charge and act as honorary advisor to *Acorn*. Good luck with your project.

Dr J.S.

Dear Tony: Many thanks for the *Acorn* newsletters. I have found them fascinating reading. Please keep up the good work. I have passed on the newsletter address to a few interested people from *Forum* correspondence. I found the personal accounts much more interesting than the more lengthy facts and figures. It would be nice to see some contributions by women, especially on the subject of female circumcision.

Yours sincerely, R.A.

Meeting

Some members have indicated their interest in a meeting in Oxford in the evening of 24/25 September. The cost for a single bed-room and breakfast in a guest house will be about £16. Members will make their own booking, identify themselves to each other once they have arrived, and allow the evening to develop from there. If you would like details, write to *Acorn*.

An Acorn Anthology of Words and Phrases

American Clipper: a New York rabbi. New York has the world's largest Jewish community (2.8 million in 1976). There is even a Circumcision Street.

Arel: Hebrew for unclean, of meat, etc. Arelim (plural) refer to the uncircumcised, as contrasted with goyim, non-Jews or gentiles who may be circumcised

Balanitis: from the Greek for 'acorn' + 'itis', inflammation. Inflammation of the mucous membrane forming the inner surface of the foreskin, it is one of the few ways of obtaining an NHS circumcision. The cause is anaerobic organisms (such as spirochete and fusiform bacillus) which thrive in the moist interior of the prepuce. Antiseptic and topical antibiotic treatments are usually considered before resorting to surgery.

Bilharzia: a serious systemic trematode worm infection, common on the Nile, which affects some 5% of humanity as well as sheep, cattle and camels, described by T. Bilharz in 1881. It causes debility, and a symptom is bleeding when urinating. The infection is water-borne, and the point of ingress was thought to be the penis, with Egyptian-type circumcision as a preventive. During the First World War British soldiers were ordered to wear condoms when swimming as a precaution against the disease.

Blaengroen: Welsh for foreskin, 'blauen' foremost, 'groen (croen)' skin. The complete penile meaning exists as groen/blauen/gwilan/gior: skin/ foremost/rod/man.

Brit Milah: Hebrew covenant + Mishnaic Hebrew cutting: the covenant of circumcision, usually just referred to as the brit (pronounced 'briss').

Anthony

Future Issues

Issue 6 of the Newsletter is planned for late July, but there will then be a break until October before the next issue. I hope it will be possible to produce one or two further issues in November/December, so please keep your contributions coming.

ACORN

1988 Issue No 6
(Formerly Issue F)

Editor
Tony Acorn

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**Membership, Fees, Advice, Personal Matters,
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Editorial

We have an extra-large issue this time. Many thanks to all of you who have contributed the letters which we have included: please keep them coming. Opinions are more balanced than in past issues, including some thoughtful letters against circumcision as well as some in favour. We also have an interesting comparison by John McC. of the relative sensitivities of the glans and inner foreskin, and a copy of the recent half-page article in *The Independent* newspaper in favour of infant circumcision.

T.A.

From Our Norwegian Correspondent

Scandinavia is usually thought of as uniformly opposed to circumcision. Interesting light was shed on this issue in the newspaper *Osloavisen*, with its sensational June 4 headline: "Small boys mistreated in hospital". This was based on a statement by Sten Sander, the surgical consultant at Aker Hospital, the gist of which was that several hundred circumcisions were done in Oslo hospitals every year; he thought this was child abuse, to remove so sensitive a part of the sex organ. Furthermore, other important operations might be delayed. Another surgeon thought that immigrant groups should bring their own circumcisers with them.

The total number of circumcisions in Oslo hospitals was unclear. Aker Hospital did about 150 in 1987, but this excluded operations in the maternity department. The 150 had to be done on overtime, at an estimated cost to the health service of 2,000 to 5,000 kroner each (£200-£500). Most of the patients were Muslims from Pakistan, but there were also some circumcisions of Norwegian boys with tight foreskins. The surgical department now flatly rejected requests for circumcisions, which were done by the paediatricians on boys up to eight years old in both Aker and Ullevål hospitals. In both, no circumcisions had been done for some months, and there was a waiting list of 50-60 boys. Helge Jensen, the paediatric consultant at Aker considered that the risk of bleeding and infection increased if the operation was left beyond the perinatal period. Local anaesthetic was used on the newborn, but normally general anaesthetic was used on older boys. Although he found it a thankless task, there was no room for personal opinion, since the central health authority had issued instructions that the operation must be done. Commenting on the long queue, he said that he had rejected a request from a 20-year-old, and would call a halt for boys over 8-10 years, but he did not think that 'child-abuse' was an appropriate phrase to use in this context.

The following issue of the paper carried a reply from the Imam of the Muslim congregation which emphasised that circumcision was absolutely fundamental for Muslims. It was quite unthinkable for a Muslim not to circumcise his sons. He referred back to Abraham as the origin of the custom, and argued that there was a similar obligation on Jews and Christians,

since Abraham represented the original true religion. Abraham advocated circumcision, and practised the custom on his own sons. God sent the prophets to build a better life for the people, not a worse one. So a custom laid on us by the prophet Abraham could not involve mistreatment. Since Norway was a country with freedom of religion, circumcision could not be forbidden. A good government should meet the needs of the whole people, if necessary with a special department for circumcisions, so that there would be no conflict with other medical needs. The reporter asked five members of the public for their views, but either they had none, or thought that people had a right to practice their own religious customs; and, besides, it might well be cleaner.

The Imam's 5,000-strong congregation thought that a hospital clinic should be established for circumcisions. He was supported by a Socialist politician, Saeed Anjum, who argued that minority groups had enough difficulties already. The newspaper headline had given the impression that Norwegian doctors were being pressed to do something against their will. Circumcision was not an urgent matter, and could wait until urgent cases were dealt with first. But in a society where the health service was responsible for the good health of the population, the public health service has a duty to circumcise boys.

Retracted Foreskins

Dear Tony: I am struck by the number of your contributors who say they practised 'permanent' retraction before their circumcisions. If they were able to keep the skin held back, what is the point of circumcision? Surely the two states are very similar and it is hard to see what extra advantage the operation can confer: it is rather the opposite in fact, since the operation removes the option of second thoughts and of returning the foreskin to its natural position.

However, despite the frequency of its reporting in *Acorn*, I suspect that the overwhelming majority of men do not and would not want to practice permanent retraction. Like them I much prefer to wear my foreskin forward; when flaccid, the glans is completely covered, thus giving a measure of real protection as well as maintaining superb sensitivity. I would take issue with your statement in Issue 2 that 'the foreskin should slide easily back behind the glans rim on its own' when fully erect. Whilst I do not doubt that this does occur with some men, I do not think it is normal. At least $\frac{3}{4}$ of my glans remains covered with just the slit in the glans and its surrounding area exposed, and I suspect that this is much more the norm. The foreskin can be pulled down manually to form folds below the ridge and, again contrasting with your view, effective sexual performance is not hindered.

My general impression after three issues of *Acorn* is that the majority of your members are circumcised. Are there any others of similar views?

Yours sincerely, M.L.

More From the Acorn Dictionary: A – D

Ampallang: short rod, often of gold, silver or ivory, worn by Dyaks in a transverse piercing of the glans, with a ball at each end to hold it in place, one of which can be unscrewed for easy insertion.

Apadravya: rod similar to an ampallang, worn in a hole pierced through the glans from front to back, and originating in India; advocated by the Kama Sutra.

Balanitis, balanoposthitis: inflammation of the foreskin, temporary or chronic, which may be caused by germs or a fungus; best remedied by circumcision.

Cavalier, pillcock: slang terms for 'uncircumcised'; contrast 'roundhead', 'clipcock'.

Celsus operation: named after Celsus Arelius Cornelius (53BC-7AD) who devised a method of uncircumcision in which the penis could be peeled back and stripped; the loosened shaft skin was then bound to the glans. If successful, a foreskin was formed after healing. Polish doctors used similar techniques (without anaesthetic) to save circumcised males from execution at the hands of the Nazis.

Cheese supper: fellation of the uncircumcised (smegma = 'cheese').

Circumcision: from Latin 'circum' around and 'caedo' cut. The removal of the prepuce from the glans penis or glans clitoris so that the glans is normally fully exposed at all times. Various forms of the operation (with different results) are practised ritually by Jews, Muslims and traditional societies in Africa, Australia and occasionally America. Therapeutically it is a remedy for phimosis, paraphimosis, and balanitis in the male and for a hooded and insensitive clitoris in the female. Routine circumcision is practised in the USA (about 80% of males) and to a lesser extent in Canada, Australia and New Zealand. Slang terms for circumcision include 'baby job' and 'Jewish national' (American), 'Brit' (Hebrew) and 'Khitan' (Muslim). 'Circumcised' evokes a plethora of terms: 'cirked', 'cised'; euphemisms: 'clipped', 'done', 'tidied up down below', 'doctored', 'nicked' ("Plumbers are afraid of working in a synagogue because they get their tools nicked"), 'been under the knife', 'No-smegs'. The commonest term, 'roundhead' is an obvious description with a reference to the Civil War, contrasting with 'cavalier' for a foreskin possessor. In Islam one of the greatest insults is 'son of an uncircumcised mother'. Ancient Roman terms of derision were 'curtus' (shortened, mutilated or circumcised), 'recutitus' (shorn, skinned, circumcised), and 'verpus' (verpa, the penis) (a circumcised male). French: circoncision. German: beschneidung.

Cicatrice, cicatrix: scar of healed wound.

Clipcock: the term for 'circumcised' used since 1661 in records of the London East India Company. The Governor of the Company's station in Madras

required that all applicants be 'bodily examined' and if a cadet could not 'strip his yard' the Company surgeon was to 'clip ye skin entire' (Bud Berkeley, *Foreskin*).

Clitoris: from Greek 'kleis', key; plural, clitorides. A part of the female genitals equivalent to a rudimentary penis, erectile and with a glans covered by prepuce, with a great number of nerve endings and capable of being intensely stimulated. The largest recorded was 3.14 inches when erect; a clitoris over 1" is rare in whites, but may occur in 2-3% of black women.

Cock: the commonest of slang terms for the penis. Relates to the male fowl, which has had a randy reputation (at least since Chaucer's 'Chaunticleer and Pertelote', because expected to serve a large flock of hens); so common a euphemism that Americans use 'rooster' or 'cockerel' instead of cock. Hence also 'keep your pecker up'. Possibly 'cocky', cheeky, has a related origin. Also relates to 'cock' as tap/stop-cock, in relation to the urinary function.

Corona: from Latin 'crown'. The ridge or rim on the dorsal (upper) aspect of the glans, often more pronounced in those circumcised early in life. Classical circumcision involves cutting off the outer layer of foreskin and then trimming the inner layer as closely as possible to the corona.

Corpora cavernosa: the two masses of spongy tissue which form much of the structure of the penis. A third, the corpus spongiosum, forms the structure of the glans and the ventral (under) part of the penis, through which runs the urethra.

Distal: at the outer or further end, eg from the body (opposite: proximal).

Dorsal: the forward or upper surface, eg of the penis (opposite: ventral), from Latin dorsum, back. Dorsal slit (sometimes also referred to as preputiotomy): the upper surface of the foreskin is slit, as an alternative to formal circumcision. If the slit is longitudinal, from the opening (meatus) back, the foreskin hangs down beside and under the glans forming a loose mass of skin; if done in infancy, this diminishes in bulk as the penis grows. The Masai and other East African tribes customarily have the slit done transversely (across) at the level of the glans ridge. The glans is then pushed through the hole, where it is fully exposed, and the foreskin is held in place with a thorn until it has healed. It then forms a roll under the glans, giving the penis a double-ended appearance and increasing its bulk during sex. The advantage of the dorsal slit is to fully expose the glans in a simple operation with little risk of bleeding which does not remove any foreskin; the distinctive appearance may be thought a disadvantage.

Dydoe: short rod of gold, silver or ivory worn in a piercing of the glans rim, with a ball at each end to hold it in place, one of which can be unscrewed for easy insertion. Often more than one are worn.

Circumcised Boys — The Odd Ones Out?

Dear Tony: I have read *Forum* since about 1970 and hardly missed an issue. I was delighted to read your letter in Vol 21 No 6 and to learn that at last a society has been formed to discuss circumcision etc. One of the things that has kept me reading *Forum* is the correspondence on this subject. I have had a fascination for circumcision and foreskins as long as I can remember. As far back as infancy I can remember being taken to the family doctor to have my foreskin retracted, I think on more than one occasion. I grew up in the '40s and '50s, uncircumcised among a predominantly circumcised society, with a very long and not easily retractible foreskin. Eventually I was circumcised at the age of 26. I would make three comments at this stage:

1. Do circumcised boys feel as uncomfortable these days in an uncircumcised society as the uncircumcised did 30-40 years ago?
- 2.. Has the infrequency of the operation led to a lessening of skills in its performance? I know of several instances where results have left something to be desired.
3. I agree we should hear more from women, as I know they have strong views on the subject, both pro and con.

Yours sincerely, J.R.

Circumcision and Masturbation

Dear T.A.: I was 'treated' at about three or four years of age as a last measure to stop masturbation: fortunately this was eminently unsuccessful. I can't remember what it was like uncut, but have found no difficulty over the past seventy years. The unfettered glans certainly has always seemed larger than similar hooded ones. Lack of sensitivity has never been a problem. Although as a schoolboy of some 8 or 10 years I was embarrassed where the girls were concerned, 'cos in those days it was not possible to explain why mine was different, though I knew why. A pity society was not as enlightened as it is now. With best wishes for a happy and successful interchange of news and views.

Sincerely, H.M.

Uninformed Boyhood

Dear T.A.: For an introverted person like myself who has had a long and tight foreskin, *Acorn* is a welcome development. As a boy who had no instruction in these matters, I was excited when I managed to force the foreskin back over the glans but alarmed when I could not reverse the situation: fortunately things reverted to normal during sleep. I was also alarmed to see the attachment (which some years later I knew to be the frenulum), since

I was convinced that I was abnormal as I expected the foreskin to be fully concentric with the glans. Right up to my wedding night I thought this might be an obstacle to sexual intercourse but fortunately this was not the case.

Irritation occurred periodically beneath the foreskin, particularly working in hot dusty and gritty conditions, so much so that at one time I asked the doctor about circumcision but was told that for an adult it was a nasty operation best avoided. Latterly the foreskin has assumed the 'rolled up' position which is certainly an improvement, though on occasions it can slip down, trapping pubic hairs with embarrassing pain.

Though there are no medically compelling reasons in my case I do feel that an individual should be able to choose circumcision (provided he is willing to pay a reasonable but not excessive fee) in order to put an end to personal inconvenience. I personally would be willing to travel some distance for such a service. Though the problem may be trivial compared with many others, it is good to be able to communicate on this normally secretive matter.

Yours faithfully, R.F.

Dorsal Slit

Dear TA: I fell foul of the doctor when I was seven or eight. I had what is called a dorsal slit operation. This has left me with loads of loose skin which gathers around the base of the glans. It is quite a hindrance when making love because the skin ends up as a tube within which my penis moves. I had thought about having a complete circumcision, but am hesitating. I was told that often boys were cut to stop them masturbating. Would circumcision have that effect? Do women prefer one way or the other? The letters in *Forum* seem to be so varied, so it would be good to hear from others on the subject.

T.S. – Gwynedd

[Dear T.S.: H.M.'s experience of 70 years shows that you needn't fear being unable to masturbate if you have a circumcision, though you may need to experiment to find the best way to do it. The dorsal slit operation was not very frequently done, and obviously has left you with some problem. – T.A.]

Why Do I Want To Be Circumcised?

Dear Tony: Well, I seem to have to wash my foreskin more frequently than most. But a more compelling reason is that I just prefer the look and feel of it that way. I have kept my foreskin retracted for some years, but do not find it entirely satisfactory. The skin bunches and it can slide forward again, but it has given me a good impression of how it would feel.

As to the effect I want to achieve: I want to retain about half of the inner

foreskin and the whole of the frenulum intact, with the line of cut parallel with the glans ridge. This will leave about $\frac{1}{2}$ to $\frac{3}{4}$ inch of skin all round. I want the shaft skin not to be excessively tight in erection, allowing about $\frac{3}{4}$ inch of movement, ie not excising to the limit. A good cosmetic effect is important to me, while I do appreciate that there may be a jump in skin colour at the cut. The 'sleeve resection' method would seem to be most suitable for my ideas.

Yours, G.H. – Devon

Replies To The Questions In Issue 1

- Q. Do men take enough trouble to keep clean under their foreskin?
A. I've always done so.
- Q. How should parents establish hygienic habits in their sons?
A. Parents should explain the need, as with teeth for instance.
- Q. Should boys and men always pull their foreskins back before urinating?
A. Yes: it then urges you to pee.
- Q. Can a woman tell whether a man has a foreskin or is circumcised by looking, or from differences of feeling during sex?
A. Can't see how.
- Q. How does circumcision affect sexual performance?
A. The few friends I know who have had it done would like to have it on again.
- Q. Does circumcision discourage masturbation, and is that good or bad?
A. Masturbation (tossing off) once or twice a day from when you can onwards is jolly good fun and harmless.
- Q. Is circumcision less popular than it was?
A. Yes.
- Q. Was circumcision more common among the upper classes?
A. It was.
- Q. Why is circumcision discouraged by most doctors?
A. They evidently know how mean and stupid it is.
- Q. Should a man have the right to choose circumcision (provided he is prepared to pay), or should a doctor only agree to circumcision if there are 'good medical reasons', and what are these?

- A. The man should have a right to consider 'doctor's orders' on this.
- Q. Does a parent have the right to have a son circumcised, and if so, which age is best?
- A. No, on no account.
- Q. If you are unhappy about having been circumcised, how can you learn to live with the fact?
- A. I wouldn't know.
- Q. Ritual female 'circumcision' (in fact, the clitoris and often most of the labia are cut away) is practised in some parts of Africa and the Middle East, and it is condemned everywhere else; but is there sometimes a case for a minor operation to expose the clitoris to direct stimulation?
- A. It is important for the prick to get at the clit and with foreskin on and half pulled back it bulges just below his glans and gives the girl a terrific come. The more comes the better. A foreskin is one of the most wonderful gifts for both sexes.

Borderer

The Rôle of the Foreskin in Orgasm

An interest in circumcision and its effects prompted me to try to investigate the relative rôles of the glans and the foreskin in producing orgasm. It has been popularly supposed that the foreskin is merely a hood to provide protection for the glans when not engaged in sexual activities, and that during intercourse its rôle is, at best, a passive one and, for some people, actually hinders their sensations. Yet the hood of the clitoris is an exactly analogous structure in the female, and it has been conclusively shown that it has an important effect in providing arousal. Why should the male foreskin be any different? I had also read of a man who had lost the whole of his glans whilst a soldier in war time, and yet was easily able to orgasm with what little foreskin remained.

I decided to conduct some experiments, and these have been extensive and wide ranging, conducted under exacting and exhaustive scientific conditions, with a total sample of one (me!) If any other readers should wish to try similar experiments, or have comments or opinions, I would be delighted to hear from them. The experiments consisted of masking off one or other of the two parts (glans or foreskin), so that stimulus was directed solely at the other, and observing the differences.

Masking the glans was relatively easy. I procured a piece of rigid scrap plastic in a cup shape of about the size of the glans. It was actually the body of a used 'party popper', the thing which explosively ejects streamers when you pull the string, rather appropriate really! I trimmed the edge to match the shape of the corona of the glans, with a pronounced inverted 'V' shape to

accommodate the frenulum. The edge was lined with Elastoplast to protect me from the sharp plastic where it had been cut. Once in place on the glans, it fitted snugly, giving no discomfort, but allowing the foreskin to be stimulated without involving the glans, as long as the cup was supported carefully and not allowed to move.

Masking the foreskin was more difficult. After some experiments, and failures, I evolved the following technique. Firstly, I pulled the foreskin as far forward as possible, then wrapped the entire shaft of the erect penis in surgical tape, right back to the testicles (I found Micropore to be best, and it helps if the shaft is clean-shaven!) Then the entire foreskin forward of the tape is turned inside out so that it lies on top of the tape, and back from the glans. This is then wrapped carefully in more tape, starting just behind the glans, and finishing by sticking the top layer of tape to the layer below once all the skin is covered. What you have then is a more or less rigid structure of surgical tape with a bare glans protruding from the end. The foreskin is still not quite immune from stimulation, for the whole thing could be squeezed or moved up and down a millimetre or so. One has, therefore, to be careful that the applied stimulus does not do either of these things. But it was sufficiently well protected that orgasm without involving the glans was impossible.

What I did then was to try various methods of inducing orgasm using only one of the two parts. I tried to keep the other factors as constant as possible, for instance, the same time of day (evening), the same preceding period of abstinence (24 hours), and the same degree of anticipatory arousal (more difficult to control!) I have not tried intercourse with a partner; well, you try persuading a girl to let you put all that gubbins into her!

The results were as follows. Using the glans only, orgasm was always difficult to achieve. Using dry friction, it was impossible, the intensity of the sensation being so overwhelming as to be painful, orgasm got further away rather than closer. Friction with saliva as a lubricant was almost as difficult, I would be just about there when more spit was required. Using K.Y. as a lubricant was the best of the friction methods, and various oil-based lubricants, Vaseline, Savlon, etc were nearly as good. Water jet and vibrator methods were also reasonably good. The actual orgasm had a very different character from 'normal', being a more intense sensation with more holding of breath, muscle contraction and grimacing (but not pleasurable so), and leaving a pronounced feeling of dissatisfaction. I found that whenever I had performed such an experiment, I was never fully satisfied until I had masturbated again, using the foreskin (and normally, when I have orgasmed, I have no desire to repeat the exercise for several hours). Without that second orgasm, which often followed immediately I had removed the tape, I was left with a very strong feeling of frustration. On one occasion, I tried several 'glans only' tests on successive days without masturbating with the foreskin in between, in the hope that there would be a phase of adaptation, and that the frustration would

diminish. I found that the frustration mounted continually, and it required a superhuman effort of self-control to continue with the experiment.

Using the foreskin only was quite different. Orgasm was always easy to achieve with any of the friction methods, dry friction being best. The water jet and vibrator methods were very slow, and I am not convinced that orgasm was not partially caused by transmission of vibration through the plastic to the glans, although I tried my best to avoid it. Orgasm was slightly quieter and less intense than 'normal', but much closer to 'normal' than with the 'glans only' tests. I was left with only a vague and slight feeling of dissatisfaction afterwards, and no desire for an immediate second orgasm. I was able to perform repeated experiments of this type on successive days without difficulty. The most noticeable effect was the reduction in the pleasurable sensations during the stimulus. It seemed almost as if the two parts played different but complementary rôles in achieving sexual pleasure, the glans providing the pleasant sensations during stimulation, and the foreskin actually triggering the ejaculation.

What does this mean for those contemplating circumcision, those already circumcised or those wishing circumcision reversal? It seems probable that if circumcision has been performed in infancy, the responses will have been learned in such a way that the physical changes will have been fully compensated. Certainly Masters and Johnson found no measurable difference between men circumcised in infancy and those uncircumcised. They collected no data, however, for men circumcised in adulthood. For those, I would suspect that masturbation would be less easy, less satisfying, and perhaps less frequent. If one of the objectives of the circumcision is to reduce masturbation (and I suspect that this may often be the case), then this will probably be successful. Intercourse will be accompanied by more intense sensations during the act, and orgasm may be delayed somewhat. The orgasm itself will result in stronger physical sensations. I would fear, however, that the feeling of dissatisfaction I encountered might be experienced after intercourse, and could take a long time to diminish. The degree to which this happens, of course, would depend on how much foreskin had been removed; nobody will be left with the total lack of stimulation in this area which I experienced. It is very significant, however, that many men, when discussing their adult circumcisions, strongly emphasise the sensations to be experienced in the area near the scar and the residual foreskin. Perhaps they secretly regret having it done. For those wishing circumcision reversal, the parts removed cannot be replaced, you can only stretch what is there. Masturbation will become easier because of the more mobile foreskin, and, if you experience discomfort from friction against loose clothing, then this will be reduced when the glans is covered. But the main balance of sensations during either masturbation or intercourse will not be significantly altered.

John McC.

Dina Rabinovitch on the controversy surrounding cir

WHEN Prince Charles was born 39 years ago, it was *de rigeur* for upper-class Englishmen to be circumcised. The future king was circumcised at home — Buckingham Palace — by the late Dr Jacob Snowman, a *mohel* trained to perform the operation in the traditional Jewish way. By the late Fifties, circumcision was becoming unfashionable — the foreskin was back in vogue. The practice dies hard in the upper reaches of British society: it seems that Prince William was circumcised, but by a surgeon, not a *mohel*. Prince Harry, on the other hand, is believed not to have been. Now, the latest royal pregnancy coincides with yet another episode in the rise and fall of the foreskin.

In the Seventies, the issue seemed settled: the British Medical Association stated that there was no medical need for routine circumcision of newborn boys and even the American Academy of Paediatrics was against routine circumcision, although the operation was virtually universal in the US.

But in February this year the academy had second thoughts prompted by reports of higher rates of urinary tract infection in uncircumcised youngsters, and by claims from a urologist that circumcision could lower chances of contracting the HIV virus — claims which have been hotly disputed.

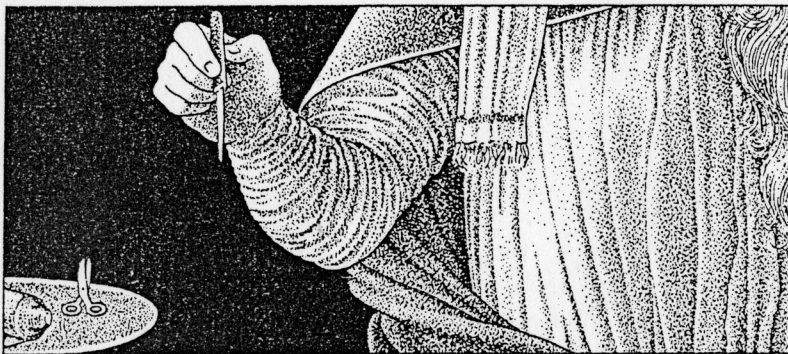
Circumcision on religious grounds is not queried by these bodies. The operation, properly performed, is harmless, both bodies stated. The only question is whether any useful function is performed by circumcising all male infants automatically.

Over here, the upper social reaches of the British establishment still think of circumcision as a *good thing*. Most will give hygiene as a reason. Britain's youngest millionairess, Sophie (Sock Shop) Mirman, daughter of the Queen's milliner, gave birth to a son earlier this year at the private Portland Clinic in London. She comes from a French Catholic family but has been influenced by English fashion.

She says: "Circumcision is much more hygienic. Actually, at the Portland, as soon as it pops out and it's a boy, they ask you if you want him circumcised. NHS hospitals, on the other hand, can be very off-putting to parents who request circumcision, and almost always ask them to make their own arrangements."

Dr Morris Sifman, a *mohel* for 20 years, explains the ideas about hygiene involved: "Certainly in days when baths were not as common as they are today, the uncircumcised organ was a messy one. It produces smegma, a substance which, if not washed away, can become terribly messy as it accumulates. But the truth is this is something which can be overcome — all you have to do is teach more hygiene."

Fall and rise of



The foreskin should never be pulled back in small boys; later in life it will retract naturally. In the early years, says the American academy, care of the uncircumcised penis is very easy: "Leave it alone".

Aesthetic considerations also figure high in parents' minds. In a 1987 study carried out at St Luke's Hospital, Denver, 39 per cent of parents who wanted their sons circumcised were concerned about health, while 44 per cent of mothers and 49 per cent of fathers were worried about "fitting in with friends" and appearance.

Judy Graham, who is a non-practising Jew,

and her partner, Michel Odent, a guru of natural childbirth, are ardently against circumcision. Judy believes that women prefer circumcised men. Odent had to be circumcised in his teens to correct a tight foreskin — preferable, he says, to having it done at birth "just in case". Muslims and Jews circumcise for religious reasons. Oddly, circumcision has never been an issue among Gentiles outside Britain and the US — it was simply never practised; so in Europe during the Second World War, a circumcised child was almost certainly Jewish. In Britain, the practice of circumcising sons seems to have sprung up from Queen Victoria's belief that the English were one of the 10 lost tribes and consequently should circumcise as the Jews did. In the United States, the practice has probably become widespread through the influence of biblical fundamentalism.

Judaism does not, and never has claimed any medical benefits from circumcision, although many Jews say that the operation has such benefits. At one time in Europe, only non-medics were allowed to become *mohelim* to reinforce the fact that circumcision has a religious, not a medical purpose. And yet many disaffiliated Jews who keep nothing else of the religion will still circumcise a son. Questioned, they say: "Oh, but it's better for the child anyhow — isn't it?"

For parents who want to make a considered decision, the medical evidence is confusing. For every benefit claimed on behalf of removing

the foreskin — everything from protection against cancer to better staying power in bed — there are counter allega-

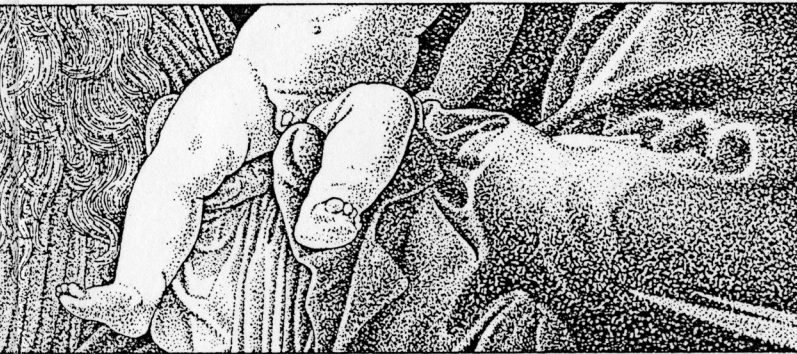
tions of pain inflicted on newborns, not to mention horror stories from The Circumcisions That Went Wrong file.

The cancer connection resurfaces routinely. Jewish men, it is pointed out, rarely suffer cancer of the penis. However, the chances of getting penile cancer in Britain are small (there are about 100 cases a year) although it is a common disease in South America. The belief was that smegma could be carcinogenic, but despite many scientific investigations, only one study ever succeeded in linking smegma to cancers — using horse smegma to produce tumours in mice. This experiment has since been damned in the medical journals as "deficient in conceptualisation, methodology, execution, gathering of data and analysis".

For parents, the medical evidence is confusing

LTH

circumcision, which is still popular with the upper classes of the foreskin



DALEY after MANTEGNA

Women partners of circumcised men were thought to be protected from cervical cancer. Again, evidence from Jewish women was brought to bear: a 1965 report showed that cervical cancer occurred in only 2.2 per 100,000 married Jewish women, but was as high as 44 per 100,000 in non-Jewish women married to uncircumcised men. However there are groups where circumcision is not practised, for example among Lebanese Christians, where the incidence of cervical cancer is as low as among Jewish women, showing that non-circumcision is not by itself a risk factor for cervical cancer.

Nevertheless the claim recurs even though it is now clear that the disease is caused by a sexually transmitted infection

and that circumcision does not appear to influence it one way or the other. Extensive research has identified other factors which probably have a lot more to do with causing the disease: namely, how young a girl is when she first has sex, how many partners she has, genital infections and heredity. Laws governing orthodox Jewish sexual relations — no sex during periods — might be relevant in reducing sexually transmitted infections in Jewish couples. But, more likely, strong family bonds and social conventions reduce the likelihood of a Jewish man or woman having multiple sex partners.

The suggestion that circumcised men are less vulnerable to the HIV virus was first made by Dr Aaron Fink, a semi-retired urologist, in

the *New England Journal of Medicine* on 30 October 1986. "The presence of a foreskin," said Fink, "predisposes both heterosexual and homosexual men to the acquisition of Aids." Fink thinks the possibilities of the virus penetrating are greater when "the skin surface is a delicate, easily abraded penile lining, such as the mucosal inner layer of the foreskin, than when the foreskin is absent". However it might as easily be argued that the foreskin protects the penis, making abrasion less likely.

By now, even the doctors were admitting to feeling confused. Dr Jay Berkelhamer, director of Wylor's Children's Hospital in Chicago, told the *Miami Herald*: "We thought we had this issue resolved, that we could say with a clear conscience that it was purely cosmetic surgery. But there's that Texas report..."

Dr Thomas Wiswell of the Brooks Army Medical Centre in Texas reported in the journal *Paediatrics* that a study of more than 400,000 infants showed that uncircumcised boys were 10 times more likely to develop urinary tract infections in their first year. This led to scare stories in the US press telling parents that not circumcising sons could mean condemning children to kidney trouble later on.

That sort of reporting turned the circumcision issue hot and heavy once again. Campaigners against circumcision such as Marilyn Milos, an ex-nurse, talk about "pro-circumcision types who can't keep their hands off baby boys' bodies".

This means that it is the politics more than the medicine involved which has prompted the American academy review. Doctors in the US are wary of lawsuits.

Marilyn Milos said she started campaigning after seeing babies strapped to plastic boards screaming their heads off in operating theatres. Dr Sifman tells how parents prefer circumcision using the plastibel device — this is put on the foreskin so that the blood supply is tied off and after a few days the foreskin falls off — because it is bloodless; but, he says, since it takes place in theatre, parents do not see the discomfort involved in fixing the device.

In sharp contrast is the Jewish circumcision — known as the *brit*, from the Hebrew word meaning covenant. This is done at home when the baby is at least eight days old (hospitals operate on the third day or earlier). The child is surrounded by watching family and friends, and the baby held by an experienced relative. Anti-circumcisionists such as Milos and Odent, when asked about watching a *brit*, change tack and talk about psychological damage — "men intruding on a woman's world" (Odent), or vice versa (Milos) — rather than pain and cruelty.

The part of the foreskin to be removed is pulled forward over the glans (the end of the penis) and then a shield is put on to protect the glans. A *mohel* uses a steel double-edged knife. Dr Sifman describes: "People often remark that there is no sudden painful yelp — that is, no change in the cry. Quite often the baby is crying already, because they don't like being held.

"Of course there is bleeding and the bleeding can look quite heavy for a few minutes. A dressing has to be put on, and the mother sees a blood-stained bandage which is alarming, and when the dressing is taken off she sees a raw area because we do not suture [stitch].

"There is no need to stave — it heals up perfectly well. Doctors, surgeons, who are not aware of the Jewish method, are often quite shocked when they first see a child who's been circumcised in this way, before it has healed. They feel it will never heal, and needs a graft, and it will look awful. In fact, that's all nonsense, as our experience shows. But there have been surgeons who've done grafts on children, because they are not prepared to listen."

An experienced *mohel* said: "I'm quite sure circumcision is not bad for us, and I feel that one day we will find out the health reasons behind it. But to prove it on the medical grounds we have today, seems to me, quite tenuous." And that, orthodox, Jewish soon-to-be-mother that I am, is exactly how I feel too.

The NHS can be very off-putting about the operation

Foreskin Envy

Dear Tony: I have just received the first four issues of *Acorn*. I must congratulate you on the excellence – the increasing excellence – of the publication. I had no idea that the question of circumcision could be so interesting and intriguing. You certainly deserve our thanks for all the hard work that must go into getting each issue of *Acorn* into print. I should like to tell *Acorn* of my experience of circumcision.

I am aged 56, married, with three children. I was circumcised at birth. This was in Cape Town, South Africa: I was born into a white middle-class English-speaking Protestant family. Does this suggest that neonatal circumcision followed the middle-class English around the world? I can just remember that my male play-mates seemed to be circumcised too. This was in the 1930s. I do not know why I was circumcised, whether it was automatically done to all new born males in the district where I lived, or if my parents requested the operation. Likewise I do not know if my father had been circumcised: he died when I was a baby. Later, at a Grammar school in England, I found that about half the boys in my class were roundheads. I was initiated into the joys of masturbation when I was 11 by a cousin, who was part Chinese and had been born in the European 'colony' in Shanghai. Like me, he was a roundhead. Then I had a friend with whom I had masturbation sessions, and he was not circumcised. How I envied him his foreskin. My attitude to circumcision since those early adolescent days has been one of anger and envy. I really do profoundly regret the removal of my foreskin, entirely without my consent. I feel anger at my parents for allowing the operation to take place. Yet I am equally certain that they had the very best intentions for my future and my welfare. But it has made me unhappy, and I would prefer to be responsible for my own welfare. In short, I think a great wrong was done to me, and I yearn to have a nice long foreskin back again.

I cannot know what effect this neonatal circumcision has had on my sex-life – I can only use my imagination. I imagine that because my glans is permanently uncovered it is not nearly so sensitive, and that this lessens the sensations of intercourse. This does not mean that I don't enjoy intercourse, it's just that I think I would enjoy it more if I were uncircumcised. I am a keen masturbator, and it is here that I think I miss out most. I long to have a foreskin that I could move back and forward over my glans when wanking. As it is, I have two basic wanking techniques, neither of which involves the use of a lubricant, other than my own, which is copious. (I do occasionally use one, when I want a real quickie.) Either I use my fingers on the shaft, my thumb on the top and my first two fingers underneath. I generally keep away from my glans. I use this method for a nice slow wank. The other technique is to wait until there is a lot of pre-cum fluid, and then to use a finger and this fluid to caress the glans, the frenulum, the meatus, and the part immediately behind the rim of the glans (the sulcus). This is a very nice way of wanking, which I realise I might not be able to do if I had not been circumcised and

my glans was very sensitive. Nevertheless, I envy those who have a foreskin to wank with.

What I feel to be a positive part of the operation is indeed the skill of the operator. If he had to perform, he did a very good job on me. There is hardly a trace of a scar. What remains of my foreskin forms a small ridge around the rim of my glans when my penis is flaccid. When erect, all the skin of the penis is nicely stretched.

To sum up. I appreciate all the arguments in favour of circumcision; even circumcision at birth. But I do feel very strongly that I, as an adult, should have had the responsibility of making the decision myself. I resent my parents taking the decision out of my hands. I would have liked to have had the adult experience of a foreskin. My wife and I decided not to have our two sons circumcised. I feel I have been marked for life by what might have been a totally unnecessary operation. Do other *Acorn* subscribers feel as strongly as I do? What can we do to 'learn to live with the fact' (one of your *Acorn* questions, Tony)?

Lastly a question: if the glands in my sulcus produce smegma, what happens to this product after circumcision?

Sincerely yours, Tony – Tiptree

[Thanks for a long and eloquent letter. Possibly one way we can help each other is to offer our favourite wanking techniques, as you have done, plus the chance to put our feelings into words: a worry shared is a worry halved. I think that your observation about circumcision spreading with the spread of the British Empire is probably accurate, since the incidence seems higher among those who were born in India, South Africa, Kenya, etc.

I have not found much information about smegma in the medical literature: can any member help? I heard that the claim that it was secreted by glands in the coronal sulcus (the dip just behind the glans rim, where the foreskin is attached) is now rejected, and that it is now held to be the dead skin cells which are naturally shed, plus the moisture secreted by the mucous membrane which forms the inner layer of the foreskin, plus some stale urine if the foreskin is tight enough to create a back-flow underneath it. Circumcision removes the mucous membrane, and dead skin cells are removed by washing, friction against clothing, etc. – T.A.]

Foreskin And Masturbation

I would like to hear from men who have experience of sex before and after circumcision. From what I have learnt from letters in *Forum* it is suggested that sexual intercourse is more pleasurable both for the man and the woman when the foreskin has been removed. However, little is written

about masturbation by these men. Does the pleasure from intercourse for the man improve following circumcision but with an accompanying decrease in pleasure from wanking? If so, can the pleasure be intensified by using a lubricant? Being uncut but with a retracted foreskin, masturbation for me has always involved using my foreskin. But with an increasing desire to be cut, I have avoided using the skin, but do not find this as stimulating. Do other members find a similar problem?

Regards, A.M. – Luton

[Certainly a different technique is needed to wank without a foreskin, but my guess is that you find it less satisfactory because you are holding back from using yours in a way that you have got used to. Some men use baby oil as a lubricant; saliva is always available; what do others use? – T.A.]

Eastern Practice

Dear Tony: I have found in my sexual experience that women prefer men to be circumcised, especially for oral sex. I myself have a long foreskin: when erect, the skin covers the glans, giving it a long, elongated look coming to a point of funnelled skin. The skin has stretched over the years, with wanking and sex. I feel that it is crucial what a boy is taught during the period of puberty. Some of my friends who had the opportunity of boarding school were circumcised, and when I asked them about this, all they could reply was that their parents had it done when they were quite young, but otherwise they could give no explanation. It would appear to have been an upper-class pattern some 20 years ago. When visiting Japan and enjoying its pleasures, I found that Japanese women were surprised to find that I had a foreskin, and indeed in a public bath others were invited to see this eighth wonder of the world.

Yours in foreskins, Jim

[Thanks, Jim. Apparently all Japanese boys are taught and encouraged to train their foreskins to stay back. Only with US influence since 1945 have they also started to have themselves circumcised. – T.A.]

Discovery

Dear *Acorn* Group: My own particular 'fetish' began some 40+ years ago when as a 6-7 year old my friend of similar age showed me how to manipulate the foreskin, although for some reason he wasn't able to retract his own skin. I felt 'one up' on him and from that day I was hooked. I have always wanted to be circumcised but have never picked up the courage to get it done. So as a slight consolation at age 23 I trained my skin to remain retracted, which I suppose is a half and half situation. My first wife was very interested in this topic and her comments would stimulate me accordingly, whereas my second

(current) wife has no interest whatsoever which is a pity. However she does possess big tits which is a turn on for me.

My first encounter with *Forum* was a discarded copy in a litter bin at a railway station. There was a three page article on the pros/cons of circumcision by Dennis Nacton. From then on I've been a devotee of the magazine although it is sometimes difficult to 'smuggle' in copies as my wife would not understand my motives or desires to purchase such a publication. There have been numerous letters over the years on this favourite topic. In particular I like the comments and views of women, since for obvious reasons they have no axe to grind either way. But they do generally appear to be in favour of circumcision. Very recently 'Foiled by a foreskin' was interesting, and some seven years ago there was a letter from a lady in Bristol entitled 'A growing boy'. Her young nephew, aged 11, used to stay with her, and at bath time she would play with his foreskin in front of her two daughters, who were in the bath at the same time. I do hope she joins the group and lets us have some further comments. There was also a letter from a lady headed 'Circumcision of boys', in which she described in detail taking her 3-year-old to have a Plastibell fitted, and then after 3-4 days completing the circumcision herself at bath time and secreting the foreskin in a locket.

As additional topics in the Newsletter could we have a selection of past letters from *Forum*, a repeat of Dennis Nacton's article, and a discussion of which circumcision procedure is recommended in infancy, for young boys, and for adults.

Yours sincerely, C.B. – Cheadle

US Woman Prefers Foreskin

Dear *Acorn*: As an American married to an Englishman, I thought you might be interested in my views on foreskin since the subject is close to my heart. Not least among the many attractions which lured me from my first husband who was circumcised, was my present husband's splendid long foreskin. All my American acquaintances previously had been circumcised and my present husband's foreskin was the first I ever saw. To say I was riveted is to understate the case. He didn't just have a little thimble of skin coyly concealing his knob, but a long rope of velvety elastic hose extending an inch or more beyond the tip.

So why is it that I for one prefer the foreskin to the circ'd penis? First, appearance. I take real delight and pride in the fragile classical beauty of my two youngsters' penises: both of them sport lovely long foreskins like their father. I now find the prospect of the stumpy circ'd penis with its raw-looking tomato on the end unattractive and much prefer the smooth banana-like taper of the foreskinned cock with its long supple foreskin corresponding to the stalk.

Second, versatility. No more sore wrists from trying to administer a hand-job to a guy with barely any mobility in his shaft and a hardened, de-sensitised glans. Instead I can play for hours winding my man's foreskin around my finger and stretching it out to an unbelievable length, lasciviously massaging the hard swelling beneath it, sliding it back to reveal the glowing moist knob and finally catching his discharge inside his voluminous foreskin by pinching the tip until it can be squeezed out like a gel from a tube.

I also prefer the way it functions when we fuck. I tend to be rather dry and I used to have discomfort from the battering I got from the hard dry rim of my first husband's glans. With my present man, my sensitive lining is shielded by the long tube of skin through which his knob slides to emerge only at the end of the stroke, with his moisture adding extra lubrication where it is needed.

Finally cleanliness. My first husband used to piss in a split stream from his permanently denuded knob and I used to get furious, since if one hit the bowl, the other was sure to hit the floor or the wall. This cannot happen with my present husband who always pisses with the foreskin pulled forward, thereby acting as a nozzle and producing a neat tidy stream with no splashing.

I've looked in vain for the dirt so many seem to associate with the much maligned foreskin. Perhaps my man is lucky but he can go for a week without pulling it back and all that collects is a little cloudy moisture with only the faintest odour, which I find turns me on anyway.

The experience in my country of birth is illuminating. The incidence of infant circumcision is dropping fast and in some of the western states a majority of new-born boys are now left intact. This is largely the work of NOCIRC, an organisation run entirely by women, dedicated to the eradication of unnecessary circumcision in the USA. NOCIRC's widespread publicity has been reinforced by a spate of lawsuits against doctors for carrying out unnecessary and unwanted circumcisions. Please note that the momentum for this anti-circumcision drive is provided by WOMEN! So much for the view that most girls prefer their men with defrocked donges.

Sincerely, T.S.

[Thanks, T.S., for your vigorous defence of the foreskin. I'm puzzled that your roundheaded man couldn't pee straight: most parents find that a boy tends to pee at a random angle unless he pulls his foreskin back. I wonder what you have taught your sons about how to look after their foreskins, and whether your admiration of their lovely long foreskins has led you to check that they are also functional and capable of being pulled back? – T.A.]

Boyhood Ignorance

Dear *Acorn*: I was interested to read in issue 2 that in a survey of boys aged 9-18, many of the younger ones did not even realise that it was possible to retract the foreskin. I can well believe this, as I remember at school once pulling my foreskin back to show my glans off to a friend. He expressed total surprise at what I had done to my willy, and got his own out to do the same to his. He pulled back on his skin and looked down in astonishment as it slid back to reveal a tender red acorn. I was so excited at seeing a glans which had never been exposed before that I got a really hard erection. We were about 10 years old at the time, and I was curious to find out if any other of my friends were as ignorant about this part of their body. Most of those I approached had pulled their skin back before, but one other had never tried. When he did try, he was unable to. So was another of my friends: the opening in his prepuce was tiny and would not stretch at all, but he did know that it was supposed to retract. He said that his mother was arranging for him to go into hospital to have it 'seen to'. At the time I knew nothing about circumcision. The other friend with the tight skin, now in his 20s is still uncircumcised.

There must be many boys who reach puberty without ever retracting their foreskins. At puberty, however, as the penis increases in size, the skin will probably start to retract of its own accord during erections, so many boys will discover the ability to retract the foreskin at this stage. On the other hand, those with unretracted skins may continue in ignorance and I suspect there will be some men who go through their whole life with a tight foreskin and not realise there is anything wrong, unless of course it becomes infected through lack of hygiene.

I believe that in general parents seriously neglect their sons' penile hygiene. My own parents used to retract my foreskin in the bath from the age of about 4 to clean beneath it, but clearly many parents do not bother. I think all parents should start retracting their sons' prepuces from the age of 4 or 5 and seek medical advice if it can not be retracted. I see from the graph in issue 3 that around 5-10% of boys have a non-retractible prepuce at age 5. I am fascinated by the statement that those with non-retractible prepuces had 'therapeutic retraction' with 85% success: can you explain what this involves?

On another matter, is there any way for *Acorn* members to contact each other? I suggest a register of names and addresses of those who wish to contact others, with any other information a member wishes to add (eg age, whether cut or not, etc), and send a copy of the list to all members appearing on it. Any other ideas?

J.A. - York

[The contact list may get us into trouble as a contact magazine, but letters can be exchanged through Forum Society in Cardiff, if you join them and advertise

in their newsletter; or a letter to J.A. c/o Acorn will be sent on. A therapeutic retraction would be forcible stretching and retraction by a doctor or nurse, at the same time breaking down any adhesions between foreskin and glans. This may leave the foreskin retractible thereafter. – T.A.]

Advice Wanted On How To Manage a Long Foreskin

Dear *Acorn*: These are some questions from a Cavalier who nearly lost his foreskin a few years back due to infection, possibly because of constant use of cock-rings to keep my foreskin back permanently. I'd welcome suggestions or solutions.

1. I have a very long, elephant-trunk type foreskin which I feel is most unattractive and, although I do not wish to be circumcised, I would like to be able to keep it pulled back. Unfortunately it is too bulky and my knob too flat to do this. Any suggestions? As an in-between measure, I manage to keep part of the knob exposed by pulling the skin back and pinching it as I bring it back over the knob. This means that I don't have to pull back much when I pee.
2. Masturbation methods: I very rarely wank by using the foreskin, instead holding it back completely and, with lubrication, rubbing over the exposed knob in the same way as a circumcised man would. My knob is now almost totally insensitive because of this. How do other cavaliers do it? I find that in this way it takes me longer to come – using the foreskin I come very quickly and also shoot further.
3. Cleanliness: I am certain that my uncut cock is as clean as any cut one and do not feel that this is a major factor in deciding on circumcision.
4. Are most cavaliers shy about retracting their skins when showering in public? I notice that most peel the skin back rather furtively, wash, and then pull it forward again. I generally keep it pulled back if I can after washing, leaving it that way until I dress again.
5. I have found that most of my contemporaries, in their early 40s, are cut but that the vast majority of the under-40s are not and I think that there is also a class element in this.

Basically I enjoy the effects and sexual variety of having a foreskin but dislike the look of mine – they're OK if short or only partially covering the knob. The circumcised cock definitely looks better, but I'd feel naked without my foreskin.

J.H. – Kent

[A real love-hate relationship, this! It sounds as though you had better avoid the cock-rings, anyway: anything that reduces the circulation increases the chance of infection. Some other possibilities: (a) you could wear a ring at each

side of your cock through a hafada piercing at the base and a piercing at the side of your foreskin; (b) you could have a very loose circumcision which shortened the foreskin but still left enough to partly cover the knob; (c) you could have a dorsal slit – a longitudinal one could be short enough to leave the glans tip exposed; a transverse one could expose the whole glans, but not remove any of the foreskin, which would hang in a roll under the glans, still available to play with (the traditional Masai operation). Other *Acorns* may have other suggestions: let's have them. – T.A.]

Muslim Style Circumcision Wanted

Dear *Acorn*: I am not circumcised, but very much in favour of it being done. My father was 'done in 1910 in Egypt', I remember my mother telling me, and the few times I saw his penis I was struck by the fact that his cut was half way down the shaft. My brother was done when he was four years old because of complications, and when we used to fool around as teenagers and see who could come the quickest, he always won. His cut is also almost half way down his penis and the skin was as tight as a drum, which enabled him to rub his hand up and down the tender 'inside' skin. I have always tried to pretend that I was circumcised by finding way of holding my foreskin back. I am able to pull it right back because after having treatment by a very old doctor when I was seven years old, he cut my frenulum 'so that it would stay back', and since then I have enjoyed the benefits of a semi-circumcision.

I intend in the near future to have a circumcision but not the plain old 'cut it all off' type. I intend to have one like my brother's if I can find an Eastern doctor prepared to do it. I am now 50 years old and think that my sex life would be improved by having it done now. Is there a book that discusses the different types of circumcision and illustrates the final outcome? Good luck with your club.

Yours sincerely, W.S. – Hants

Cleanliness

Dear *Acorn*: Like many others, I am interested in the subject of foreskins. I am 30 years of age and uncut. You ask what our parents taught us about hygiene of the penis. When I was seven, my mother always rolled my foreskin back in the bath, and washed it clean; this went on until I reached 12 and was allowed to bath myself and take over the cleaning of my knob, pulling back the foreskin. I feel that all boys should be taught to pull the foreskin back always when in the bath and to wash clean at all times. I do not believe that a foreskin hinders a sex life at all: most girls I have known have enjoyed pulling the foreskin back and forth in foreplay.

Yours, Mark – Tottenham

Press Coverage Increases

One of the most difficult challenges of the Intact Baby Movement has been to get the U.S. media to report the growing trend to leave our boys intact. That is slowly changing.

The print media has been the most responsible, with radio and television lagging behind. You can help by contacting your local press and telling them you want to hear more about this issue. And, please, send us clippings or let us know if you hear or see something on radio or tv.

Listed below are some of the headlines we've seen in 1987.

**Circumcision: Controversy
Surrounds Surgery On Infant
Boys**

Baton Rouge State-Times

**The Age Old Question Of
Circumcision**

The Boston Globe

**Circumcision More A Matter Of
Habit Than Hygiene**

The Palm Beach Post

Year Of The Intact Child

Harper's Magazine

**Is Circumcision Needed?
Doctors Disagree**

The Detroit News

**Whether Or Not To Have Your
Son Circumcised**

McCall's Magazine

**Doubts About Circumcision
- Fewer Boys Are Now Cut**

Newsweek

Unkindest Cuts?

Parenting Magazine

**Circumcision: Painful And
Useless?**

Miami Herald

**U.S. Insurance Company Cuts
Payments For Circumcision**

The Times, London

**Circumcision And Insurance
Coverage**

Family Circle Magazine

Fewer And Fewer Circumcisions

East West Magazine

Unkindest Cut?

Bucks County Courier Times

**Group Battles Circumcision
Scourge**

Peoria Journal Star

**Routine Circumcision Comes
Under Attack**

Worcester Evening Gazette

**Circumcision: The Peculiarly
American Medical Tradition**

St. Petersburg Times

Insurance Companies Drop Coverage

U.S. Health insurers continue to drop circumcision from their list of covered surgeries. In addition to Prudential, the Blue Shield Plans of California, Maine, Washington/Alaska, and Pennsylvania have ceased payment, and Delaware will join the others on January 1, 1988. In Canada, where circumcision has dropped to 25% of males, the Alberta Province Health Care Insurance Plan will stop payment on August 1. Once parents have to pay for this unnecessary surgery, it dies a rapid death. Britain's high circumcision rate dropped to below 1% once its National Health Service ceased coverage.

Announcement Sent To All Pennsylvania Blue Shield Subscribers

"Pennsylvania Blue Shield will no longer cover routine neo-natal circumcisions under our Medical/Surgical Programs.

"We have taken this action based on well-documented findings by various medical organizations that this procedure is not medically necessary.

"Following the approach that health care coverage is for medically necessary care, we have withdrawn coverage for routine neo-natal circumcisions. The Pennsylvania Insurance Department has given us approval to make this change to your program."

Dear Tony

I just received issue 5 of *Acorn*. That makes five issues already in 1988, all extremely interesting and informative, and each larger than the previous. Congratulations! Keep up the good work.

I have a comment on a comment you made in reply to Warren in *Acorn* issue 3. You stated that the ecraseur (or foreskin strangulation) method of circumcision is not usually recommended for adults and gave the reference: I.A. Fraser et al., *British Journal of Surgery* 68: 593-5 (1981) in support of your statement. I obtained this article and found in it no reference to adult circumcisions. As you stated, it compared the circumcision of 100 children of ages up to 8 years (one 11 years) half circumcised by the Plastibell (an ecraseur method) with the other half circumcised by the conventional (in Britain) freehand method using scissors and sutures. They concluded that the Plastibell produced better cosmetic results and less discomfort, but 59% had difficulty urinating while 'only' 33% of those circumcised conventionally had this problem. They concluded that the Plastibell was a satisfactory method for circumcising boys up to 8 years of age. The reason for the age of 8 limit, however, was that the largest Plastibell they had would not fit most older boys. I do not interpret this as ruling out adult circumcisions by this method. There was no indication that problems increased with age or penis size. Adult size Plastibells can be obtained, but I don't know who makes them.

The following ad appeared in the 1977 *Manly Arts* catalog, 216 Madison Ave, Athens, Ohio 45701:

Item 68. Plastibell circumcision devices, adult size. In original sanitary wrapper. We have only 8 of these. \$40 each.

They offered also infant Plastibell kits at \$22 each. All the Plastibells quickly sold out. When I checked, they were not expecting to obtain any more.

My very best wishes, Warren

Meeting

Some members have indicated their interest in a meeting in Oxford in the evening of 24 September. The cost in a guest house for bed and breakfast in a single room without bathroom will be £15, and £17 with a bathroom en suite. Members will make their own booking, identify themselves to each other once they have arrived, and allow the evening to develop from there. For details, write to *Acorn*.

Future Issues

This issue of the Newsletter goes out in late July. There will be a break until October before the next issue. I hope it will be possible to produce one or two further issues in November/December, so please keep your contributions coming. Originally it was hoped to manage about four issues a year, but clearly the interest exists to support a greater frequency. This will probably require a higher subscription to cover the costs.

ACORN

1988 Issue No 7
(Formerly Issue G)

Editor
Tony Acorn

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**Membership, Fees, Advice, Personal Matters,
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Editorial

We're back again after a summer break, with lots of interesting correspondence, including two letters from women with clear preferences for cavaliers. There'll just be one more *Acorn* before the end of the year brings the inevitable disruptions of the Christmas mail. I hope you will agree that our subscription has given good value, with what should amount by the end of the year to some 130 A5 pages of information and the chance to contribute or to hear from others who share our interest. To continue receiving *Acorn* into 1989 you will have to renew your subscription. Unfortunately, with both rising reprographic costs, longer print runs, more and bigger issues than originally planned, this will have to go up to £10 for all the 1989 issues.

T.A.

Smegma Types

The entire top layer of body skin is shed every 30 days, including that of the glans and inner foreskin. In an infant, this material accumulates in the enclosed space under the foreskin and works its way out at the tip in a process of separation of the two surfaces. In adults, for centuries smegma was thought of as a secretion of Tyson's glands, Tyson having misinterpreted lesions in the corona as the openings of glands. Drs A.B. Hyman and M.H. Brownstein reported in *Archives of Dermatology (USA)* the presence of sebaceous glands under the foreskin, but not specifically at the corona. Smegma was essentially a mixture of shed epithelial material (skin flakes) and sebum (the oily component of sweat). Men who have succeeded in re-covering their glans (keeping the foreskin forward after a period of keeping it behind the corona, for example) report a stickiness and the familiar shower-room odour of sweat.

Anthony – Devon

The Mark Of A Man

Congratulation on *Acorn*. As one who yearns to be circumcised it is very nice to see the subject being discussed at some length at last. My ex-wife wanted me to be circumcised some time ago because my foreskin was quite long and seemed to roll back and cause her discomfort during love-making. After plucking up the courage and making an appointment, the day before I was due to be circumcised she left home and went off with another man. I had to cancel the operation, but have regretted it ever since. The problems I have had with my foreskin are unending: soreness, rolling back, even splitting when it is pulled right back. Believe me, I shall be glad to see the back of that useless bit of skin. Let's get circumcised and cut out the problems which a foreskin brings, whether loose or tight. Circumcision is the mark of a man.

C.P. – Wiltshire

Masturbation

John McC's detailed contribution confirmed what many others have found: that the most intense masturbatory sensations essentially originate in the prepuce not the glans. All masturbation stimulates the shaft, with individual refinements, the to and from distance being determined by the mobile tissue available. Those who have been foreshortened have restricted movement and compensate by more forceful and rapid hand movements. Personally, for maximum stimulation my grasp is just behind the scar-line, with about 1¹/₄ inch movement to and fro, with forward thrusts against the glans pushing the coronal ridge onto itself without any cover. Sensations are greatest below, in what I term the vale of the lost frenulum. Though the glans surface responds only slightly to my touch, gentle stimulation from other sources has sometimes resensitised the area. For example, my fiancée's gentle finger movements on corona, meatus, frenal groove, and tracing the scar-line; the intense sensation of an insect moving on the glans after nude sunbathing had turned me from roundhead to redhead; the touch of trousers at each step, with the glans trapped at the sulcus in my Y-front opening. Individual refinements include plucking at the frenal area; pinching the tip of the foreskin, and rolling the penis between the thighs.

Anthony – Devon

Therapeutic Retraction

Therapeutic Retraction of the foreskin is described in the *British Medical Journal*, 1983, by Graham G. Cooper, Department of Surgery, Western Infirmary, Glasgow G11, as follows: 'of 91 boys of mean age 4 years 9 months with non retractable prepuce, retraction under general anaesthetic relieved 79, leaving only 12 to be later circumcised'. Anthony relates this to a general rate of 10 per cent of 4-year-olds with non-retractable foreskins and concludes that circumcision would only be essential for about 1.3% of all boys. If done at the age of 4-5, the Plastibell would be the technique indicated to achieve the most uniformly satisfactory cosmetic results. But the use of general anaesthetic seems unnecessarily dangerous when, if any is needed at all, a local should be quite enough.

My Foreskin, My Friend

Dear Tony: Most correspondence to the Newsletter, I notice, is from circumcised men, generally cut as adults. It follows that, for reasons not usually stated, they have been unhappy with their foreskins. Those that are unhappy with their circumcisions are not likely to write about it. Conversely, those that are happy with their foreskins are not likely to bother writing to defend their possession.

To redress the balance a little, here goes. I have a foreskin. When my cock is completely soft, my foreskin halfway covers my knob. I love my foreskin and he has repaid me by giving me hours of pleasure. He has ideas of his own, sometimes staying back for a couple of days and sometimes staying forward. During intercourse he is a good boy and disappears but during masturbation he's there and I find that 90% of the pleasure of masturbation is the friction of my foreskin over my knob. I would recommend anyone with a foreskin to make a comparison. While masturbating, put your free hand behind you and under your legs, and pull your ball-bag back as far as you can. Then you'll know what its like to masturbate circumcised. In a future letter I hope to include excerpts from a treatise by a doctor who appears to have spent a lot of time on the subject, refuting most of the anti-foreskin lobby; also a list of books on all aspects of the subject.

D.H. – Avon

[Thanks for introducing your friend: we hope to hear more soon. – T.A.]

Glans Sensitivity

Dear Tony: Thanks once again for another fascinating issue. I was particularly interested to see the questions and answers in *Acorn* Issue 5 from 'Mr H' who circumcised me in September 1987. Afterwards some little bits of skin popped out between the stitches, and they have resulted in a sort of 'frilly effect' rather than a smooth scar-line. The SAS told me that any nodules could be removed after about 6 months, at no extra charge, but when I went back to see Mr H at Harley Street he said, slightly dismissively I thought, that there was nothing to worry about.

On the subject of sensitivity, I do think that my glans is less sensitive following the operation. As I had previously worn my foreskin retracted for about 25 years, I can only think that this must be directly attributable to the operation and the removal of inner foreskin. I am quite fascinated by the subject of sensitivity of the glans, both in cut and uncut men and also for those in whom the glans is permanently exposed/covered. I'd be interested to hear any comments through *Acorn*. For example, can you describe how sensitive your glans is when flaccid/erect? Can/do you directly stimulate the glans, i.e. masturbate with lubrication? Do you only manipulate the shaft, or do you move your foreskin over the glans to masturbate? If you were circumcised as an adult, how did it feel to have your glans exposed permanently? If you have a foreskin and normally keep it covering your glans, how long can you keep it pulled back? Could you try doing so for, say, a week and describe what it feels like?

R.A. – Brighton

Father And Son

In the early 1930s, when I was about 3¹/₂, my father, an RAF pilot, was posted to India. It was decided, by whom I do not know, that – because it was a hot country – I should be circumcised. This was undertaken by one of my father's tough rugby-playing RAF doctor friends. I remember nothing of the procedure except that I was sore for a long time afterwards. Thirty-five years later, when having a vasectomy in a North London hospital the friendly surgeon asked who had circumcised me. When I told him, he commented on what a horrible mess had been made. I had got used to it by then but must admit there were a lot of knobs and veins around the cicatrice. All the surgeon did, after he had finished the vasectomy, was to tie off the unsightly bits. He told me to keep them well greased with antiseptic cream. Within a week or ten days the three little pieces became detached, leaving the area smooth and neat without a vestige of spare skin, even when slack.

Our son was born in the late 1950s and from the start seemed a sickly little fellow. When picked up from his cot or pram, or after being fed, he would go red in the face, draw up his knees and scream. We had no idea what was wrong. My wife took him to the weekly baby clinic, where one of the nurses suggested that he might need to be circumcised. From there she took him to our GP who said the problem would solve itself as he got older; besides, the NHS did not encourage the operation.

We noticed in the bath that clearly his little prepuce was hard and red, so went back and consulted the clinic nurse. She suggested a Jewish mohel and gave us his name and telephone number. I contacted him and within a couple of days, a Sunday morning, I called for him at his house. He was a lovely, quiet and wise old man who did not drive. He took one look at the boy and agreed with the nurse. There and then, after much washing and preparation, the job was done. I held the baby (aged 9 weeks) with his legs very wide apart. The mohel pulled his prepuce through what looked like an Army button stick and cut it off very quickly. I noticed that he had a long and pointed thumb-nail which he then used to slit a thin membrane covering the tiny vivid-coloured glans. The boy cried, of course, and who wouldn't, but it was no worse than his previous 'knees-up' performance. The mohel then sprinkled yellow powder on the wound, applied a piece of greased gauze and an enormous wad of cotton-wool. Next with an extra-wide bandage he bound him from under his arms to the tip of his toes and told us to leave him like that or two or three days. He explained that the urine would help the wound heal. Three days later in a warm bath the dressing floated away leaving a marvellously neat job, and there were no more 'knees-up' screams.

Fred – Barnet

Jewish Woman Prefers Men With Foreskins

Dear Mr Acorn: As a Sephardic Jew, the chances are that the man I marry will be Jewish. But I shall consider his lack of a foreskin with regret rather than rejoicing. The Talmud advises that Jewish women should not be permitted to have sex with gentile men. The reason given is that sex is so much more pleasurable with an uncircumcised man that they would be lost to the faith! This is to some extent nonsense, but as one who has broken this Talmudic injunction at least a dozen times during my 10 years in the UK, I have to admit that there is some truth behind it. Although the most important factor in procuring female pleasure is know-how and experience, there is little doubt that “the cut of a man’s jib” is a factor of significance. My attitude to circumcision is shared by a lot of intelligent and adventurous girls in Israel (i.e. most of them). It probably starts off as curiosity and the attitude that ‘grass is greener the other side of the hill’. If an Englishman gets on friendly terms with an Israeli girl it’s only a matter of time before she asks him, “Yeah l’kha Brit Milah?” (Are you circumcised?) He should not be embarrassed to say he isn’t because chances are it will open the door to her affections as well as her legs.

But why is it that many good Jewish girls are keen to try out foreskinned lovers? Most reform Jews these days question the need for circumcision and some really deplore it. But you would have a job to find one who does not conform. So Jewish girls who really want to find out what they are missing will often jump at the chance of having it off with a presentable gentile.

My view is that a foreskin adds an extra dimension to the penis, giving it a versatility that the circumcised man cannot compete with. No part of a woman’s body is as soft as the little bud of skin at the end of a long-skinned man’s erection, and for me it provides a clitoris-brush far superior to the tongue.

Apologists for circumcision usually raise the charge of uncleanness. Forget it: any girl who fucks with the sort of peasant who does not bother to keep himself clean will be outside my terms of reference. They also cite appearance and this I cannot understand. After seeing so many foreskins I really prefer the evenness and integral look of the uncircumcised penis with its head decently hidden to the damaged look of the circumcised penis with a bobble hanging off the end of it.

Contrary to what is said, a tight foreskin need not be a bar to sexual pleasure. My most accomplished lover had a long tight foreskin which extended well beyond his tip, even when erect. He never succeeded in pulling it back far enough to reveal any part of the head except the extremity, but it never gave him any trouble. Being a man of resource, he managed to clean it by inserting a soft plastic tube and irrigating under it with warm water and cotton-buds. He found his tight foreskin did not curtail his sexual activities in any way and I enjoyed trying to thread my tongue under it – so did he. To

conclude, circumcision is unnecessary. If enlightened, both men and women can get a lot of pleasure out of a foreskin. Those who want to cut it off are a neurotic minority.

Y.Z. – London N5

[Thanks for the results of your interesting research and for your interpretation of the Talmud, which seems more original than orthodox. Your lover may have done wonders with his plastic tube and cotton buds in the cause of hygiene, but most men with such a tight foreskin would remain peasants or get themselves circumcised. – T.A.]

Getting It Into Shape

Dear Tony: Thanks for the latest edition of the newsletter. It seems to get better and better. My comments on the perfect penis: it should be 7 to 8 inches long when erect, and have a large pinkish glans with a pronounced rim and deep sulcus. When flaccid, there should be a short foreskin to cover the rim and part of the glans, which easily retracts itself on erection so that it never becomes a nuisance. To anyone contemplating circumcision, I would say that the paramount question is: 'is your foreskin a nuisance?' If so, have it circumcised.

I note that there are a number of observations on masturbation. From experience before and after circumcision, I would say that the main difference is that after circumcision the penis will stand considerably more handling before climaxing. I find one enjoyable variation is to use an American tip condom which covers just the glans: it is much easier to use if circumcised, and delays climaxing even further. Each individual develops their own technique when masturbating, but what is even more important are the fantasies which accompany masturbation, and the longer these last the more pleasurable it becomes. There is no need to feel that each time one masturbates one need climax; I find this is more relevant as one gets older. Surely there is no harm in masturbating when one feels the urge? Warren's letter in Issue 3 seems to infer that he is concerned about the frequency of masturbating. Personally I find that my masturbation urges vary considerably from time to time.

Is it possible to have more details about the ecraseur and Plastibell methods of circumcision, and perhaps a diagram? I can understand that it is possible to strangulate the dorsal aspect of the foreskin, but how does one cope with the frenulum?

Bill – Kingston

Male And Female Circumcision

As a *male* circumcised at age 25 as a matter of choice, I have always been somewhat bemused by the controversy in the UK. A simple evening visit to the surgeon in New York and a good night's sleep left me fully able to discharge my duties as a ship's officer next day. I am more interested in the *female* equivalent these days and deplore the linguistic inaccuracies which have led to the term 'female circumcision' being generally applied to extensive mutilation, rather than the simple removal of the clitoral hood. Indeed a recent *Forum* article baldly stated: 'female circumcision is mutilation by removal of the inner lips and infibulation.'

They really should know better. This is a description of infibulation, or closing off the vulva as a way of ensuring or recreating 'virginity'. Another female genital operation, sometimes combined with trimming the inner lips, involves amputating the clitoris (clitoridectomy). Both are designed to limit female sexual pleasure, and probably do so.

Female circumcision, in its proper meaning, is the direct equivalent of the male operation (which does not, of course, involve cutting off the glans) and involves removing only the female foreskin so that the clitoris can be more exposed to stimuli. It is a controversial operation, recommended when the female prepuce is so thick that it is difficult or impossible to pull back over the clitoris that it covers, or if it is painfully tight, or cushioned with excess tissue. Its main aim is to heighten sensation, ease the achievement and increase the intensity of the female orgasm.

It would be interesting to hear from any *Acorn* members with information or views on female circumcision, or with experience (their own or their partner's) of it.

A.W. – Devon

Blind Encounter

About 30 years ago, my father was medical doctor to a small residential hostel for teenage blind girls who were being assessed for their capabilities for a career and an independent life. I was an only child and the school holidays were often boring, so my father volunteered my services to look after the garden and do odd jobs at the hostel.

I got to know the warden quite well: a middle-aged woman who was strict with the girls but at the same time sympathetic to their disability. One day she asked me to her office and told me that one of the girls, Elaine, was interested in art and sculpture and wished to model the male body. Of course, being blind, all her sculpture had to be done from feel. So would it be possible for her to touch me in order to build up the necessary mental picture? Being a doctor's son, I think the warden thought she could approach me without causing offence. A date and time were duly arranged.

I was introduced to Elaine and we were left alone. I was a little nervous and did not know what to expect. She was, I guess, about 18, had dark hair, a beautiful smile, and was somewhat shy. She said that it was very kind of me to do this, and we began to exchange some general conversation about the hostel and our homes. She started to feel my head and face, etc. I then removed my shirt and she felt my chest and breasts, at once noting how mine differed from hers. I remember her spending a good deal of time feeling my shoulders and upper arms. She asked a number of questions as she gradually worked her way down to my trousers. She said that she would quite understand if I did not remove them, but I pointed out to her that unless I did so, she would not have the complete picture, to which she agreed. I stood there 'starkers' as her fingers made their way down to my pubic hair and genitals.

Her soft and exploring touch had made me erect. When she started to feel my penis she went very quiet as she began to handle my shaft, gradually working her way to the foreskin which still covered the glans. I tried to explain a little about the penis and the purpose of the foreskin, etc. She was still quiet as she felt my scrotum and testicles. It was at this point that I retracted my foreskin. I told her that if she felt my penis again she would find it different. She at once remarked that she found it more pleasant with the foreskin pulled back: the feel of the naked glans she found very erotic. Her fingers were small and sensitive, and she said she could detect the Tyson glands around the rim of the corona. I explained that these secreted sebum which, if allowed to accumulate, congealed into smegma.

She remarked that with the foreskin retracted, it felt as if it had disappeared. I found this somewhat difficult to explain in words. She was becoming more talkative and enquired about circumcision, which she had heard about from the Bible, and asked why some non-Jews also had the operation. She was interested to know how often I retracted my foreskin, and when I told her that because my foreskin was long I found it necessary to pull it back every time I peed, she said that if I was circumcised this would be avoided. By gently guiding her fingers and thumb, I was able to show her how to pull the foreskin forwards and backwards. I also showed her how to squeeze the frenulum between her thumb and forefinger, and she noticed that I clearly enjoyed this. She only did this for two or three moments, when I involuntarily climaxed and covered her hand with semen. This naturally surprised her, and she was concerned that something was wrong. Of course I had to explain what had happened, and she was relieved to know that no harm had been done. She wiped her hand. We sat chatting for some time as she continued to feel my thighs and legs. I was tempted to ask if I could caress her, and I think she would have agreed, but at the same time I had a strange feeling that I would be a cad if I did so: it was most odd. When I left she thanked me and gave me a lovely kiss.

Elaine left the hostel soon after this and so I never did find out how her sculpture progressed. I have often thought of her since, and do hope that she

was able to find a regular partner who could enjoy her inquisitive, probing fingers. As a result of her questions, I felt increasingly that I should give serious consideration to getting myself circumcised. After some initial apprehension, I spoke to my father about it. He reassured me that I had nothing to fear from the operation, and arranged for one of his medical colleagues to do it. It was soon done and the scar healed after about ten days. The result has given improved satisfaction and enjoyment ever since, which I hope will reassure others considering becoming a roundhead.

Bill – Kingston

In Favour Of Foreskins

Dear Tony: As a mere woman it may seem presumptuous of me to make pronouncements on the subject closest to your hearts. However, except for your dedicated poofster, most of you men will have experience only of your own individual willies, whilst I can claim with some pride to be a cock connoisseur par excellence, having devoted my close attention to whole clutches of them over a number of years.

I have to say first off that I fail to understand what all the fuss is about. The vast majority of British men are uncircumcised and entirely happy, even proud, to be that way; and what's more, so are their wives and girlfriends. There's an awful lot of balls talked about hygiene, cancer and so on in support of the operation, but these arguments have all been thoroughly discredited by reputable authorities here and, latterly, in the US.

I struck up acquaintance with the foreskin when I first saw my mother peel my brother's back as a child. I found the momentary apparition of his blue-red little cherry, swiftly and modestly re-hooded with an expert flick of her wrist, a source of fascination and curiosity. As a result I took every opportunity thereafter to explore its possibilities by handling it and sliding the long tube of skin back to reveal once more his mysterious cherry.

I marvelled at its elasticity but only discovered its true potential by accident. I used to insist on holding it for him when he did wee-wees and, curious at seeing the long tassel of skin swell slightly from the pressure of his urine, I tried pinching the tip to interrupt the flow. I remember to this day my amazement at seeing his foreskin swell out like a huge wobbling egg, the skin distended so tight as to be almost transparent! I may say that my brother gave his wholehearted co-operation in my rude little game and said it gave him a lovely warm tickly feeling. I started doing this for him regularly and soon found that if properly handled, his whole penis would swell and harden. And then came my second exciting discovery: once his penis had hardened and the pressure released with a whoosh, I found I could make him yelp with pleasure by slipping the mobile length of skin rapidly to and fro over his wet knob, eventually causing him to shudder in an as yet unproductive orgasm.

Thus I embarked on a career as an enthusiastic lady wanker, at an age when most young ladies were still playing with dollies. Inevitably as I expanded my clientele I found myself confronted by my first roundhead. I was interested to see that his foreskin had been reduced to an unsightly bunch of skin underneath, whilst his knob had a pink, grainy texture instead of the exciting purple of the freshly peeled cavalier with its moist, glistening surface.

The question was, then as now, how do you toss off a cock with no mobile skin to work over the head? At first I was hesitant to touch his bare knob, since to do so with one of my foreskinned friends would usually make him wince. I needn't have worried. His knob was no more sensitive than the sole of my foot and it took ages to hit the jackpot.

Having established my preference, let me now expand on the theme. Appearance: I greatly admire the smooth elegant lines of a long tapering foreskin. It has a sort of aristocratic sense to it in contrast to the crude foreshortened stump of the roundhead, whose club-like appearance associates it irrevocably with the peasantry. Let's face it, the appearance of the circumcised cock is as aesthetically displeasing now as it was to the ancients. This reminds me of a new word for your anthology of words and phrases: VERPUS: Latin for circumcised man (a term of contempt used by Romans to describe a roundhead).

So there it is, gentlemen. There are women about, a big majority of them from my personal acquaintanceship, who don't share your enthusiasm for the knife. To me a long foreskin provides the biggest turn-on of all the male equipment. To peel back a tight one over a crock-smasher of an erection, gradually exposing the wet purple pee-hole glaring at you through the taut ring of foreskin (like an Evil Eye on a periscope) gives me a thrill to beat all save the attentions of a skilled cunnilinctor. Your readers could do worse than reflect on the words of Milton: "There is a destiny that shapes men's ends, rough hew them though they will".

G.P. – Hoddesdon

Initiation

We know that circumcision (male, female or both) is used as the test and mark of initiation among many of the peoples of Africa, Australia, Arabia and the Muslim world, often as part of a much larger set of celebrations and ceremonies, and sometimes combined with more severe tests of courage and the ability to bear pain stoically, such as subincision.

Writing in *The Independent*, 2.8.88, 'An urge deeper than the skin', Ruby Wallace explained how a tattoo fulfilled a deep-seated need for ritual in her life. Several of her comments throw an interesting light on the attitudes and feelings associated with initiation, and so may be of interest to *Acorn* readers and are quoted here.

“I wanted a fully-fledged, decent-sized tattoo, the sort sailors have, of scarlet blossoms on my left shoulder. Friends’ comments did not put me off. Once, sitting on a bus just thinking about the process involved – the injection of ink under the skin via a fairly hefty needle – I fainted. And yet I went ahead. Nothing would put me off. To have a tattoo was a need for me. Maybe I was not prepared for quite how painful it would be, and more to the point, how long it would take. I was with my boyfriend, who sat holding my hand and joking with me, and raved over the tattoo to keep my spirits up. The needles were, I am told, very fine. None the less, it felt like a combination of an injection and a dentist’s drill. When Raymond said, after what seemed like hours, he had finished, I found I could hardly stand up. I was enchanted. My back, my old back that I had had all my life, would never look the same again. I had become a woman, and the change was forever marked.

Talking about the pain, Raymond’s theory was that women were braver than men for this kind of pain, sharp and fierce. I am more inclined to believe that women make less fuss about pain all round. But his theory gave me my first clues as to why I wanted to be tattooed. When he talked about pain, and pain willingly chosen, he was talking about initiation.

Bani Shorter’s book on women and initiation, *An Image Darkly Forming* (Routledge, 1987), claims that in former times transitions from one stage of life to another were always marked by ritual initiation. My addition to this theory is that in certain circumstances, people still instinctively perform their own ritual initiations, recognising and responding to an ancient need. Ear-piercing and face-painting are surely direct traditions of a tribal ancestry which used to involve such rituals for men too.

Recovering from anorexia with an extremely patient lover was the first time in my life I had felt loved. At the end of the tunnel I emerged into a sunlit day, with scarlet blossoms on my left shoulder. I felt forever changed and welcomed it. My sister remarked that when I am old and wrinkled, so will my tattoo be. I did not mind. It was my decision, my choice, my body. Having myself tattooed did not seem to me to be masochistic or self-destructive. The tattoo involved pain, it involved bleeding, and it meant I was forever altered. Initiation ceremonies generally involve these three components. My tattoo was a reminder of how much I had wanted to mark and ritualise my total and final emergence from the ‘dark tunnel’ of anorexia. My boyfriend acted in the role of high priest of the ceremony. I have never regretted having it done. Now I am born again, with flowers on my back.”

Ruby Wallace is quoted at length because she seems to voice the same kind of feelings that one might have about deciding to have oneself circumcised or to have a body-piercing. Both involve pain, bleeding, and bodily alteration. Many *Acorn* members have made the decision willingly and are pleased with the result. What do *Acorn* members think about such an ‘initiation’ interpretation? What change(s) of status did you mark (or would you like to be marked) by an initiation ceremony? What form should such an initiation take? Is there a

hierarchy of status, with a series of initiations to progressively higher levels, and how should each be marked? Alteration involves showing off the new status: who should be 'high priest', who should be present as witnesses, and what should be their qualifications?

T.A.

Sensation And Performance, Before And After Circumcision

This article is published at the request of a reader and sets out the views and experience of parents of boys who have been circumcised, some of them in infancy, but a significant number at a later stage in their lives, which has allowed them to compare life with and without a foreskin. The data presented are derived principally from Nacton's 1978 article in *Forum*, published again by request, with supplementary material from other sources. In our next *Acorn* we'll print the second half, which dealt directly with men's experience and opinions about circumcision.

What's in a foreskin? *Acorn* exists to exchange views of both men and women, for and against the foreskin and male circumcision. The argument also takes place across continents: in the USA most boys are still routinely circumcised at birth; in the UK most infant males are not. Some doctors and researchers suggest that foreskins cause penile and cervical cancer, other experts poo-poo these findings which they believe inconclusive. Circumcision is ritually practised by some of the world's greatest religions, notably Judaism and Mohammedanism, and by tribal doctors in many primitive societies. Some women prefer the shape of a circumcised glans sexually speaking; some men argue that the circumcised penis is less prone to premature ejaculation since it is desensitized in the ordinary course of rubbing against clothing. Men who have been circumcised at birth may grow up feeling abnormal; men who have not been circumcised at birth may become under-confident adults who blame all their shortcomings onto their long foreskins. All males may feel anxious because they are not the same as everyone else and therefore over vehemently defend their condition, whether 'roundhead' or 'cavalier'. The same applies to 'penis-fetishists' who have an over-developed interest in their genitals and know the map references for every hair and nodule. Zoologist Dr Desmond Morris believes circumcision is nothing more than bodily mutilation and argues that males should be left to decide for themselves in later life whether they wish to be cut or not. Clearly there is a group of men who need circumcision because of a too-tight foreskin which prevents them having sexual intercourse or even enjoying an erection at all. *Acorn* receives enquiries every month from men who know they want to be circumcised but don't know where to go for help... and so the various data accumulate.

In 1978 Dennis Nacton produced two surveys of circumcision, the first a questionnaire directed to parents in respect of their children; the second to men who have been circumcised outside early infancy. Together these survey findings should give clear answers to the question of a child's reaction to circumcision, particularly if you are thinking of taking any decision for him. They also reveal a good deal about contemporary sexual psychology.

Eventually, 109 child and 313 adult questionnaires were returned to Nacton from a variety of British sources. Table 1 shows the child's age at circumcision, whether his father was circumcised or not and if so, whether before the birth of the child or after.

Table 1
Boys' circumcision in relation to
circumcised/uncircumcised status of father

Age at circumcision		Father uncircumcised	Father circumcised	
Years old	Number		a) before the birth of the boy	b) after
1	4	2	2	0
2	12	3	7	2
3	16	2	14	0
4	9	2	5	2
5	3	0	3	0
6	6	0	4	2
7	13	4	5	4
8	7	0	4	3
9	7	0	2	5
10	10	6	2	2
11	1	0	0	1
12	3	0	3	0
13	0	0	0	0
14	5	2	3	0
15	4	4	0	0
16	7	7	0	0
17	2	2	0	0
Totals	109	34	54	21

The question was asked: what were the circumstances leading up to the son being circumcised, when the father was uncircumcised. Phimosis (too tight foreskin) and balanitis (inflammation) were the main reasons in 85% of cases.

In two cases of one-year-old boys the doctor advised circumcision and the parents did not get reasons. In one case it was prevention because the father did not want his son to experience the irritation he had endured. One mother (also a nurse) had one son done because of balanitis, then got the other two boys (aged 5 and 10) cut for reasons of conformity. One boy of 10 complained that his tight, adherent foreskin hurt 'when I play with myself'. Two 15-year-olds discovered they had phimosis as a result of school sex lectures.

When the father was circumcised before the birth of the boys the reasons given for the majority of circumcisions on their sons were again tight foreskins and inflammation, together with hygiene (85%). In one case the boy was felt by the parents to be too interested in his penis, so they had him 'doctored'. In another case the boy saw his father naked at the beach and wished 'to be like daddy'. Many of the problems revealed themselves when the boy reached puberty and found it impossible to retract his foreskin over his first erections. This led to inflammation.

Where the father was circumcised after the children's birth, the universal reason in all 21 cases was to prevent the child having to repeat the father's uncomfortable experiences. In 18 of the cases, the improved sexual experience following the father's circumcision was a material factor when arriving at the decision to dock the son's foreskin.

To the questions: how long was it between the circumcision being proposed and performed? Were you satisfied with the procedure? the longest and shortest delays were found to be in the private sector – four and a half years (a non-urgent case) and three days. The average delay under private treatment was four weeks. With NHS operations the delay varied from one week to two years, with an average of three and a half months. In over half the privately performed cases, the parents were working class. 46 of the circumcisions were done under the NHS and 63 privately.

The operations seemed satisfactory to the parents in 94% of all cases. Two operations did not completely expose the glans and were re-done later at the parents' insistence. Complications occurred in only three cases. In two, the frenulum was cut, causing haemorrhage. In the third, an active 18-month old tore his stitches climbing out of his cot.

In 87 cases (80%) discomfort lasted for less than a week and in only seven cases did it last more than a fortnight. The maximum period of discomfort was three months (two cases). There was no apparent emotional effect on 69 of the children (63%). Two children were distressed at the loss of their foreskins; three didn't like it 'at first'. Other reactions were 'normal as after any operation'. Most boys liked the comfort, appearance, cleanliness and lack of smell of their circumcised penis. A feeling that they had been mutilated was conspicuous by its absence. Some of the circumcisions were done by the doctor in his surgery or at the child's home under local anaesthetic, which was well liked by the parents and child. 'I watched it all. It was very interesting',

said a ten-year-old.

When asked 'have you ever talked about circumcisions with other boys?', in 67 cases (61%) the answer was no. Among comments made by the others were: 'Yes. Leg-pulling and comparing wanking techniques.' 'I was once asked if I was Jewish, but this did not bother me.' 'They asked me if it hurt and they wanted to touch it.' 'My best friend was done as a baby and he said my late circumcision stunted my growth.' 'We compared our scars and measured ourselves with rulers and also compared our testicles and seats. He said we would both have difficulty with sex because of not being sensitive where the skin would have been, but I don't believe that.'

When asked 'if you ever have a son, would you want him to be circumcised?', 61 (88%) of the 67 said they would. 59 answers were a plain yes, but two added comments: 'Yes, as a baby, so that he does not need it later,' and 'At birth: I would not want my sons done at my age since it hurt a lot.' There were some don't knows and one said 'only if his wife agreed'. Most parents in this sample seemed to be of the view that circumcision should be performed routinely at birth, though one couple considered the operation had been a waste of time, even with problems of tightness and irritation of the prepuce.

Parents were asked: 'What instruction were you given when he was born or later about the care of the foreskin?' In 85 of the 109 cases (78%) the reply was none. In the remaining 24 the advice was varied: 'leave it alone', 'gently ease it back a little at a time to cleanse it', 'just pull the foreskin back occasionally to keep it clean', 'I was told to cleanse the penis head daily by retracting the foreskin', 'to wash daily once the foreskin had separated from the glans', 'I was able to pull the foreskin back each time I bathed him.' (Note: an infant's foreskin should not be forcibly retracted – it is not retractile till the boy is about three years old. See article, 'Circumcision', *Forum* Vol 10, No 1)

A further postal survey added 35 responses to those obtained by Nacton. From these it was evident that interest in circumcision was often shown at an early age: half gave an age of 10 or under, and the remainder became interested at ages ranging from 12 to 21. The aspects mentioned as of interest included: reasons for circumcision, operation techniques, extent of removal, how to get it done, how widespread is the practice in Britain, whether it would be painful, how their own compared with others, what women think of circumcision, what effect it would have on one's sex life, circumcision as an initiation rite, and 4 inquiries about reversal operations.

Advantages of circumcision were stated as cleanliness (18 mentions), preferred appearance (13), improved intercourse (6), reduced sensitivity and preferred feel (5 each), efficiency when urinating (2), none (2), prevention of cancer, cured balanitis, to be like friends etc (one each). Disadvantages mentioned included making masturbation more difficult or less pleasurable (8 mentions), none (5), reduced sensitivity (4) uneven result (3) or unsightly

scar (2), irreversibility, dislike of feel/appearance (2) and being in the minority (2).

To be continued

How Much To Cut?

For anyone who has decided to have himself or his son circumcised, there is still the question to be resolved: how much foreskin should be removed? Surgeons can adopt one of three strategies, resulting in: (a) the majority of the glans remaining covered; or (b) the corona (glans rim) remaining covered; or (c) total exposure of the glans. What are the pros and cons of each of these?

a) The majority of the glans remaining covered

In this case the surgeon cuts back any excess of foreskin beyond the end of the glans and exposes the tip of the penis including the meatus (the opening of the urinary passage). Those who favour this solution say that the boy or man still retains many of the benefits of the foreskin whilst gaining the prophylactic benefits of circumcision. There is no soiling of the foreskin during urination and there is no danger of phimosis. It is of course virtually impossible to tell that anyone dealt with in this way has been circumcised. Indeed since in many uncircumcised men the foreskin shrinks naturally to expose part of the glans, these circumcised men have more foreskin than some of their uncut brothers.

b) The corona remains covered

In this case much of the foreskin is removed but sufficient is left to cover the rim of the glans (corona) when the penis is relaxed. Here it is felt that there is advantage in leaving protection for the most sensitive part of the glans whilst still allowing the man the full benefits of circumcision. In such cases it is usually apparent that the boy or man has been circumcised although sometimes there is similarity to the uncircumcised man with a short foreskin.

c) Total exposure of the glans

In this case the surgeon removes as much of the foreskin as possible. There is no spare skin left and the whole of the glans, including the corona, is totally and permanently exposed. There can be no disguising the fact that the boy or man concerned has been circumcised even when his penis is relaxed.

Those who favour this radical treatment claim that it is the only proper form of circumcision in that only by this method are all the benefits gained.

There are no problems with hygiene whether from smegma or urine. The permanent exposure of the whole glans reduces over-sensitivity especially of the corona. Also the totally uncovered glans is felt to be aesthetically the

most pleasing. When circumcision is performed for religious reasons (as with Jews and Moslems) or for tribal reasons (as in many African countries) there is usually insistence on the complete removal of the foreskin.

This form of operation calls for the greatest skill from the surgeon. The perfect result leaves no spare skin on the shaft of the penis but at the same time does not cause uncomfortable tightness or pulling. Sometimes this ideal is achieved but more often there is a slight rucking of the skin behind the glans rim although there is never enough actually to stretch forward onto the glans.

So which is the best answer? As with all matters concerned with circumcision, the final choice has to be personal. My own preference is certainly for the total excision of the foreskin. Whatever your preference, however, one word of warning. Surgeons will often not bother to discuss with patients the form of operation that they are going to perform. Many men who have at last been circumcised after many years of desiring the operation have been disappointed to find that it is not as complete as they had assumed it would be. Whether the operation is for yourself or your son, make sure that your wishes are impressed upon the surgeon. It would be interesting to hear views on this subject and also on the question of the frenulum. Should it be cut during circumcision? Is circumcision really radical if the frenulum is still intact? The opinions of those who have been cut in that way would be particularly interesting. I am happy to be written to directly:

Ivan Goodhart – BM Box 2252, London WC1N 3XX

More From The Acorn Dictionary: E – W

Electrosurgery: Dr W.W. Walker, an American, devised a circumcision procedure in 1929 which used an electrically-heated wire to sever the prepuce of a neonate bloodlessly. Clumsily used, in 1967 the penis of one of twins was so severely damaged that a sex-change was advised. In a similar case in 1975, the family was awarded \$850,000 damages; by the age of 3 the boy had undergone 8 attempts at restorative operations.

Enuresis: unable to control urination, incontinence, 'bed-wetting'.

Epispadias: (Greek epi, upon, and spadon, a rent) very rarely a boy is born with the opening of the penis not at the tip but on its dorsal (upper) side, perhaps with other genital deformities; if severe, may give rise to doubt as to his sex.

Epispastic: (Latin: epispasticus, drawing out with blisters) describing the formation of an artificial foreskin by Jews, persecuted by Antiochus Epiphanes. The spadister drew skin forward so it could be sewn to the skin of the glans and made tight with glue. Greek customs and gymnastic games had reached Palestine and were so popular that Jews wished to participate but were ashamed to reveal their circumcised state when appearing naked in public.

Since then to prevent foreskin renewal, after cutting off the outer foreskin Jewish circumcisers added the stage of periah, tearing the inner membrane and turning it back, as an essential part of the ritual operation.

Epithelium: cell tissue which forms the outer surface of the body, including the outer foreskin.

Euphemism: a figure of speech to refer to something 'unmentionable'. Ones for the genitalia include 'privates' (1634, Sir Thomas Herbert); button (for clitoris), developing to 'button-hole' for vagina and 'button-hole worker' for penis; John Thomas, penis, originating in 1840s but popularised in D.H. Lawrence's *Lady Chatterly's Lover* (1928).

Flaccid: hanging loose, limp, flabby, relaxed, drooping; of the penis, not erect.

Foreskin: the doubled-over skin which more-or-less covers the end of the penis unless removed by circumcision, also known as prepuce.

Fossa navicularis: where the final section of the urethra (the urinary channel in the penis) widens a little for about the length of the glans before narrowing again at the meatus.

Frenulum (also fraenum or frenum): the small bridge of skin which joins the glans to the foreskin underneath; easily stretched or torn, but sometimes so tight as to make retracting the foreskin impossible; sometimes called 'the penis string'.

Glans: the dark-coloured knob at the end of the penis, structurally part of the corpus spongiosum, and covered by the foreskin unless exposed by a short or retracted foreskin or by circumcision.

Guiche: a ring piercing the skin in the perineal area just behind the scrotum.

Haemostasis: (noun) prevention of bleeding; (adjective): **haemostatic**.

Hypospadias: a fairly rare birth defect in which the opening of the penis (the meatus) is located not at the tip but on the underside of the penis. Sometimes the opening is near the tip and the problem is minor; occasionally it may be as far back as the scrotum or the base of the penis, and more serious. Usually the foreskin is short and the glans exposed. Repair by plastic surgery may use some of the foreskin, so a boy with hypospadias should not be circumcised. As an initiation test, after circumcision Australian aborigines create an artificial hypospadias by sub-incising the urethra from its opening at the tip along some or all of the length under the penis. See also meatotomy, meatus.

Masturbate: to wank; to stimulate one's own sexual organs by rubbing, etc. In Victorian times, doctors claimed that masturbation weakened the sight and/or the mind, or even caused blindness or madness. There is no evidence of any such connection – if there were, most men and many women

would be blind and/or mad. Masturbation is as enjoyable (or more so) after circumcision as before. By providing experience of what gives oneself pleasure, masturbation can pave the way towards enjoyment of sex with a partner. Circumcision was recommended to prevent masturbation. Although it may not do so physically, the operation or its threat may be used to discourage excessive masturbation.

Meatotomy: operation of cutting the glans meatus to widen it, usually either because of difficulty urinating or to allow an instrument to be inserted, e.g. to inspect the urinary tract or reduce obstruction by an enlarged prostate gland.

Meatus: (pronounced me-ate-us) the opening of the urethra at the end of the penis, from which urine and semen flow; usually the meatus of the glans but can also refer to the meatus of the foreskin.

Mohel (plural, mohalim): Jewish circumciser trained in surgical and ritual aspects of infant circumcision.

Mucous membrane, mucosa: moist and sensitive type of skin which secretes mucus, a slimy fluid, and lines various tubular cavities of the body such as the nose and mouth, the urethra or the foreskin (compare epithelium).

Orgasm: the climax of sexual excitement; in the male, ejaculation occurs, then the erection of the penis begins to subside; in both male and female, the height of pleasure is experienced and tensions are then released.

Paraphimosis: the painful condition in which a tight foreskin becomes trapped behind and strangles the glans; requires urgent first aid.

Penis: the external male genital organ. Numerous slang terms include cock, dick, John Thomas, prick, willy.

Phimosis: tightness of the foreskin.

Pillcock or 'peelcock': uncircumcised; contrast clipcock; see also cavalier.

Posthectomy: word coined by Doiteau (1927) for his operation of shortening the foreskin and widening its opening, from Greek posthe, foreskin, and tomy, cutting.

Prepuce: the doubled-over skin which more-or-less covers the end of the penis unless removed by circumcision; also known as foreskin.

'Prince Albert': a ring worn through a ventral piercing at the base of the glans near the frenulum and emerging through the meatus.

Proximal: at the inner, nearer or attached end, e.g. to the body (opposite: distal).

Raphe: seam-like junction; e.g. the dark mid-line running along the underside of the penis (pronounced 'raff-A': there is an acute accent on the e).

Roundhead: slang term for 'circumcised', because of the smooth, rounded head of the glans; contrast 'cavalier'. (Cavaliers and Roundheads were the opposed sides in the English Civil War). See also clipcock.

Scrotum: the bag of skin hanging below the penis which holds the testicles; it is temperature-sensitive, contracting in cold weather and relaxing when warm so that the testicles are not over-heated.

Semen: the whitish, slightly sticky fluid containing sperm which is secreted by the testicles and other glands and ejaculated by a man at orgasm.

Smegma: a white, cheese-like substance with a distinctive stale and offensive smell which forms from glandular secretions and dead skin-cells, and may accumulate in the coronal sulcus of uncircumcised males, especially from about the age of 10 onwards. It may offer a breeding ground for bacterial, fungal or viral infections.

Sperm: the very small 'tadpole'-like male 'seed' which is capable of forming a baby when united with a female egg. Sperm contain the father's contribution of half the genetic material which sets the characteristics of the child, the other half being supplied from the egg. Sperm are made in the testicles of men and stored there until ejaculated at orgasm, as a component of semen. Many millions are produced over a lifetime, but the number is not fixed and the testicles can continue to produce them into old age: men in their 80s have successfully fathered children.

Sub-incision: to cut open the urethra on the under-side of the penis. See also 'meatotomy'.

Sulcus: a groove or furrow. Coronal sulcus: the groove behind the glans corona (rim) where the inner foreskin is attached to the penis. Glands located in this area secrete a substance which, mixed with cells discarded by the skin surface, make smegma.

Supercision, super-incision: anthropological term for a dorsal slit in the foreskin, the form of male initiation practised by Melanesians of the Western Pacific.

Testicles: the 'balls' or 'nuts', glands located in the scrotum which, after puberty, make semen and other fluids.

Testosterone: the hormone which sets off male puberty and maintains male physical characteristics.

Tumescence: the process of becoming swollen or inflated; of the penis, erecting; opposite: detumescence.

Tumid: swollen, inflated, erect; opposite of flaccid.

Urethra: the tube running along the ventral side of the penis through which flows urine and semen.

Ventral: the backward or lower surface, e.g. of the penis (opposite: dorsal).

Vas: the tubes which carry semen from the testicles to the penis. Vasectomy is a (near-) permanent form of birth control in which the vas are cut and tied in a minor operation, usually done only when a man feels that his family is complete.

Wank: to masturbate (see above); to stimulate one's own sexual organs by rubbing, etc.

Piercing

Do any *Acorn* readers have any knowledge or experience of tattooing, or of piercing the foreskin and/or glans? If so, it would be interesting to hear from them.

Bill – Kingston

Postal Strike

Incoming mail was disrupted by the postal strike and its aftermath, together with Cerig's well-deserved break during the last half of September. In consequence it has not been possible to include recent contributions and responses to recent correspondence in this issue. It is hoped that the final *Acorn* of 1988 will go out in mid-November, well before Christmas imposes its postal delays.

ACORN

1988 Issue No 8
(Formerly Issue H)

Editor
Tony Acorn

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**Membership, Fees, Advice, Personal Matters,
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Editorial

Welcome again to *Acorn*, the newsletter of the *Forum* group for people interested in everything phallic: the penis, circumcision (male and female), the foreskin, piercing, and 'getting the phallus into the best possible shape'. The owner and/or his partner of course should be the judge of what is 'best'!

This is your newsletter and its success depends very much on your contributions. If contributions continue to come in as they have done in 1988, we shall again manage 8 issues of 12 pages in 1989. As well as personal we'll include contact requests (which may be edited if they become too long or too explicit). There are also plans later in this issue for a survey which will allow us to collate observations from readers around the country. In future we will also include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme.

T.A.

Subscriptions

As you know, the principle has been that, whether you joined in January or at any time later, an annual subscription pays for all the issues published in this year, including back copies. This has meant that it has been fairly easy to ensure that everyone gets what they have paid for. **This is the last issue which will be sent to 1988 subscribers. To continue receiving *Acorn* again in 1989 you will have to renew your subscription.** Unfortunately, with increased reprographic costs, more and bigger issues than originally planned, and longer print runs (now that we have 85 *Acorn* members), the subscription will have to go up to £10 for all the 1989 issues. Subscriptions may be sent by cheque or postal order, blank or payable to *Acorn*. They should be sent to our address as on page 1.

The Nacton Survey (continued)

In *Acorn* 7 we reprinted part of a 1978 article by Dennis Nacton analysing responses to his questionnaire about the experience of parents and boys who had been circumcised. In this issue we move on to the part of Nacton's questionnaire relating to adolescents and adults. There were 313 replies, the youngest coming from a 15-year-old whose father said he was man enough to complete his own form and the oldest from a husband of 77 still enjoying active relations with his wife. There were 291 Britons, 8 from the USA, 3 Germans, 3 Swedes, 2 Danes, and one each from Austria, Canada, France, New Zealand, Norway and Switzerland who completed the survey. Approximately 40% of respondents were white-collar workers, the rest blue-collar workers. Jobs included an accountant, actor, ambulance driver, ballet dancer, barrister, clergyman, chiropodist, farmer, gardener, glazier, hospital porter, medical student, miner, nurse, NHS administrator, doctor, postman,

tripe dresser, warehouseman, office managers and military personnel, both officers and other ranks.

Table 2
Age at circumcision

Age at circumcision Age group	Age at circumcision		Now aged 25 or less		Now aged over 25	
	No	%	No	Average age now	No	Average age now
1-10	37	12	10	20	27	42
11-20	39	12	19	16.5	20	43
21-30	102	33	23	23.5	79	33
31-40	57	18			57	39
41-50	41	13			41	47
51-60	23	7			23	57
61-70	12	4			12	68
71+	2	1			2	76
Totals	313	100	52	(16.6%)	261	(83.4%)

Note: 57% of the circumcisions were performed under the age of 31 and 51% during the period of greatest sexual activity (21-40 years old).

Table 3 summarises answers to the question: Why were you circumcised? It shows that four-fifths of circumcisions were for medical or physical reasons. The distinction between the two is to some extent arbitrary, since phimosis can lead to infection and vice versa. In some cases difficulty in retracting the foreskin only occurred when the man had an erection; in one such case the man, then aged 16, was told by his GP that circumcision was not necessary and he had it done four years later after approaching *Forum*, who were able to recommend a sound doctor. Often the trouble is an old, long-lasting complaint: "I had never been able to pull my foreskin back" (labourer aged 24, circumcised at 22). "Tight foreskin, inflamed tip" (librarian aged 29, circumcised at 28).

Table 3
Reasons given for circumcision by adults

Medical/physical reasons	No	%	Other reasons	No	%
Tight foreskin/phimosis	102	33	Parents' decision	11	4
Foreskin too long/loose	39	12	Caught masturbating	2	-
Inflammation/infection	93	30	Social/hygiene	2	-
Foreskin/frenulum damage	13	4	Wife's health	15	5
Medical advice (unspecific)	5	2	Cosmetic/ inferiority complex	31	10
Totals	252	81		61	19

Conditions prior to the operation can cause much suffering: "Pain during intercourse; erratic urine spray and dribbling" (chiropractor aged 29, circumcised at 27). "Repeated irritation of glans and foreskin with soreness leading to deterioration of sex relations with wife" (engineer aged 47, circumcised at 46). "Until I was 30 I never had any trouble but then my foreskin became tight so that when I entered, the foreskin was forced back on the glans. The pain was such that I had to stop trying to penetrate and had to press the foreskin off the glans. This was not easy as the rim of the foreskin strangled and bit into the glans" (petty officer RN, aged 35, circumcised at 32). "It was not possible to keep clean while fighting in Burma. Heat, no clean clothes, excessive sweating and lack of washing facilities made foreskin suppurate. It hurt like hell" (teacher aged 53, circumcised at 20 while in the army). To the supplementary questionnaire there were eight replies stating that the reason for the circumcision was a preference for the appearance. One of these respondents had been circumcised at age 21, one at 22, 4 in their 30s and 2 in their 40s, and three mentioned that the operation fulfilled a long-standing wish.

A very loose foreskin, particularly if it is rather long, can also lead to difficulties. The usual consequence is that the foreskin will not remain retracted, either when the man wishes to keep it retracted normally, or during sexual intercourse when it may result in loss of sensation. This may affect either partner: more usually the woman but sometimes both. "Loose skin slid over glans like a shutter, reducing contact during intercourse" (life assurance manager aged 44, circumcised at 32). "I was very surprised when, one day, my wife suggested I get circumcised for her. She explained that she wanted very much to feel my penis sliding against her vagina and labia, but my foreskin remained motionless against her as I slid back and forth with my loose skin. As a result she seldom reached orgasm and felt frustrated. I attempted to draw my foreskin back and hold it tight during coitus but this was not satisfactory for either of us. I gave up my foreskin. If your wife wants you to get circumcised because she likes or needs the extra stimulation a circumcised penis gives, I would get it done. The gain exceeds the disadvantages." (Extract from a very clinical letter in lieu of a questionnaire. The man seemed to be about 35 and had been circumcised 10 years earlier). Four men with loose foreskin problems said they had previously been given a partial circumcision to correct a phimosis, the unintended effect of which was to substitute one problem for another. The main effect of a loose foreskin on a man appears to be a loss of sensation in the corona (rim) of the glans when covered by the foreskin. Four men, whose foreskins had been kept retracted since they were pre-pubertal (by parental instruction or personal choice) said this had resulted in their foreskins becoming extremely short as if they had been circumcised, but they found after they had been having sex for some time that the foreskin became stretched and spoilt this effect.

Three men were circumcised for a fungus infection. Eleven were done for thrush/monial balanitis (also fungal infections). In five of these cases, the wife was stated to be on the pill, which was considered to be the reason. Of the 13 damage cases, 7 resulted from getting the foreskin caught in the trouser zip. "My foreskin was damaged in an accident with trouser fastener and did not heal cleanly" (chemist aged 35, circumcised at 29). Other damage reasons were: "As a result of a fall on a broken ladder which caused a tear in my foreskin" (model-maker aged 52, circumcised at 50). "Burn on end of foreskin caused by contact with paraffin heater in dormitory when larking about" (farmer aged 45, circumcised at 10). "Bleeding from glans and foreskin during intercourse" (work-study officer aged 26, circumcised at 26; cousin done for same reason). "To repair the damage caused when I tore my foreskin and frenulum during a 'woman sitting on top' position of intercourse" (civil servant aged 42, circumcised at 27). "Foreskin split during intercourse" (accountant aged 24, circumcised at 24). "I had a tear in the frenulum" (caused by girlfriend masturbating him – postman aged 23, circumcised at 23).

Other reasons included: "The operation was becoming fashionable and my parents regretted not having me done earlier – they were also convinced that it would discourage excessive masturbation" (bank official aged 47, circumcised at 10). "According to my parents, it is the mark of a little gentleman! It was not done at birth since it was not feasible in the country we were living in" (army officer aged 40, circumcised at three and a half). "Boarding school had circumcision as an entry requirement" (American student nurse aged 27, circumcised at nine).

During adolescence five individuals had trained their foreskins to stay back to look circumcised. The health of a wife was a factor in 15 cases, usually to do with cancer fears. Cosmetic reasons and inferiority complexes played a much more significant part. "For some reason which I do not clearly understand, I have always thought the circumcised organ looks superior" (musician aged 45, circumcised at 40). "A compulsive desire from about 11 years of age. I envied my pals who were circumcised" (local government officer aged 23, circumcised at 19). "I became aware of circumcision at prep school – I suppose half the boys were circumcised. I felt left out. By my late teens, I'd trained my foreskin to stay retracted almost permanently – but still wished to be circumcised" (teacher aged 34, circumcised at 32).

Another wrote: "I had wanted to as long as I can remember. I became unable to establish a normal relationship with the opposite sex. I attempted to do the job myself with great trepidation. When I got to the point of no return, ie a wound that would not heal, I cycled five miles over to hospital casualty where I was admitted and circumcised that day under anaesthetic" (engineer aged 51, circumcised at 23). Two others had also attempted self-circumcision, one at the age of 19 and the other at 43 after being successfully married for many years.

The supplementary questionnaire revealed further cases of self-help: three men had divided their frenulum, one had loosened his foreskin with a dorsal slit, extending this twice until the slit was $\frac{3}{4}$ inch long, and then (aged 48) had circumcised himself using an adaptation of a 'Plastibell' technique; but he released the ligature after only a few hours and had to obtain help from a casualty officer for sutures to halt the haemorrhage. Another had circumcised himself in stages beginning at age 14 with a transverse dorsal incision to form a 'button-hole' through which he pushed his glans (a technique like the one used traditionally by East African tribes), later achieving full circumcision at the age of 21. A third had used a cuff-resection technique in a series of four or five operations done during his 30s, shortening his foreskin repeatedly until he had achieved the desired degree of tension in the penile skin. The last two had also extended the urethral meatus with meatotomy operations.

The wish to be circumcised for non-medical or physical reasons is a curious phenomenon and though it occurred more in those age and social groups where circumcision was most common, it was not confined to them. Nor was it necessarily connected with other males of the family being circumcised: in many cases none were. Nor, again, did it correlate with homosexuality: of the 27 replies to the appropriate section of the supplementary questionnaire, 16 described themselves as heterosexual, 4 bisexual, 4 autosexual and only 2 as homosexual. It would seem that the naked glans is often regarded as a celebration or assertion of masculinity among males and towards the females who apparently sometimes respond to this feeling. Is this the fundamental explanation of the operation's widespread practice throughout the world for religious or social reasons?

Those men who were circumcised under a local anaesthetic were of course aware of what was happening. None of them regretted having it done this way. They were mostly impressed by the ease, simplicity and quickness of the operation. Few experienced any discomfort – adult circumcision is really a very simple operation.

Question: "What did you feel about being circumcised (a) as a small boy (if so)? (b) as an adolescent (if so)? and (c) now?" Of the 37 circumcised in early childhood, 15 (41%) had no recollection of their feelings or made no comment. Thirteen of the 15 are now pleased they are circumcised and two are sorry. Of the remaining 22 who made a comment, 15 are now pleased and seven sorry. Nine of the non-pleased said they felt slightly different or odd at the time; four said they liked being the same as their fathers, etc; one developed a detestation of medical men and being undressed, and one was "bitter".

Of the seven who were sorry to have been circumcised, two were resentful because the only reason for being done was the parents' wish to inhibit masturbation, and in the other five cases because of appallingly poor surgery: "It looks awful. The operation was badly done and more skin was taken off one side of my penis than the other. The result is an unsightly bunch of skin on the starboard side, a highly stretched raw patch on the port side and a wrinkled

mass of flesh around the frenulum, with the result that my cock develops a marked left-hand slew when erect. I also invariably get soreness around the tightly stretched bit when I have intercourse” (typical response).

When the 37 who had been circumcised became adolescent, their attitudes were: 19 pleased with their circumcisions, 5 indifferent, and of the nine previously displeased, there was some softening of the resentment. By adulthood, these 37 generally preferred circumcision (73%).

Of the 39 circumcised in adolescence, 17 made no comment, two were worried, one felt too much had been taken off, one did not like the look of it, one felt “one up” on his mates, and 17 were pleased. [So the experience was generally more satisfactory when done in adolescence than in childhood. — T.A.] Of the 237 circumcised as adults, two regretted having gone through with it (“Sex so unsatisfactory I am suicidal”), 107 made no comment, and 76 said they were pleased (“I feel quite sincerely that it was an event of very great psychological and spiritual significance – it was God-given, allowing me to start again when my life was so appalling”).

Table 4

Are you pleased or sorry to have been circumcised?

Present age	25 or under		Over 25	
	No	%	No	%
Pleased	45	86	249	95
Neutral	5	10	2	1
Sorry	2	4	10	4
Totals	52		261	

Of those 25 or under, one was dissatisfied because it was untidy and one because it was not sufficiently complete. Of the over-25s, eight were dissatisfied because of bad or untidy surgery and eight because it was not sufficiently complete, but most were clearly pleased.

Of the 249 with sexual experience pre- and post-circumcision, 41 found that the operation had made little or no difference to them, though 23 of these men said women preferred a circumcised partner, especially for fellatio. 73, mostly with mild phimosis or a rather long foreskin, felt that circumcision had reduced sensitivity of the glans with beneficial results as it had delayed orgasm with less risk of premature ejaculation. They also found it gave them better control. 19 with severe phimosis said sensitivity had increased. One said he had experienced almost total loss of sensitivity following the operation. 58 said the glans had become larger, especially in the area of the corona and often it had changed its shape from slim and pointed to plump and rounded, “a fireman’s helmet”, to quote one. A Norwegian was so impressed by the effect of the change that he made little drawings at the foot of his questionnaire to show what had happened. 81 found that the foreskin no longer slid over the

glans during intercourse. This appeared to benefit both partners because of the better contact and friction. It appears from the comments that the rim of the glans is its most sensitive part and that circumcision, by ensuring complete exposure of the penile rim and neck, maximises feeling for many men.

Some men are naturally better lovers than others and the only valid way in which the sexual benefits or otherwise of the operation can be properly tested is among those who have had extensive sexual experience with the same partners.

There were 53 married couples and 38 unmarried couples who met this criterion. With only one exception, a man who had kept his foreskin retracted during adolescence and (unsurprisingly) found no change, all these 91 couples said their sex life had become more pleasurable after circumcision. They particularly praised their ability to make sex last longer, the absence of smell and insensitivity. These results are summarised in Table 5.

Table 5

Opinion after circumcision by 91 males with extensive before and after experience of sex with the same partner

Better control and longer to reach orgasm	41	45%
Cured premature ejaculation	21	23%
Better feel and contact	22	24%
Better excitation of the shaft	7	8%
Improved sensitivity	7	8%
Lessened sensitivity as desired	11	12%
Improved appearance	26	29%
Glans shape and look improved	16	18%
No smell	10	11%
Greater general comfort	7	8%
No flapping or trapping of foreskin during sex	8	9%
Preferred by partner for oral sex	25	28%
Less easy to masturbate	5	5%
Better friction with clitoris	6	7%

St. Paul preached: “Let there be neither Greek nor Jew, circumcision nor uncircumcision”. Some men can train their foreskins to retract permanently, and some men enjoy their foreskins. Alas, Paul didn’t contemplate how essential circumcision is if some men are to be able to enjoy their sex life. It seems clear from this survey that boys and men who need and then obtain circumcision find it a very successful experience. It is a little more uncertain whether it should be a general procedure at birth. In some it arouses strong feelings of “going against nature”. Most parents are likely to be as good at

making the decision as their doctors. On the general benefits of circumcision today, a consultant wrote: "Prophylactically, the operation confers virtual immunity against penile cancer, and there is considerable evidence it reduces the incidence of cervical cancer in women and prostate cancer in men, both of which are associated with general herpes virus infections which have been noted to occur less frequently in circumcised men."

Acorn Survey

Nacton was highly successful in obtaining responses to his survey. It would be interesting to have *Acorn* members write in with information about themselves, both briefly in a form which can be summarised, and perhaps adding a longer account of their own views on the foreskin, circumcision, etc. In addition, *Acorn* members may have the opportunity to make (very discrete) observations in changing-rooms, urinals, etc. If data is collected systematically it should be possible to reach some useful conclusions about the distribution of foreskins, the proportion of men who keep their glans half-bare or bare, and the average age at which the option of keeping a foreskin retracted becomes a serious possibility for at least some lads. Conditions will often not allow observation of a circumcision scar-line, even if present, but the proportion of the glans covered can be seen and this can be simply noted in 10ths, with a bare glans as 0, about half covered (5), or the same length as the glans (10), or with a significant overhang (12), or moved from covered to bare (10 : 1) etc. Of course any observations must be made unobtrusively, and noted in more convenient circumstances later. The criteria suggested are rough ones, and can usually be assessed in a brief glance or two. When convenient, data can be sent to *Acorn* for collation. The following scheme is suggested:

Penis size (for age): small/average/well endowed:	Sm/Av/WE
Circumcision scar visible (yes: C / no: U)	C/U
Glans coverage by foreskin (10ths):	erect E 0-12
(more than 10 if overhanging)	flaccid F 0-12
Foreskin opening: slack/tight/no foreskin:	S/T/O
Shaft skin when erect: slack/tight:	S/T
Age in years (estimate if necessary)	
Religion (if known/relevant):	
Christian/Jew/Muslim/other:	C/J/M/O
Skin colour: black/brown/white/yellow:	BL/BR/W/Y
Location: town, county	
Comments:	

A Lost Friend

I am interested in joining the *Acorn* group, having been introduced to Issue 1 by a friend in the south of England. *Acorn* is an extremely good name. I became a roundhead at about 7-8 years old, when I had my tonsils and adenoids removed and found that my most treasured possession had been "cut". Neither at the time nor in the 40 years since have my parents offered any explanation. My son is a cavalier (naturally), and very proud to be one: he does not like roundheads! However, circumcision as a general topic has always interested me in the sense of initiation rites etc, but over the last few years I have been most interested in reading the *Forum* letters. Did you know that foreskin restoration has been available (at much cost and time) in the USA for several years? Is a person's sexuality affected by whether he is a roundhead or cavalier?

A.C.M. – Ayrshire

The Frenulum and Circumcision

Dear Tony,

At last I have got around to writing to congratulate you on the issues of *Acorn* to date. You have done some really good work and it is interesting to learn that obviously so many people share an interest in foreskins and circumcision. I had always assumed (and maybe others have too) that it was an interest very particular to myself, although the correspondence in *Forum* over the years started to dispel this assumption.

It would seem that many people's interest in the subject originated from two sources; (1) parental attention to the foreskin early in life; and (2) life in single-sex boarding schools where there was a natural curiosity about other boys' willies. Like another correspondent, I thought for some time that those with circumcised willies were born like that, and it was only the unfortunates such as myself who possessed a long 'trunk'.

Having seen very many circumcised organs during my school career I am particularly interested in the technique of the operation. I can recall that there seemed to be two extremes. Sometimes the remaining skin 'wrinkled up' behind the glans, and sometimes the skin seemed to go straight back smoothly, even without an erection. I always thought the latter looked better, although there were also numerous 'in between' conditions. My experience dates from the 40s and 50s, when some 80% of my contemporaries were circumcised. Almost all had totally invisible scars. I can only recall ever seeing two bad circumcisions. One was where the glans had been accidentally cut and scarred. The other looked as though the whole operation had been untidy, and there were little bridges of skin between the circumcision scar and the corona of the glans. But neither of the owners ever seemed at all worried about them.

Back to techniques. I am particularly interested in the frenulum, and various comments in *Acorn* have reinforced this, especially when there have been references to its total removal. I find this hard to understand in view of my own condition. I was circumcised at 26 with a very tidy result. There are no stitch marks thanks (I was told) to a running suture. The frenulum was left attached to the base of the glans, but is not attached fully to the shaft skin. The result is a triangle of frenulum which hangs down under the glans, albeit only about $\frac{1}{4}$ " on either side. At the time I did not question it as I was not as well versed in the subject as I am now. I would certainly not want to lose my frenulum as it is very sensitive, but it seems to me that those methods of circumcision have a lot to recommend them that entail turning back the inner foreskin to cover the shaft and leave the scar 2 inches or so behind the glans, therefore leaving the frenulum completely unaltered.

Thanks again for the Newsletter. It would be interesting to know of more books and publications, especially if illustrated. The only book I have is the one by Nicholas Carter, *Routine Circumcision*, which was reviewed in *Forum* about eight years ago.

Regards, J.R. – Norfolk

[Good to hear from you J.R. The first style of circumcision which you noticed sounds like the Muslim type, when the outer skin is pulled well forwards and, with a single cut, removed level with the tip of the glans. This leaves all the inner layer of skin, so that the scar line is well back from the corona and the frenulum remains untouched. Type two involves a second cutting stage to remove some or all of the inner skin. Some surgical text-books urged that this second stage should be thoroughly done, closely following the line of the corona and removing the frenulum. But most advise leaving the frenal area untouched, not least because there is a greater risk of heavy bleeding in this area. The latter advice is heavily emphasised by Jewish operators, who try to ensure that there is no slack on the upper (dorsal) surface but often leave substantial slack skin, including the frenulum, gathered under the glans, where it may form something of a bulge. – T.A.]

Cock

Further to the comments about the origin and meaning of this word, we can add some further meanings (from Longman's English Larousse) which throw more light on its popular colloquial meaning of 'penis': (nouns) male bird; a tap; the hammer of a gun; the raised position of this hammer, and hence 'to go off at half-cock', meaning to fail because not fully ready or prepared; (transitive verbs) to erect or cause to stand on end, as in 'the dog cocked its ears'; (intransitive verb) to stick up, stand on end. 'Cock of the walk', someone who asserts himself domineeringly.

Dorsal Slit – The Unkind Cut

Of several methods of male circumcision, surely the meanest is the dorsal slit. It was a simple operation that required no skill, and for a decade before and after the founding of the NHS babies and small boys were subjected to it. In my case, at the age of 5 or 6 I started to have problems: when passing urine, the tip of the foreskin would swell up and the urine would just dribble out. Perpetual retention of urine led to bedwetting. There were also minor infections of the prepuce and, each time these cleared up, the restriction became worse. Eventually a concerned aunt had me seen to by her friend, a nurse. She tried to stretch the foreskin with an instrument which looked like a three-pronged pair of pliers. She inserted these into the prepuce and held them open. It was most uncomfortable. After ten minutes or so the pressure was released, and I was left with a very sore stretched prepuce, but for the first time ever I remember seeing my glans. Some months later things were pretty much back to where they had been. My mother called the doctor about a boil on my sister's knee, and then asked him to look at my penis.

I well remember the results. He made me lie on the kitchen table, rubbed some ointment into the end of my foreskin, and then slipped the blade of a pair of scissors into the end, pulled the skin forward over the blade and snipped. There was a sharp pain and I started to cry. I still watched, however, while he pulled the skin right back then dabbed the cut, now a large area, with some fluid and dressed it with a gauze bandage. I was sore for a day or two, then it healed with the foreskin remaining permanently back.

I gather that I was lucky, as only the forward part of the prepuce was cut. I've been in contact with a chap whose dorsal slit extended right back, through both inner and outer layers of foreskin, to the glans rim. In my case I now have enough foreskin to cover the glans if I pull it forward, but when flaccid it remains bunched up behind the glans. During intercourse my penis moves within this 'glove' of skin, decreasing the friction for both my partner and me. If I hold the foreskin back by hand then sensitivity is greatly increased. I am now desperately trying to find a doctor who will rejoin the slit to allow me to become what I feel is normal, free of the unkind cut.

T.S. – Gwynedd

Operation Costs

The Surgical Advisory Service in London is still advertising day-patient circumcision under local anaesthetic for £100. By comparison, the costs quoted by the Ring Medical Centre in Norway (postboks 528, Majorstuen, Oslo 3. Tel: (02) 46 68 95) are much higher. Treatment (unspecified) for a tight foreskin costs members NOK (Norwegian kroner) 2,000 (about £169) and non-members NOK 3,000 (£253). Charges for 'Ritual circumcision' are NOK 4,000 (£337) to members and NOK 5,000 (£421) to non-members.

Frenulum

The *Acorn* newsletter improves with every issue and does a great job of spreading information on all aspects of our subject, including the frenulum. This small structure, while not strictly analogous with the female hymen, can be seen as similar in some respects. It frequently does not persist after sexual activity commences, and many cases could be cited of its breaking during masturbation, love-play or intercourse. If it does break, bleeding may be quite copious, which may be embarrassing for those concerned, especially if they seek medical attention. It would be interesting to hear of incidents of this type.

A.W. – Burgess Hill

Oxford Meeting

Despite the postal strike (which made notifications difficult) seven *Acorns* spent an interesting time together in Oxford in September. There was only one cavalier among all the roundheads – a more even balance would have been better. Accommodation in an inexpensive guest-house was comfortable and the group found an excellent Chinese restaurant for dinner. The atmosphere was supportive rather than sexy and the conversation both before and after dinner was long, relaxed and informative. Members came away more learned than when they started, as well as making friends and coming to a much fuller understanding of each other's attitudes and feelings towards their cavalier or roundhead status.

These were the gains from keeping together as a group: perhaps, next time, members will also feel confident enough to spend some of the time one-to-one. Suggested locations for future meetings are in Weston-super-Mare, Coventry, Lancashire or Edinburgh: write in, please, to say if you would like to come, which location you prefer, and to suggest a suitable venue. When further arrangements are made details will be sent out to enquirers.

Re Forum Magazine Article – Vol 21, No 6, 1988

Dear T.A.

I was truly fascinated by your letter. I have contributed to the correspondence column over the years and thought that you might be interested in my views on the subject.

My husband at the tender age of 5 was whipped off to the old fashioned family doctor because his mother was concerned that his foreskin would not retract. Fortunately, in my opinion, the 'doc' was an anti circumcision philosopher. Using a local anaesthetic fluid and some oil he manipulated the foreskin and succeeded in full retraction. He urged 'mother-in-law' to

encourage retraction in the bath at every bath-time in order to stretch the foreskin. This enabled good hygiene and was probably the first sex lesson for my husband and greater awareness of his special organ.

When I first met my husband and in those early days of naughty heavy petting and exposure of our intimate bits I wrongly assumed that he was circumcised. You see he had developed the technique of sustaining retraction by anchoring his foreskin behind the ridge of his glans. Later when we were married and we discussed all kinds of sexual matters he explained that he preferred his foreskin to be permanently retracted as this was much more enjoyable to him since he was more aware of the sensitivity of the glans rubbing on his under clothing and at times promoted partial erection. I must admit that I like to see some shape to one side of a man's flies when he wears tight trousers. Afterall, women don't hide their shape! I like to display my feminine charms and also to ensure that my pubes can be discerned when wearing slacks and bikinis.

As far as performance is concerned, I like to see my husband enter me with full blooded purple headed glans exposed. I love to give oral attention and know that there is greater cleanliness always assured. That leaves me to sorely savour his ejaculate. As a vasectomised male, unlike one of the correspondents, I do not think his 'cum' is in any way diminished by being devoid of sperm. In fact his modified semen is sweeter since he was vasectomised and I enjoy the taste in this enhanced form.

I also enjoy masturbating him by hand (often when I have a period) because he needs relief and I prefer to be in charge rather than his wanking off in the bathroom. I can still cover his acorn by fully bringing his foreskin forward over his glans when I don't use the roll technique between palms.

My husband (and all men) are much more interesting with an exposed penis but I have the best of both worlds (and so does he) in having the choice in aesthetic terms and the ability to look different according to the mood. I dislike penises with surplus skin that wrinkles beyond the head.

The reverse side of the penis not normally in view with a full frontal also excites me. The underside of the penis with its coronal ridge and frenulum (the later particularly sensitive) really is part and parcel of a man's prick and is an interesting component much the same as a woman's cunt lips that can only be seen in detail when a woman is well and truly aroused. I often think that so much is hidden from view in the female genital tract and I have given much excitement to my husband in revealing every intimate detail when we are making love. It's a long time since our early encounters of fumbling under the sheets in the dark. To both of us, exposure is very exciting and we haven't lost the intrigue of our respective intimate bits being brought readily into view. It's a pity that women don't regard their cunts as pretty: many have been conditioned that all that pink is not quite nice.

I have widened out the discussion by not confining my comments to cut or uncut pricks but I hope you will find my honest beliefs and preferences from a woman's point of view helpful in your research work and that others will be able to share my interests in the subject.

In conclusion, men shouldn't really be too obsessed if they have been circumcised since there 'aint much they can do about it. But I would like to suggest that it is not something that should be rushed into. Primarily it is a matter between couples although I do really believe that I am lucky being married to a man that remains intact. It's my delight in the important parts of my partner's anatomy that keeps us sexually active into our 50s.

Good luck, Ann

Phimosis

I don't know if I am in time for the October issue, but I wanted to make just a few points. One was that *Acorn* has been so interesting and informative that I'd happily subscribe more to keep it coming. While I don't suppose we will ever again reach the percentage who were circumcised in the thirties and forties, it's very important that guys like us should have the information to hand so that circumcision is always an available option for those who require it for themselves or their family.

Second, one of your correspondents in an earlier issue wrote that his circumcision had left the fold. I suppose he was referring to the junction of the inner and outer preputial skin. I think it is important that this should be removed, both for the look of the result and also because it is there that the foreskin is usually narrowest.

Thirdly, while it is interesting to see the views of the anti's represented, I hope the magazine as a whole will remain balanced towards those of us who are pro. Finally, I would be very interested to hear from those who have personal experience of severe phimosis: perhaps an article and a letter?

D.P. – London

Dear Tony

I read in my husband's copy of *Acorn* the rather negative view one woman had of circumcision and your request for other women's views. Although the popularity of circumcision is decreasing, I remain a supporter.

I grew up a liberal during the sexual revolution, before it was brought to an end by herpes and aids. Consequently I enjoyed my share of casual sex. Although I always, or nearly always enjoyed sex, I never climaxed until after I received a female circumcision. A girl friend told me how circumcision had improved sex for her. Perhaps the foreskin of my clitoris was excessively long as hers had been and was hooding my clitoris. I made an appointment with her

doctor and found that not only was my foreskin too long but it was excessively thick and needed to be removed. I let him circumcise me, and wow what a difference it made. The sensations after that were so strong that I came again and again during sex. In this type of female circumcision just the foreskin is removed making the glans of the clitoris more exposed to stimulation. It is quite different from the Muslim female circumcision that desensitizes the genitals because the entire clitoris is removed.

During these years I explored the genitals of quite a few men. Uncircumcised men were very rare and I immediately became intrigued with the penis of the first uncut boy I became intimate with. It was exciting to play with his foreskin and to push the skin back and see the head come into view. But when we had sex, it was a great disappointment. There was no sliding of his skin against my labia and vagina. His penis shaft slid in and out within its sheath of skin which remained motionless against me. Also I always felt that his penis was not as clean as that of a circumcised boy. I had previously told him how interesting and exciting his foreskin was, hence he was shocked when I told him that if our relationship was to continue, he would have to get circumcised. He confided that his foreskin had always been an embarrassment to him. The only reason that he had not gotten circumcised was that he feared his sexual pleasure would be diminished without a foreskin. I told him that more likely circumcision would increase his sexual pleasure, and told him of my own experience. So he had it done and had the best sex he had ever had after his circumcision healed.

I have discussed circumcision with many women. Most don't give much thought to the topic. Nearly all have circumcised husbands and prefer a circumcised man but say that this did not influence their choice of husband. All have had their male children circumcised. They are not sufficiently convinced of the benefits of female circumcision to have themselves or their daughters circumcised.

Very truly yours, Edna