

ACORN

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Editor
Tony Acorn

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

To:- ACORN

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Editorial

Welcome 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 should be the judge of what is 'best', of course!

Subscriptions: Whether you join in January or at any time later in the year, an annual subscription pays for all the issues published this year, 1989, including back copies. This has meant that it has been fairly easy to ensure that everyone gets what they have paid for. Unfortunately, with increased reprographic costs, more and bigger issues than originally planned, and long print runs, the subscription has had to go up to £10 for 1989. Subscriptions may be sent by cheque or postal order, blank or payable to *Acorn*. They should be addressed to *Acorn* at the address on the front page.

Contributions: The response to starting the Newsletter in 1988 was far greater than expected. If contributions come in as they did in 1988, we hope to again manage 8 issues of 12 pages in 1989. There are plans later in this issue for a survey which will allow us to collate observations from readers around the country. As well as personal accounts, we'll include contact requests (which may be edited if they become too long or too explicit). In future we will also include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme. But this is your newsletter, and its success depends very much on your contributions, so please keep sending your ideas, anecdotes, comments, information, observations and stories.

T.A.

Are Roundheads More Self-Assertive?

Dear Tony: I have really enjoyed *Acorn*: it now seems to be growing into an oak! Herewith my subscription for 1989. By the very nature of things, the circumcised state must be a minority, and yet it seems to obtrude beyond its true proportion. Why is this? It takes little more than a glance at 'health', sex or male magazines to realise the prevalence of the bare glans. *Oh Calcutta* similarly drew comment. Free beaches around the world also tend to support this view. Could it be that the owners have some message to give? Has circumcision, whenever it was performed, made them more aware of their bare glans? Have they become more assertive or exhibitionist? Could they perhaps be more proud, or more defensive, or more in search of sympathy, than their foreskinned friends? Your excellent magazine recognises that the circumcised are 10% to 15% of the population, so why is it that, despite an unbiased editorial, more Roundheads than Cavaliers seems to contribute? Or is that just my imagination?

Fred - Barnet

[One reason may be that many of the magazines are printed for the US market, where roundheads predominate: the 'regular American guy' is a roundhead. Another may be that, at least among adults, a significant proportion of cavaliers keep their foreskins back and their glans bare, and pass as roundheads. In my view, because a cavalier's glans is usually bare when the penis is erect, the bare glans comes to signify virility. Indeed, I suspect that one reason for circumcision at puberty was to ensure that the youths of the tribe would be prepared for their reproductive role, since circumcision would remove a tight foreskin as a possible cause of reluctance to perform. It would also indicate to a girl that the lad had been initiated into manhood by the elders of the tribe, and so had been approved as a mate. Again, circumcision equates with virility. Others equate a bare glans with cleanliness. — T.A.]

Spanish Adventure

Dear Tony: I find it very depressing to read letters from people advocating the circumcision of infants. I don't think anyone has the right to inflict mutilation on another human being purely to satisfy what at best amounts to a whim and at worst an obsession. What if your little boy doesn't share your views when he grows up, and bitterly resents the damage you have done to him in body and psyche? Believe me, I know what I'm talking about, having suffered more than my fair share of humiliation and misery over the years due to dissatisfaction with my scarred and deformed penis.

Last summer, for example, I went on holiday to Spain and met a delightful couple with their own villa who invited me to a swimming party which they were throwing next day. I turned up to be ushered in to the most gorgeous secluded garden with a small pool surrounded by occupied sun-loungers. But what shook me to the core, being a fairly averagely inhibited chap, was to find myself greeted by a dozen couples, all extremely bronzed and extremely nude! There was I in my natty swim trunks feeling all white and conspicuous. My hostess came forward, wearing nothing but a big smile and an impressive pubic bush, to take me round and introduce me to the gathering, finishing up in front of a striking-looking lady where she left me to go and get me a drink. What struck me about this woman was not so much that she was six feet tall and built in proportion, but that every body hair had been meticulously removed, making her doubly and startlingly nude. If she hadn't been such a work of art, she would have looked obscene, lying there and blatantly displaying her large and prominent pubic bulge, deeply riven halfway to her navel. By now I was squirming with embarrassment, but there was no way I could tear my eyes away from the lady's spectacular great vulva, and as I watched I could feel myself hardening to that inspiring vision. The lady had a sly smile on her face as she stretched lasciviously under my gaze. Then she suddenly sat up and lent forward. "You've had your little treat. Now it's my turn", she said, and to my consternation she grabbed my trunks and pulled them down round my ankles.

I was horrified on two counts. First, I was on the way to acquiring a flying hard-on, and second, it had not escaped my notice that every one of the men I had been introduced to was uncircumcised, the consort of my cloven lady-friend spectacularly so with a foreskin of umbrella like proportions: it extended well beyond the tip, tapered to a narrow waist, then burgeoned out into a big rosette of crinkly brown skin. I had always found the thought of such virtuosity in the development of the foreskin rather disturbing since it threw my stripped and raw looking penis into such stark relief and gave rise to thoughts of the untold pleasures such a succulent length of foreskin would afford to him and his lady-friend.

When the lady saw my penis perking away as it rose and swelled, she shrieked with laughter. But then she stopped and examined my cock more closely. "Oh look", she said, "he's been circumcised." There upon several of the women crowded round to gaze at it whilst my lady friend solicitously enquired if I'd had something wrong with it, or was it my religion, perhaps?

I'm sure that for most of those ladies it was a passing if unfamiliar phenomenon, but I could have died on the spot at being the object of so much pitying feminine curiosity. I proceeded to get drunk as quickly as I could, lying on my stomach to avoid revealing my disfigured parts to the inquisitive scrutiny of all those people, feeling like a freak at a fun-fair. No man should have to suffer that sort of humiliation, especially when it's only to assuage the whim of another person who doesn't have to share the consequences.

Yours, G.H.

[Courage, brother! Most of your embarrassment arose from the social scene: you came last, knew no-one, pale, in trunks, felt out of place; they were already assembled, relaxed, bronzed, nude. So, take a pride in showing off your virile roundhead on your own home territory at changing rooms etc, and watch for the look of interest that results.]

More News From Spain

Dear Tony: I am interested in news from *Acorn* and would like to join. Here in Spain circumcision is more popular than before, not in cases of young boys, who still all go home after birth with foreskins, but with late teenagers and men going to get married. Several Spanish magazines publish photos of men and ladies. Last month one magazine suggested that men who want their photo published should pose with their foreskin 'out of view', and more and more photos of Spanish men now show a clear circumcision scar. The op is advertised in several Madrid and Barcelona newspapers every day.

J.M.

Medical Examinations

Over the years I have had four medical examinations, and each time my penis and/or foreskin has been discussed. On the first occasion I was about ten years old and the doctor was a middle-aged woman. I was standing in her surgery starkers, when she suddenly pulled my foreskin back and remarked that if I ever lived in a hot climate I would benefit from being circumcised. I remember being embarrassed, standing there with an erection and my glans uncovered. I was also confused as I did not understand the meaning of circumcision. My parents were annoyed that these remarks had not been made to them. They found it quite difficult to explain what circumcision was and the need for the operation.

On the second occasion I was approximately fourteen years old, and the doctor after examining my balls pulled my foreskin back and remarked that it was important to wash there often and to keep the skin back as much as possible. I did try this at first but found that I had repeated erections which were uncomfortable in a pair of close fitting trousers. The foreskin tended to roll forward and double up on itself; again, this was uncomfortable. A long foreskin can on occasions be difficult to roll forwards.

The third occasion was a medical for National Service, and again the doctor pulled my foreskin back and closely examined my glans and meatus to see if I had VD. He noticed that I winced when he retracted the foreskin and remarked that my foreskin was tight 'at the hose'. I have never been able to find out exactly what he meant by this (any ideas?) I realised that I had developed a technique for retracting my foreskin which was comfortable to me, but as soon as someone else did it, it was somewhat painful.

On the last occasion, I was circumcised. The doctor again felt my balls and then said that every woman prefers a circumcised penis. Having read recent issues of *Acorn*, I have come to realise that this is not always the case! Have any other *Acorns* had similar experiences?

All the best, Bill

Keen Cavalier

Dear T.A.: Like all your other readers, I am most impressed and grateful for the issues of *Acorn*. If there is any criticism, it is that it has become a bit repetitive, but I suppose that can't be helped as you print items as received. I know the work that goes into running such an undertaking as I ran the 'Over 50' introduction club for a few years. I had to give it up eventually for lack of nation-wide contacts, lack of time and because my members just would not keep to the simple conditions required. It was interesting, though, and rewarding when those who found what they had looked for were good enough to tell me.

I belong to the group of uncircumcised men who did not know that a foreskin could be retracted! My father, a Jewish GP, was circumcised, of course. I was not, since my mother was Christian, so I remained a cavalier and have been glad of it. I have a reasonably long foreskin (elephant's trunk) and I guess I must be different in that all my pleasurable sensations during foreplay and sex come from the foreskin. I love to have my foreskin stimulated in every possible way, manually and orally, during foreplay. Once I enter the vagina the foreskin is pushed back and thereafter much less sensitive. Any girl who loves peeling a cock and does so to mine during foreplay will be told off, since thereafter I have lost my sensitivity. During actual intercourse one of my greatest pleasures is when I or my partner grips my penis firmly right at the entry of the vagina and then retracts. This moves the foreskin back over the erect penis, and is just wonderful. Another good use of the foreskin is to slide the cock up the slit and caress the clitoris with the foreskin, which gives us both pleasure.

As mentioned above, I did not know the foreskin could be retracted until I was well into my 30s. My parents did not teach me hygiene. Consequently I had an almighty attack of balanitis. I was considerably taken aback when the specialist doctor pulled my foreskin back. I vividly remember the disgust in his face when he discovered the mess. He prescribed some cleaning lotion, a solution of Centenium available from a chemist for a few pence and very useful for cleaning the cock, also after an application of ointment. He also prescribed an ointment containing silver, which cleared up the balanitis in no time at all. No need for a circumcision for that reason.

Both my wife and I are very sexually orientated and although approaching my 70s we still make love at least once every day. I am now very careful about cleanliness, and wash or at least rinse every time after I have a pee. I note that some men have complained about reddening of the foreskin, itching, and irritation and advocate circumcision for these reasons. Well, I say that all you need is a little water to wash your cock with after peeing. The composition of urine depends entirely on what you have eaten, and its concentration on how much you have drunk. Normal urine is sterile and totally harmless, and slightly salty but otherwise tasteless. But sometimes bacterial action generates ammonia, which is alkaline and can be highly irritant, especially if there are slight cuts or abrasions in the foreskin. Sometimes this problem is eased by drinking more.

Keep up the good work, J.T.D.

Frustrations Of A Would-Be Roundhead

Dear Tony: As a newcomer to *Acorn*, I have found the issues you have sent of absorbing interest, and sincerely congratulate you on a first class production. My interest in circumcision stems from serving in the forces. At one of the numerous medical inspections I was standing next to a Jewish boy who had the largest glans I had ever seen. From that moment I longed to be like him. I have a short foreskin which is easily drawn back and is kept more or less permanently retracted. When I left the Forces I went to see Doctor 1 and he asked if I had scalding when urinating, and of course with a retracted foreskin I had not. He then went on to explain that circumcision was 'messy', would involve stitches and that I did not need the operation. Doctor 2, as soon as he saw my short foreskin, said 'You are alright. I don't like doing unnecessary operations.' So I have been thwarted twice. After these setbacks I now feel like Mr C.B. of Cheadle in Issue 6/88 in not having the courage to have it done, especially as I do not have the moral support of my wife, who thinks circumcision is unnecessary. But I do feel that for a man wanting circumcision without 'medical' grounds there is a case that he should be able to have it, even under the NHS. I can not entertain the SAS, as it is too expensive. Perhaps other members know of doctors who are more sympathetic towards the operation.

R.V.A. - Lancs

Proud To Be A Roundhead

Dear Tony, When I was about 11 or 12 years old, one of my friends was describing to me some 'horrible torture' he had thought up (he often used to do this, and later became a customs officer!) and I remember he said to me: 'You know when you pull back the skin at the end of your cock and there is a sort of slit...' Well, I said yes and listened to what he had to say but really I did not know what on earth he was talking about. Later I examined my cock but I could not understand his description. Much later I discovered what he meant when I saw his 'willy' and realised there was a difference. Unlike him, I had been circumcised as a baby, as had my brother, and I had never known anything different. I certainly don't regret the operation and I have never found it to be a disadvantage. In fact, quite the reverse: I am proud to show off what I believe and have been told on many occasions is a very attractive cock. It has been admired by many people, both male and female, who have had the opportunity to see, fondle, wank and suck it. I am just glad that I do not have an unsightly, smelly and unpleasant-tasting foreskin. As for wanking, I have never had any problem, although it is true that most women and uncircumcised men find difficulty in mastering the special technique required. In order to wank a properly circumcised cock, it is necessary to grasp the skin fairly firmly towards the base of the penis and roll it upwards in order for it to be folded over the exposed knob. The best person I ever found

to do this, other than myself, was one of my first girlfriends. She really had the knack. She was a student nurse, but that did not explain her expertise. As a nurse myself I have had lots of nurse girl-friends, and most of them are pretty useless at wanking. Brenda was magnificent.

As to whether or not men should be circumcised, it depends on the reason for doing it. If the foreskin is too tight, thereby causing difficulty with personal hygiene, then I think it is better removed. When I was a baby it was more or less fashionable, and certainly when I was at Grammar School it was the rule rather than the exception. But if it is not necessary for this reason, then perhaps it should be left alone. Personally I much prefer to see a cleanly circumcised knob, and am much more willing to take one into my mouth for a suck than with a cavalier. I also notice that circumcised cocks are much more popular in 'blue' movies, certainly the continental ones. I think there are probably a number of reasons for this. First, as I have said, I think it is more attractive anyway, and during a 'come' shot it is easier to see the spunk shoot out from the uncovered knob.

Second, I think there may also be a more commercial reason. Why do we have a foreskin anyway? Well, first of all, one has to realise that the purpose of the glans is not only to penetrate the female's vagina. It also carries a huge number of sensory nerve-endings which, when stimulated, bring about the ejaculation of sperm in the semen and at the same time provides a reward to the man in the form of an orgasm. To prevent undue friction on the glans at times other than during intercourse, the foreskin acts as a protective cover. It would obviously be a waste if involuntary ejaculations were to take place because of unwanted friction. When circumcised, the glans becomes less sensitive, which means that one is able to sustain stimulation for a longer period without 'coming', as I am able to do. This must be better for the blue movie industry as well. In fact, I believe that the films I have seen where the man comes too early (to the disgust of the director) have involved men with foreskins.

I have often indulged in marathon sessions of sucking and fucking lasting several hours before letting go on my spunk in a 'mind blowing' orgasm, only possible because of my circumcised and less friction-sensitive acorn.

The foreskin or prepuce, being made of skin, would of course provide a great deal of stimulation by friction of the two skin surfaces rubbing together, perhaps causing soreness and ulceration. Therefore there is a lubricant beneath the foreskin. This has the revolting name of smegma and is normally a clear, colourless and odourless fluid. Unfortunately though, it readily breaks down and becomes an ideal breeding ground for bacteria, hence the smell. So it is essential to wash under the foreskin frequently. I would never dream of touching, let alone sucking, an uncircumcised cock unless it had been thoroughly washed, and I think that most people would feel the same. How women allow an unwashed cock to penetrate their delightful cunt, goodness only knows. There is also the suggestion that bad hygiene and the consequent

continuing depositing of smegma on the woman's cervix during unprotected sex may be a cause of cancer, a problem which rarely occurs when the regular sexual partner is circumcised. So, if the man is uncircumcised, he must be scrupulous in his personal hygiene. I have never, ever, regretted having been circumcised and I do believe that my circumcised knob is the more attractive for it, 'a thing of beauty and a joy to ever hold'.

I mentioned the female clitoral hood as the equivalent of the prepuce, a similar protective cover for her sensitive 'glans' of the clitoris. There are many similarities between male and female anatomy; after all, we begin as one single cell and only develop in different ways after an initial common period. Looking at a vagina, imagine the labia stretched out and fused together to form a sack: this would be the scrotum. Then look at the urethra (urine opening) just below the clitoris, and imagine both the urethra and clitoris stretched outwards and covered with skin continuous with the scrotum: this would be the penis. In fact, there is a 'seam', the raphe, along the underside of the penis continuous with the frenulum and running on along the scrotum. The modified ovaries descend into the scrotum as testicles.

Ken – W. Sussex

My Masturbation Method

I saw a photo in Issue 2 of *Body Art* of a Prince Albert penis ring on a penis which had been beautifully circumcised, with all the spare skin removed. Yes, circumcision, even at the age of 8, changed my life. Since then I have often wanted a foreskin, but since I am circumcised I have now decided to find out about having the job done properly, or how to do it properly.

Congratulations on *Acorn*: it should have been out years ago, with its uninhibited articles and views. On masturbation, I have a special way, which I use only on rare occasions when extra pleasure is required. Others may like to try it. Have fun! Put the palms of your hands together with the penis between them and move the palms in opposite directions, then reverse. By altering the amount of your penis between your palms, the pressure exerted, and the speed of rolling, the intensity of sensation can be varied. Sometimes it is so intense that one's breath almost 'shouts out'. A variation, although not as pleasant, is to roll your prick on your stomach. My wife likes my rolling method because when intercourse follows, it is normally longer lasting, once a second erection occurs, and 'superb' (her word). I have also experimented with various creams, oils and talcs: each has its own effect. For me, although cold at first, Pond's Vanishing Cream provides the ultimate sensations and feeling of well being after 'coming'. Does anyone else have a special method?

Mac – Ayrshire

Have I The Right?

It is fashionable nowadays to question the right of parents to have their sons circumcised. It is much better, it is argued, to leave baby boys intact so that the boys themselves, when they become men, can decide whether they wish to be cut. Indeed there are apparently now cases where circumcised children in America are suing parents and doctors for assault in removing their foreskins. So for the father who is in favour of circumcision but is not sure whether or not he is justified in arranging the operation, what are the rights and wrongs of the situation?

To me there seem to be three factors to be considered.

First, the argument that the choice is being left to the son needs to be challenged. Many men will testify to the difficulty of arranging adult circumcision. There is now fortunately the Surgical Advisory Service available but it is expensive and one suspects that the number of operations with which it could cope is limited. Approximately half a million male babies are born in this country each year. Thus if all young men on reaching the age of 18 decided that they wished to be circumcised, 2000 operations would be required each day. Where are the facilities to carry out this number of ops – even if the medical profession were willing to undertake them? We all know that adult circumcisions are few and far between and are likely to remain so. There is unlikely ever to be a situation where every youth approaching manhood is offered the automatic right of free circumcision. We must therefore face the fact that the vast majority of those who are not circumcised as babies will die with their foreskins still intact. The father who decides not to have his son circumcised is not therefore in most cases leaving the decision to the son; he is in fact deciding that the boy will remain uncircumcised throughout his life.

The second point to be considered is whether it is advantageous for the male to be in the circumcised state during childhood. The 'wait-and-see' proponents seem to neglect the fact that, by the time a young man reaches the age of eighteen, a quarter of his life, on average, has gone. If there are benefits to circumcision, by delaying the operation until adulthood the benefits are being lost over a significant period. And surely some of the advantages of the cut state are particularly applicable to childhood. Anyone who has seen a small boy unconsciously rubbing his penis must be aware of the irritation caused by an unclean foreskin. The foreskin may not be retractable until a boy is four or five years old but that does not mean that nothing can penetrate under the foreskin. Indeed, to think of leaving any part of the body unwashed for four or five years is to encourage infection and irritation. But the fact must also be faced that parents are not very good at teaching their sons penile hygiene and boys are not very good at carrying it out. Doctors will tell real horror stories of what they find in routine examinations when they pull back the foreskin. In far too many cases an uncircumcised penis is a dirty penis. Neonatal circumcision prevents such problems.

Then there is the prophylactic argument. Whilst it is true that in most cases the foreskin retracts naturally by the time the child is five years old, sometimes the foreskin never retracts on its own. Even if it pulls back in early childhood there is the distinct possibility that as the penis grows and the glans expands the entrance to the foreskin will be too narrow to allow it to be skinned back. The necessity for circumcision in childhood, at puberty or in early adulthood is certainly not uncommon. And at that stage the operation can cause more discomfort to the boy as well as a lot of embarrassment in explaining the operation to his contemporaries. By declining to have his son cut in infancy, a father may be condemning his son to the need for the operation a few years later. But for the majority of advocates of circumcision the main benefit is the permanent exposure of the glans. Every culture that practises circumcision carries it out before or at puberty. The exposed glans is seen as a mark of manhood and the benefits of exposure are seen to their full in sexual activity. Most young men will have become sexually active before their eighteenth birthday. Ideally therefore a boy needs to be cut before puberty and a father who leaves the choice to his son to make when he comes of age is condemning the boy to start his sex life with the handicap of a foreskin.

The third point to be addressed is the actual right of a father to take decisions on behalf of his son. It is a fact of parenthood that throughout childhood, decisions are constantly being taken by parents about their children. These range from the trivial – what time is bedtime tonight – to the profound – what school do I send the child to, what values do I inculcate? If parents agonised every time that they made a choice for their child as to whether they had the right to make that choice, they would be nervous wrecks long before the child reached school age! Most parents do not worry about this. They know that it is their responsibility to act in the way that they judge best on behalf of their son or daughter, even if some judgments may be wrong. This is part of the role of parenthood.

One of the first decisions that a father of a new-born son faces is: ‘Shall have him circumcised?’ In my opinion the father who says: ‘I’ll leave it for my son to decide when he grows up’ is ducking his responsibilities. If a father believes in the benefits of circumcision, the son has a right to enjoy those benefits during infancy and childhood. A father who believes in circumcision yet does not have his son cut is actually deciding to act against the interests of his son. He is deliberately leaving the foreskin in place when he thinks that the child would be best served by its removal. He is taking a negative decision.

But these are only my opinions. I would be interested to hear from others about what they think are the rights and wrongs of this question; also from fathers about what they decided about their own sons and why. If I get sufficient response I will do a follow-up report for a future issue of *Acorn*.

Ivan Goodhart, BM Box 2252, London WC1N 3XX

Dear Acorn

A lot of people who write to *Forum* quote female preference for the circumcised penis as their reason for getting their foreskins pruned. I'm afraid that's not my experience by a long chalk. The women in my life have all been opposed to my circumcision, or at best indifferent. Attitudes range from 'not interested in damaged goods' to 'poor thing, was there something wrong with it?' and I've yet to find a girl who prefers its appearance. Not surprising I suppose – I'd be the first to admit it does look decidedly shabby with its uneven scar and ugly bunch of red crinkly skin when compared with a sleek tapering foreskin.

The first of my problems manifested itself when I was introduced to the exciting sport of wanking to orgasm at the age of 13. A couple of older girls whose lechery was matched only by their spirit of competition enlisted me one day in a 'boat race'. In this, two equal teams of lads like myself were taken by the girls to a barn after school and were required to 'present arms'. On a signal from the referee each girl commenced a vigorous massage of the first penis in the line, moving on to the next as soon as she had collected the first's deposit in a jamjar. The team to finish first was the winner.

I only lasted a couple of boat races before being relegated to the task of referee. The problem of course was my lack of foreskin (I was the only roundhead in the village). It was not just the time it took to procure an orgasm, but the difficulty the girl experienced in manipulating my organ, the skin having been cut right back so as to leave no mobility (as is so admired by contributors to your columns). It was thus made clear to me that a foreskin was an indispensable asset in this particular little game. As referee I watched with envy as the two girls worked their way down the lines, their fists moving with practised ease to roll the skin the whole length of the penis from the balls to beyond the tip, finally catching each offering in the stretched out tube of skin before milking it neatly into the jamjar.

I came to appreciate how much of a deprivation my foreskin was when in later life I found I had lost all sensitivity as a result of exposure and, let's face it, rough usage. It was this which caused me to lose my last girlfriend who found she got sore long before I reached orgasm, and thereafter suffered a sprained wrist trying to bring me off manually, despite liberal applications of KY jelly. We parted amicably enough – she tried her best to accommodate my demands, heaven knows. But she made it clear that it's cavaliers for her from now on; roundheads are just too much trouble.

For those contemplating the op, I have some advice – don't bother! Those who glibly claim that circumcision makes no difference to sensitivity don't know what they're on about. Anybody know of a good cosmetic surgeon who specialises in foreskin replacement?

J.D.A. – Herts

Dear Tony

A word of warning to all those lads who want to lop their foreskins off but haven't yet got round to it – just remember there's no going back! The woman in your life may be a foreskin phobe who wants you to get rid of it, but what about the next woman in your life? From my experience the majority of women are foreskin philes and some feel quite strongly about it.

Take my ex-husband for example. When I first knew him he had a perfectly presentable penis with a foreskin which could have graced some of the finest boudoirs in the land. Somehow he got infected with this inexplicable yen to sacrifice his prepuce on the altar of fashion, and to my abiding disgust, had himself done a few weeks before our wedding. He didn't realise what an unwelcome wedding present it would be to me – because he didn't bother to ask. And now the poor chap is condemned to a life of bitter regret in the knowledge that he made a dreadful mistake and now has to live with it.

The first problem was, that like one of your correspondents, he popped some of his stitches and finished up with a frill of mangled red scar tissue behind his knob. Now I feel very strongly that the male organ should be the symbol of his strength and virility – it should be an object of respect, if not veneration; whereas the mere term 'frilly willy' makes people fall about and devalues the masculine sceptre to an object of ridicule. My poor husband, what did you do to yourself?

Right from the start he was dissatisfied with his new organ, and then dismayed. His experience did not match those of his so-called friends who had egged him on with tales of improvement across the board. Besides looking horrible, he found the loss of sensitivity quite pronounced. He also spent a frustrating amount of time off the road due to recurrent soreness at the point where the convoluted scar tissue was overstretched by his erection and the use to which he put it. For him, the experience of sex after the chop when compared with sex with a foreskin is like looking at a monochrome photograph after seeing a gloriously vivid and colourful painting of the same subject.

I left him, not because of his mangled cock so much as the depressed and dissatisfied state of mind circumcision had reduced him to. So my advice is – if you've got the slightest doubt, don't!

Yours sincerely, C. Potter

True Female Circumcision

[The next contribution comes with a covering note as follows:]

“As the life partner of an enthusiastic supporter of Acorn, I feel sure your readers would be interested in my account of female circumcision by the removal of the clitoral prepuce.

“All these events took place many years before the recent furore about ritual female ‘circumcision’, from which they differ as much as chalk from cheese. Some details are intentionally blurred to avoid recognition by my friends and family, and for the same reason I prefer to remain anonymous.”

I am afraid some of this may seem a bit boring, but how else can I give the background and reasons leading to my own circumcision, and of the freedom and satisfaction it brings.

As an only child, my interests were reading and walking in the lovely country round my childhood home. I matured young but did not go out with boys until the age of eighteen, and as usual with girls of that time, I was not fully aware of the detailed nature and function of the sexual organs. Moderate petting, as it would now be called, was enjoyable but no intimate touching took place. This was how things were in those far off days, and most of my friends acted in the same way. We had many a chat about the boys and our reactions to them. One girl complained that she got a hard lump ‘down there’ if sexually roused, while another said that sexual excitement was actually painful for her (we were all still virgins, but thoroughly enjoyed courting).

I married at twenty-two, and after a few ups and downs (no pun intended) settled to married life with my husband. I enjoyed cuddling and all that went with it, but was unable to ‘let go’ in orgasm, we both thought this may be due to inhibitions left over from the controlled petting of my single days. Now with hindsight I think my tight prepuce was probably to blame.

At this time we were working overseas, hot weather, frequent intercourse, or both caused the formation of smegma under my clitoral hood. This was unpleasant and impossible to remove by ordinary bathing, however we coped by painfully stretching the foreskin and scraping the smegma away. After some years the skin loosened, but frequent attention was needed to keep it really clean, and my orgasms remained difficult. Several children and twelve or fourteen years later (we had read up a lot on the subject in the meantime) I decided to do something about it, and to get rid of the offending skin once and for all.

This was done very simply by removing the skin with round nosed scissors, and a small dressing was applied for a few days. The result was electrifying as the clitoris was open to stimulation, and so easy to keep fresh and clean. My orgasms improved immediately and were often multiple. It was so sensitive that I would ‘come’ from the contact of my clothes when dressing, or even

from leaning against the furniture.

Now after nearly thirty years my orgasms remain good and my clitoris is free and happy. And I still thrill to a casual touch on the pubis.

Clearly circumcision is not a panacea for all sexual problems, but I feel that an exposed (or accessible) 'acorn' is very desirable for sexually active persons of either gender.

Anon

Questionnaire Reply

In answer to the questions in *Forum* 21(6), I think that the majority of uncircumcised men do not clean their penis carefully enough. The foreskin should always be pulled back before peeing. Although I was not done until I was 15, I think that all boys should be circumcised before the age of one, as this minimises trauma and cures any problem before it starts. It should be a normal routine for all boys, so that they do not have to find out that they need to be circumcised later in life, which can be embarrassing. If a man wears tight swimming trunks you can usually see the glans' outline showing through them. Circumcision doesn't discourage masturbation: in fact it is better, as I can make it last longer. But most doctors discourage circumcision and only do it if they think it is necessary. I think any man who wishes to be circumcised should have it done, and the doctor should accept his decision about his preference. Circumcision is certainly necessary if the foreskin can not be retracted properly, or if it becomes infected. When I did finally manage to retract my foreskin it tore and never healed up properly, but became infected. I had constant irritation under it, but this has been cured now that I have been circumcised. Being circumcised was the best thing I ever had done. I am only unhappy it wasn't done till I was 15. Ten days after a school medical examination I and four others in my class had it done in the Jewish Hospital at Bethnal Green, East London. The rabbi did a perfect job: all the foreskin was removed and the stitches dissolved away. The only discomfort was from the local anaesthetic, and I was in hospital for two days. Being circumcised, I find that my glans is harder and not so sensitive. This is an advantage, as I think I last longer before coming and there is no foreskin to get in the way. Also a partner is more likely to suck a circumcised penis than one that isn't done.

R.J.M. – Walthamstow

ACORN

1989 Issue No 2
(Formerly Issue J)

Editor
Tony Acorn

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

To:- ACORN

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Editorial

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

Subscriptions: Whether you join in January or at any time later in the year, an annual subscription pays for all the issues published this year, 1989, including back copies. This makes it fairly easy to ensure that everyone gets what they have paid for. If contributions come in as they did in 1988, we hope to again manage 8 issues of 12 pages in 1989: this is the second issue.

Renewal Receipt: Receipt of this issue is acknowledgment that you have renewed your subscription for 1989. Subscriptions may be sent by cheque or postal order, blank or payable to *Acorn*. They should be addressed to *Acorn* at the address on the front page.

Contributions: The response to starting the Newsletter in 1988 was far greater than expected. This is your newsletter, and its success depends very much on your contributions, so please keep sending your ideas, anecdotes, comments, information, observations and stories. We will include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme. Readers will use their judgement to decide which is fact and which is fantasy. As well as personal accounts, we'll include contact requests (which may be edited if they become too long or too explicit). Future contributions would be especially welcome on masturbation techniques and on things to do with a foreskin as well as ways of trimming one to shape!

T.A.

Piercing

I had my nipples pierced last year. After six months I have just decided to remove the rings as, unfortunately, the piercings never completely healed. I was still getting a discharge and bleeding: not much of a turn-on for an erotic piercing! Personally I don't think I'd have a piercing in my cock, but I still think it is an interesting subject. In fact I'm interested generally in anything to do with the cock and balls and would certainly be interested to hear more about piercing. I frequently use a scrotum stretching weight that I bought from Mr Sebastian in London. I'd also like to hear more about using weights, ball dividers, cock rings etc, or any other ways people have found to stimulate and maintain an awareness of their cock and balls. I guess this could widen the coverage of *Acorn* beyond just circumcision and foreskins, but I'm sure it would be interesting.

R.A. - Brighton

Initiation

I was interested to read in Newsletter 7/88 about the initiation aspect of circumcision. As probably the oldest operation known to man, circumcision goes back to the stone age when most probably the operation consisted of a dorsal slit to make the glans more prominent and accessible for intercourse, and thus was connected with fertility.

A dorsal slit requires less skill than full circumcision: it is doubtful if stone-age man had the required equipment to carry out a radical circumcision.

Circumcision is not confined by any means to Judaism, but the fact that circumcision is mentioned a number of times in the Bible has meant that the operation has become closely associated with the Jewish people. I have always considered that circumcision was primarily connected with hygiene: tribes living in a hot climate with a lack of water found circumcision very desirable. Coupled with all the Kosher dietary regulations, including the prohibition on eating pork, the hygiene theme predominates. Many of the troops serving in the North African desert during World War II, both Rommel's and Montgomery's, were circumcised for similar reasons.

Genesis Ch 17 v9 onwards gives very clear guidance to Abraham as to the circumcision procedure, and even requires that slaves should be included. This strong edict gives rise to the superstition that circumcision must have been favoured by women. Many women who favour a roundhead have said that they experience more sexual excitement from a roundhead rather than a cavalier, and it is often mentioned that a roundhead can withstand considerably more stimulation before climaxing. Research in the USA does appear to show that women who experience intense sexual stimulation tend to ovulate sooner and be fertile for longer periods each month, and hence have a greater chance of becoming pregnant. So Genesis 17 may be concerned less with hygiene and more with increasing the tribe of Israel. I am not entirely convinced that this is not reading more into the text than is reasonable, but what do other members think?

Bill – Kingston

Exercises

I read your letter in *Forum* (February 1989) with interest, and wondered whether it would help a 66 year old like myself to regain some peak with suggestions, exercises etc. I am not circumcised, but keep my foreskin pulled back as far as possible, not always successful.

D.K. – Winchester

[Any ideas for exercises which would help our friend? — T.A.]

Women's Interest In Male Circumcision

The recent input from ladies interested in circumcision confirms my own impression that they are often curious and fascinated by it: few mentioning the word in my hearing have ever been neutral about it.

My mother was an unswerving circumcisionist, presumably as a result of contact with American servicemen during the war. Her attempts to get me circumcised after my premature birth met refusal and the comment "It wouldn't look nice under a kilt." After years of forced attempts at retraction, it finally took paraphimosis to grant her request. She first mentioned to me that I was circumcised when I started work in industry and commented that it was 'easier to keep clean'. Later she advised my sister to get her boys 'done', and even broached the subject on local radio. My father never discussed any bodily matter with me, but after his death I was told he was uncircumcised.

Before a girl, one of my contemporaries, left school, she and a friend asked me if I knew what circumcision was, having heard of it in a scripture lesson and that "it might be seen during a baby brother's bath". For long she remained oblivious to the physical distinction, having only preputial acquaintanceships until the scalpel's intervention after her second son's paraphimosis at 4.5 years. She remarked that the end was so fat that someone one day would love 'that twiddly bit' underneath, and that all boys should be 'done'. Nevertheless, despite a succession of births, no other brother was operated on.

At work one girl said that circumcision was 'something done to Jewish babies' and wondered what it entailed. A second added that 'gentlemen who are circumcised can prevent their wives getting cancer'. Later a more knowledgeable but friendly clerk described her one-year-old son's circumcision and asked me if I was, following my answer with a sensuously spoken 'I like men who have been under the knife'. Unfortunately for me, theory and practice did not overlap. But she confessed a longing for 'someone with no sense of smell and a 12" tongue'.

My ex-fiancee worked as a secretary to a group of doctors. I recall her speaking excitedly of a coming Saturday morning operation: nail varnish removal, scrubbing up, and setting out instruments, without mentioning what was to be done. Weeks later after another such Saturday morning she mentioned that the patient was a strong baby. A cube of sugar in a bag had been used as a pacifier, the operation was bloody, and there were more than two stitches. It was only when she first handled my penis and traced the scar with her finger that she revealed 'We have a circumcision tomorrow'. Then came the details of previous surgery, how she held the baby's legs apart on the couch so tightly she feared loss of circulation, that not much had been removed, and her bandaging the wound afterwards. She never once used the terms foreskin or penis. Later she discussed circumcision with a female doctor, who stated a preference for the Jewish method, but not why.

Last year near a building which had once been a women's hospital, two ladies passing by openly discussed a son's circumcision there long ago. Lockyer Street Hospital had been used for other than gynaecological purposes in wartime, and he and I both had our foreskins despatched there. My grandmother worked as a domestic for a surgeon's family and her estranged husband, a sea captain, was presumably circumcised. It was she who was baby-sitting on the night of my operation; she was with me during etherification and surgery, but never once spoke to me about it.

I overheard a 16-year-old punk girl boasting of oral sex. When a man jokingly offered to 'slip her one' she replied "I've had enough cheese". Within a year she had given birth to an illegitimate son. More secure in her ignorance was the barmaid, caught in a risqué conversation, who said her foreskin was on the end of her nose. The male response was 'You need a handkerchief for a blow job', followed by, 'Actually, its not to be sniffed at.'

It is ironic that open interest and fascination with circumcision by women are socially acceptable, whilst the current incidence of circumcision for today's young has fallen to scarcity rate.

Anthony – Devon

Reg Has The Last Laugh

The body of war hero Reg Kendall has been at Finchley Mortuary since last Christmas, because of confusion over his religion. No one doubted Reg when he said he was Jewish – but no-one knew he hadn't been circumcised. Reg died at his home in Granville Road, Barnet, on Christmas Day. No relatives of three-times married Reg could be traced to claim the body, so drinking pal Arthur Connelly took over.

A retire French polisher, Reg won the Military Medal while serving in the Royal Scots Greys during the Second World War. "I contacted the Burial Society of the United Synagogue, and they were really helpful", Mr Connelly said. The society arranged the funeral but as the body was being prepared it was obvious that he had not been circumcised. "They couldn't really deal with it then", he said. The funeral service had to be cancelled.

"One side of me was laughing and the other was quite worried – funerals cost hundreds of pounds." To Mr Connelly's relief, Barnet Council has stepped in to foot the bill. Mr Kendall will be cremated at Hendon Crematorium. "This is just the sort of tale that Reg would have loved telling. If he's up there looking down, he'll be laughing himself hysterical", he said.

Hendon and Finchley Times, 19 January 1989

Life And Frustrations Of An Acorn

The penis has always held a fascination for me. I used to get erections and masturbate by 'fucking' the bed while lying on my stomach at the age of four and a half. I well remember my mother catching me doing it once and saying 'Never do that again. It will make you very ill.' By then I knew it did no such thing, and I carried on but took care not to be caught again. I cannot remember how often I did it, but it was quite regularly.

When I was five and a half I went to stay with two cousins, one a year older and the other a year younger. We were all bathed together and I still remember my intense surprise and wonderment when I saw their pricks. They were both uncircumcised, one with a short stubby foreskin and the younger with a long narrow one. There was I with my circumcised one: why were they different? Nothing took place between us but the experience started my lifelong interest in the phallus. It was only after I had gone to boarding school at 8 that I learnt 'the facts'.

At school it was not long before another boy, who was uncircumcised, obviously was just as puzzled by my lack of foreskin. We examined each other and I learnt that he was the same as me when his skin was pulled back. That only half satisfied me because it did not explain why my knob was bare. It was only much later that my education was completed! The 70 or so boys used to go into the swimming bath naked, and with my fixation on pricks I spent much more time watching my companions than I did learning to swim. In my time there I had quite a few liaisons with my fellows. All but two of these were circumcised so my experience of foreskins was still limited. Most of our 'activity' was playing although a few progressed as far as oral sex and mutual masturbation. It was here that I finally discovered that the hand was the most effective means of wanking. About half the pupils were uncircumcised and I never once saw anyone wearing his skin retracted.

At 13 I went to a day school where the opportunities for viewing were almost non-existent except in the loos, where I took every chance. The majority were uncircumcised and all pissed with their foreskins in position over their glans. During this time my phallus reached its present size (6.25" x 1.125"), and I grew a good ginger-coloured bush. I masturbated to climax nearly every day. Sex sessions with colleagues were rare but I had three friends with whom I had occasional sessions of mutual play leading to ejaculation. While I came to like having my prick sucked, I found the orgasm ruined by the glans being over-sensitive. The three friends were also circumcised and found the same.

At 18 I went to college in London and at one stage digged with another student with whom I developed a good sexual relationship. He had a longish narrow foreskin which he had difficulty in drawing up again once he had got it withdrawn behind the rim, so he normally kept it up. He loved being sucked off, presumably because his knob was protected against too much friction.

We used to spend a lot of time just fondling one another's pricks and balls. Even today I love doing this.

I took no interest in girls except to enjoy seeing their boobs and bottoms wobbling as they walked. I certainly never went out with one. In my last year at college I joined up with another student, Fred, who had an unusually shaped prick with a very short foreskin which only half covered the glans when limp. When erect his phallus had a very pronounced upward curve which rather detracted from the pleasure of sucking. He had another pal who was an ardent TV. We used to have threesomes in which Fred's pal was so female-orientated that he never once achieved the slightest trace of an erection, however much we played with and sucked his prick. He was uncircumcised and is the only person I have ever seen who wears his skin retracted all the time. He feels this is more in keeping with his femininity. In our sessions he always took the woman's role in liking deep kissing, having his breasts fondled and being fucked, all of which we enjoyed.

By the time I went to work I was entirely gay. However, due to lack of opportunity this faded and I became interested in girls and eventually married. This has worked out well except for sex. My wife is very uptight and regards the penis as little more than a rude method of getting pregnant. She seldom even fondles me, let alone plays or sucks. I am lucky if I can get intercourse more than once a fortnight, and then it is a very formal business. We have two sons whom we left uncircumcised, on the basis that they could always have the foreskin removed later if they wanted to.

Due to my wife's attitude to sex generally, I am reduced to regular masturbation which I find I still need every other day or so. I invariably fantasise about foreskins, wishing I had one mainly, I think, because I always imagine one can rub the glans if it is covered by the skin and therefore obtain a far more satisfying orgasm than just by pumping the shaft.

Quite often when my prick is really flaccid I push the glans right back so that the skin of the shaft forms a kind of foreskin. By working the glans, thus covered, rapidly between fingers and thumb I can achieve orgasm before much degree of erection has set in. The quality of orgasm is far far better than any obtained by hand or even in a vagina.

I shall be very interested to hear other people's opinions on the value of the foreskin and whether I am missing as much as I think I am by not having one.

V.J.V. – Shropshire

Elation And Success

I was very interested to read in *Forum* (February 1989) about the creation of the *Acorn* Group. Well done! For many years I wondered if my fetish for circumcision was obsessional, being uncircumcised from birth. It was not until I placed an ad in the Classified Column of *Forum* two and a half years ago that I realised how many fellow men (and women?) were as sexually aroused as me by the appearance of a smooth, naked, cut penis.

Through regular correspondence with similar devotees, both circumcised and uncircumcised, I came to the decision to be circumcised myself. I can tell you that I went through a lot of soul-searching, wondering whether the finished result would be worth the pain of the operation. When a friend of mine went ahead with the cut two years ago and described the feeling of elation that he felt, I stopped fantasying and took the first step towards my goal. In February 1988, at the age of 25, I got in contact with the excellent Dr Sifman, a Jewish GP who for the modest cost of £100 would circumcise *any* adult, teenager or baby without reservation, provided the reason was not for conversion to Judaism. Thank God!

The operation was a success despite my erection throughout the period of local anaesthetic, which meant less foreskin could be cut off than I planned. The result is that when my penis is detumescent (eg after a swim), half my glans is covered by foreskin which has slipped forward. But that's a minor detail which might have been a blessing in disguise. The fact that I have retained my frenulum (good Jewish tradition which developed from the practice of the mohel of circumcising boys at eight days old), plus some surplus skin around it has led to excellent masturbation. What are the experiences of other *Acorns*?

After experiencing my own circumcision and taking part in that of a 6 month old baby boy, I'd love to meet a young Jewish woman, possibly through *Acorn*, as I think we would have much to discuss.

Henry – Cambridge

Growing Awareness

Dear Tony: I'd like to renew my subscription to *Acorn*, and enclose a cheque, which also covers a subscription for a friend of mine, whose address I enclose. I thought you might be interested to know that during 1988 two of my friends have had revisions (i.e. second circumcision operations) performed. Also two pen friends have been circumcised and another has had a revision done, although before we started exchanging letters. There definitely does seem to be a growing awareness of circumcision, and its practice is becoming more common. Best wishes for 1989.

Keith – London

Availability Of Circumcision

I have enjoyed all the past copies of *Acorn*: it gets more professional every copy. It is also a pleasure to read the more sensible attitudes both for and against circumcision, instead of some of the rather weird paragraphs we read in some other general publications. I would like to see a list of doctors and surgeons who are in favour of circumcision and who will circumcise both children and adults, with an indication of their fees, as I am sure that my fellow readers as well as others would like to know where to go, who to see, and how much the cost would be. It would also be useful to include Edna's doctor, who would circumcise a woman where there is a need. I say this because so many of the medical fraternity are so against routine circumcision and it is difficult to find the expertise we expect in this delicate operation. It would also be nice to hear the opinion of a medic as to the reason for this antipathy in the medical profession.

I am of the opinion that the decline of circumcision is a retrograde step and any person who is against should consider the problems that it helps to prevent. In a child these include a tight foreskin, phimosis, and inflammation (balanitis). Sometimes the result is difficulty or inability to urinate. You try to explain to a boy in considerable pain why he can't pee and has to go to hospital to be circumcised. If this happens in an emergency the operation may well be done by a surgeon who is not well practised, and usually the job is unsatisfactory in such circumstances. In the adult, phimosis and balanitis are quite common, but penile warts less so. The condition of thrush can be transmitted back and forth between sexual partners unless the foreskin is kept sterile and medicated until the bout has cleared up. Although it has not been proved, there is a link between the finding that cancer of the cervix is less frequent in females who have always had sex with circumcised males: in this case circumcision may be a useful preventive. Lets face it: having all males circumcised routinely could save the health service many thousands of pounds and, more important, could save a considerable number of women's lives. To all our female readers with an uncircumcised male at home I would say, get him the kindest cut of all; it may also be doing a female a life-saving favour. I look forward to the 1989 issues of *Acorn* and enclose my cheque for 10 pounds, which I consider well spent.

BH - Leeds

[Thanks for your letter. In Canada or Spain it is apparently quite common to see newspaper advertisements for circumcision. The problem in Britain is that, for a long time, doctors have been forbidden to advertise their services, and their professional organisations may impose heavy penalties if they do. However, The Surgical Advisory Service, from time to time in the *Observer* newspaper advertises circumcision in a one-hour brief visit to their clinic, for 190 pounds. They cater for adults, and some *Acorn* readers have been quite

pleased with their results. Their address is Marie Stopes House, 108 Whitfield Street, London W1P 6BE, (tel 01-388 1839).

Another source of information is *The Initiation Society*, which will send out a printed list of currently approved mohalim (Jewish circumcisers). The list is kept up to date annually, with some names removed and new ones added from time to time. They are trained mainly in the religious and ritual aspects, but must also have the necessary surgical skills to circumcise infant boys. Many are not otherwise medically qualified, although some are, and they are the ones to contact for an adult or adolescent circumcision: while they look primarily to serve fellow Jews, they are generally sympathetic to circumcision for non-Jews. It would be as well to make it clear from the outset whether or not one is considering conversion to the Jewish religion. Most are in London or Salford/Manchester, but there are a few in other parts of the country. The address is Alex Minn, Secretary, The Initiation Society, 16 Berkshire Gardens, London, N13 6AB, tel: 01-289 2573 (office), 01-888 1382 (home). It would obviously be courteous to enclose a stamped and self-addressed envelope for a reply.

If other doctors/surgeons would like to have their name made available to *Acorn* readers, they are welcome to suggest an appropriate wording. It would be interesting to have a contribution on current attitudes in medical schools and the medical profession, if any member wishes to offer one.

Obviously, neither *Acorn* nor its editor can make any recommendation to a particular circumciser, and it is entirely the responsibility of any reader to satisfy himself that the individual consulted is suitably qualified. He should also ensure that in any consultation it is clearly established what type of outcome is desired, how much inner and outer foreskin is to be removed, and approximately where the scar-line should lie. The anaesthetic should be discussed (risks and side-effects of a local anaesthetic are far less than for a general anaesthetic), and so should the aftercare. — *Tony Acorn*]

Overhand Or Underhand?

When peeing, how do you hold your penis? Most men I have observed hold the penis with the fingers underneath and the thumb on top, but a minority have the fingers on top and the thumb underneath. The latter style is more 'modest' or secretive, since little or none of the penis is visible to an observer standing next to the person concerned. Have other readers made similar observations? Does any reader remember being told or shown (by a parent, for example) which way to hold it? What comments were made at the time about whether or not to hold it a particular way? It does not seem to differ between cavaliers and roundheads. But from a rough impression (deceptive though this may be), the overhand hold seems to be more common among men of working class appearance? Is this impression shared? More observations please.

T.A.

Step-Mother Knew Best

I started to take an interest in the difference between circumcised and uncircumcised penises in the school changing rooms at about the age of 11 or 12. Most of the boys whose cock was cut were (with hindsight) shy, and the uncut ones were envious. Secretly I became more and more interested and, I suppose, jealous that this cut had not been done to me.

When I was 17 my father remarried (my step-mother was then in her late 40s). My father was uncircumcised but my step-brother was circumcised and my step-mother was a keen supporter. One bath-time she 'accidentally' (I thought at the time, although I was later to find out I was wrong) walked in and saw me as I was towelling myself dry. Laughingly she told me not to be shy as she was now responsible for me and we were both adults. She asked me if I had any problems or questions about sex, and later asked me to remove my towel. At once she became concerned about my penis and asked me if it wasn't uncomfortable with a foreskin. Feeling so natural, I told her my thoughts and at the end shrugged my shoulders and said "Anyway, its too late now, but I wish they had done me when I was a baby." She told me not to be silly, it could be done at any time, and proceeded to move it to see if it was OK. As it happened my father, who was in the services, was away and not due back for some three months – this too I later was told by my step-mother was no accident, as she had picked that time to arrive unannounced in the bathroom. She apparently had already a good idea that I was not circumcised as she had seen me in my bathing trunks. My step-mother said not to worry, she would take care of everything.

The next evening saw me lying on my bed with my legs over the side, on a plastic sheet, in the presence of my step-mother and her mother, a retired district nurse. It was her mother who circumcised me. She used a cold spray which was very stingy, and cut me with scissors and a scalpel. Afterwards she put in stitches and left me in the care of my step-mother, who changed my dressings. At the time I was frightened by the amount I was cut, but now I wish more had been taken. Although it was sore at the time, and there was discomfort with the stitches, I healed up within a couple of weeks. After I had healed my step-mother used to rub in surgical spirit onto the glans every night to 'harden things up'. At the time we were both pleased with the result, although my step-mother was upset that more skin was not removed and that my frenulum had been left untouched. With hindsight I now agree, as that really is the only untidy consequence of that night.

Most of the females I met after school liked the penis circumcised. My wife is largely indifferent on the issue, however, or rather is slightly 'anti' due to difficulty in mutual masturbation: my wife's masturbation technique of my circumcision is the least satisfactory aspect of my sex-life. We have sex about once a week, and I masturbate daily, usually accompanied with a circumcision fantasy.

The scar-line is about half an inch from the glans rim when my penis is limp and one inch when erect. The scar is parallel to the glans rim, and this is the thickest part of my penis, with a diameter of 4.5 inches when erect and only slightly less when limp. I've often wondered if it would be worth finding somebody to remove that bunch of skin underneath, but I don't know how practical that is as I have heard that this area can bleed severely, which I presume is why it was left in the first place.

To me, the advantages of circumcision are the appearance, the cleanliness, and an awareness of masculinity: probably one is more confident when circumcised. Sado-masochism does not turn me on, but I now regard circumcision-pain as an essential to manhood.

C.W. – Fife

[Thank you for your fascinating letter, C.W. Your final comments may well ring a bell with other readers who were circumcised as teenagers. One of the most difficult things to explain is the sense of relief to be circumcised at last, of added confidence, of masculinity, which some readers have felt and continue to feel after circumcision. If other readers have shared this feeling, please write in with your stories and a description of your feelings, both at the time and since. — T.A.]

Inside Leg

Tailors estimate that 60-70 per cent of their customers 'dress' on the left. Some Doctors believe that this changes when a man is suffering from some physical problem, when 'the penis always points to the side of the lesion'. Stephen Gwyther and Christopher Coates of Charing Cross Hospital, London, decided to study 120 patients suffering either from a fracture to the necks of their thigh bones, or who had entered hospital for a hip joint replacement. They discovered that the penis points to the left in about 75 per cent of the cases, irrespective of the side of the body where the damaged bone was. A further 15-20 per cent point to the right, and in the final 5-10 per cent the penis lies straight. The doctors, reporting in the *British Journal of Hospital Medicine*, also established that the penis did not change direction when men had operations on both sides.

But how did they classify those who wear their penis tucked upwards in a tight pair of pants, I wonder?

Tony Acorn

Dear Editor

Having had a number of boyfriends, both circumcised and uncircumcised, a roundhead husband and now an intact partner, I feel myself qualified to participate in the discussion over the relative merits of the foreskin. Although it wouldn't do to overstate the case, it is pure balls to claim that there is no difference in the sensitivity of the circumcised penis when compared with that equipped with a foreskin. A point which no one has bothered to make so far is the extent to which the foreskin can be used to act as a sensitivity regulator. Whilst in my experience a freshly peeled glans is sensitive in a way a permanently exposed one can never be, a glans which is totally encapsulated within the foreskin is usually less responsive to certain direct stimuli than the bare glans of a circumcised man.

In my view sensitivity to touch decreases in direct relation to the amount of exposure it is subjected to. One of my uncircumcised boyfriends used to leave his foreskin retracted for days at a time and it was noticeable that his glans soon took on the dry, pinkish-grey appearance of the circumcised knob. My present partner is concerned to retain the exquisite sensitivity of his glans and never uncovers except for specific sexual activities which demand it, and occasionally for hygienic reasons, although his foreskin seldom collects. He is lucky in that he is equipped with a foreskin which stays where it is put: if stretched forward beforehand it keeps the glans fully covered throughout the sex act and if withdrawn so that the tight opening nips in the groove behind the glans, it will stay back until pulled forward again.

I find the degree of sensitivity of the glans is reflected in its appearance. My present partner who keeps his glans covered retains the moist, shiny, liver coloured knob you see on a young boy in contrast to that of the boyfriend I mentioned who used to train his foreskin back.

My preference? You have to be a cold fish to judge a penis in isolation from the man as a whole, but I certainly have no plans at all for depriving my little boy of his cute little willie-cozy. If you consider the matter dispassionately, I think most people would agree that nature knows best. With my present boyfriend I have the choice between a fast response or a slow one. My circumcised partners were never able to experience the explosion of feeling my present man gets when I stimulate his glans with my tongue. Equally they were unable to experience the long term satisfaction I can give to my present partner when I find him fast asleep beside me with a huge erection (which is often the case). I love to lie there holding it gently in my hand, slowly moving the loose skin in circles over the sensitive surface of his knob. I can keep this up for ages before the pleasure finally wakes him up whereupon I milk his sperm into his pinched off foreskin before squeezing it like toothpaste from a tube, into his belly button. Can you think of a better way to start the day?

Yours etc.,

A.S.B.

Dear Tony Acorn

I enclose herewith my subs for the 1989 year – a £10 postal order.

I think that it has been good to bring out a subject which obviously interests many people, but which has always been somewhat taboo under normal circumstances – since I left school I have not discussed in detail the subject of circumcision with any friends or inspected any cocks at close quarters because of the fear that it would be taken the wrong way.

A few comments:

- from several letters in *Acorn* recently, men are complaining of their foreskins coming forward during intercourse. Although I have a fairly loose foreskin which covers the complete knob even when erect, I am certain that during sex the skin stays back.
- can we have some information on masturbation methods from cavaliers – I almost always now wank with the skin held back, and using some form of lubrication, usually saliva or KY jelly, stimulate the knob directly. This has tended not only to provide better sensations, but also toughens the skin of the knob with an improvement in staying power in normal sex. I find that using the foreskin and pulling it back and forth is less satisfactory and also irritates the foreskin, which funnily enough is probably now more tender than the knob itself – and you will all ask the question, why not have it off? Well, there are advantages of having it both ways.
- having a loose foreskin and a not very pronounced rim on the knob, I find it difficult to keep the skin pulled back, unless I am wearing a jockstrap or tight underpants – this has also helped to toughen the knob and I can now hardly feel any difference whether I have the skin back or forward. I would like to be able to keep the skin back almost permanently, but have not found a method of doing so satisfactorily.
- has anyone with a long foreskin any experience of having it shortened, so that part of the knob is exposed? – it would be interesting to know.
- what proportion of members are cavaliers/roundheads? And, of the roundheads, how many have been circumcised in adulthood and for what reasons?
- when I was a small schoolboy, we used to refer to bottlenecks or policeman's helmets for cavaliers and roundheads – are there any other terms used?
- I recently saw an article in a motoring magazine on the new Vauxhall Cavalier headed 'A rounded Cavalier': I wonder whether this was a conscious play on words?

I look forward to the 1989 issues of *Acorn*.

Yours sincerely,

J.H. – Beckenham

Acorn At 70

Dear Tony: I was most interested in the Nacton reports and the two opposing views expressed by ladies on the subject of circumcision. As to the suggestion of a survey of members on Nacton lines, I can contribute the following. I was circumcised at about 3-4 years of age as an anti-wanking measure. Although done at the local hospital, I believe the Jewish method was used, since there is no surplus skin on top or at the sides. The scar is now almost invisible, but a bunch of nicely sensitive skin surrounds the intact frenulum. A moistened fingertip vibrating the fleshy 'string' will produce an orgasm.

70 years ago peeping at one's own organ, let alone anyone else's, was taboo, so I didn't feel uncomfortable about it socially until at about 9 when curiosity about girls overcame taboo. Here I was definitely at a disadvantage. Knowing why I was cut, I thought anyone who saw it would know my 'shameful' secret, so chances to see and explore on the basis of "show me yours and I'll show you mine" were almost nil. Swimming lessons with the school helped, with the inevitable horseplay behind the masters' backs in the changing boxes. But rigid segregation of the sexes at school made intersex relationships extremely difficult for a diffident child: we were much less mature, self-confident and independent in the 1920s and 1930s.

As to personal preference, I have never found the lack of a prepuce a handicap sexually, but have often wished I had an 'accommodating' one on occasions, as there are so many things one can do and have done with it. I suppose the best of both worlds would be enjoyed by those fortunates able to train a medium foreskin to remain behind the glans rim at all times until deliberately pulled forward to cover the glans. Hygiene would be almost automatic.

Harry – Colchester

Tight Skin

The report in *Forum* vol 22 no 2 is of great interest because of my own particular problem in the past. For more years than I care to remember I found myself with a foreskin so tight that it just would not pull back over the glans and I thought that circumcision must be the only answer to what was often very painful. Indeed on one occasion having sex I actually suffered torn skin and had to stay in hospital a few days to stop the bleeding. This episode turned me off sex with a partner for several years and I reverted to gentle wanking. About two years ago on the nudist beach I met a fellow who I thought had a very handsome cock with flared glans well displayed. I had to ask if he had been cut. He explained that he was intact but when young he had been taken to his doctor and the skin had been stretched. His son had now had the same treatment. I had never heard of this method and had my doubts. But

little by little I have managed in a period of two years to force back the skin, often with pain and of course soreness on newly opened skin so that now it uncovers the shiny knob and by forcing the skin right back it looks as though I am circumcised. Of course it won't stay right back; indeed it rolls forward over the cock head, but now I can fold the skin under, so revealing the now much tougher glans – the far more interesting *Acorn* effect.

My nephew tells me he has had the same problem and is giving serious thought to being cut, even though like me he does not really want to lose his foreskin. I will have to show him how I am able to tuck under the loose skin so as to harden off the lovely glans.

Now I have it held back for most of the time I have become much more virile and randy. Dare I confess it? One gets a much more prominent manly appearance in tight trousers. What a pity that all men and boys with foreskin problems are not made aware of the stretching possibilities. I know quite a few who suffer this problem.

While I have not had piercings myself as yet, I would like to hear from those who have had this fascinating experience.

Dennis N. – Deal

ACORN

1989 Issue No 3
(Formerly Issue K)

Editor
Tony Acorn

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

To:- ACORN

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Editorial

Welcome to another issue of *Acorn*, the newsletter of the *Forum* group for people interested in everything phallic: the penis, the foreskin, piercing, circumcision (male and female), and 'getting the phallus into the best possible shape'. The owner and/or his partner should be the judge of what is 'best', of course! This issue includes a long survey of possible modifications to the penis, plus the usual large postbag.

Acorn: Why the name? In Latin it is *glans*, which applies to both cavaliers and roundheads, but it is also sufficiently anonymous to make a convenient name for us. We are a Group recognised by the *Forum Society* (which also recognises a range of encounter and other Groups), and they are kind enough to forward mail for us. There is also an *Acorn Group* in the USA (from whom we have borrowed the name), but the only connection otherwise is in our shared interests.

Subscriptions: Whether you joined in January or at any time later in the year, your £10 annual subscription pays for all the issues, including back copies, published in 1989. 1988 back copies (about 100 pages) are available for £5. This makes it fairly easy to ensure that everyone gets what they have paid for. Subscriptions may be sent by cheque or postal order, blank or payable to *Acorn*. They should be addressed to *Acorn* at the address on the front page.

Contributions: The response to starting the Newsletter in 1988 was far greater than expected. This is your newsletter, and its success depends very much on your contributions, so please keep sending your ideas, anecdotes, comments, information, observations and stories. We will include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme. Readers must use their own judgement to decide which is fact and which is fantasy. We'll also include contact requests (which may be edited if they become too long or too explicit). If contributions come in as they did in 1988, we hope again to manage 8 issues of 12 pages in 1989: this April issue is the third, for publication in late March. Issue 4 is planned for publication in mid-May, and issue 5 is due in late June/early July.

Information: It must be clearly understood that any information given out, while supplied in good faith, in no way constitutes any recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any such information does so at their own risk, and must rely on their own judgement in doing so.

Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or to give them advice specific to their condition. The membership of *Acorn* includes doctors who have said they are willing to help other members.

A copy of the list of approved (and annually reviewed) Jewish circumcisers

(mohelim) is available from *The Initiation Society* or from the Editor of *Acorn*. Most only operate in a religious context, and only on infants, but some are additionally qualified and may be willing to help adolescents or adults in non-religious circumstances.

It is planned to contact Islamic circumcisers with a questionnaire, the results of which (if significant) will be compiled and made available. If any member can help with this survey by sending in the addresses of mosques in their area, please do so: they are sometimes listed in the phone book, or are available from local public libraries or (tourist) information offices.

Confidentiality: Contributions will be identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Letters may be forwarded anonymously if you wish. Obviously we gain in frankness from being able to write with these guarantees in mind.

T.A.

Meeting In Weston-super-Mare

At the meeting in Oxford in September last year, seven *Acorn* members were present, which was rather disappointing. Another meeting is proposed and will take place at Weston-super-Mare on the weekend of June 17th-18th at the residence of David, one of our members. Bed and breakfast accommodation will cost about £9, plus Saturday evening dinner and drinks for another £5, with no worries about drinking and driving. Sunday lunch will cost £5 or under, so the weekend should not be expensive.

The Oxford weekend was taken up mostly with the technicalities of various methods of circumcision and, although very friendly, for much of the time was rather stilted regarding personal feelings, possibly due to it being a first meeting with everyone not knowing really what to expect. It is hoped that this coming meeting will be more down to earth, and to ensure that all participants feel comfortable, enquirers are asked to complete and send in the questionnaire below. The meeting will follow the lines required by the questionnaire answers.

We are not a one-sex group, so ladies, wives or partners are quite welcome and can be assured that they will be completely respected. Please bring along any material, print or film (VHS video available) that you think might be of interest to other people. Social nakedness and touching will be permitted, but *Forum Society* rules will apply regarding body fluids. If you are interested, please write with replies to the following questionnaire (your letter will be held in strictest confidence), and keep a copy of your answers for your own reference to bring with you. Include your name, address and (if possible) phone number, so that the organiser can contact you direct with details of the venue.

Weston Meeting Questionnaire. Write in on the following lines, keeping your own note of what you have said:

1. My name is and I am years old
2. I belong/do not belong to *the Forum Society*
3. I am heterosexual/mildly bisexual/bisexual/gay
4. I still have my foreskin/I was circumcised at the age of
5. I am pleased/displeased with my present state
6. I would like to discuss and see (where appropriate):
 - a) different types of foreskin
 - b) different results of circumcision
 - c) tidying-up methods
 - d) before and after sensations
 - e) piercing
 - f) attitudes to sizes
 - g) masturbation methods
 - h) other sexual subjects (specify):
7. I would be happy/unhappy to undress in front of other people
8. I would be happy/unhappy to touch and be touched by other people
9. I would be happy/unhappy to demonstrate my masturbation technique

Don't forget to include your name, address and telephone number. Reply to David, via *Acorn*

Full Frontals In Films

Does Britain lead the world in the number of movies in which there are full frontal views of males? I can think of:

Yugoslavia: *Mystery of the Orgasm*

Sweden: *I am Curious*

France: *Pink Narcissus*

Britain: *Room with a View*
Sebastiane
The Tempest (Jarman)

USA: *Is there one? Does Richard Gere only bare his buttocks?*

M.M.G. – N. Yorks.

Genital Modifications

The central aim of the *Acorn* Group is to provide a discussion forum for the exchange of information about ways of getting the phallus into the best possible shape. This article is a brief survey of a range of processes relevant to this aim, with the intention of stimulating responses from members. It will start with some quite minor, non-destructive modifications. Some of the major modifications towards the end are highly destructive. They are included, although not advocated, to show the lengths to which some men have gone. Readers must decide for themselves where the boundary lies between interesting experiment and masochistic excess.

The simplest modification is to remove the pubic hair. Removing hairs on the penis shaft may help to make it look longer. There are various methods of *depillation*. Shaving is an obvious way, but is difficult to do without nicking the skin, and the prickly stubble which soon follows is uncomfortable. Pulling out hairs individually avoids these problems but is slow. A frequent danger with creams is soreness and a skin rash. Recently a new device for home electrolysis has been advertised at about £30, and sounds promising: has anyone had any experience with it?

If the *foreskin* can not be *retracted* (phimosis), that is obviously a high priority. Try steadily pulling it back in frequently repeated sessions until the glans can be bared. But if you do this, it is vital to know about the risk of paraphimosis and how to deal with it. Basically this is when the tightest band of the foreskin slips behind the glans rim, becomes trapped there, and threatens to strangle the glans. The remedy is to interlock the fingers around the penis shaft with the palms towards the glans. Use the thumbs to press the glans between them and keep up this pressure until the blood has been forced out of the glans, then use the fingers to grip the foreskin and ease it forward over the glans rim.

The *foreskin* is highly elastic and can be variously modified by *stretching*, perhaps with the aim of lengthening it to produce an overhang beyond the end of the tip of the glans, or perhaps stretching the opening to widen it. It also varies extensively: some foreskins are long and some are short. Some are thick and wrinkled; others are tightly stretched, so that the outline of the glans' rim is easily visible through the foreskin. Some men are able effectively to choose whether to wear it pushed back to bare the glans whenever they like and for as long as they like. Most, however, find that it slips forward again to cover the glans as soon as the penis is no longer erect. In that case it may be worth experimenting with a rubber band or a cock-ring – the sort that goes around the scrotum (first) and then the base of the penis. But always use a ring made of a material which you can cut through if necessary: some are made of steel, which could be highly embarrassing if you find it is too tight to get off.

The shaft skin of the penis is also very elastic, and some circumcised men have had success stretching it forward and taping it there (using a non-

allergenic tape such as 'Micropore'). An erection applies further tension. In this way it has sometimes been possible to train the remaining cuff of foreskin to cover at least part of the glans, at least when not erect. An American organisation (BUFF: Brothers United for Future Foreskins) has collected experiences and provides mutual support for this activity. There have been various attempts at surgical restoration of the foreskin (the earliest recorded was by Celsius, some two thousand years ago), but results are unpredictable, much depending on how thorough the original circumcision was. Jewish mohels soon introduced a second stage to their operation, tearing and turning back the inner surface of foreskin, to prevent recourse to such a trick.

The **frenulum** (or frenum) is the little bridge of skin between the foreskin and the underside of the glans, sometimes referred to as the cock-string. Again it is very variable, hardly noticeable in some men, but in others very tough and tight, so that when the foreskin is pulled right back it pulls down on the tip of the glans. If it is a problem it can be cut, and may often be torn by vigorous masturbation or intercourse, and then may bleed quite copiously, but this usually stops quite quickly when the erection subsides, especially if the foreskin can also be pulled forward to cover it. It is also very easy to pierce, as the skin is very thin and heals very quickly. A ring worn in such a piercing can easily be concealed or revealed according to the wearer's choice, and if a ring diameter is chosen which fits around the glans rim, this can sometimes considerably enhance the shape of the penis. One way of demolishing the frenulum is to pierce it, using nylon monofilament (fishing-line, for example), then tie this tightly and tension it: over a period of a week or so the stitch will cut through. The Nuer tribe of the Upper Nile are said to do this, using a hair from the tail of a giraffe: the result is often a very long, loose foreskin. The foreskin can also be pierced in various ways, to hold it back or to keep it forward, perhaps with a chastity lock. It would also be possible to experiment with stretching a piercing by wearing increasingly heavy objects in it.

Various **cuts** can be made *in the foreskin*, to achieve a variety of effects, obviously culminating in complete removal by circumcision. But there are some other interesting possibilities as well. For example, some East African tribes make a buttonhole slit in the foreskin, longitudinally or across, about level with the glans rim, and then push the glans through this slit. The result is to bare the glans without removing any skin, and the foreskin then hangs under the glans, giving it a double-ended appearance. It must be held in place with a stitch while healing, but then the owner is free to decide whether to keep his glans bare or to tuck the tip back into its old foreskin 'sleeping-bag'. The dorsal slit (a cut in the foreskin on the upper – dorsal – side from its opening for a variable distance) bares the glans without removing any foreskin, and was sometimes done by British doctors instead of circumcision: the loose foreskin gathers under the glans and may form a soft lump, or may largely disappear.

Circumcision is obviously the most common surgical modification of the penis. Again a wide range of variation is possible, leaving the shaft skin loose, or tight as a result of radical circumcision. The placing of the scar-line can also be varied: in the sulcus (the valley immediately behind the glans rim), or, by leaving plenty of the inner layer of foreskin, well back from the glans rim along the shaft. If a slack outcome from an initial circumcision is unsatisfactory, revision is possible: a second operation removes a band of skin wide enough to achieve the desired tightness and the two edges are rejoined. This is a large topic and will only be touched on here. But it is important, if you are thinking of having a circumcision, to find out about the various ways it can be done and the consequences for different appearances, and to find an operator who will talk these over with you and find out about your preferences.

Piercings are a widespread device for modifying various parts of the body, including the penis. They may be temporary, or may be kept open by leaving a ring or stud in place so that they become permanent. Items worn in the piercing may be simple, or elaborately decorated jewellery can be designed. The piercing may be left small, or stretched: pictures of tribespeople with pierced and heavily stretched earlobes are not unusual, and the same principle can be applied to piercings elsewhere. As with any operation (and especially in view of the risk of AIDS) it is essential to use only instruments, jewellery and dressings which are sterile, though this can be achieved by boiling in a pressure cooker or heating in a dry oven to 150 degrees C for at least 20 minutes after temperature has been achieved.

Piercings may be single or multiple, and there are many possible male genital sites, including the foreskin, the shaft skin or the pubic area at the base of the penis. An interesting combination is a piercing at each side at the base (known as a hafada) and one in each side of the foreskin. When linked by one ring at each side, the foreskin is held back. The **frenulum** is easily and safely pierced, as the following story relates:

A school-friend showed me a book he had found in his father's chemist shop, which mentioned that in North Borneo a man would pierce his penis and keep the hole open with a quill. As we were very much at the stage of getting a hard-on at the slightest provocation and comparing dimensions, this intrigued us mightily. Inspection (against a hand torch) of the ligature connecting the foreskin to the knob showed that it might be possible to pierce it without hitting a blood vessel.

One early closing day when my friend's parents had left the shop we met there. Tommy had already taken a bodkin from his mother's sewing bag, and there were quills (tooth-picks) and iodine in the shop. The piercings took about ten minutes each, but it was some weeks before the holes became scar-free and usable. We wore large (about 3") safety-pins in the holes, which not only kept them open and clean but established us among

our class-mates as braves, as they imagined the piercings to have been an ordeal. It certainly added a new dimension to us (literally). In those pre-Y-front days we were forever trying to arrange erections so that they would show, especially in football shorts. In the end the piercing became a godsend when I discovered I could use it to hold my penis upright, hard or limp, with the aid of a key-ring through the frenulum and the lowest button on my shirt. I eventually chose a size that was a snug fit behind the rim of the glans when limp, but which on erection strongly emphasized that rim by deepening the sulcus (dip). My partner positively moaned for it to be moved slowly in and out of her lips, and it doubled my own orgasm as well, without limiting ejaculation in the slightest. In short, my piercing is a quiet success: a delight for everyday wear and an enhancement of my masculinity. [Condensed from *Forum* 15(9) 1982: 88.]

The *glans* can be *pierced* in various ways: a 'Prince Albert' allows a ring to be worn through a piercing into the urethra beside the frenulum. An apadravya is a piercing through the glans from front to back (as described in the *Karma Sutra*) and an ampallang is a hole from side to side, while dydoes involve piercings in the glans rim. In each case a short rod with a fixed ball at one end and a screw-on ball at the other is worn to keep the piercing open. It is essential that this keeper stays in place for at least two months, and scrupulous care is needed to keep the area clean, though this is assisted by the normal action of urine.

Other sites for piercings are the scrotum and the perineal raphe (the loose skin between the scrotum and the anus): a ring worn there is known as a guiche. Control over sexual activities can be conceded to a partner by using piercings for infibulation: a lock or ring can be inserted in two foreskin piercings, or in Prince Albert and guiche piercings, or in an ampallang. Various other restraints are also possible, including cock-ring(s) at base of penis and scrotum, a leather harness etc.

Bead *implants* can be used under the foreskin or the shaft skin to produce a knobbly effect (as with some 'fun' condoms), perhaps in a double line along the dorsal shaft, where they will best stimulate the clitoris. The pubic-hair area, the glans or the shaft skin can be *tattooed*: it is essential, however, to go to a reputable tattooist, as this is one way that AIDS can be spread. It could be fun to work out an appropriate design, using waterproof felt-tip pens. The best designs involve detailed design, and make use of the changing shape of the body and its muscles to give 'life' to designs of snakes, dragons, birds, butterflies, etc. There is a journal called *Body Arts* which gives ideas and addresses of suppliers of jewellery to wear in piercings.

Various modifications are possible to the *urethra* (the pipe down through the penis through which urine and semen are conducted). The opening is usually quite small, but the urethra then widens out substantially for about

the length of the glans before narrowing again. The opening can be cut to widen it (meatotomy, pronounced me-ate-ot-omy), either to let in surgical instruments (for a prostate operation for example) or to improve the flow of urine. The diameter of the urethra can be quite surprisingly large: well over 1cm. It can be stretched to widen it further by inserting various objects, though it is important for these to be smooth and non-breakable (interesting effects have been reported using the tall thin sort of candle). There is a risk of infection by doing so, but several cases are in the medical journals of men who have repeatedly done so, as an active form of auto-erotic sexual gratification and/or to obtain attention in hospital. [T.N. Wise, 'Urethral manipulation: an unusual paraphilia', *Journal of Sex and Marital Therapy* 8(3) 1982: 222-7]

Most Australian aboriginal tribes practised both circumcision and **sub-*incision***, an operation by which the underside of the penis is cut open from the meatus (the natural urethral opening) for a variable distance. Some tribesmen later had this cut further extended as far as the scrotum. Early anthropologists thought subincision was done as a means of contraception, but it does not have this effect and is much more concerned with tribal myths and rituals of initiation.

Operations to the **scrotum** and **testicles** are more serious as they may affect fertility. Scrotal reduction involves removing part of the scrotum so that the testicles do not hang so loosely; if the scar-line followed the mid-line raphe it would be indistinguishable, but the reduced ability to keep the testicles cool could reduce fertility. An operation is sometimes necessary (before a boy reaches puberty) to correct an undescended testicle: the testicle is sewn into place and subjected to traction until the spermatic chord grows sufficiently to allow it to remain where it belongs. Vasectomy is a minor contraceptive operation which involves cutting and tying the spermatic chord. The Bushmen of South Africa used to believe that having two testicles made twins likely: this was to be avoided in their harsh climate, so routinely boys had one removed (orchidectomy) in a tribal initiation.

There are also reports of male genital self-mutilation by splitting up the **penis** or partial or complete **amputation**. These are reviewed by Greilsheimer and Groves, *Archives of General Psychiatry* 36 (1979): 441-6, who conclude that while some are psychotic at the time others are not, but are motivated by premeditated gender conversion or by feelings of rage towards themselves or women, sometimes urged on by their own sense of rage or guilt to attempt to apply the biblical command: 'If thine eye offend thee, pluck it out'. But everyone else would agree that that is going too far.

T.A.

Frenulum Modification

Lovely to hear of your *Acorn* phallic group from *Forum*. Like you, I enjoy wanking to keep my penis strong and healthy. I enjoy a full and satisfying sex life with my wife and have over a number of years used a vacuum developer which has increased the length of the erect penis from 5" to over 6¹/₂": my wife is over the moon about this, but expresses a desire to feel it much thicker to fully satisfy her – any suggestions? To attain a good suction whilst using the developer I remove all the hair from the penis root, and in summer weather also remove all body hair from legs, belly, chest, and armpits, as well as from my pubes, penis and testicles of course. I find this not only exciting to do using a razor or depilatory cream, but I also find it fresher and more hygienic.

I am also interested in the piercing of the penis: can this be done oneself, using sterile equipment? I would love my frenulum pierced and ringed, and also either side of the foreskin. Whilst talking of foreskin, is it possible to stretch the frenulum so as to allow the foreskin to be completely pulled back without pulling the knob down, as is the usual case?. My wife is also interested in this and asks could it be cut surgically to allow much more movement during masturbation, which she loves doing?

S.S.L. – Durham

[Some interesting questions there, many of which are answered in the article above on penis modifications. It is difficult to stretch the frenulum without tearing it, so it is probably better to pierce and tie it, or cut it. A Prince Albert piercing is quite easily done oneself: it bleeds quite copiously, but this does not take long to stop. The difficult thing is to insert a stud or ring, unless you know the tricks. The foreskin is also easy to pierce, but other penis piercings are more difficult. There used to be a piercing operator in Durham: he moved to the Lake District but is now retired. Piercing operators known to your Editor are in London or Gloucestershire: write in for names if you want to go ahead with this. It is also important to get the right type of ring or stud first: normal ear-rings are usually too insecure and easily bent: there are suppliers both in Britain and the US. Sterile equipment and techniques are essential in view of the possibilities of infection with AIDS, hepatitis, etc. It is also necessary to work out carefully where you want the piercing to be, and to hold the skin firmly (eg with forceps) while working, especially where there are two surfaces, as with the foreskin. — T.A.]

Enthusiast

I was extremely interested to read about the *Acorn* group in *Forum*. I have been a cock enthusiast for several years and my fascination with things phallic grows ever stronger. My cock is circumcised so my glans is always exposed. I regularly enjoy several types of phallic fun, including lubrication

with various oils, wearing cock rings, wearing short shorts, maintaining an erection for hours etc. I live on my own, which gives me great freedom and I enjoy occasional visits from four like-minded guys (ranging in age from 30 to 50) who are also enthusiasts. Three of them are uncircumcised and have covered glanses when they are soft. Yours like-mindedly,

George – Perth

New Member 1

Dear *Acorn*: I read with interest your leading letter in the current edition of *Forum*. The theme of your group seems simple, and yet for me it fills a gap in the market: sometimes the most obvious things are the most overlooked.

Although size, shape and performance are jokey subjects amongst one's friends, I think men often feel the need to discuss, what in reality is a quite delicate matter, in depth and seriously. Perhaps correspondence and via a newsletter is the best way to do this. Your membership figures, while not overwhelming, seem to confirm the need to exchange views and opinions.

My main interests have focused on wearing extremely brief underwear, sometimes tailor-made by an understanding manufacturer, and often a size too small to give a constricted feeling. I've also tried padded briefs in various materials and garments in both rubber and leather specifically designed to either restrict or enhance. I find both sensations, although opposite, equally stimulating. An arab strap, for example, although intended for stimulation, can quite easily be modified to be a restrictive device. A developer, although very pleasurable to use, has not in fact been particularly effective. In the short term, whilst using it, the results are quite startling, but they wear off quite quickly.

I much look forward to hearing from you. I'd be more than willing to give you any information you require for the interest of other members or for analysis, confidentially of course but quite frankly.

J.B. – Canterbury

New Member 2

Dear *Acorn*: When one's own particular interest seems to be unusually specialised it is easy to assume that there is no-one else in the world who shares it, so it was really very exciting to read in this month's *Forum* about *Acorn*. On the subject of keeping the glans uncovered, I doubt if anyone will have devoted more time and effort to investigating the possibilities. Maybe I'm not alone in this either.

E.S. – Salisbury

Skin

Let glans and clit be bare
Exposed to the fresh air

Remove redundant skin
Enhance the slipping in

Hygiene and manly pride
Together will abide

And satisfaction hit
The girls who show their clit

The clean and pretty slot
Will always be 'red hot'

So add to staying power
And let orgasms flower

Exposed to the fresh air
Let clit and glans be bare.

A.W. – Sussex

Interests And Fantasies

Dear *Acorn* Group: I was most interested in your letter in the February issue of *Forum*. I am basically heterosexual, but have lately got more and more interested in your subject. I have no particular interest in men as such, but a great deal of interest in penises. I don't know if this is common, but there it is. Through *Forum* I have met one or two people: one was revoltingly dirty, one was enormously fat and had a tiny organ, and the last was fine but circumcised.

This brings me to the subject of circumcised vs uncircumcised penises. To me a roundhead looks like a very bald man, and is extremely boring. On the other hand, a cavalier has so many aspects, depending on its mood, especially if the foreskin is a good length: shrivelled when cold, graceful when normal, beautiful if semi-stiff, and really virile when fully erect. When uncircumcised it is really graceful and elegant. I have not had much experience of others, but mine, though I don't want to boast, has been described as beautiful. It is no more than average (about $5\frac{1}{2}$ "). I have a fairly long but not tight foreskin which will still cover the whole acorn when stiff, if I want. I keep the glans covered most of the time.

As to fantasies, my favourite includes both sexes. I am doing a 69 with a woman, myself underneath licking her clitoris and she over me with me in her mouth. A man then kneels behind her and starts fucking her dog-fashion. Just before he comes he takes his prick out of her cunt, rams it into my mouth

and shoots his load down my throat. It remains to be seen if this is physically possible, but I'd like to try it. I am sorry your group's main activity is simply to publish a newsletter. It will be read, I am sure, with interest, but by a lot of isolated people who will probably wank over it. Is that all there is to life? Could we not have a get-together? I know there is the danger of AIDS and other infections, but anyone who joins could first go and get checked out by his nearest relevant clinic.

Yours sincerely,

P.B. – London

[Thanks for your letter. Look earlier in this issue for details of a group meeting in Weston-super-Mare. Clinics are fairly fussy about who they test for AIDS, but *Forum* rules ensure caution but permit non penetrative sex. — T.A.]

Circumcision Of Newborn Boys Cuts Kidney Infections By 90%

**Based on *The Independent*, 16.3.1989, p.3, reporting an article
by Jan Wunberg et al in *The Lancet***

The rate of infections of the urinary tract of baby boys is reduced by 90% if they are circumcised. When a baby boy is born in hospital, hostile bacteria may colonise the foreskin. The bacteria may then spread from the foreskin up the urethra (the urinary tube) to the kidneys, where they may cause serious infections. In the US, neonatal circumcision prevents some 20,000 cases of urinary tract infection per year. In the face of this evidence the American Academy of Pediatrics is under pressure to revise a statement it made in 1975 that there are no medical benefits to be gained from routine circumcision. A result of this has been a sharp fall in circumcision rates in the US from about 90% to nearer 50%. A Swedish team of doctors say that soon there may be pressure for a programme of circumcision of babies in Europe where, until now, circumcision has been rare except for religious reasons and among certain of the British upper classes. As is well known, the queue for kidney treatment in Britain is a very long one. If patients are fortunate, they obtain a kidney transplant, with all the attendant risks of major surgery and the possibility of immunological rejection of the transplant. Otherwise for the rest of their (shortened) lives they face the uncomfortable and very time-consuming process, perhaps twice per week, of renal dialysis.

Dr Jan Wunberg and colleagues from the Karolinska Institute in Stockholm argue, as an alternative to circumcision, that a baby should be deliberately infected with bowel bacteria from his mother, against which, they argue, he should have passive immunity received while in the womb. This argument is based on an old experiment, from the days before antibiotics, when babies were said to be protected from serious infections of the umbilicus

(belly-button) if they were deliberately infected with benign bacteria. From this they argue that 'Attempts to manipulate the faecal flora might in the long run be a more physiological approach than to remove the prepuce from all newborn boys'. Thus Swedish opponents of circumcision, rather than accept American evidence of the value of circumcision, are advocating deliberate infection of newborn boys from the shit of their mothers.

Yoga And The Size Of The Flaccid Penis

Dear *Acorn* Group: At times my penis shrivels down to the size of almost an acorn (never mind it being the latin for just the glans). As I like nude beaches, I find this a little embarrassing. One dodge is to pretend that my penis is very sensitive to the sun and rub it frequently with sun tan cream to restore vitality – the rubbing, I mean, not the cream. I've found no cream, even a so-called 'Erection Cream', has any effect.

I have a foreskin and I prefer to keep the glans covered for most of the time. If it is uncovered, it rubs against underpants, which is mildly exciting for a while, but then becomes physically irritating. I find that a pleasant sensation is to spray the uncovered glans with a hand shower-unit turned full on, and I often achieve an erection this way (it turns me full on!)

A few years ago I tried the Chartham Method for penis enlargement: exercises, massage, and the vacuum tube. Just recently I found a copy of Dr Brian Richards' book *The Penis*, in which he describes the Method and typical results.

I managed an increase in length of a mere $\frac{1}{4}$ " compared with a typical one inch, and this came in the first fortnight, not after four weeks as Dr Richards describes. I did notice an increase in girth, however, and my wife felt the difference, with her hand in the first instance. But after about 12 weeks I noticed a bit of a discharge from the 'pee-hole'. It was rather smelly, so I stopped the course, pleased with the extra thickness and hardness but disappointed by the hardly measurable increase in length. There was no difference in size when flaccid, compared with the start of the course. What results have others had?

It is supposed to be possible using Yoga to train yourself to control the normally involuntary muscles which control blood supply to the penis. Can anyone give me any information or references to writing about this?

M.M.G. – N. Yorks.

Observations

Dear Tony: Thank you for enrolling me as a member of *Acorn*. To one who has had an insatiable interest in the penis since I discovered at the age of 5¹/₂ that I was 'different' from my cousins, the dialogue on circumcision was just what I was hoping to read. As I rather suspected, the whole question of Cavalier vs Roundhead boils down to a very personal matter depending on experience. Hence I find myself among those who consider it entirely wrong to circumcise at birth, as I was. Boys should be left to decide for themselves in later life. I see, too, that opinions differ sharply between the ladies as to whether the bare or covered glans gives them the greatest pleasure in intercourse.

In issue 1/89 of the newsletter you ask for statistics along the lines of Nacton's survey. While I have no longer any real opportunity for observation, I had a spell of about a year working in London some ten years ago. On my way to work I usually called in at a 'Gents' which was very busy at that time of day. The urinals afforded some good views but it could be misleading to attempt to classify the penises in the way you suggest because of the many variables inherent in this situation. For example many obviously pulled their penis forward when peeing so that the shaft formed a short foreskin, giving the impression of a cavalier, whereas it was probably really a roundhead. All I can safely say is that, of the 300 or more I saw over that period, there were very few with elephant trunks and about 75% were roundheads.

The cubicles, which had peep-holes in the partitions, were very much more rewarding. There was a problem finding one vacant, so I was not able to take as much advantage of the potential as I would have liked. However, I reckon that I saw the intimate detail of at least 30 pricks. There was a common pattern among those who did not block the holes. They toyed with their prick to attract attention and then, satisfied that they were being watched, worked up to full erection which they proudly showed off before beginning to masturbate. Most went on to orgasm so that I had every chance to witness the full sequence. These encounters were completely impersonal and never once was there any suggestion of face-to-face meeting. But a few expected me to reciprocate for their benefit.

Of the 30 or so, I was very surprised and disappointed that 80% were roundheads. Of the 6 cavaliers, two had 'elephant trunk' foreskins which gave a slight overhang even when erect, and the rest shorter ones which just showed the tip of the glans. There was little variation in penis size: most were an average 6"; a few smaller, at 5.5", and I never saw any which could be called 'well-endowed'. All the roundheads had been very cleanly circumcised, with all traces of foreskin removed. The shaft skin on the cavaliers appeared to be much looser and bunched-up over the glans on the outward stroke of the wanking. Generally the glans was sharply defined even when flaccid, but a few were wrinkled except when the penis was very hard. The cavaliers with shortish foreskins had knobs which were redder in appearance and moist

enough to glisten. Neither of those with elephant trunks would (or could?) strip them back further than to just expose the very tip, which in both cases was paler and very moist.

All the roundheads wanked using one hand around the shaft well behind the glans. The cavaliers kept their foreskins up all the time and rubbed with their thumb over the glans. There was little difference in the time required to reach orgasm in either group. The amount of spunk varied quite a bit, from a few drips to three or four really good jets. It was impossible to determine the ages but this could have been a factor. All were white. I noticed a few very interesting variations:

1. several of the roundheads had shaved their bush
2. two of the roundheads ceased rubbing once they had triggered the orgasm: I have tried this but the result is disastrous!
3. one of the roundheads seemed to have a two-part orgasm; he shot just two jets of a nearly clear fluid, followed 15-20 seconds later by a normal ejaculate.
4. one of the cavaliers pinched the end of his elephant trunk so that the spunk was contained within the resulting 'condom'.

I hope my recollections may be of some interest. I did not keep notes, so what I have related cannot be called a scientific survey.

V. – Shropshire

Advertisement

Circumcision: an Ethnomedical Study, by A. Thomas. Are you fascinated by the different surgical techniques of circumcision and their varied results, by personal accounts of the effects, and by the tribal initiations using circumcision as the initiation test in Africa, Australia and the Pacific? Have you ever wondered whether circumcision is for you or for your son? Then this book will answer more questions than you ever thought of asking. This is the second edition, revised and expanded to over 200 pages, extensively illustrated with drawings, pictures and statistical tables. Send £20 cheque or postal order to Tony Acorn, addressed as for *Acorn* replies, to cover cost plus secure packaging and postage.

ACORN

1989 Issue No 4
(Formerly Issue L)

Editor
Tony Acorn

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

To:- ACORN

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Editorial

Welcome to another issue of *Acorn*, the newsletter of the *Forum* group for people interested in circumcision, foreskins and everything phallic: the penis, piercing and 'getting the phallus into the best possible shape'. Of course the owner and/or his partner should be the judge of what is 'best'!

This issue is the fourth, planned for publication in mid-May, and issue 5 is due in late June/early July. It is intended to publish an issue about every 6 weeks, but the gap over the summer may be longer, until mid-September for Issue 6.

Acorn: Why the name? The Latin for acorn is *glans*, which both cavaliers and roundheads have in common. Those who know this meaning know what we are about. But *Acorn* makes a convenient name because it is sufficiently anonymous: it could also apply to people interested in anything from computers to naval history. We are a Group recognised by the *Forum Society* (which also recognises a range of encounter and other Groups), and they are kind enough to forward mail for us. There is also an *Acorn Group* in the USA (from whom we have borrowed the name), but the only connection otherwise is in our shared interests.

Subscriptions: Whether you joined in January or at any time later in the year, your £10 annual subscription pays for all the issues, including back copies, published in 1989. 1988 back copies (about 100 pages) are available for £5. This makes it fairly easy to ensure that everyone gets what they have paid for. Subscriptions may be sent by cheque or postal order, preferably blank: receipt will be acknowledged. They should be addressed to *Acorn* at the address on the front page.

Contributions: The response to starting the Newsletter in 1988 was far greater than expected. This is your newsletter, and its success depends very much on your contributions, so please keep sending your ideas, anecdotes, comments, information, observations and stories. We will include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme. Readers must use their own judgement to decide which is fact and which is fantasy. We'll also include contact requests (which may be edited if they become too long or too explicit). If contributions come in as they did in 1988, we hope again to manage 8 issues of 12 pages in 1989.

Information: It must be clearly understood that any information given out, while supplied in good faith, in no way constitutes any recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any such information does so at their own risk, and must rely on their own judgement in doing so.

Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or to give them advice specific

to their condition. The membership of *Acorn* includes doctors who have said they are willing to help other members.

A copy of the list of approved (and annually reviewed) Jewish circumcisers (mohelim) is available from *The Initiation Society* or from the Editor of *Acorn*. Most only operate in a religious context, and only on infants, but some are additionally qualified and may be willing to help adolescents or adults in non-religious circumstances.

It is planned to contact Islamic circumcisers with a questionnaire, the results of which (if significant) will be compiled and made available. If any member can help with this survey by sending in the addresses of mosques in their area, please do so: they are sometimes listed in the phone book, or are available from local public libraries or (tourist) information offices.

Other Members may be contacted by sending your letter to *Acorn* and asking for it to be sent on to the person named. Thus your address will only be disclosed to the person you write to, and it is their decision whether to reply or not.

Confidentiality: Contributions will be identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Letters may be forwarded anonymously if you wish. Obviously we gain in frankness from being able to write with these guarantees in mind.

T.A.

Puerile Attitudes To Male Sexuality

Dear *Acorn*: I was interested to read about your group in *Forum*. Modern religions have brainwashed us into such warped attitudes to sex that I wonder if your newsletter might not turn out to be 'tacky' and puerile, but if anyone can rescue men's most powerful symbol from nursery language, schoolboy sniggering, adult furtiveness and 'puritan' spite, they will do us all a favour. The obvious way to resolve any doubts is to subscribe: please send me your newsletter for a year.

J.W. – Swaffham

[Dear J.W.: Thank you for having the courage of your curiosity. I hope you like the contents, and will write in to explain your views more fully. — T.A.]

Physiotherapy

Some thirty years ago, when I was a young teenager, I sustained a football injury, colliding with an opposing player and severely bruising the top of my left thigh. The school doctor prescribed a course of six therapy treatments.

The physiotherapist was a young, attractive Indian woman, who I surmised was shortly to qualify. She was conscientious and ever mindful that I was in considerable discomfort. The treatments necessitated my removing my trousers and underpants while she administered alternate treatments of heat and light massage. At first she spoke little, and only to ask me how I felt the treatment was progressing.

By the time of the fifth treatment the injury had improved considerably. I found her light touch erotic, and quite suddenly found that I had an erection. I remember being embarrassed and wondering if I should comment on the situation, and if so, what to say. But then she said: 'You have a healthy skin', and lent over and pulled my foreskin back. I later found out that she meant to say that I had a long foreskin.

My embarrassment was instantly replaced by curiosity as the treatment became much more relaxed and informal. It was soon clear that she much enjoyed manipulating and playing with my foreskin, pulling it right forward, then back, and then feeling my frenulum. She became much more talkative, telling me that she came from a tribe in North India on the borders with Nepal. She told me that the boys there were born with short foreskins, so that by adolescence the glans was permanently exposed. In childhood the foreskin was either lightly tattooed or pierced to indicate the individual's status in the tribe. Never before had she seen anyone with such a long foreskin, and asked if this was usual in England. I told her that my foreskin was probably longer than average, but that the length did vary considerably from one individual to another. She appeared never to have heard of circumcision and thought it most odd and unfortunate for anyone to have an operation like that. She continued to fondle my foreskin and penis, and soon I climaxed, covering her hand with semen, at which she giggled with delight.

I was naturally looking forward to the final treatment the following week, and kept wondering what to expect. After a brief examination and treatment of my thigh, she was soon eying my penis, and the erection which grew as she did so. Again my foreskin intrigued her, and she found it difficult to keep her hands off it. Quite suddenly she asked me to stand up. For a brief moment she turned away to unbutton her white coat and lift her dress to reveal that she was wearing no knickers. Without further ado, and saying nothing, she mounted my rampant erection, which soon disappeared into her moist pussy. She clasped her arms around my neck, while my arms supported her bottom. When the tip of my penis felt her cervix I thought she would knock me over. Her arms were tight around my shoulders and she buried her face in my neck. At the moment I climaxed, I sensed a further shudder down her slender body. As

she felt my erection beginning to lose its vigour, her grip on me tightened: she was having repeated orgasms. I had never experienced anything so erotically ecstatic. But then her grip loosened, she eased herself back onto the floor, and we stood looking at each other in exhaustion. What an introduction to the delights of sexual intercourse! What a physiotherapist!

W.M. – Kingston

Against Infant Circumcision

I must congratulate Ivan Goodhart on his send-up of the circumcision scene entitled 'Have I the right?' in Issue 2/89. At first I was incredulous when I thought he was seriously advocating that, because some very few neurotics might have difficulty in finding a doctor daft enough to entertain their whim in the absence of a medical reason, that because the occasional low-grade lad neglects to wash under his foreskin, that because a father has to take decisions on his son's behalf, he should therefore have the right to mutilate him, and that all boys should be circumcised at birth. Hello, I thought, we have a right ayatollah here. But then I realised that this sort of bigotry and arrogance, in his absolute conviction in the rightness of his cause, in the face of overwhelming evidence to the contrary, just can't be for real.

As one whose anguish at having his sex-life ruined by the psychological and physical effects of circumcision in infancy to satisfy someone else's obsession has gone on record, I do tend to be appalled by the lip-smacking relish with which some people contemplate a mutilating operation which they will probably never have the bottle to undergo – but I've no quarrel with them if it is only themselves they have in mind. Those who advocate the wholesale mutilation of infants too young to protest, to satisfy some perverted inner craving, are guilty of unconsidered barbarity and a total dereliction of another person's human rights.

R.B.W. – Bedford

[Dear R.B.W.: How sad that you feel so threatened by Ivan Goodhart's carefully argued viewpoint, and that you should have found it so difficult to come to terms with what must have been a fact of all your own life, especially as your perception of your own problem seems to have prevented you from experiencing the pleasures and worries of trying to make the best decisions for children of your own. Those of us who have tried to do so, knowing the great advantages of circumcision ourselves and wishing to ensure them for our boys have encountered much opposition and elusiveness from the medical profession. This is the reason that *Acorn* exists: to make available information and advice and to give space to the arguments on either side from which conscientious parents can draw, and from which individuals who have made their own decision about the value of circumcision can benefit. So that we can better

understand what has given rise to your own sense of bitterness about being a roundhead, I hope that you will write in again with an account of when and how you discovered that you were circumcised and how this came to have such traumatic significance for you. — T.A.]

Pleased With A Dorsal Slit

I wish I could thank the doctor who circumcised me when I was about 5 days old, but logic tells me that he is probably long-since dead. In my opinion he did an excellent job. It would appear that the foreskin was cut just once, along the top side. This means that there is loose skin on the underside of my penis which is full of sensitive nerve-endings and is very useful as I can rub it against the frenulum when masturbating. No extra lubrication is necessary, as in the case of men who have had most or all of the foreskin cut away. I have observed that the glans of my erect penis is much larger than average. I have also noted that this is the case for men who have been circumcised in infancy. Is this the exception, or the rule?

As far as adults are concerned, circumcision could be regarded as a form of cosmetic surgery. I have often wondered why people are not shown pictures illustrating the various ways in which circumcision can be done and the resulting appearance of the penis afterwards. As I have not encountered many men with my form of circumcision, if any reader wished to create such a book, I would volunteer myself for photography. Patients are shown the types of nose they can have after an operation: why should another part of the body be treated any differently?

According to statistics I read somewhere, I am one in ten thousand. At the age of 14, I discovered that by bending over I could easily put my penis in my mouth. This made an interesting variation when it came to masturbation. It increased my knowledge of the anatomy of my penis and taught me to overcome the problems encountered when indulging in 'souxante-neuf' (69). I am sure that members of the *Acorn* Group are already aware, but it is not common knowledge that in such a position it requires dexterity of the tongue and the ability to keep the teeth out of the way in order to achieve the maximum sensuous results. Ideally fellatio should be carried out when the frenulum side of the penis is against the tongue.

Having visited numerous saunas, nudist camps and beaches in England and Europe, I have observed that among men under 40, circumcision is becoming rarer. This is a pity, as I think that an exposed glans is one of the more pleasurable sights on a naked male body.

The practice of drawing back the foreskin is not so common amongst Germans, and they form the large majority of nudists. Perhaps a reader could satisfy my curiosity on one point. While visiting a nudist camp in Corsica, I met a very nice couple (man and wife). I happened to notice that whenever I

saw them on the beach, the man's foreskin covered his glans, but as soon as he saw me he drew it back. This happened on a daily basis. Was there some significance? Was he trying to tell me something? I have asked several people, but so far no-one has been able even to hazard a guess. I can report that amongst all the Continental men, there are more circumcisions in Switzerland than in any other country.

One unfortunate difference between Englishmen and men on the Continent is cleanliness. I refer specifically to uncircumcised men. The English leave a lot of cleanliness to be desired. I have had the pleasure of having quite a variety of cocks in my mouth, but have learned to make a thorough inspection of both appearance and smell before treating an Englishman, which is one reason why I am very partial to a circumcised penis. Some nudist camps have open bathroom/showers (mixed), and I have observed many men pull the foreskin back and clean the glans as part of their daily washing procedure, but this is rarer among the English.

I.M. – Crawley

[Dear I.M.: The man you met in Corsica may have shared your preference for the appearance of a bare glans, but may also have been worried about the risk of sunburn in the Corsican heat – or he may have been hoping that you would make the next move. — T.A.]

Improver Brings No Improvement

Four or five years ago, having seen an advertisement, I thought that my vital statistics could perhaps do with improvement, so I sent for a penis developer. Oh, yes, it worked! For a while, to see one's member enlarge inside the plastic tube was quite fascinating. It was also rather uncomfortable having it drawn out in all directions.

After each session, however, His Nibs reverted to his normal humble self within an hour or so. The user is told to keep up the treatment for a while, which I did: a year at least. In the end I gave up, a sadder and wiser man, and the developer went. Not a millimetre's difference anywhere. Trying was fun, but really it was a waste of effort and money. Indeed, I blame the developer for a loss of much sensitivity which I have not since recovered, probably as a result of damage to blood vessels or nerve endings.

Fred – Barnet

Tight Foreskin

This talk of therapeutic foreskin stretching under anaesthetic is all very well, but is it necessary? Anyone who has read the first chapter of *Walter's Erotic Memoirs* will see how quickly and effectively a bit of energetic sexual activity at puberty can relieve a tight foreskin. I found the same thing. I was blessed (cursed?) with a prodigiously long foreskin which defied all attempts on my part to retract it. A classmate with a similar condition had come to the attention of the district nurse, who had the reputation of being a rapacious foreskin collector. I had been disturbed to watch him suffer after he was given the chop, and to see his poor little cock when he showed it to me the next day – though within ten days he was wanking again, and proudly showing off how far he could pee. Unlike him, at the age of 13 I had still not set eyes on my knob, although I wasn't particularly worried as I'd never had any trouble with it.

Then one Monday during a football game I got a terrible crack on the hip: it hurt like hell and gave me a 'dead leg'. A woman who lived nearby was watching and saw the incident took me home for first aid and a cup of tea. She helped me off with my muddy football shorts, and, while I stood in front of her in my underpants, she sat on a stool and studied the bruise. She bent my injured leg, putting my foot on the stool between her legs, told me to put my hands on her shoulders to steady myself, and started vigorously massaging my hip bring the life back. At once I became aware of my cock shaking and leaping about inside my pants. Her large breasts were doing the same thing under her blouse and, most exciting of all, her wrap-around skirt fell away on either side to reveal her thighs and the dark bulge at the front of her skimpy knickers, just inches from my toes.

To my embarrassment I felt the front of my pants lift as I got the inevitable erection. Then, to my abject horror, it suddenly burst through the slit in my pants. There it was, in a state of disgraceful rigidity, wagging about in front of her face. She flicked it with her finger and then burst into peals of laughter; but seeing my stricken look, she did her best to soothe me. "It's not your fault," she said. "I suppose it's mine, for showing my knickers" (though she did nothing to hide them). "Anyway, that's the nicest willy I've seen for years", and, with that, she took hold of it and examined it carefully.

By now my erection was almost painfully tight, and my cock looked like a long white sausage. Through the taut foreskin the knob was sharply defined and was visibly darker in hue, while the foreskin hung from the end in a long, narrow tassel with a pink bud at the end. She commented on how long it was, and asked, "Do you have trouble pulling it back?" I just shook my head, speechless with my own excitement and with her familiarity, mentioning such a thing. "I wonder?", she said, and holding it firmly, she started to slide the skin back. But she never even succeeded in uncovering the eye. "Uh O", she said, "I thought it was a bit tight". She then started asking whether I had

been examined by the school doctor, whilst gently sliding the skin forward and back again as far as it would go. I revealed my fear that I might have to submit to the same operation as my school friend. "Nonsense", she said. "No one needs be circumcised. We'll soon put it right."

With that she started stretching the tight opening by repeatedly pulling the foreskin forward and then energetically pushing it back again as far as it would go. Under this repeated pressure, the elastic skin gave a little, and eventually the pee-hole came into view. But at that moment the delicious sensations caused by her hand movements overwhelmed me, causing my first ever orgasm, and I splattered the front of her blouse with my emission. Before I could be embarrassed by this, she said "don't worry about that. The important thing is to get your skin loosened up. We'll need to stretch it a bit more than that, so come back tomorrow. If you leave it too long it'll only tighten up again."

I went back the following day after school. Once we were in the bathroom, she extracted my penis from my flies and again stretched my foreskin back and forth over my erection, this time revealing a little more of my knob. Inevitably the lascivious handling of my sensitive penis caused me once more to swoon with delight. This time she caught my emission deftly in the wash-basin. But instead of letting me tuck my subsiding willy away in my trousers and sending me off, she picked up a knitting needle with a small knob at the end, inserted this under my foreskin, and pushed it back as far as the rim, then moved it first to the left and then to the right. She could not move it far before it stopped, and I cried out. "Looks as though you have got a bit of a problem with adhesions there", she said, taking out the knitting needle, which was covered with a whitish substance. "And a smegma problem", as she rinsed it off under the tap. Then she told me to try and pee into the basin. After a few moments I began to do so, and as I did, she pinched the tip of my foreskin tightly. The mounting pressure of the urine caused it to swell up, until even her firm grip had to give way and the urine flowed into the basin with a jet like a fire hydrant. "That's my boy", she said, as she allowed me to tuck my willy away, feeling like a piece of wet string. "Same time tomorrow."

My visits continued every afternoon for the rest of the week, and followed the same pattern. Eventually the last of the adhesions was freed, whereupon the whole foreskin ballooned out like a big wobbling golf-ball, with every vein visible. Commenting, "success at last", she let it go, but instead of letting me put it away afterwards, she pushed the foreskin back. This time it went on, right back behind the glans rim and on down my shaft to form a bunch of ruched skin in front of my balls. "There you are. The district nurse can't touch you now - but make sure you wash it every day and you'll find the girls won't be able to resist it! But you had better come back again on Monday after football."

This time, when I eagerly hefted my erection out in front of her, the tip was red. I pulled back the foreskin to show her proudly what we had achieved

together while my tumescence continued to mount. Her call of “careful” came too late: when I tried to pull it forward again, I could not get it back over the rim. “Never mind. I’ll show you what to do”, she said, clasping her fingers around my red and throbbing cock. With a weekend’s abstinence, it wasn’t long before I climaxed, despite the unfamiliar and supersensitive feel of my bare glans. Then she opposed her thumbs and used them to squeeze my glans between them. After a few minutes my erection subsided and the foreskin slid forward to its accustomed place. “You’ll have to be careful of that, and keep on stretching the opening, or you may get it caught there”, she said.

Thanks to the efforts of this kind and knowledgeable lady, I find myself the proud possessor of a fully mobile and supple foreskin which is a delight to all the girls who have handled it, and of course to me. I have kept up the habit of ballooning my foreskin quite frequently when I pee. I find it produces a pleasant sensation of tension and helps to keep the smegma to a minimum. Is this habit widespread, and is its value as a means of reducing adhesions generally recognised, or was it just a flash of inspiration on the part of my lady friend? I’ve never seen the subject mentioned before, but there must be others beside me who have experienced it: let’s hear from them!

I sometimes wonder if it was really necessary for me to keep going back to the lady for all the rest of the school year for further stretching, and if she really needed to pull me to orgasm each time. But I didn’t complain!

Steve J. – London SW10

Making Comparisons

In issue 3/89, V (Shropshire) certainly seems to have done his homework, or rather his fieldwork, on the matter of cavaliers and roundheads. I had not realised there were such opportunities for regular viewing of others wanking, and without any awkward personal contact. His findings about the relative numbers of cavaliers and roundheads, however, I find completely contrary to my own experience.

Like many of your readers, I am sure, I have been fascinated by other’s private parts for as long as I can remember. At Grammar School during the 60s the showers and changing rooms gave ample opportunity to satisfy one’s curiosity and, I suppose, enjoy a little exhibitionism oneself.

I think it was in the second year, aged 12 to 13, that I was particularly keen on ‘cockspotting’. I would attempt to observe every other boy in my class and year in the nude and to gauge what sort of cock he had. At that age there was a very wide variation in development and characteristics to observe. Some were still little boys and others were definitely young men.

Every cock was different: Roundhead/Cavalier? Knob partly exposed? Short/Long? Thin/thick? Was the knob pronounced? Pubic hair: how much, and what colour? Were the balls conspicuous? A special treat, of course, was when perhaps a few Sixth Formers would be showering and you could watch their long cocks flop and sway as they walked. I wasn't the only one who showed an interest in that.

I took down one of those long school photographs I have. Twenty years on, I can look at the faces and remember the cocks of 53 of the faces on the photo. Ten of them were roundheads. I wonder whether being a roundhead himself, our correspondent made sufficient allowance for the fact that for many of us cavaliers our foreskin retracts naturally as soon as we start to become erect. I sometimes observe myself in a mirror and watch the knob gradually revealing itself fully as my cock stiffens and grows.

Around that age I was always ready for any fun and games with anyone who was interested, either in a quiet corner at school or at Scout Camp. I have very fond memories of those times. Are there any readers who would be interested in swapping accounts of exciting experiences at that age?

J.R. – Telford

Circumcised At 20

Dear Tony: Many thanks for my membership in *Acorn*. I have been looking for a group in which I could join in a discussion about circumcision and related issues with informed, reasonable people. I am 27, married for three years to an American, and am living in the Boston area until we move to Britain, hopefully within the next 12 months. I discovered your group through the entry in Tuppy Owens' *1989 Sex Maniac's Diary*.

Shortly after I was born my parents took me to the doctor and asked whether circumcision was advisable. To their disappointment (I think), they were told that it was no longer considered necessary so I was brought up in a state 'au naturel' with a foreskin that fully covered my glans, although there was never more than an eighth of an inch or so of overhanging skin. I was never aware that other males were equipped significantly differently: in school I did not notice that anyone was different to the overwhelmingly foreskinned majority. Looking back, if anyone was circumcised, he was very discreet, maybe through awkward feelings of not being the same as the rest of us.

I discovered masturbation when I was 14 and over the next few years I perfected the art of gently rubbing the prepuce backwards and forwards for the best orgasm possible.

The earliest recollection I have of the mention of circumcision was when Jimmy Young had it as a topic of interest on the 10am-1pm slot on Radio 2, in about 1975 or 1976. About the same time it was discovered at school that

someone in the class a year ahead of me had been circumcised, which was used as joke/embarrassment material but the last laugh turned out to be on the joker, as the boy concerned suddenly found that the girls were more interested in him.

Throughout my teen years I gradually found out more and more, expanding particularly in February 1981 when I read an article by Keith Gordon in *Knave* vol 13 no 2. It was as a result of this that I first seriously considered having myself trimmed. I didn't do anything for over a year: the problem was finding a doctor willing and able to perform the operation, and I certainly wasn't going to approach the family GP. Eventually I wrote to Keith Gordon somewhere in Cumbria, and I also wrote to *Forum*. Both advised me of the name and address of a Harley Street physician, so in November 1982 I finally got up the courage and made an appointment. He sent me a prescription for anti-erection pills, so the stitches wouldn't pull out in the early days after the operation. On Saturday 20th November 1982 I masturbated with a foreskin for the last time, and took the first of the pills. The following Friday at noon I arrived in Harley Street. I was extremely nervous, as I am sure many other *Acorn* members may have been, but the doctor was very matter-of-fact and he got on with it.

The only discomfort was when he injected the local anaesthetic each side of the base of my penis. He asked me whether my penis was its normal size and proceeded to draw a line around it. This was followed (I wasn't watching) by the odd sensation of scissors cutting away at me. Suddenly it was over, and I was stitched and bandaged. It took a total of half an hour. I dressed, noting his advice that tight underwear (necessary on this occasion to keep everything in place) could be harmful to fertility. I then paid the £50 and left.

The first 6 hours were a little messy as I bled a little more than I expected, but nothing serious. I faithfully kept myself clean and used the sterile bandage the doctor had given me. This lasted 4 to 5 days, and the stitches started to fall out after about a week. Masturbation was possible a few days later, 10-12 days after the operation.

On balance I was very pleased with the outcome. I would never again have to bother about smegma, which had never been a serious problem but always seemed to be there unless I was freshly bathed or showered.

The appearance was much neater and cleaner-looking. As aesthetics were a prime motivating factor, this was important to me. And it satisfied a long-term curiosity. There were draw-backs of course: I had to modify my masturbation technique to rubbing the shaft gently, and only just touching the glans as I did so. Over a period of time I found that I tended to masturbate slightly less, but the orgasms were more intense. When urinating I found it necessary to learn the technique of shaking the drips off, instead of pushing the foreskin back and forward to wring it out.

Some of your correspondents seem to have been immediately aware of the sensitivity of a newly bared glans rubbing against underwear. I must say that this didn't happen to me: it didn't feel significantly different. I didn't get raging erections through friction with the cotton, although over the six and a half years since, there has been some loss of sensitivity.

My main regret is that I didn't have sex with a woman before I was circumcised. Looking back I wish I had, just so that I could contrast the two states even better. The only outlets I had had at that time were normal wanking or rare mutual masturbation sessions with my younger brother through my mid-teens.

I also wish that I had found out more about the various techniques of circumcision before the operation. The doctor removed sufficient skin so that I can now only pull the skin on the shaft far enough forward to partially cover the glans, and this is when I'm flaccid. If I had known, I would have asked him to remove as much as safely possible. Indeed, I want to know more about a revision or a re-circumcision operation. Has anyone had a revision? I'd like to correspond with such a person, and maybe see photos before and after. And when I return to Britain I'd like to attend one or more of *Acorn's* meetings to discuss the matter further.

S.W. – Boston (USA)

[Dear S.W.: It sounds like Dr Newell who did your circumcision. He used to prescribe stilboestrol to prevent erections, but others do not think it necessary. He retired 4-5 years ago, and so did Keith Gordon more recently. It would be interesting to hear why you want the revision operation which you mention. But be reassured: tightening up is probably even simpler than an initial circumcision. There are at least two medics in London doing revision operations, and one *Acorn* member has been tightened up by each in turn. One charges in the region of £100 and the other about £200. I look forward to hearing more from you, perhaps on masturbation methods before and after, your impressions of the incidence of circumcision in the USA compared with Britain, and women's attitudes. I regret not hearing the Jimmy Young show you mention: do other members remember it? — T.A.]

Hygiene

Dear *Acorn* Group: I would like to join. As a small comment, I would like to suggest that there are in many families still remnants of the Victorian attitude to children summed up in the comment: "Don't touch yourself 'down there'." Superstitions take several generations to die out. If a child, boy or girl, says "My big toe hurts", the nearest adult will say "Show me your foot". But if a small boy says "My penis (or willy, or cock or whatever) is sore", does he receive the same sensible reply in all families? No. The conclusion is that washing the penis is probably much less thorough or frequent than washing

the feet (and, by the smell in some changing rooms, that is not very frequent either). Perhaps that is why circumcision used to be recommended. Now that it is rare in Britain, what price hygiene?

E.R. – London NW10

How To Keep Your Foreskin Back

I was very interested to read the letter from E.S. in *Acorn* 3/89 concerning the possibility of keeping the glans uncovered. I too have made many attempts to do this from time to time. It is a most enjoyable feeling and gives those of us with foreskins the best of both worlds. The method which works best for me is to use a piece of foam rubber (as used for packaging/padding) about $\frac{1}{4}$ " (1cm) thick, cut to a disc about 3" (7.5cm) diameter, with two $\frac{3}{4}$ " slits cut at right angles in the centre. Then simply pull back the foreskin and push the glans through the slits so that the foam rests behind the glans rim, forming a collar to hold the foreskin back. So that the foam stays in place, the slits should be only just long enough to let the glans through when the penis is flaccid. The foam expands enough to allow the penis any degree of tumescence from flaccid to rock hard without any discomfort. I find this an effective, simple, cheap and comfortable way to keep the glans uncovered when I want.

A.R. – Hampshire

Isle Of Man Man

Dear Tony Acorn, Like so many others, I must congratulate you on the great work you have done with the Newsletters. I have been away since early December, but now enclose a cheque to continue my membership. When I can get a little quiet and privacy I derive much pleasure in re-reading the 1988 newsletters and with more time would write for a book. The 8/88 Issue idea of a survey is good, but probably difficult to achieve widely. I suggest each member provides his own data. Mine are: Size: av. Circumcised: yes. Shaft skin when erect: tight. Age 70, Christian, white.

I was never able to find out why I was circumcised. In my early 20s my mother commented that doctors had been against it, then changed their minds, so I was done at three years old with my elder brother. Later he told me: "Mother wanted you done, so I had to be done too." The ignorance among both cavaliers and roundheads amazes me: many who only have a broken frenulum think they are circumcised. Like one of your earlier correspondents, I like to know if friends and acquaintances are done or not, and it's surprising which ones are shy and which not. I am proud to be one of the roundheads and like to see and be seen.

I.K.

Some Survey Results

I think your idea for a foreskin survey is a great one. I am enclosing my results for January, all of them from a Health Club in North London: not very many, I'm afraid, as the club was closed for a lot of the time. I hope to do better next month.

Person no:	1	2	3	4	5	6	7	8	9	10
Size	av	we	av	av	av	av	av	we	av	av
Circumcised?	C	C	C	C	U	U	U	U	U	U
Glans cover	F0	F0	F0	F0	F12	F8	F10	F4	F10	F12
Opening	0	0	0	0	T	S	T	T	T	T
Age	47	19	24	28	34	34	17	22	34	24
Religion	C	J	?	?	?	?	C	C	?	C
Colour	W	W	W	BL	BR	BR	W	W	W	W

I.G. – BM Box 2252, London WC1N 3XX

Contacts

London And S.E.

Male, 49, circumcised, cheerful and sensitive, seeks masculine male (50+) for discussions of mutual interests and possibly friendship. Massage, nudity, travel, writing and bridge are just a few of my interests. Photograph and telephone number guarantees a reply.

I.D.M. – Sussex.

Leeds

I would be very interested in making contacts to further my *Acorn* interests. I have already collected some information on the subject, not least a wide range of 'rare' videos. I am 38, white, a company director, single, able to travel and accommodate. I am well endowed, and love anything connected with the penis.

D.P. – Adel, Leeds

ACORN

1989 Issue No 5
(Formerly Issue M)

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 to the June issue of *Acorn*, the newsletter of the *Forum* group for people interested in 'cockspotting', circumcision, foreskins and everything phallic: the penis, piercing and 'getting the phallus into the best possible shape', whatever that means to you. This issue is the fifth of 1989, planned for publication in June. It contains the usual interesting range of letters, with modifications of the frenulum as a recurring theme.

Past issues have gone out about every 6 weeks or maybe more frequently. But there will have to be a gap over the summer, maybe until mid-September for Issue 6. To compensate, this issue runs to 16 pages, 4 more than our usual 12. We'll catch up over the autumn, especially if you keep sending interesting contributions for inclusion. Some readers have commented on the rather cramped layout of past issues. Unfortunately there are technical difficulties in achieving a two-columns-per-page layout, but this issue has more spacious headings to items, which I hope will help.

Contributions: Please keep sending your ideas, anecdotes, comments, information, observations and stories, fantasy as well as fact, provided only that the contributions relate to the theme set out above. This issue includes a survey of Members' members: please respond, indicating clearly whether you are a cavalier or a roundhead. Replies will be analysed in a future issue. We'll also take contact requests (which may be edited if they become too long or too explicit).

Confidentiality: Contributions are usually identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Otherwise no name or address will be revealed to another member, but letters will be passed on if you wish to contact another member. Obviously we gain in frankness from being able to write with these guarantees of confidentiality in mind.

Subscriptions: Whether you joined in January or later in the year, your £10 annual subscription pays for all the issues, including 1989 back copies. 1988 back copies (about 100 pages) are available for £5. Subscriptions may be sent by cheque or postal order payable to *Acorn*: receipt will be acknowledged (generally by supply of what you have requested). They should be addressed to *Acorn* at the address on the front page.

Information: Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or to give some specific advice. *Acorn* membership includes doctors who have said they are willing to help other members. However, it must be clearly understood that any information published, while supplied in good faith, in no way constitutes a recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or

by the *Forum Society* or its members or officers. Anyone acting on any such information does so at their own risk, and must rely on their own judgement in doing so.

A copy of the list of approved (and annually reviewed) Jewish circumcisers (mohelim) is available from *The Initiation Society*. Most only operate in a religious context, and only on infants, but some are additionally qualified and may be willing to help adolescents or adults in non-religious circumstances.

We are contacting Islamic circumcisers with a questionnaire, the results of which (if significant) will be compiled and made available to members.

T.A.

Penis Survey

Dear B.B.: Many thanks for your letter. I am glad that you have found *Acorn* Newsletter interesting. Your suggestion of a penile survey is excellent and I have added a few questions to the ones you suggest. If all members co-operate, we should have a sample of almost 100. The usual confidentiality will apply. Members should, please, write in to *Acorn* with the following information:

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scar line from glans rim.
6. If uncircumcised, how much (10ths) of glans is covered, flaccid.
7. If uncircumcised, how much (10ths) of glans is covered, erect.
8. If uncircumcised, is foreskin tight or loose.
9. When standing against a wall with erect penis, what is the distance between glans tip and the nearest part of your stomach?
10. Your height.
11. Your age.
12. Your identification (eg initials and place).

T.A.

New Member

Dear *Acorn*: I wish to be made a member and receive your regular newsletter etc. What a great idea: I have often thought that a movement dedicated to adoration of the penis would be a step in the right direction, and the guy(s) in charge must be really dedicated. My congratulations. Once I have seen the layout, I think I might have some fascinating items to offer.

To introduce myself: I am 46, bisexual, hairy with moustache and sideburns and light brown hair. I usually have my foreskin over the head when working or whatever, but any sexual reaction automatically makes the skin retract. I have only a medium sized cock with a movable foreskin, and love to masturbate in every way, sometimes with the skin back, but other times I draw it to a tight close and then right the way back. When I piss, I choose on the spur of the moment whether to have the skin forward or back: sometimes I slide it up and down whilst pissing. If you ever want to do a full survey of penis habits, I shall be happy to answer all questions. While waiting to hear from you I shall indulge in my favourite pastime...

Dick S. – Southport

[Dear Dick: Glad to have you aboard. Perhaps existing members would like to suggest the rituals in which a future new recruit should be 'made a member'. At the very least, he should supply a full set of the measurements requested in the penis survey, I think. — T.A.]

My Ultimate Experience

Dear *Acorn*: I am pleased to be able to contribute what I hope will also be of interest to other readers of your newsletter. I am particularly interested in the strength, volume and distance of ejaculation, and especially the intensity of the satisfaction it gives. I have also used penile exercises (muscle flexing, 'twitching', and 'weight-training' – walking around the house with a wet towel draped over the shaft) to enhance the state of my erection. Now, at the age of 38, I have a penis 5" long by 4" round when limp, and 7.75" long by 5.25" round when erect. I can enhance the latter dimensions slightly by constriction, as described below. I have practised a very satisfactory masturbation technique for a few years: abstinence, followed by prolonged manipulation. If I apply constriction either to the scrotum or to the base of the penis this has a prolonging effect which makes the eventual orgasm exceptionally satisfying. If it follows a long period of abstinence, the result is a powerful and copious ejaculation. The best constrictive device I have found is a lady's stocking, as there is some 'give' in it.

I hope that my ultimate experience is not too shocking to your readers. I must emphasise that I have never and will never indulge in this scene in Britain, but in Brazil, where it happened, such things are both perfectly legal

and quite common. My partner in this adventure was female, looked incredibly lovely, was skilled in the arts of sex, and was only twelve years old! I must start by admitting that I have always been turned on by the idea of having sex with a girl of this age, so during a recent visit to Brazil I was determined to indulge myself in a way which would be unthinkable in Britain. I wanted to combine this with experiments in masturbatory techniques.

I began with a period of abstinence: about two weeks is the right length. During this time I tried to find the right girl: I love sheer beauty, and I needed time to find the best. Eventually I was introduced to a madam who kept a photo album of her girls with all their details: she had about twenty. I spent some time looking, and then chose a stunningly lovely little girl shown wearing a black leotard and described as: Betina, aged 12 (this had been altered twice, indicating the early age at which she had started on the job), white, blond, long-haired, 137cm tall, with a figure 77, 48, 76. I quickly converted these figures to the more familiar 4'6" tall and 30", 19", 29.5".

I soon found myself sitting naked on a bed in a suburban house in Sao Paulo, waiting while Betina splashed in the adjoining bathroom. When she entered the room I gulped in astonishment at her overpowering prettiness: her picture had not done her justice. She was a real flower-fairy of exquisite loveliness. She was quite naked except for a straggly bunch of narrow pink ribbon which fell down one side of her long golden hair. Her breasts were as small as two rosebuds, her legs long for her height and beautifully sculptured and slightly athletic. Only the faintest golden blush of soft down tinged her pubic mound. She came towards me and stood between my open thighs. I reached out to touch her, and as I spanned her waist with my trembling fingers I thought I would come at once, so great was my lust for this thin little beauty. I explained to her that to start with I wanted her to prolong my coming as much as possible. Only after I had come 'in the open' would we have full intercourse. There was no hurry, as I had booked her for the whole evening. As a start I got her to tie a stocking around the base of my shaft. Then I lay back against the bed-head with Betina sitting on my thighs so that she could wank me like a boy would his own prick. Despite her young years she was almost an expert, and within two minutes I was on the point of coming. I tugged on the two ends of the stocking and she ceased her manipulations for a few moments. When my feelings had subsided a little, I allowed her to carry on. Betina interrupted her gentle wanking by stroking my cock against her belly. Then every now and again she would slide her bottom back towards my knees and, bending forwards, would give a few sucks to my aching, tender penis. I had to pull even tighter on the constrictive binding. This caused the veins on my penis to swell and gave the whole shaft a gnarled appearance and made the head grow remarkably.

We had been at this for about half an hour, and it was almost impossible to restrain myself any longer. Loosening my grip on the stocking, I just let nature take over. Betina stroked me against her belly for another half-minute

or so, then I felt the most fantastic sensation bursting through the whole of my lower body. My penis jerked twice then erupted in pumping great spasms as enormous squirts of semen jetted about three feet in the air, spattering Betina's belly, breasts, face and hair with the creamy white fluid. I yelled in ecstasy as my penis continued to squirt its load. Each squirt must have contained as much as a normal ejaculation, and in total there must have been enough to fill a small egg-cup: the ultimate experience had been well worth the fortnight's abstinence! Having waited so long, I was soon erect again: within less than half an hour I was entering Betina. This was an incredible experience, due to her small size, but she urged me on until I was fully embedded in her tight, hairless cunt. Now she really showed her skill: we had a slow and wonderful fuck, resulting in a mind-blowing orgasm for me. I made Betina come herself by indulging in a prolonged 69. She had absolutely no inhibitions, and although I had no come left she kept me firmly erect throughout this.

Perhaps I should feel guilty at having satisfied my lust on such a young child; but in Brazil such things are common and perfectly legal, and what I paid for my pleasure kept her warm, fed, and away from the Square where so many orphans gathered to steal and sniff glue. One guy I met regularly picked up girls as young as nine who would willingly suck him dry for an appropriate payment.

R.H. – Kent

[Dear R.H.: Despite the justified clamour in the press against child sexual abuse, this is just the kind of (s)exploitation to which destitute teenagers are being driven by the collapsing British welfare state. At least you seem to have treated Betina with some consideration. Your comments on your constriction and masturbation experiments are likely to be of interest to other members; so would a mention of your cavalier or roundhead status. — T.A.]

Frenulum Modification

Dear Tony: A few years ago I pierced my frenulum (usual method) and ended up with a well-healed hole about 5mm in diameter from which I suspended a gold ring. As I am still uncut and have difficulty with trapped pubic hairs in the rolled-back foreskin, I decided to go one step further and cut the frenulum. This I did by 'strangling' it in two places with catgut, applying a liberal amount of 'Solarcaine' and cutting the dead middle portion with a razor blade. As both ends were tied, there was little bleeding. What should I do about the ends of the frenulum, which are still 'alive' but are unattractive. Should I tie and recut them closer to the shaft and glans, or is this best left to the surgeon when I go for circumcision, which I plan to do soon? And do you know of any useful anaesthetic which can be bought over the chemist's counter, other than Solarcaine and Wasp-eze?

The glans is more exposed now, which is what I had intended. But I am left with two 'stumps' which, several days after they were cut, are still extremely painful to touch during erection. It seems to me that this is because there are some sensitive nerve endings exposed. I have come twice since severing the frenulum by rubbing the sides of the glans only. The loss of the frenulum has altered the pre- and post-ejaculatory sensations altogether: sensitivity is reduced, which is what I wanted anyway. Is this unusual? I can not find reference to retention of the frenulum being of any significance in any of the books on circumcision.

Iain – Oban

[Dear Iain: So long as the sensitivity of your two little frenulum tags is not due to infection, there is no cause to worry: the pain will go once healing is complete, which should be within a couple of weeks. The two anaesthetics you mention are useful for such minor operations, but not for long term use afterwards. Wasp-eze includes an anti-histamine, which helps to keep down inflammation. If the two tag-ends of frenulum are still prominent and unsightly some weeks after the operation, they can be dealt with as before, by tying and cutting. But they are likely to shrivel and merge into the shaft skin. A circumcision operator is likely to leave this area untouched, so you are best to achieve the result you want first by your own method. — T.A.]

Dear Tony: It was reassuring to know that I had not created a life-long problem for myself by cutting my frenulum. You were quite right: both ends of the cut frenulum have healed. The one nearest the glans has almost disappeared and the other has shrivelled up to be almost invisible, although I can still feel a small lump where it was, so I think I shall ask the surgeon when he does the circumcision if he will tidy it up for me.

By cutting the frenulum I have greatly reduced the sensitivity of my glans before and after ejaculation, which I am pleased about. Previously as I brought myself off I reached a peak which was so 'sharp' as to be painful. Now there is a much slower build up to the point of no return, taking longer, and followed by a more 'gentle' downward arc.

The initial objective in cutting the frenulum was to help keep my foreskin off the glans. This has been successful when I am erect. I also find that when I masturbate with my hand I am able by using the thumb and forefinger to massage the area between the back of my glans and the top of my cock, which of course wasn't possible before and now creates a pleasant feeling.

I am sure no one cock resembles or feels like another, but I wonder if a cut frenulum might help others who have a sensitivity problem and suffer from acute premature ejaculations. I can personally say that they have nothing to lose by trying it.

Iain – Oban

Frenulum Problem

Dear B.B.: I hope that I can help you with your question about your frenulum, though of course you must rely on your own judgment in deciding whether or not to follow these suggestions and advice.

Your photo shows a very neat circumcision with a fairly unobtrusive scar-line about an inch from the glans rim and no loose skin on the shaft when erect: as you say, a quite severe circumcision, and one of which to be very proud. From the appearance of the scar, I'd guess it was done in infancy: am I right? Do you remember anything of having it done? The photo also shows the very pronounced web of prominent frenulum, stretched tightly and causing the head of your penis to turn downward. The short answer to your question is that if you cut through the frenulum, I doubt very much whether there would be a problem with it rejoining as it healed, especially if you ensured a daily erection while it heals to prevent the scar-line contracting. But there is also a more interesting long answer.

Whatever you do, I must emphasise some important precautions.

- (1) preparation: collect together all the equipment you need in advance, and ensure that you have a good couple of hours free of interruption in which to work. Choose a well-lit place to work, provide a seat for yourself and a table (a tray will do) within easy reach for your instruments. Have a wipeable cover for chair and table (a plastic pedal-bin liner is excellent; if new it will be clean).
- (2) sterility: all instruments must be sterilised, if metal by heating to at least 140 degrees C, either in a pressure cooker or (even better) in a dry oven, for at least 20 minutes at full temperature. Plastics etc should be soaked in an antiseptic solution (Savlon, Dettol etc), overnight.
- (3) cleanliness: you should sit and soak in a hot bath with antiseptic fluid in it (not excessively strong: follow the instructions) for about 20 minutes before operating.
- (4) bleeding: if cut accidentally, do you stop bleeding fairly quickly, and heal up well? Unless you do, you may encounter problems and should not go ahead.

First, have you thought of piercing the frenulum? The piercing could then be stretched, which might well reduce the tension which is bothering you, as well as offering other interesting possibilities. Obviously if this solution proved unsatisfactory you could cut it later. The frenal area tends to bleed quite freely, especially when the penis is erect, so don't be alarmed by this. The blood supply is from very small blood vessels which stop bleeding quite quickly, especially when the penis becomes flaccid again. There is no artery in the frenulum: any danger lies in a deep cut into the spongy tissue which

forms the bulk and structure of the penis, and which produces an erection when filled with blood; but working carefully and using scissors rather than a scalpel can easily avoid this danger. Bleeding can generally be stopped by compression: simply cover the bleeding area with a piece of gauze (which can be left in place later) and grip the bleeding area very firmly between finger and thumb, or even between opposed thumbs with your fingers interlinked to strengthen the pressure. If 20 minutes of this is unsuccessful, try cauterising (see below).

A piercing should be made as close as possible to the underside of the glans, so as to involve as much as possible of the frenulum. A 'keeper' is necessary to keep the hole open while it heals. Several materials are suitable for this (a plastic 'quill' toothpick, for example) but probably the best is to get yourself a stainless steel ring closed by a ball (a Barbary ring); the ball is sprung into place with a pair of circlip pliers, and is then secure. Ordinary ear-rings are too easily bent and lost. I don't recommend a key-ring, as it is difficult to get on and difficult to keep clean where the surfaces touch. The advantage of a ring is that it can be moved in the piercing. Choose a fairly thin one, of a diameter which will stay neatly behind the glans rim if you want it there rather than hanging free. The piercing should be made with a needle of the same diameter as the ring. A large sewing needle will do, but if you can get a suitably large hypodermic needle (perhaps from a veterinary supplier) that is even better. You will need something firm (ideally a rubber cork) to press against, and will need to push the needle through far enough for the hole to be the right size. The ring is inserted as the needle is withdrawn: this can be tricky and may need some determination: don't panic! Once in, it helps to stop the bleeding. Keep a good supply of absorbent toilet tissue to hand, as it is excellent for catching any blood, and can be effectively disposed of in the wc. The ring **must** be kept there until fully healed and until any inflammation or swelling has subsided: don't attempt to take it out for at least a month and preferably three, or you probably will not get it back in again. You are unlikely to need much of a dressing on it, but some Fusidin ointment and a single strip of gauze could be used, held together and in place by a little sticking plaster. The ring can be moved around to keep it clean and prevent a scab forming. If the area needs washing to dissolve away any matter adhering to the ring, use a weak solution of peroxide in water, but **not** an antiseptic solution: the antiseptic is sufficiently corrosive to damage healing tissue and to set back the healing process. Once fully healed, you can start stretching it by applying tension. It is possible to use a weight, but probably better to use a rubber band anchored either to a shirt button or to an elastic garter worn just below the knee. You can also get a tapered ring and gradually stretch the hole by pushing more of the ring through. Fusidin ointment can be bought at a chemist: it is Vaseline based and helps lubricating and healing, or sterile Vaseline would probably do. I found that there was considerable pleasure arising from the tension on the frenulum, which kept me aware of the area. Once stretched substantially, the downward pull on your glans will be eliminated. You can

either keep it as a loop or cut it off.

If you want to cut the frenulum, either after piercing it as above or directly, a single cut will probably leave a couple of tags of skin hanging loose, which would spoil the streamlined appearance which you have gained with circumcision. In a boy, the tags would probably disappear with the growth at puberty, but in an adult such as yourself it would be better to cut the frenulum away (excise it) rather than just divide it. Because of the mobility of the skin, it is best to grip it firmly with a pair of locking forceps (obtainable in electronics shops such as Tandy, as well as from medical suppliers). Then two cuts, one from the direction of the tip and the other from the direction of the base of the penis should be made, forming a very wide V with the ends of the cuts meeting at the point of the locking forceps. The best instrument would be a very sharp pair of scissors: check first on a piece of paper that the blades close very firmly on each other, to avoid a pinching effect. Scissors also have a slight crushing effect, which helps to reduce bleeding. But your problem will be to stop the bleeding. If it continues copiously, this can be done by cauterising it: carefully touch the bleeding points with the fine tip of a hot soldering iron and the heat will coagulate the blood and stop the bleeding (the heat of the iron will ensure that it is sterile). A similar Fusidin or Vaseline and gauze dressing can be used, and will need to be changed whenever it gets wet with urine. It would also be wise to use an absorbent pad to protect your clothing from blood: either a pad of toilet tissue, or part of a disposable nappy or a female sanitary towel would serve well, held in place with tight Y-front pants.

A piercing probably does not need any anaesthetic, but excision may well do. Whatever happens you want to be able to complete the job and not be prevented from doing so by pain. Waspeze can be obtained over the counter from chemists, and contains an anaesthetic and an antihistamine: the latter will help to keep down inflammation and swelling; it is sold for wasp stings and is sprayed on from an aerosol can. It stings a little initially, until the anaesthetic takes effect. Ralgex may be worth trying as an alternative, as may be other such sprays sold for treating sports injuries. Try experimenting first, and have two cans available in case the job takes longer than you expect. If it comes to the worst and you end up with a half finished job or really uncontrollable bleeding, your best course is to go to a hospital accident dept, and to say it tore during unusually active sex with your wife (to avoid suspicion of homosexuality/AIDS). But I think there is more than enough advice here to avoid that eventuality.

You can get rings from the following addresses, of which the best is probably Carter, who has quite a good range, including the Barbary rings and the tapered rings: measure yourself up (flaccid & erect) for diameter first (use a pen and a piece of cotton, then a ruler), and phone for current prices.

Mr Sebastian, 321 Panther House, 38 Mount Pleasant, London WC1X 0AP. Tel 01-837 3226

'Have your erotic piercings carried out by recommended piercing specialist. 38 years experience.' (*Forum advert*) Martin Spencer, tel. (0285) 72350 (Gloucestershire).

Personal Jewellery: V.J. Carter, PO Box 14, Winsley, Bradford on Avon, Wilts BA15 1YW tel. (0221) 222240

Edward J. Fenster Jr, 1922 Hoover Road, Zephyrhills, Florida 34248, USA tel: (813) 788 0147.

The essential thing to remember is that it is all very simple really, especially if you know what to be prepared for. I shall be very interested to hear how you get on.

T.A.

Dear Tony: Many thanks for your very informative letter. The details and suggestions are very helpful, and I will let you know how I get on if I decide to take some action against my frenulum.

B.B.

Medical Examinations

Dear Tony: Thank you for all your work in producing the *Acorn* Newsletter. It is most informative and very interesting. I must confess that I always thought that I was alone in my fascination by the penis in all its shapes and forms, and that I had to be some sort of freak. Now I know that many share such an interest.

Like many of your correspondents, my awareness of the penis in its circumcised and uncircumcised states began in the showers and changing rooms during my teens in the late 50s/early 60s. At my grammar school in Essex, virtually all of my age-group had been circumcised at birth. I was no exception and thus I was especially curious to study the penises of the few boys who had been left uncircumcised. I wanted to find out all I could about the two differing states.

One particular aspect of penis care still puzzles me after all these years since my school-days, and I have seen it only mentioned vaguely in past editions of *Acorn*. Just what exactly does and should happen to boys and men at medical examinations? In my case, and with all my circumcised school friends, our penises were not examined, but nor were those of our few mates who were still uncircumcised. Likewise, a year or so later at college, a friend with whom I shared rooms, who was endowed with what looked like a tight foreskin, denied ever having had it examined by a doctor, nor ever being questioned about it.

Living in what was predominantly a circumcised community, these young men may have been too embarrassed to admit to having their penises checked out. On the other hand, if they were telling the truth, then surely the doctors were at fault, as uncircumcised penises need more care than circumcised ones. After all, I and most of my peers were done at birth in order to avoid possible problems later in life. If that was not so, then why on earth were we cut?

During the years since I left college I have met two or three men who have admitted to having had their uncircumcised penises examined at medicals. In each case they claimed that they became erect and climaxed as a result of the doctor's manipulation of their penis. All of these men save one admitted to having quite long foreskins. The one exception, whom I saw naked on numerous occasions in the showers, had a very short, loose foreskin. At his medical for entry to the Merchant Navy the young doctor said that all recruits had to have a thorough check-up prior to going to sea. Thus, despite the fact that his prepuce hardly covered his glans when limp, the doctor still insisted in not only retracting it to see if it was free from smegma behind the glans, but also that it was not tight when erect. He added that in conversations with other recruits, they all mentioned that they had experienced a similar ordeal in the hands of this young doctor.

Perhaps the strangest account of a medical was that given by a student, about the last medical at his public school in 1984. Up to this date he had had an annual medical, and never had his penis been checked, nor had he been questioned about it. But at the last one, when he was in the 6th Form, a new young doctor examined him. This was altogether more thorough. At the beginning, he was told to strip off completely, which had never happened before. At the end of the examination, the doctor told him that, as he had a long foreskin, he would have to check that it was not too tight, as so many boys with foreskins as long as his often needed circumcising. This student friend also experienced an orgasm under the doctor's constant pushing and pulling of his prepuce, and he cleaned him up with a tissue. Eventually the doctor told him that he was OK, but that he must always pull it back when peeing. Then he told him to go and have a shower, where he joined the boy whose medical had preceded his. This chap said, "Not you as well?", for his cock was also very red from the doctor's manipulations. The remarkable thing was that the second boy had been circumcised at birth: the doctor had held his penis shaft and pulled down on it, telling him that he was testing the scar tissue.

I find it hard to believe that circumcised men need checking out in this way, but perhaps medical opinion has changed since my school days, as indeed it has on the whole subject of circumcision. On the other hand, I can accept that uncircumcised men and boys should have their penises examined to see if their foreskin can retract easily and that hygiene is being maintained.

Perhaps *Acorn* readers would write in with accounts of their experiences at medical examinations. It would be especially interesting to hear from men

from other countries. I have heard that in the USA great pressure was put on uncircumcised recruits to the armed forces to get them to have a circumcision. Could you, Tony, let us know exactly how a boy or man, circumcised or uncircumcised, should be examined at the various stages of his life, so as to keep our cocks in the best possible shape.

M.A.L. – Ware

[Dear M.A.L.: At birth a boy is checked for undescended testicles and other abnormalities of the genitals, but since the 1950s the foreskin has generally been left out of this examination. My advice would be that by the age of about five his foreskin should be checked thoroughly. In 90 per cent of boys it should be fully retractible by the age of four, but that is psychologically not a good age for him to face circumcision, so it is better to wait at least until he is well established at school if circumcision is required. At this stage it is important to check that there are no adhesions between foreskin and glans, especially at the glans rim. Any that are found should be stretched gently but repeatedly until they part, since if they are left they will become progressively tougher. It should also be impressed on the boy and his parents that he must pull his foreskin back to pee, and must also pull it back to wash under it thoroughly every day.

A similar check at the age of about 12 should see if he is starting to show signs of pubertal growth of the genitals. Again at 15 or 16 a lad should be examined thoroughly to ensure that the growth and developments of puberty are virtually complete. If not, hormone treatment with testosterone should be considered. This is also an important age for a check of the foreskin, to ensure that after the glans has grown the foreskin can still be fully and easily retracted over it. With the additional secretions of adolescence, another purpose of this examination is to see that he is keeping on top of the smegma problem. Should circumcision be thought necessary, it is obviously better to arrange it at this age rather than to allow a potentially far-reaching problem to develop later through frustrations in his sex life, whenever that should start. The opportunity should also be made for him to say for himself if he would like to be circumcised.

Clearly there is much less to worry about if a lad has been circumcised, but I would still wish to check that the outcome of the circumcision gave even tension at each side and that there was no twisting effect from faulty apposition of the cut edges when stitches were inserted. Sometimes a poor circumcision leaves unsightly tags of skin which it might be advisable to have tidied. Sometimes the shaft skin may have become so slack that the glans is covered much of the time, raising the possible need for a revision circumcision. This is often a problem with an obese boy, whose penis may almost disappear in the fat: in such a case, both the foreskin problem and the weight problem have to be tackled. It is as important for roundheads as for cavaliers to check that

the penis and testicles are developing as they should at 12 and that they are functioning normally at 16. — Tony]

Literary Foreskins

Dear Tony: Here in the UK we seem to be very coy about the subject of circumcision compared with the States where lively exchanges of correspondence take place in the media. Occasionally you see a daring article in a quality paper here, such as that reproduced in Issue 6/88 from *The Independent*, or a previous article in *The Times* reporting on the growing anti-circumcision movement in California. Other than that it is difficult to find informed comment on the subject. Even *Forum* goes through patches where it hesitates to discuss the subject, hence the popularity of *Acorn*.

Very occasionally you see the subject discussed, usually in tantalising brevity, in works of fiction or biography here. A notable example is Brian Aldiss' *Hand Reared Boy*, in which he describes at length his fascination with foreskins, in particular the variety of those of his three wanking companions in boarding school and his resentment at his father for depriving him of his. Another classic is Molly Bloom's famous soliloquy in James Joyce's *Ulysses*, in which he describes her burning curiosity to see whether her new boyfriend is circumcised and her fascination in rolling his foreskin back when she finds he is not. In his *God of the Labyrinth* Colin Wilson describes how a governess unwittingly provokes her charges' erections during a caning and then adopts the habit of retracting their foreskins 'for health reasons' whenever possible thereafter.

To continue, Anthony Burgess describes his irritation with a doctor who pesters him to get himself circumcised to correct a tight foreskin in his autobiography *Little Wilson and Big God*, and Mary Macarthy in one of her earlier novels reflects on the disadvantages suffered by the Jews on seeing the raw-looking genital of a friend's circumcised son. Marie Stopes, the first feminist, enigmatically demands that a playmate for her son, selected from an orphans' home, should not be circumcised. Another famous feminist, Germaine Greer, surprisingly enough is reputed to have declared her distaste for circumcision.

D.W Thomas in his *White Hotel* describes the discomfort of a Russian who, on going into a sauna in the USA, finds he is the only uncircumcised man there. And finally, although Molly Parkin and Fiona Richmond write purely to titillate, their frequent expression of views on foreskins and circumcision is quite illuminating. Molly Parkin reacts strongly against her father's disapproval of her going out with 'a circumcised sod' (a Jew), and Fiona Richmond, on 'entertaining' a Spanish football team, including the reserve, sees fit to declare that every one of them still had his foreskin.

This list comprises those books that stick in the mind after years of reading. I can't help feeling that there must be many other books in which the subject is aired. How about *Acorn* compiling a list? Such material is the bread and butter of your readership.

R.B.W.

Thanks, R.B.W., for giving us a good start. I am sure that other readers will be able to add to it, even with a single title, and I hope they will write in and do so, and will also include pro-roundhead as well as pro-cavalier items. There are many books on the travel and anthropology shelves, some of them in libraries and some in second hand bookshops which may interest readers. The following is a selection of some of the most easily found:

- Barley, Nigel (1983). *The Innocent Anthropologist*. (Penguin, 1986)
- Barley, Nigel (1986). *A Plague of Caterpillars*. (Penguin, 1987)
- Basedow, H. (1925). *The Australian Aboriginal*. (Adelaide)
- Bjerre, Jens (1956). *The Last Cannibals*. (London: Michael Joseph)
- Bryk, Felix (1934). *Circumcision in Man and Woman: its history, psychology and ethnology*. (New York: American Ethnological Press)
- Cawte, John (1974). *Medicine is the Law: studies in psychiatric anthropology of Australian tribal societies*. (Honolulu: University Press of Hawaii)
- Edwardes, Allen (1976). *The Jewel in the Lotus: A Historical Survey of the Sexual Culture of the East*. (New York: Bantam Books)
- Edwardes, Allen (n.d.). *The Rape of India*. (Julian Press)
- Edwardes, Allen and R.E.L. Masters (1970). *The Cradle of Erotica: a study of Afro-Asian sexual expression and an analysis of erotic freedom in social relationships*. (London: The Odyssey Press)
- Firth, Raymond (1936). *We the Tikopia*. (London)
- Humphreys, C.B. *The Southern New Hebrides, an ethnological record*.
- Koenig, Oskar (1956). *The Masai Story*. (London: Michael Joseph)
- La Fontaine, J.S. (1985). *Initiation: ritual drama and secret knowledge across the world*. (Harmondsworth: Penguin Books)
- Langley, Myrtle S. (1979). *The Nandi of Kenya: Life Crisis Rituals in a Period of Change*. (London: C. Hurst and Co)
- Layard, John. *Stone Men of Malekula*.
- Leakey, L.S.B. (1977). *The Southern Kikuyu before 1903*. (London: Routledge and Kegan Paul)

Meggitt, M.J. (1965). *Desert People: the Walbiri People of Central Australia*. (University of Chicago Press)

Niemoeller, A.F. (1947). *Chastity Safeguards: a study of the mechanical means of preventing sexual indulgence, in both men and women, employed in different times and countries*. (Girard, Kansas: Haldeman-Julius Publications)

Pavey, Roger V. (1981). *The Kindest Cut of All*. (New Horizon, 5 Victoria Drive, West Sussex. ISBN 0 86116 121 1)

Remondino, P.C. (1891). *History of Circumcision from the Earliest Times to the Present. Moral and Physical Reasons for its Performance, with a history of eunuchism, hermaphroditism, etc., and of the different operations practised on the prepuce*. (Philadelphia and London: The F.A. Davis Co, Publishers)

Spencer, B. and F.J. Gillen (1899). *The Native Tribes of Central Australia*.

Spock, Benjamin (1973. Originally published 1946). *Baby and Child Care*. (London: New English Library)

Thesiger, Wilfred (1959). *Arabian Sands*. (London: Longmans)

Wagner, Gunter (1949). *The Bantu of North Kavirondo*. (Oxford University Press)

Weightman, Gavin. 'These you have lost'. *New Society*, 17 June 1976: 623-4.

Foreskin Stretching

Dear Tony: Very many thanks for the several issues to date, all quite fascinating in their content. I enclose my cheque for £5 for the 1988 back issues.

Further to my letter on foreskin stretching ('Tightskin', issue 2/89), perhaps my method might be of interest? With the thumb and forefinger of my right hand I draw back my foreskin as far as possible behind the glans. With my left hand underneath my penis I use that thumb and forefinger to hold the bared shaft behind the glans. I then roll the foreskin forward with my right hand, over the fingertips of my left hand, so that the foreskin is doubled back on itself. Then I ease out my left hand fingertips and there it is: the glans fully exposed, and it remains uncovered for as long as I wish. In my case I keep it exposed for most of the time, and it is greatly admired when all the surrounding hair is removed (balls and all).

I can stretch the foreskin further by using a roll of tissue (toilet paper) and inserting this under the foreskin: this can be increased in quantity week by week. Tight foreskin? No problem. Easily stretched. Little by little.

D.N.C. – Deal

Circumcision Rings

About two years ago I had a copy of a fascinating book, *Foreskin*, by Bud Berkeley, an American who I think was also the founder of the Uncircumcised Society of America, 'USA'. He discussed many aspects of the subject: childhood memories, experiences in the services, and events in adult life, all concerned with foreskins and circumcision. One reference which I found particularly interesting was to the use of 'circumcision rings', but unfortunately no details of these were given. The reference was in the context of the embarrassment which could be suffered by uncircumcised boys in a community where all their contemporaries were circumcised and it seems that the purpose of these rings was primarily to give the appearance of being circumcised. Presumably it would also achieve whatever were supposed to be the advantages of the operation at that time. As I recollect it, the account in the book is by a man who remembered circumcision rings being fitted to his younger brother aged about twelve by his father. The rings were apparently left in place for four or five years and when they were eventually removed, the foreskin remained in the retracted position to which it had become accustomed, with much the same appearance as that of a penis which was actually circumcised.

This seems to suggest that the rings were not only comfortable to wear for long periods but were also fairly inconspicuous and I imagine there must be many people as well as myself who would like to know exactly how this could be achieved. Does any member have information on 'circumcision rings' or, better still, know enough about them to give detailed instructions on how to fit them?

E.S. – Salisbury

[Dear E.S.: Berkeley's book gives very little detail. The fact that the rings were fitted at about age 12 indicates that they must have allowed for the considerable penile growth of puberty, and therefore can not have been fitted around the penis shaft. My guess is that they were fitted in foreskin piercings in a way which held the foreskin behind the glans. This could be easily done by pushing back the foreskin, pinching it together at the side and piercing it in and out parallel with the shaft, inserting a small gold ring there, then similarly piercing the bunched foreskin further round and inserting the same ring there. A second ring would be inserted at the other side of the shaft. In practice great care would be needed to place the rings symmetrically, and it would be best to use a clamp or clip to hold the foreskin in place while the piercings were being made. The bunched foreskin would cover the two small sectors of ring, and to all appearances the lad would have a foreskin which remained permanently retracted. With growth of the penis and disuse of the foreskin, it would probably shrink considerably, and after some years the rings could probably be removed. But it would be essential to keep them in place for a long time, since if they were removed they would be very difficult to put back. They would have to be much stronger than ear-rings, not capable of

being pulled apart under the considerable strain of a powerful erection, and made of a non allergenic metal (gold, surgical steel etc). They should give many of the advantages of circumcision, with reversibility. — T.A.]

Balanitis

Dear Tony: I always thought that balanitis was caused by poor hygiene and an accumulation of smegma. But from several items in the newsletter it seems that those with a tight foreskin and an accumulation of smegma often do not have a balanitis problem. There also seems some doubt as to the origin of smegma and why some men accumulate more than others. I do think that urine can irritate the glans and foreskin: perhaps acid urine is the main cause of infantile balanitis? I think that if it is necessary to retract the foreskin each time one pees, then one might just as well be circumcised. Presumably by keeping the glans as dry as possible this would also prevent balanitis. Views, please.

Bill – Kingston

[Dear Bill: Urine is mildly acidic (except with certain illnesses). Balanitis is similar in appearance to 'nappy-rash', which occurs when bacteria react with urine to convert it to (alkaline) ammonia. Bad cases in circumcised boys can result in an ulcer near the tip of the glans, which is why circumcision may be better left until a boy is out of nappies. The problem can usually be prevented by washing nappies properly or using disposables by changing them more frequently. Balanitis is usually confined to the foreskin, and appears to be caused by bacteria (probably from under the foreskin) acting on urine retained by the foreskin. On a recent visit to swimming pool changing rooms, three out of 13 boys aged about 8-10 were seen to have reddened ends to their foreskins, so the problem is fairly common. — T.A.]

Keeping The Foreskin Back

Dear *Acorn*: From early puberty I have been interested in everything phallic. My own cock is uncircumcised, but I have kept the foreskin pulled back since I was 12 years old. I was brought up in a part of Africa where most cocks were uncircumcised, except Muslims and Jews. However I was taught by black friends to keep my foreskin pulled back as they thought it encouraged one to develop a larger cock. They used to rub a herbal ointment on theirs.

I notice when in the showers after playing sport that most in this country are uncircumcised and if they get a partial erection in the showers their foreskins only come slightly back to reveal the tip of the glans. All of my partners, both male and female, have said they prefer a roundhead. I often fantasise about a mixed group in which all the males have large cocks which

have been well developed by frequent use, coupling in every possible position with eager females.

E.L. – Bath

Feminine Attentions

Dear *Acorn*: I was about nine when my parents were killed in the blitz. I went to live with my aunty for a couple of years. There wasn't much about me that she liked, but what really upset her was my long foreskin. She was a rabid circumcisionist and treated my foreskin as if it were a loathsome excrescence. She would scrub it in the bath until it was raw, and once took me to the doctor demanding that I be circumcised. He checked me out and then told her not to waste his time: I didn't need it.

This wasn't much comfort to me, though, because she then started a campaign to make me realise what a nasty thing a foreskin was. She told me that nice girls wouldn't look at me: only low-grade girls would have anything to do with a boy with a foreskin. Under aunty's verbal onslaught and frantic cleansing I developed a neurosis about my foreskin and wondered why my parents had been so negligent in not having it removed.

Then my luck changed, and I was evacuated to the West Country. Things couldn't have been more different. I found myself in a friendly household run by three large jolly women with a number of smaller kids. From an atmosphere of fear and worry I was transformed into a happy cheerful environment.

Saturday night was bath night and the three ladies supervised a communal bathing session. The kids were done first and then it was my turn. I dreaded being undressed in front of the women and letting them see my hated foreskin, and so I was horrified when the older one told the daughter not to forget my willy. To make matters worse I immediately got a rigid five-inch hard-on; mindful of the harsh treatment I had received from my aunt, I cowered away, clutching my balls. They weren't having that nonsense! The older one pinioned my arms and held me up straight whilst the younger one bent down to inspect me, chiding me for being silly. When they saw my erection they shrieked with laughter and started tweaking and twanging my rigid plonk. Then the older one handled my foreskin (which was so long that it still completely covered my knob), stripping it right down my shaft as far as it would go, while the other two watched with interest. After a quick inspection she poured a mug of water over it and slipped the foreskin forward again. Not a word of criticism or disgust. I was amazed.

Afterwards the daughter, sensing that I had some sort of hang-up, asked why I was so shy. I told her tearfully about my aunty's views and how I wished I was circumcised. She told me my aunt was a wicked woman to say such things, and that my cock was a perfectly normal specimen and any girl would be happy to have such a well-equipped boy-friend.

She tried to bolster my confidence in my organ in a number of ways, saying that circumcision was a 'townie' fad. Besides, the foreskin was a valuable protection for a man's knob, and a plaything the girls would never tire of. She practised what she preached, frequently slipping a hand down my waistband to fondle the little spout of skin on the end of my cock, and at night when she tucked me in, she would put her hand under the bedclothes and squeeze and tug it with the expert hand of a milk-maid until I had an erection, then praised my development (five inches wasn't bad for an eleven-year-old). The waves of gloom and neurosis which had enveloped me in aunty's house slowly disappeared, but I still yearned for my foreskin to disappear. One night, as she tucked me up in bed as usual, I had the unexpected and unbelievable pleasure of my first climax. I thought I had wet the bed, but she simply congratulated me on becoming a man, and wiped it with a handkerchief. I was never entirely convinced by her remark about 'townies', but I it wasn't until I returned to London to work that I had the chance to get myself circumcised and, finally, achieve the roundhead status which aunty's attentions had convinced me was essential to a proper state of cleanliness in a man.

H.R.

Scottish Yearnings

Dear Tony: I can't tell you how much I have enjoyed your *Acorn* newsletter and how much I look forward to each new issue. I think you provide a much needed service for young cavaliers contemplating surgery. I am a cavalier, but have fantasised all my life about what it might feel and look like to be a roundhead, while never having the courage to do anything about it. My fear is that I would not have a second chance, and I might be disfigured for life instead of becoming a sexy glamour-boy. Last year you had a letter from a man who was displeased with his first circumcision. He described his ideal and intended to have a second operation to achieve it. That I admire.

In the sauna I have observed that some unfortunate men have been butchered, while others have found a sensitive and skilled surgeon who took a pride in his work. I have seen many examples of sculptured perfection that look so natural, it is difficult to accept that they weren't born like that. They just can't help radiating male sexuality: what a waste it would be if they had not found such a good surgeon. There are also the many handsome devils with beautiful bodies who have retained their thickly padded foreskins, giving not a hint of what lies below. What a waste – he might as well be fully clothed: if he were neatly and sensitively circumcised, he would be an adonis.

L.J. – Glasgow

ACORN

1989 Issue No 6
(Formerly Issue N)

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

Hello Again: Here's another good long issue of *Acorn*. This one includes: contributions on medical examinations, a long article from an *Acorn* who circumcised himself, information about the Uncircumcised Society of America, another encounter in South America, comments about penis hygiene, the significance of circumcision in Simon Raven's fiction, plus some replies to the penis survey: as usual, many letters both pro- and anti-circumcision too. Please keep writing in with your own ideas, anecdotes, comments, stories and observations, information, fact as well as fantasy, on our general phallic theme: cockspotting, circumcision, foreskins, 'getting the cock into the best possible shape' and putting the phallus to its many enjoyable uses. We also take contact requests (which may be edited): more would be welcome.

Subscriptions: Your £10 annual subscription pays for all the 1989 issues, including back copies. 1988 back copies (about 80 pages) are available for £5. Subscriptions may be sent by cheque or postal order payable to *Acorn*. Receipt will be acknowledged (generally by supply of what you have requested). They should be addressed to *Acorn* at the address on the front page.

Information: We hope that members will learn much from *Acorn*. Some may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or give specific advice. *Acorn* members include doctors who have said they are willing to help other members. It must be clearly understood, however, that any information published, while supplied in good faith, in no way constitutes a recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any information in this newsletter must rely on their own judgement, and does so at their own risk.

Confidentiality: Contributions are identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Otherwise no name or address will be revealed to another member, but letters will be passed on if you wish to make contact. Obviously we gain in frankness from being able to write with such guarantees of confidentiality in mind.

T.A.

News Items

Turkey: Some 30,000 ethnic Turks have been allowed to cross from Romania (where their religious life and customs have been systematically repressed for many years) into Turkey, where they are being accommodated in tented camps as refugees. Although destitute, one of their first actions is to organise the circumcision of their sons, accompanied by much celebration. (*Daily Telegraph* colour magazine, 27 July 1989).

Brunei: “Six heads of state from South-East Asia yesterday met to witness a major event in the little sultanate of Brunei: Crown-Prince Al-Muttadeh Billah was circumcised, thereby taking the decisive step into the ranks of adults, according to eastern custom.

The Heads of State from member countries of the South-East Asian alliance ASEAN, which joins Brunei with Indonesia, Malaysia, the Philippines, Singapore and Thailand, were all present for the ceremony. Before submitting to the knife, the 15-year-old prince drove in a cavalcade of cars through the streets of Brunei’s capital Bandar Seri Begawan.” (*Aftenposten*, Oslo, 4 August 1989). The Indonesian and Malaysian representatives, as Muslims, would understand. But one wonders what the others thought of the occasion: Catholic Mrs Cory Aquino of the Philippines, or the Chinese President Wee Kim Wee of Singapore, or Buddhist King Bhumipol Adulyadej of Thailand.

Circumcision In Simon Raven’s Fiction

Dear Tony: A friend at work lent me some copies of *Acorn* and I was amazed to see a ‘taboo’ subject so openly discussed, with women, too, making forceful comments. Really, how times change! It struck me that your readers might find it interesting to consider a popular writer’s views on circumcision which have intrigued me for years, and the comparison he makes between men’s and women’s attitudes to the subject. If so, they could do worse than read Simon Raven’s wicked satires on public schools, the army and academia, particularly in his latest series.

The theme of circumcision occurs repeatedly in his later books, and Raven has what I take to be a typical public school love/hate relationship with the foreskin: wildly erotic on someone else, but he wouldn’t want it personally! A number of leading characters in his books start off with foreskins but invariably finish up without them, or insane, or dead. On the whole, the male characters in Raven’s books seem to approve of circumcision, rather than actively disapproving of foreskins.

Those women in his books who express an opinion on the subject seem wholeheartedly pro-foreskin. One such, a precocious fifth-former called Baby Canteloupe, describes the intense enjoyment she gets from playing with the uncircumcised penis of a new boyfriend, and the relish with which she experiments with rolling his foreskin back and forward. The boyfriend later undergoes circumcision and, with it, a character change: from being rather shady, he becomes a pillar of society.

Similarly a lady who is married to a Jewish professor insists on her son retaining his foreskin ‘for aesthetic reasons’, despite the natural objections of her husband, and in fact to spite him: she is slightly contemptuous of him. [But note that, as Jewish status is inherited through the mother, there would be no religious obligation to have the son circumcised. — T.A.] When he has to be circumcised in his early teens to relieve a tight foreskin, despite

vigorous manual efforts on her part to free it, she is absolutely devastated. On being circumcised, this boy, too, undergoes change of character and status from a malevolent little swine to Head of School. Raven obviously has a chip on his shoulder if he thinks removal of the foreskin can change someone's character.

From reading letters in *Acorn*, I think the division of attitudes Raven describes is reflected by your readers. Most of the men seem to go for circumcision, whereas most women who bother to write seem to favour the foreskin. Do you think this is the case in the country as a whole? *Acorn* is about the only way we'll find out!

Yours sincerely, Jim T. – London N16

Wee Willies

Dear Tony: Recently you asked how the penis is held when urinating. I have observed more men hold their cocks with thumb on top and fingers underneath than the reverse, and they do seem to be the 'working-class' types: taxi drivers, lorry drivers, labourers, etc. 'Businessmen' types seem to prefer fingers on top in an effort to hide their cock from any onlooker, and even qualify their shyness or embarrassment or anti-social behaviour by turning away at a pronounced angle.

Isn't it wonderful, though, to have the good luck to be with a guy who is quite happy to let you see absolutely everything in action, including the exposed testicles! As for myself, I cannot recall any tuition or suggestion from parents as to how to hold it. I have always guided my smallish friend when flaccid with thumb on top or sometimes forefinger. When somewhat stimulated, I piss with thumb on top and one or two fingers below.

I have always enjoyed pissing over myself in the bath. It seems to be, after the purity of soaping and scrubbing, a final act of decadent perversity to raise myself a little out of the water and empty my bladder over myself before turning over in the water and jumping out. I prefer to do this with an erection if possible. I know it is a bit difficult to piss with a hard-on, but if I make sure I'm bursting beforehand, it is much more exciting.

Although many men may regard urinating as a mere bodily function, taken for granted and done when necessary, I feel sure that some fellow *Acorn* members have more than a fleeting interest in the subject. It would be most interesting to hear of experiments, fantasies and experiences of piss activities. I'm sure you will agree that it is a very important and exciting function of the penis and requires more investigation.

Dick – Merseyside

Penis Hygiene

Dear *Acorn*: I spent part of my childhood in a boys' home in the North of England. Of this episode, what sticks in my mind is Thursday nights, when 15 naked boys of all ages and sizes were paraded in the showers for their weekly bath, supervised by the nurse, an amiable and dumpy lady whom the boys adored. As I recollect, no attempt was made to teach the boys hygiene of the private parts, but immediately after the bath we were lined up again, naked and shivering, for a 'short-arm inspection'. Nurse would examine each boy in turn, palpating his groin and testicles for hernias before pulling the foreskin right back to inspect the glans. The older boys got erections in anticipation, and so too did some of the smaller ones including myself. Nurse pretended to take no notice, but you could see that she found our response flattering and enjoyed handling so many erect penises.

Two of us stood out from the crowd: one who was circumcised, and myself with an unretractable foreskin. The circumcised lad received minimal attention, but nurse got quite perturbed about my tight foreskin. She would try and stretch the opening over her little finger, provoking a rigid erection, and would then run the skin back and forth, forcing it a fraction further over the glans each time. I found this quite painful but tremendously arousing. She eventually succeeded in freeing the moist purple glans from its hood. I was of course grateful to her, but can't help feeling it would have happened sooner or later anyway.

The question then arises, do we make too much fuss about teaching genital hygiene? I have never found it necessary to wash all the time, and I'm sure that the fact that it was constantly exposed and the foreskin kept mobile with frequent masturbation kept it from becoming offensive. Later, of course, when I started going out with girls old enough to be adventurous, I took a lot more trouble to keep my parts fragrant: only an insensitive clod would fail to do so. But even there I found problems. Too much washing removes all the natural secretions round the knob and until I generate a new coating of moisture I find the dryness quite uncomfortable. Plain water does not help and spit's not much better. Anyone know of a suitable lubricant to relieve a dry foreskin?

M.D. - Harpenden

South American Encounters

Dear *Acorn*: Your issues this year have been great. I was most interested in the letter from R.H. of Kent (5/89 issue) about his experiences in Brazil. I had a similar experience in Colombia. A chap approached me when I was sunbathing nude on a beach. After some talk he invited me to come along to a fisherman's hut where there were three others and a girl of 14 years. She had beautiful breasts and her skin was copper coloured (she was a mestizo, half white and half Amerindian). Her main interest was sucking cocks and

then having one man mount her doggy style whilst she took another cock in her mouth. We had the most beautiful sex in various permutations.

It was interesting to see that all five cocks were uncircumcised. One of them had a string of tiny beads wound around his cock on a long elastic thread to a width of about one inch – he said it kept his cock semi-hard most of the time and gave extra stimulation to a woman when he was fully in her cunt. Another of the men had an erection of 8” with a frilly foreskin edge which only came half way down his glans when erect. Watching him fuck our girl was a beautiful experience in rhythm, and he was penetrated by another cock at the same time. I am interested to know if a survey has been made of racial differences in cock size. I observed that the South Americans of mixed blood (Spanish/Amerindian/Negro) were very wide at the base of the penis, but generally not longer than my own 7.5” when erect. I have kept my foreskin pulled back from early puberty, although I am a cavalier. Perhaps R.H. of Kent would also like to enlarge upon his penile exercises in a future issue of *Acorn*? Keep it up!

E.L. – Bath

Circumcised, And What A Relief!

Dear Tony: First let me congratulate you on an excellent newsletter. I enjoy it so much! It's not before time that the whole fascinating subject of the penis and indeed circumcision were brought out into the open for discussion. I certainly hope that through the newsletter guys can see that there are many other guys interested in foreskins and circumcision, and that perhaps they will benefit from the knowledge.

My own story is fairly typical. All through my teenage and twenties I struggled with the problems of a tight foreskin. In detail, I had difficulty retracting the foreskin, my glans was super-sensitive to the touch, smegma and smell were constant problems, and the 'rose-bud' of skin at the end used regularly to split and was often sore. My glans was also often very red and sore, which made washing it a nasty experience. I am sure you will agree that I was in a sorry state.

I had hoped the foreskin would loosen over the years, but it didn't. I'm now 34. At the age of 30 I decided to do something about it. So I approached my GP requesting a circumcision for tight foreskin and hygiene problems. Unfortunately the doctor was totally unsympathetic, and would not examine me, still less refer me to a consultant. I was so angry at his uncaring attitude to my definite problem. Shortly after that I discovered the Surgical Advisory Service, and within a few weeks I had lost (most of) that useless piece of skin.

It seems I was cut in the Islamic style, i.e. with most of the inner foreskin retained. I was immediately aware of the new clean look and feel of my cock.

It was truly wonderful not to have to battle with the smell and smegma any more. I also had great fun learning new masturbation techniques. The only problem with that style of circumcision was that the remaining skin tended to partially cover the glans when flaccid. I had hoped when having the operation that the glans would be totally and permanently exposed, which I regard as being of the utmost importance.

Having lived with that style for a couple of years I knew that I had to have it re-done. Eventually I managed to have a revision performed by the NHS in March 1988, having moved and found a sympathetic GP this time. The new style seems to be very similar to the Jewish form of the operation, with most of the inner foreskin removed. It is much better as the glans is now normally exposed and it now has a nice healthy pinky-grey colour. The glans has now become less sensitive (something I particularly wanted) and I am now able to masturbate for long spells (up to one hour) before having a fantastic ejaculation. I can also now masturbate in a variety of ways: with lubrication (saliva, KY, oil); without lubrication; stimulating the glans only or shaft only, or both. It is now so varied! When I had a foreskin I could only do it one way.

Circumcision to me has been one of the most important events in my life. I do not see any disadvantages, and I certainly feel that those who feel mistreated are unaware of the difficulties a tight foreskin can bring. Some guys seem to treat circumcision in the same terms as, say, castration, i.e. 'poor chap, fancy having your foreskin chopped off.' That seems totally mistaken, as circumcision has brought me the joy of always having a clean cock and much more pleasure sexually, particularly in masturbation. I am certainly proud to be a roundhead and, in communal situations like pool changing-rooms, saunas, and at the naturist beach I do not hide behind my towel but 'let it all hang out', as I want people to see that I am a Roundhead and not ashamed to be seen as one. To me, being circumcised is far more natural than having a foreskin tightly enclosing my glans.

There is still one slight problem. As I am rather small when flaccid, the skin will still partly cover the glans when I bend down or sit in certain ways. As I have previously mentioned, I feel that to be properly circumcised the glans should be totally and permanently exposed, and I now am considering a further revision with that aim in mind. I appreciate that you have to be careful about taking too much and thereby causing erection problems, but it seems to me that as I have quite a lot of shaft skin flexibility when erect I could have another $\frac{1}{2}$ " to $\frac{3}{4}$ " removed without difficulty. In issue 5/89, your reply to a letter regarding medicals makes it clear that you are also of the opinion that the glans should be clear of covering skin and I do so agree. In the previous issue 4/89, I note that an *Acorn* has had two revisions performed in London, and it would be a great help to know the names and addresses of the doctors concerned. I appreciate that you will not be recommending them to me and that it is totally my own decision. I guess that one of them is Mr Hasan of the Surgical Advisory Service, but then I may well be wrong.

I should mention that I have a copy of that priceless, amazing book, *Circumcision, an ethnomedical study*. It is certainly a book of great value to me and I find it endlessly fascinating. The photos of the two Turkish boys becoming *Acorns* are instantly memorable. I also find the personal accounts at the end of the book interesting, and often re-read them. I consider the witness to such events to be extremely honoured: how fantastic to see and record the cutting of that useless skin and the person emerge as an *Acorn*. Actually I have an intense desire to be present at such an operation and I wonder how I may achieve this aim? I wonder whether a detailed video exists? Anyway, keep up the good work.

M.H. – London E12

[Yes, both Mr Hasan and Dr Sifman do revision operations. The revised edition of *Circumcision, an ethnomedical study* is available from *Acorn* for £20, to include secure packaging and postage. It runs to 202 pages and includes extensive line drawings, illustrations and statistics. — T.A.]

USA — The Uncircumcised Society of America

Some *Acorn* readers may be able to get current and/or back copies of *FQ*, the official journal of the Uncircumcised Society of America. (*FQ* stands for *Foreskin Quarterly*). It is an A4 size printed magazine published quarterly at \$3.50, illustrated with photos and drawings, with articles and contact adverts about foreskins plus regular reports from US *Acorn*, the pro-circumcision organisation. The *FQ* subscription is \$14 for four issues from Desmodus Inc, PO Box 11314, San Francisco, CA 94101, tel (415) 978-5377. USA club membership is \$25 (including *FQ*) and correspondence should be addressed to Bud Berkeley, PO Box 26011, San Francisco, CA 94126. There is also an organisation called ENIGMA 'for persons into genital modification in its many forms on a fantasy or reality level', with a quarterly members-only newsletter: its address is ENIGMA, c/o Lafargewerks, 2329 N. Leavitt, Chicago, IL 60642 (I have not seen this, but it sounds interesting). Be sure to state that you are over 21 years of age in any correspondence to any of these organisations.

Revision: And Attitudes To Circumcision In The USA

Dear Tony: It was Dr Newill who originally circumcised me, and it appears that I am not the only *Acorn* member to have paid him a visit. Though no longer in practice, it was to him that *Forum* used to refer enquiries for circumcision in the 1970s. He used to prescribe stilboestrol to prevent erections, a precaution no longer followed.

So why am I considering a revision? Again, the principle reason is cosmetic, for the same reason that I never particularly liked my foreskin in the first place. My circumcision is relatively loose, with about 15mm of inner

foreskin remaining on the upper side of my penis, and slightly more by the frenulum. This skin tends to bunch up behind the rim of my glans, and when I am completely flaccid I can pull it most of the way over the glans. This isn't quite what I was looking for, although I didn't know enough to realize it when I first visited Dr Newill.

People tell us that moderation is a good thing in most matters, but in this case my feelings are not moderate: I wish to be completely, utterly circumcised. Including the removal of the frenulum, although I want to know much more about the method and implications of such an excision.

Masturbation methods? Before my circumcision, my customary position would be lying on my back on the bed. I would fully grip my penis, firmly but not tightly around the shaft, using the same grip as you might use to pick up a can of pop (not that I'm anywhere near comparable in thickness!) I would then pull the foreskin back and forward over the glans at a steady rate, maybe 2 or 3 strokes a second. This would speed up as I neared orgasm, of course, and I always tried to time my ejaculation on a down-stroke. I found that this produced a more explosive orgasm, especially if it had been two or three days since my last wank. It also ensured that the semen would shoot further, and it made wiping up afterwards easier as less semen tended to get on my hand or penis. I would normally place a pair of underpants on my stomach to receive most or all of it, to avoid having to go to the bathroom afterwards.

And since my circumcision, the basic position and grip remain the same. The only difference is that now I rub the loose shaft skin up and down, gently rubbing against the glans rim on each stroke. I don't actively touch my glans apart from this, nor do I use any lubricants. Masturbating doesn't take any longer: the speed I reach orgasm is entirely dependent on mood and the length of time since I last came. One thing, though: I find that I am at my 'quickest' after about four days of abstinence. On the rare occasions when it has happened, I have found that after 7-10 days of abstinence it can take a while to remind my genitals of their capabilities. Has anyone else noticed this?

Circumcision in the USA is of course still very popular. Recent statistics indicate that about 60 per cent of boys experience either the Gomco clamp or the Plastibell before they leave hospital. It is a subject of widely differing views, and every once in a while the subject is discussed in the papers or on TV. The rate has dropped dramatically, however, since peaking between 90 to 95 per cent about 15 years ago. There are many reasons, such as:

1. Medical insurers generally won't cover the \$100-\$150 cost.
2. Information and advice, most of which indicate that circumcision is not medically beneficial.
3. Parental concern over possible pain and suffering.
4. Rare but well-publicised mishaps.

5. Lawsuits, notably in California, where parents and doctors alike have been charged with everything from assault to child abuse.

California has a state law that forbids unnecessary surgery without the written consent of the participant. This is a contributing factor to the circumcision rate falling below 50 per cent there. In general the rate is highest in Eastern and Midwestern industrial states, and lower in rural areas. Delaware is the champ, at 96 per cent. Parents tend to opt for the operation for many reasons, such as:

1. So that Jimmy will look like the boy next door and won't be embarrassed in the locker room in years to come.
2. Family history. Your father is circumcised, your grandfather is, your uncles and cousins are, etc.
3. Cleanliness. This reason is magnified, since the vast majority of American women have never seen a foreskin and have no idea how to care for an intact penis.
4. So that it won't have to be done later in life.
5. Disease. Rumours that wives of foreskinned husbands have a higher rate of cervical cancer circulate: they have largely been discredited. However the American Academy of Pediatrics on March 6 1989 altered its policy and indicated that circumcision can prevent some urinary tract infections early in life.
6. Recently a Boston hospital provided another reason. They have developed a procedure that uses circumcised foreskin in the treatment of burn victims.

Women's attitudes? I have the impression that the woman tends to be the decision-maker about circumcision. In some ways this reflects a society that is matriarchal in some respects. Generalization isn't fair of course, but in the normal American family structure, responsibility for health care tends to fall on the mother: just an impression.

As for women's attitudes towards sexual partners, circumcision is their expectation, it's the norm, and no big deal. The few women with whom I've discussed the subject seem to have a quiet, amused curiosity about foreskins, though. Maybe that's why European visitors are sometimes very popular!

S.W. - Massachusetts, U.S.A.

NO-CIRC

Dear Tony Acorn: Before World War II any excuse was good enough to have your little boy circumcised. After the war circumcision was no longer an option: the doctors declared in their collective wisdom that such justifications

as health, social class, preventing of bad habits, cleanliness, were not valid. In the 1970s even those most ferocious of foreskin removers, the Americans, have been undermined by a band of women who formed NO-CIRC. They gained quite wide support, especially in the western states, in their crusade to preserve the nation's collective foreskin against what they described as an illogical, unnecessary and barbaric mutilation.

But the fanatical foreskin loppers have countered. In a desperate bid to halt the rapid spread of the intact penis, which they condemn as Un-American, they have hit upon a new double-pronged approach, claiming that (1) foreskins make AIDS easier to catch, and (2) foreskins lead to urinary tract infections.

My comments are these: as far as AIDS is concerned, anyone who takes comfort from such a claim deserves to be branded twit of the year. As for the second claim, I'm inclined to believe that the infections concerned are very minor ones which clear up of their own accord. After all, if such infections led to a higher rate of kidney disease deaths, or dialysis demands, don't you think we'd hear about it? As one who bitterly resents a wrecked life as a result of an unnecessary mutilation, I have to ask, what has circumcision done to increase the sum total of human happiness?

R.B.W. – Bedford

[To answer your last question, you need only look back to the letter earlier in this issue, 'Circumcised, and what a relief!' Please let us know exactly how your life was wrecked, since otherwise you simply oppose your assertion to the factual and circumstantial evidence offered by M.H. and the other pro-circumcision correspondents whose letters have appeared in *Acorn*.

On AIDS, it seems increasingly clear that the strongest factors facilitating its spread are behaviours which allow the HIV virus into the bloodstream. Shared drug-taking needles are obviously one of these. Others are any form of sex in which there is risk of abrasion or bleeding, anal sex especially. It is possible that the circumcised penis may be less easily abraded, because of the toughening effect on the delicate mucous membrane when it is permanently exposed. But any reduced susceptibility to infection is likely to be only very small: certainly not worth trusting your life to.

On urinary infections and kidney disease, both of them are unpleasant, debilitating conditions. The latter is sometimes fatal, and they are linked. It is a regrettable fact that waiting lists for kidney treatment in Britain are considerably longer than in the US. The US evidence, carefully considered by senior US medical opinion, seems to indicate that the risks of these diseases are reduced by infant circumcision. Why run higher risks for the sake of avoiding a simple surgical procedure? — T.A.]

Another Medical Examination

Dear Tony: Further to Mac of Ayrshire's masturbation method, when I tried it I was damaged inside and out. I must have damaged the urethra, because I remember that having a pee afterwards was a very painful experience. The frenulum, the remainder of the foreskin and the glans all bled.

When I was 28 I applied to work for an American bank as a translator in six languages. To be accepted depended on a medical examination, and I was given the name and address of a specific doctor. I was extremely nervous at the time because I had been ill with duodenal ulcers a few years previously and I was afraid that he would spot something wrong. The doctor in question was well built, a bit like a rugby forward, middle aged, and had a very gruff manner. This indicated that he would stand no nonsense and expected his every order to be obeyed.

First there was a long list of questions, mainly to do with past illnesses: chicken pox, mumps, etc. I told him what, in my opinion, he needed to know. Gradually I relaxed: "This is easy." I thought to myself. Then came the dreaded words, "Please remove all your clothes." With that, he left the room. I stripped down to my Y-fronts, and then paused. Remembering his words, there had been a definite emphasis on 'all'. If I retained my underpants I imagined him returning and saying, "I thought I told you to remove everything." That would have been humiliating, so I removed my last vestige of clothing and lay on the couch. I had never been naked in front of a doctor since the age of nine, and began to feel the beginnings of sexual excitement.

The first job was to weigh and measure me. When on the scales, he moved the weights along the bar. In doing so he brushed his hand against my glans. This excited me, and I had difficulty in suppressing an erection. Back on the couch, out came the stethoscope.

When I sat up for him to listen to my lungs from the back, I noticed, to my horror, that a drop of clear fluid had appeared at the tip of my circumcised penis.

I lay back again and he started to feel around the duodenum and liver area. He asked if I had any discomfort and I said No. With that his hands proceeded to other areas of my stomach, which made my flesh quiver and, in turn, made my penis vibrate. By the time he got to my pubic area I was sporting a full erection. He apologised for causing the erection, but continued to probe around the groin and pubic bone, one hand grasping my penis while the other hand carried out the examination. Then he placed Kleenex tissues on my stomach and said, "I had better leave you to recover." Thus he left the room.

My mind was in a turmoil. I imagined he would write something on the form about me showing 'suspect homosexual tendencies', and that would be the end of that job prospect. The seminal fluid was in full flow, and I thought

that if I were to masturbate, it would all be over in a few seconds. By the time the doctor returned I thought that I would have cleaned up and be back to 'normal'. But no sooner than I had started to stroke my penis than the door opened and in he came. "Is everything all right?", he asked.

I mumbled something about not being able to go into the street in my present condition. His next question was, "Do you want to toss yourself off?" With that I started in earnest. The doctor said that he would continue to fill out the form, and walked towards his desk, which was behind me. As he reached the couch he paused, and the next thing I remember, he was stroking my inner thigh and testicles. This sensation was too much to bear, and I ejaculated with a force which surprised even me. I attempted to clean myself up, but he stopped me and offered to do it for me, seizing several more Kleenexes and getting to work, remarking that he had never seen so much ejaculate before. As I left the building I thought that I would have to keep looking for a job. But my fears were groundless, and I started work ten days later.

Since then I have had a few other examinations but the doctors never attempted to give me an erection. It is my opinion that, as far as adult males are concerned, a doctor who induces an erection does it for his own pleasure, and in the hope that it creates mental turmoil in the patient. As a devotee of nudism, now able to see the world in a much calmer light, my attitude is that if that is what they want, that is what they are going to get. So to any doctors who might read this, should our paths cross, you are welcome to play around with my erection to your heart's content. I will just sit back and enjoy the male blessing of the ability to have an erection. When that ability is no longer there, that is the moment I'll start worrying.

I.M. – Sussex

Incidents When Young

The pathway that finally led to my own circumcision had three definitive turning points. The first was an incident when I was nine or ten years old. During one summer, my parents rented two big rooms in a country house near a lake. Several other rooms were rented to other families for the summer holiday. It was quite nice as there were many children with whom we could play all kinds of games. But one of the games was very special.

I don't remember how I got into the situation: I think I had unknowingly trespassed on the bigger boys' secret territory. I can remember a hut they had built in the woods. Anyway, they thought I needed to be punished. I was taken, struggling and terrified, to some kind of basement room while they talked about the punishment. One of the boys called, "Let's draw him on the guts." I had no idea what this meant, but I thought they would hurt me and I was very scared.

In the middle of the room was a thick wooden support, standing from the floor to the ceiling. Suddenly they pushed me towards it so that it was at my back. Then my hands were firmly tied behind the support. I was their prisoner, and they threatened to torture me unless I kept quiet. I was totally at their mercy, and I realised that by trying to fight back I would only make my situation worse, so I did not dare say a word. All the boys stood around in front of me, excitedly urging each other on. Then, with keen hands, one of them unbuttoned my shorts and snatched them down. A moment later my underpants were around my ankles as well and my small, hairless private parts were in the open air for all to see. Then one boy grabbed my prick, and it stiffened a little. I can remember it well, because I had wondered why it sometimes stiffened. All I knew then was that my prick was only for peeing. As he kept on fingering my prick, I looked down in apprehension, wondering what he was going to do to it. Then, all of a sudden, I felt a very sharp feeling; not pain, but like an electric shock, and now my foreskin was pushed back and my bright red, glistening and shining glans was exposed for the first time ever.

I was stunned. I had no idea that such a thing could be done. The boy still had hold of it, and he kept my foreskin pushed back very firmly, while the others all looked closely at my virgin naked glans. The sight of my own naked glans excited me very much, and I got a violently throbbing erection. Only when they had all had a good long look, they released me. I can still remember very clearly how one boy, the smallest, said: "Are you happy now that it's done?" I was bewildered, shocked, but also excited. The incident taught me for the first time that the foreskin could be pushed back. I did not possibly understand why it was like that, but soon I got into the habit of drawing my foreskin back to look at my glans when I was lying in the bath. It was curious how it came into sight. I almost always got an erection while doing this, but I was too innocent to understand how to take the next step.

Incident Number Two came when I was twelve. I went to school as usual one morning in early autumn. When I entered the classroom, at once I noticed that something was going on. All the other boys were ominously silent, not shouting and calling to each other as usual before the lessons began. I had been off school with a cold for two days, so I knew nothing. Then one boy said: "Don't you know? We've got to have a medical examination during the gym lesson. The gym teacher told us yesterday to wash ourselves thoroughly clean this morning, *everywhere*. Are you clean?" My heart went boom-boom. Wash everywhere? That was ominous. Then I remembered how one of my friends at another school had told me how all the boys in his class, when they were between eleven and twelve, had had a balls-check, as he put it. It meant that during their medical examination, for which they had to be nude, a woman doctor had very carefully examined and fingered their testicles (I guess to find out if they were properly descended). One of his class-mates got an erection, but the doctor just smiled and told the boy to relax. Now we were all aged 11-12: would it be our balls-check? I was a bit frightened, but also in some

way I wanted it to happen: it was a thrill.

Then it was time for the gym lesson. We sat on the benches in the changing room, waiting for what would happen next. Our gym teacher came in with the doctor, a friendly-looking young man. The teacher asked what clothes, if any, we were to keep on. "Underpants only", said the doctor. So we all undressed to our underpants. Then our teacher explained. "You, next to the door of the gym hall, you'll be first. While he is there, you (that was me) watch the door, so that no-one goes through it before he returns. After that, you go in and you (the boy next behind me) stand by the door, and so on. Do you understand?" We nodded silently, and the first boy went in. After a few minutes he returned and we all surrounded him and asked: "What happened? Did it hurt?" and so on. He was bright red, and looked very embarrassed. He did not say a word, but just began to get dressed. What had happened in there?

It was my turn, and I would soon have to find out. I went in, and the doctor, sitting at a small desk, motioned me towards him. Behind his desk was another at which the gym teacher sat. He passed the doctor my health record card, and the examination began. It was the usual thing, looking in my mouth – say ah! – listening to my heart and lungs. Then a pause. Was that all? No balls-check? My heart was beating vigorously. He was looking at the card. Then he said, "Well, now this." As he said it, he put his hands on my underpants at the sides, took hold of the side seams, and gently but firmly pulled them down to my knees. I saw flames. He looked at my small, hairless prick and balls for a while. Then he touched my scrotum gently with his fingers: a balls-check indeed. Then, saying "Now this", he grabbed my prick with his thumbs and forefingers on both sides, right in the middle, and lifted it to a horizontal position. Then he simply pushed my foreskin back – by now it went quite easily – and looked closely at my naked glans. At once, in my thoughts, I was back in that basement. To my horror, my now-erect prick started pulsating. To make things worse, I could see the gym teacher only two meters away, staring insolently. My prick went stiffer and stiffer. Then the doctor just smiled and said, "All OK there too", and flicked my foreskin forward again. The examination was over. I walked back and got dressed. I don't know why, but I had been strangely very excited when I saw how my own glans came to sight as the doctor pushed the foreskin back. I think this feeling might be one of the many reasons for the origin of circumcision: mankind probably invented it during the Stone Age.

Just a few weeks later Incident Number Three occurred. It was perhaps the most decisive on my road to circumcision. A new family moved into the flat next door. They had three children, a girl of about 20 and two boys, one 14 and one 12, my age, called Peter. I liked him, and we soon became friends, as children that age do. We played all kinds of games together, but sex was never mentioned between us. Then, one day, the boy who had told me about the balls-check said that when they had been weighed and measured at school they had all been nude. They had all noticed how Peter was different. "How?",

I asked, of course. He said, "His prick was different." I was very curious to know more, and he said that it was not that it was exceptional in size, but it was a different shape. He said, "It was not sharp and tapering at the end, but round and blunt, stumpy." Of course I wanted to know more, but he couldn't explain it any better. I had to find out myself.

So, when we were playing one day I simply suggested to Peter that we show each other our pricks. At first he did not like the idea, and refused. I tried to persuade him. I had made a scale plastic aeroplane model of a Fairey Gannet which he thought was marvellous. I promised it to him if he would show me his penis. This did the trick, and he agreed. We decided to meet at his place that evening, when his parents would be out. I rang the door bell, and as he opened the door we grinned at each other. We went to his room and started a game of Monopoly. His parents were about to leave. His mother gave us some biscuits and lemonade, and told us to be good. As soon as the front door shut behind them I wanted to begin, but he said we should wait in case they came back for something they had forgotten. We went on playing, and after about ten minutes he said: "OK, let's go to the bathroom."

I remember clearly that my penis was as stiff as a pencil in my pants, so stiff it almost hurt. When we got to the bathroom I said: "Starkers?" and he nodded. In a few moments I was naked. I undressed much quicker than he did, so that I could watch him. When he just had his underpants on, he seemed to hesitate. I said I had been told that his was different, and he said: "That's right." "Let me do it", I said, and began to pull his underpants down slowly, like the doctor at school. He didn't mind, but commented on how stiff my prick was. As I pulled his pants down he looked down, smiling. When his penis finally came in sight, I was speechless. I hadn't seen anything like it in my life. I was more than stunned to see that there was none at all of the "elephant's trunk" which was at the end of every prick that I had ever seen. The glans was completely bare, the rim and all. There was also a very peculiar ring on the shaft, about 1-2 cm behind the rim. I looked more closely, and it seemed like a scar. "What has happened to it?" "It was cut." "When?" "A couple of years ago. My brother was cut as well. They call it circumcision." "Did it hurt awfully?" "I was put to sleep, so I couldn't feel a thing. But it hurt quite a lot for a couple of days afterwards." "Why on earth was it cut?" "My parents said it had to be done." "Well, was it necessary?" "I don't know, really. They just took me to hospital, and it was done there." As we talked, he, too, got an erection. I touched it and noticed how the skin was taut, not wrinkled along the shaft: so taut that it curved slightly upwards. I was astonished and amazed. Why had they cut his prick? "Does it bother you?" "I didn't like it just after it was done, but it doesn't bother me any more now." "And your big brother was cut as well?" "Yes." "And they just said it was necessary?" "That's right." "But do you like it like that?" "Why not? I don't worry about it any more."

Now it was his turn to examine my stiff prick. Like an expert, he pushed back my foreskin. "You see, this skin was cut away," he said. Then he started

sliding my foreskin back and forth, and I got a very strange feeling right in my penis. "What are you doing?" "Just watch." I leant against the edge of the bath tub and watched while he continued. Now my glans was covered, then exposed, then covered, and so on. The strange feeling grew stronger and stronger, then there was a feeling like thousands of ants on my legs, and the tickling sensation right in the end of my prick grew immense. My eyes closed and I saw lightening. Then I was panting for breath, and felt like collapsing. My prick end was bright red, and how it throbbed. "That's a wank", Peter said. "Didn't you know about that?" "A wank?" "Yes. Didn't you like it?" "Marvellous. How did you find out?" "My brother showed me. We often wank each other. Now it's your turn."

So I grabbed his prick, but the skin on his shaft could not move much, so I could just twitch the end. "No. Use this." He took a bottle of some kind of cleansing cream and poured it all over his prick and my fingers. Now his stiff prick was slippery. He told me to concentrate my fingers at the head of his penis. I rubbed his glans to and fro, and as I did so I noticed how his stomach moved in and out. He began to sigh and pant, and then his whole body jerked, and he told me to stop. We stood there a long while, just looking at each other's penises. It was marvellous, my very first time. "Now you know how to do it." "Your brother showed you, then?" "Yes, but he is different. There is hair around his prick, and when I do it to him, his prick squirts." "Squirts?" "Don't you know anything? He squirts semen from his prick, just like a grown up. We'll do the same soon." Having a big brother, he knew so much more than I did.

After that we had these sex sessions quite often. But that very first time was still the nicest of all. To be wanked to my first climax by a beautifully and totally circumcised boy: that was a thing to remember. We wanked and wanked. Soon we both began to squirt, only a drop or two at first, then much more. We started to grow hair. Then he moved away, I was alone, and these happy years ended. But now I knew about circumcision, and I began to look for more information about it. I read everything I could find. I soon realised that each time I wanked, my fantasies were the same, about circumcision. They still are. Circumcision and everything about it excited me erotically. It still does. It wasn't long before I wanted to be circumcised myself. I dreamt of converting to Judaism, or being captured by a gang of furious Arabs and circumcised by force, and so on. Then I saw a picture in an American medical book. It was a close-up photo of the erect penis of a young teenager. But the startling thing was that it was very, very nicely circumcised. Not the slightest bit of loose skin. Everything on that penis was totally bare, for ever. It was too much. I had to get myself circumcised, come hell or high water. The only problem was, how?

Then I got a wild idea. From the stories I had read, I knew that the operation itself was a quite simple and trivial one. After all, primitive tribes practice it successfully. If it was dangerous, the custom would have disappeared long

ago. I thought I would do it for myself, or at least try to make a start. At this point I must mention that my foreskin was of the very childish sort: very long but loose and, more important, very thin and elastic, not at all thick and fleshy as is so often the case in adults. In fact, it was a typical elephant's trunk. I decided that I would split my foreskin lengthwise along the upper side, from its orifice to the rim of my glans. As you know, this slitting is sometimes used as a cure for phimosis, at least in emergency. I thought that after slitting it I would perhaps do the circumcision itself, depending on how easy or difficult it was to make the slit. If I could do nothing more and had to seek professional help I could always explain that it had been slit in an emergency. At least then I would also have a 'medical' reason to be circumcised.

I collected all the items I needed: gauze, antibiotic powder and ointment, disinfectant solution, some extremely sharp eye-surgeon's scissors, and, most important of all, some anaesthetizing ointment. Then one evening I decided to go ahead. First I shaved away all my pubic hair to minimise the risk of infection. (I still keep it shaved to remind me about my circumcision.) Then I pushed my foreskin fully back and applied the ointment thickly on my glans and on the inner surface of foreskin. I pulled the foreskin forward again and also applied ointment on the outer surface. Then I wrapped my penis tightly in a small plastic bag so that the ointment would penetrate effectively. I decided to wait for two hours, so watched television and drank some wine.

Then I began. I washed off the ointment carefully. While doing this I noticed how my whole penis, and especially the to-be-wounded part, was well numbed. I pinched my foreskin as hard as I could: I did not feel a thing. Then I cleaned my glans and foreskin, the scissors and everything with the disinfectant solution. Now I started. I pulled my foreskin forwards so that it was on the stretch. I then pushed one of the blades of the scissors in at the opening of the foreskin on the upper side of the penis, until the end of the blade reached the neck of my glans. I could easily see where it lifted up my thin foreskin. Then I waited a second, and began to cut. I was stunned. As I cut my foreskin, I could not feel a thing, and it was as easy to do as if I had been cutting a thin sheet of paper. In a second or two I reached the glans rim and it came into sight. I took the scissors away and looked at it. There was almost no bleeding: just a few little drops. My freshly split foreskin hung down a bit and the upper surface of my glans was bared. I was very much encouraged by this (and by the wine), so I decided to do a total circumcision right away. I grabbed one of the skin flaps on the left side and pulled it taut. Then I put the scissors at the end of the slit wound, a bit behind my glans, and started to cut round and downwards. I soon reached the underside: it was almost as easy as the initial slit. Then I did the same thing on the right, but came to a spot where it hurt like hell. I could only cut bit by bit, a very little at a time. I could not possibly leave it like this, but luckily this sensitive area was not too great and I was able to go on. I reached the underside and cut right through my tightly stretched frenulum: again I could not feel a thing. Now I felt funny and relieved as I saw my cut foreskin fall onto the newspaper

on which I was squatting. I sat there a while, staring at my wounded penis: big red drops of blood were now falling rapidly on the newspaper. But I was so happy to have rid myself of my foreskin that I was not at all worried about the blood. I wrapped it with absorbent tissues to dry it, then I put antibiotic ointment on it, then I sprinkled antibiotic powder all over it and bandaged it firmly and thickly. I put three pairs of short tight underpants on and went to bed. Thanks to the wine I soon fell asleep.

As I woke next morning I could see that I had not bled much in the night, though there was a small bloody spot on my outer pair of underpants. I took off all three pairs, and the gauze bandage was totally red with blood, but not too wet. I got into a bath so that the water would dissolve the coagulated blood: I did not want to tear the wound open again as I changed the dressing. I took off each layer of gauze, and with the final layer my glans came in sight. I knew that now it would be naked and bare for all to see for the rest of my life. This made me immensely happy, and the thought gave me an erection. That hurt, and it took some time and self-control before the erection subsided again.

My penis was no beauty: rather swollen, bruised a red-purple colour, and the wound gaping open a little, as I had not put in any stitches. But there was no infection, and it was not really bleeding: there was just some pink-stained clear fluid oozing from the cut. I rinsed away some blood-clots carefully, then again applied ointment and powder and a tight bandage. I did this every morning and evening for about two weeks. Each time the wound looked less and less nasty, the bruising turned blue then brown and faded. After about two weeks the wound was closed by a scab and was so dry that it did not need a bandage. After another two (or was it three?) weeks the scab fell away and my circumcision was completely healed. You will, of course, realise that I had been in an agony of anticipation for it to heal so that I could try out my newly circumcised penis, and now at last I could. I can remember my very first wank without a foreskin as though it were yesterday. I used a lubricant, as I had done when wanking Peter. The feeling of my fingers gliding back and forth over the exposed rim of my glans was ecstasy, and there was the fascination of exploring the new sensations at the scar-line where the inner and outer skin joined. I can not describe the joy I felt then, and ever since.

J.H. – Helsinki

Contact

A.R. – Hampshire would like to hear from any member resident in the south-west Hampshire area with a view to discussion of *Acorn* matters, particularly d-i-y techniques.

ACORN

1989 Issue No 7
(Formerly Issue P)

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*. This is issue 7/89 (originally called P, but there was no issue O, to avoid confusion with zero). It is extra long to include articles on infibulation, masturbation aids, female circumcision, the review of a novel of great interest to *Acorn* members, plus many letters. I hope there is plenty here to interest you. Please keep writing in with your own ideas, anecdotes, comments, stories and observations, information, fantasies as well as fact, provided only that contributions relate to our general phallic theme: cockspotting, circumcision, foreskins, 'getting the cock into the best possible shape' and putting the phallus to its most enjoyable use. We happily take contact requests (which may be edited): more would be welcome.

Survey: The last issue of *Acorn* included a survey of members' members: if you have not yet done so, please respond, indicating clearly whether you are a cavalier or a roundhead. The questions are repeated and the first replies are analysed in this issue.

Confidentiality: Contributions are identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Otherwise no name or address will be revealed to another member, but letters will be passed on if you wish to make contact. Obviously we gain in frankness from being able to write with such guarantees of confidentiality in mind.

Subscriptions: Your £10 annual subscription pays for all the 1989 issues, including back copies. 1988 back copies (about 80 pages) are available for £5. Subscriptions may be sent by cheque or postal order payable to *Acorn*. Receipt

will be acknowledged (generally by supply of what you have requested). They should be addressed to *Acorn* at the address on the front page.

Information: Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or give some specific advice. *Acorn* members include doctors who have said they are willing to help other members. It must be clearly understood, however, that any information published, while supplied in good faith, in no way constitutes a recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum* Society or its members or officers. Anyone acting on any information in this newsletter must rely on their own judgement, and does so at their own risk.

T.A.

Dangers Of Rolling Masturbation Method

Ian M (Sussex) comments about “Mac of Ayrshire’s” masturbation method (described in *Acorn* 1/89, p.7), which was to put the penis between the palms of the hands and move them in opposite directions. This was Ian’s first method of masturbating and, he says, “The result was a disaster: there was blood everywhere. I found that I had a number of cuts/tears, including the frenulum. Fortunately an older boy showed me how to do it properly a few months later.” A similar warning has come from another member who tried it. As he has a minor hypospadias (his urethra ends in an opening underneath his penis, level with the glans rim) he was able to inspect his urethra afterwards, finding it very red and bruised. So it would seem wise to use this method only very carefully or not at all.

On peeing styles, if I am on my own or have no objection to the man next to me looking at my penis, I have the thumb on top and the fingers underneath. Frequently, however, I am unable to pee in the presence of other men, or if I do not like the look of the man next to me I reverse the position (so that my hand hides his view of the bare end of my penis).

Iain M. – Sussex

Ancient Priapic Religions

I am interested in reading up on the old priapic religions: Roman, Egyptian, Scandinavian, or whatever. [*Concise Oxford Dictionary*: **priapism**: licentiousness; (pathologically) persistent erection of the penis (from the Greek, Priapos, the god of procreation)]. Is there a member who can recommend good source-books or other texts, preferably in English translation – I flunked O-level hieroglyphics and my Scandinavian would make a Norse laugh.

J.W. – Swaffam

Circumcisers

Price Rise: The Surgical Advisory Service, 108 Whitfield Street, London W1P 6BE (tel: 01-388 1839) has regularly advertised in *Forum*, *The Observer* and elsewhere: Circumcision available in one-hour brief out-patient visit to our London clinic. In June the price rose from £190 to £210, a figure which seems exorbitant, though they have had many satisfied customers/patients. Their Mr N. Hasan FRCS FICA, has consulting rooms at 22 Harley Street, London W1, 01-637 0491.

The following advertisement was in the *Lancashire Evening Post* of 23.5.89. Minor surgery: immediate low cost treatment by consultant surgeons for moles, lumps, warts, varicose veins, hernia repair, vasectomy, circumcision etc. For consultation Manchester and Bolton areas call or ask for information pack. The Chesham Clinic, tel: 021-643 7515. Would any reader contacting them please write in with their impressions as to the service offered and the prices charged.

The Initiation Society has moved from its postal address at 16 Berkshire Gardens, London N13 6AB 01-203 1352 (office, 24.5.89) 01-289 2573 (office), 01-888 1382 (home). They will send a printed list of currently approved and annually reviewed Jewish circumcisers (mohalim). Most only operate on infants and in a religious context only, but some (the medically qualified) will operate for adolescents or adults for non-religious reasons. Their Medical Advisor is Dr M. Sifman, 1 Stanley Avenue, Wembley, Middlesex HA0 4JF, 01-902 3887, worth approaching confidentially for consultation, circumcision, and revisions (second or tidying-up circumcisions).

Attempts to contact Islamic circumcisers via a questionnaire have not been very successful: if any member can help, please write in. Dr A. Singh, MB, BS, DLO, of 12 East View, Deepdale, Preston PR1 5AS, tel. 0772 52409, replied that he has been practising as a circumciser for about 22 years. All 150 operations during the previous year were religious, 90 per cent of cases were aged under 1 year and the rest under 5, and the charge was £40-£50 for a boy under two.

Dr Shaikh, of 48 Queen's Road, Walthamstow, London E17, 01-520 2625 (work) 01-505 5790 (home) does Islamic style circumcisions, without discussion as to the type of outcome which will result, but efficiently and inexpensively, charging half as much again for an adolescent or an adult as for a child under about 10.

Dr David Jackson, 63a Moscow Road, London W2, 01-229 3300, is 'willing to discuss problems of the foreskin and its retention, in writing or at surgery, free of charge.' He opposes circumcision.

Weight Training As A Penile Exercise

Dear *Acorn*: I was very pleased to find that your group is keeping going: so often groups such as this seem to get off to a good start and then, for one reason or another, fade into oblivion. When I initially joined *Acorn* I must admit I was slightly dubious, but to have these doubts published came as a delightful surprise.

The report in issue 3/89 of the meeting in Oxford was interesting. Although it may have been a little disappointing to you to have to confirm a small attendance and that those who were present were rather inhibited, in fact it re-assured me that *Acorn* members are genuinely seriously-minded and not just out for a laugh or a quick thrill. The topics and attitudes canvassed in the questionnaire for the next meeting sound fascinating. Unfortunately I don't think I will manage to get there, but best wishes for a successful meeting.

Regarding keeping the cock in good shape, I agree with M.M.G. – N.Yorks, when he says he has not found any commercial products really satisfactory for enhancing size. I've found, like him, that a shower spray, turned full on and as hot as you can stand it, is more effective than any 'erection cream'. I did find, however, that massaging afterwards, when the prick was hot and swollen, using an ordinary 'cold cream' or vaseline, could be done in such a way that girth and length were increased without in fact achieving full erection. It was then very pleasurable to restrict the hot and expanded cock in the skimpiest and tightest of briefs. Other members might feel this is perhaps masochistic – it is hard not to resist the temptation to bring oneself to the ultimate, but with an effort of will it can produce a new sensation which is very rewarding.

Perhaps, even for men with only an average sex drive, one of the most difficult things is to control cock stimulation and I've found a form of 'weight training' very helpful. As members will know, there are no muscles in the prick itself, but there are muscles at the base and between the legs which can be developed. This method is more fun with a partner but can be just as well practised on one's own and does not require any expensive equipment. It may be a little difficult for uncircumcised members, but with a little imagination I'm sure an adaptation could be worked out.

A small strap – possibly an old leather watch strap – is fastened immediately behind the glans with a string attached on the underside. The string is used to tie on graduated weights. Preferably you should stand (but it can be done sitting on the edge of a chair or bed so that the cock is free) and gently apply stimulation, which can be either manual or watching a video or reading eroticism of leafing through a magazine – whatever you find most exciting. As the cock begins to rise, fix a small weight to the string; if it still rises, add more weights. There comes a point when the weights are too much for the stimulation alone and the muscles have to come into play. It can be surprising how strong these base muscles can be. Not only is it a good genital exercise and enjoyable in itself: it is satisfying when you find you can lift

greater and greater weights but it also, through control, mitigates premature ejaculation. I hope members find this idea helpful. Incidentally, a survey of the angle of erection related to age would be interesting.

John B. – Canterbury

[Thanks, John, for your ideas and your support. I hope that, if they have not yet done so, readers will reply to the questionnaire in issue 5/89, which will give the information which John has asked about. — T.A.]

Observations

In my youth there was only one boy in my class who was a roundhead: he was Jewish. The rest of us were cavaliers and never questioned for a moment that Jewish boys were not just born with a different penis from Gentiles. He was a curiosity and tried to hide in a corner when changing for games, but the teacher made him undress in full view of the whole class, poor wee soul.

My own foreskin could not be pulled back and it was not until around puberty that another boy informed me that his foreskin could pull back to expose a head just like David's. I *must* have a similar head if I pulled and stretched enough. I pulled and stretched, tearing the adhesions daily, until the head was exposed. From that day to this I have been turned on by the sight of a well-proportioned roundhead and the knowledge that if I could pluck up the courage, I too could look like that.

In the sauna I have been fascinated by two complete opposites. One man has obviously had all trace of his frenulum removed but the full length of his foreskin is retained at the front. Sometimes the head is completely covered with no opening at the tip for urinating. The foreskin covers the whole head like a hood and the opening is on the underside of the head where there is not even a wrinkle of surplus skin. At other times he uncovers the head and the front skin bunches up in a huge spare tyre like a swelling, while underneath is tight as a drum: it must pull his scrotum up if he has an erection. It is very curious and very interesting, yet he seems unaware that people like myself would love to ask some very personal questions. In *Acorn* 6/88 you have a letter from a man (F.S. of Hants) who has not been circumcised but has had his frenulum cut. That sounds exactly what this man had done. I would be interested to hear if this allows the foreskin to be kept back exposing the whole head, or pulled over to cover the tip like an anorak hood: I think anorak hood describes it best – very sexy!

The other one has a small but beautifully circumcised penis, tight as a drum with not a wrinkle of surplus skin to be seen at first glance. However on the underside he seems to have retained an outsized over-developed frenulum,

sometimes just an empty bag of wrinkled skin and at other times it is swollen and filled with blood like a growth. This is apparently very sensitive. He pulls and stretches it until it hangs like a pigtail of loose skin beyond the tip of the glans. He then does press-ups, allowing just the tip of this skin but not the glans to touch the floor, sensing how far down to go when this skin merely brushes the floor. This induces a semi-hard which seems to bring immense satisfaction.

I have read that one can masturbate by pulling the frenulum and touching nothing else, and I presume that he has stretched his to freak proportions. Then I read about a button-hole method of circumcision, when a hole is cut in the foreskin level with the glans rim and the head pushed through so that all the foreskin hangs under the glans, where it is stitched and left to hang like a huge tassel. You have also had a letter from a man complaining that his surgeon did a neat job but left him with an unsightly tassel dangling from the underside. The reply was that this tassel of foreskin is very sensitive to touch, which his partner should take advantage of during foreplay.

Obviously there is much more to circumcision than just chopping off the surplus foreskin. The subject is fascinating.

L.J. – Glasgow

Peeing Styles

Issue 2/89 raises the interesting question of how the penis is held when urinating. As a boy I only knew of the under-hand hold, and was most surprised to find the over-hand method frequently used by French servicemen during my time at a French Air Base thirty years ago. I only remember seeing the over-hand hold used twice in this country, once at the Exeter service area on the M5 last year, and once in Crawley this month. Maybe a survey to indicate national preference should be undertaken. Incidentally, how many uncircumcised men retract their foreskins when peeing?

A.W. – Burgess Hill

Bouvet Island

This is owned by Norway and situated in the Atlantic, as far south as Cape Horn and due south of Lagos, Nigeria. About 9 km by 7 km and largely covered by an ice-cap, it is uninhabited except by penguins, elephant seals and other wild-life. It was discovered by a French adventurer, Jean-Baptiste-Charles Bouvet, after whom it is named. He sailed round its cape on 1st January 1739, so he named it in honour of the day in the church calendar, Kapp Circoncision. (*Scanorama*, April 1989, pp 85-94)

With thanks to G.N.S. – Oslo

Naturism

Is there information among the membership to compile a Good Beach Guide? Naturist beaches, that is, either official or unofficial, or else other suitable spots for nude sunbathing/swimming. Apart from how to get there, they could be graded by

Surroundings: 1: dismal, 3: satisfactory, 5: excellent.

Welcome: 1: strict antiseptic 'naturist movement' – bring a wife and at least two children, all of them your own.
2: family orientated/couples.
3: all welcome on their own merits.
4: broad-minded.
5: gentlemen should wear a chastity belt.

At one time *Forum* used to advertise a guide to Free Beaches, but I haven't seen it mentioned for some time.

J.W. – Swaffam

[Dear JW: Try *Health and Efficiency*: they advertise a 1989 Naturist Guide-Book to Britain, £4.80 from Coast and Country Naturist Publications, 3 Mayfield Avenue, Scarborough YO12 6DF. Most probably rate low on your welcome list, but one which from the ad seems to rate as much as 3 is Eureka, Manor Lane, Fawkham, Kent DA3 8DN tel 04747 4418 or 0474 64207.

Personally, given the British climate even in a good summer, I'd rather hear about Saunas, to which similar ratings could apply: any information on these? — T.A.]

Hair

from *Health & Efficiency* No 915, 10 August 1974,

Please let this urgent prayer abolish pubic hair.
Let crotches be bereft of all that hides the cleft.

I'm all for depilation and for deforestation:
The vulva should be seen as scrupulously clean.

Let girls be unafraid to wield the razor blade:
If necessary, push the mower through the bush.

Let all stomachic flesh seem elegantly fresh,
Let all the lurking thighs relinquish their disguise.

Let girls who keep their crop remember I've a strop.
I love all girlish hair: on scalps, but not elsewhere.

with thanks to A.W. – Burgess Hill

My Hate/Love Relationship With Foreskins

Dear Tony: Many thanks for making me a member of *Acorn*. It's great to know I belong to a unique group of penis enthusiasts. With regard to the foreskin, I seem to have had a foreskin love/hate relationship with the subject. I was born with a foreskin which would not retract and, having an intense interest in my cock from a very early age, I found it somewhat uncomfortable and restrictive. As my masturbating increased, so did my frustration.

One day, soon after my tenth birthday, while wanking I accidentally 'unhitched' the small piece of skin causing all the trouble. I was both elated – I could now see the knob of my cock for the first time and frightened – had I done myself harm? My penis bled, of course, and I watched it's progress with daily anguish. Of course the tear healed and masturbation became a joy. I decided I had circumcised myself, but now I know I only tore a part of the frenulum.

As my teenage years continued, I realised I was definitely bisexual, but a new problem arose. I found I disliked cavalier cocks – not only disliked them but hated them! I guess it was some sort of psychological hang-up, but the very thought of touching or sucking an uncircumcised cock made me feel quite sick, so I simply refused all that came my way and enjoyed only the roundheads. This state of affairs continued for some years, until the age of nineteen.

One day, our rented TV set went 'on the blink' and my parents were out when the repair man called. He fixed the set and I made coffee. He said he was dying for a piss and I showed him to the bathroom (we had a bungalow at the time). He kept on talking, so I stayed. I remember thinking: Okay, if he's going to let me watch him, fine. I've always enjoyed watching other men piss.

But he didn't. Still talking away, he stood at the side of the toilet, slowly rolling his foreskin back and forth. I couldn't take my eyes off it, and his foreskin was the extended type that came about three inches over the knob, and when pulled back went right over the glans leaving it glistening and superb! He said, "You like that, don't you?", and when I confirmed it, he told me I could play with it. Well, that was it. I was converted. To think I had loathed foreskins for such a long time, and had now gone overboard for this one!

He rang a workmate and got him to do his other calls, and we spent the rest of the afternoon together, naked, hot and sweating, exploring penises, balls, arseholes, nipples, armpits, navels, feet, one of those wonderful occasions when sexual beauty literally overtakes you. We became friends for two or three years, until my parents decided to move house, taking me with them. But during that time I learned how to love the foreskin. I discovered the thrill of having my cock enveloped in his foreskin and being wanked together in the tight tube of flesh until we both exploded inside his foreskin. I watched, spellbound, as he held his skin up with two fingers of each hand to form a 'tower' into which he would slowly piss until it came to about a quarter of an

inch from the top (he had remarkable muscle control): then he invited me to 'drink from the cup'. I should add here that this was reasonably safe as well as enjoyable then.

He would wrap his foreskin over my tongue, my nose, my fingers, my big toes – both together! He was remarkable, the things he could do. I would dearly love to repeat those fantastic experiences. You could sum me up now as simply a cock lover – roundhead and cavalier – and I'm glad and grateful that the things that happened did so when they did. Now I'm 46, and proud to be a wanker. Viva, viva *Acorn!*

D.S. – *Merseyside*

Glad To Be Circumcised

Thanks to B.H. – Leeds for sending in the following letter from the US edition of *Forum*, which is rather better at covering *Acorn's* area of interest than the British edition:

I was very interested to read in the April 1983 issue of *Forum* the Open Forum letter on the Pros and Cons of Circumcision by W.H. of Pennsylvania, and would like to endorse the comments he made.

I was born with a long, completely adherent and unretractable foreskin but, unlike most boys in Australia, was not circumcised at birth. At the age of five, when I commenced school, I discovered the difference, and was ridiculed and taunted by the other children. I had no understanding of the difference and thought I must be some rare third sex. I didn't realize that under the skin was a glans like everybody else's. I became extremely envious of the other boys and felt very inferior, especially loathing all sports for which I had to undress in front of them.

Consequently I withdrew from sports and games. When I was seven or eight, I learned about circumcision at Sunday School and then realized that if I could pull the skin back, there would be a red knob underneath. I became very interested in knowing who of all the boys in my class were circumcised and who weren't, and I took note of all of them. I particularly envied any boy who had a large glans and a prominent and conspicuous corona, or one who had had the foreskin completely removed and had no loose skin on his shaft.

When I was 10 I decided that I must try to retract my foreskin, and I did this at night, in bed, with the aid of a flashlight to see. It was a very long and very painful process which took 15 months. The pain of pulling the skin back was comparable to tearing off a finger-nail. I could only pull it a sixteenth of an inch at a time, then put ointment on it and wait for some time until the soreness eased, then try again. I can remember very well the feeling of elation mixed with some undefined fear the night when the last adhesions remaining between the foreskin and the corona of the glans were broken and I pulled

the skin right back for the very first time.

It was at about this time that I reached puberty and had my first erections and ejaculations. I developed the habit of masturbating a couple of times a day, and the foreskin, though fairly long, became looser on the glans and could be easily retracted. The glans was very sensitive, however – comparable to the sensitivity of an eyeball, and I found it very uncomfortable when I had a spontaneous erection and the skin peeled back, even if only the tip of the glans was exposed.

In time, as I entered my teens, my penis became much longer and fatter, and I embarked on the practice of keeping the foreskin retracted by keeping it held back with adhesive plaster. The glans became less sensitive, developed a round rather than pointed tip, and became drier. By my late teens, when my penis was flaccid my foreskin only covered half the glans and I could tolerate wearing it fully retracted so that the corona was exposed.

I still had an overwhelming desire to have myself circumcised, and when I was in my early 20s had my foreskin partially removed exactly as described by W.H. in his letter. After that the corona was exposed but residual skin was bunched up behind the glans and masturbation was still possible. Like W.H., I was still dissatisfied and resolved to have the residual skin removed.

I had made a study of the medical texts on circumcision and was very interested in the 'Plastibell' method, which involves no surgery but is based on the process of placing a plastic bell with a hole to allow the passage of urine on the glans, pulling the foreskin over it and tying the excess against the bell. In about a week the skin dies completely, the skin joins automatically just behind the point of tying and the extra skin and plastic bell drop off, leaving a neat, even, scar-free result.

The plastic cans used to hold 35mm film, I found, are ideal for the purpose if the base is cut off, since they have a small lip where the lid clips on and this lip can accurately locate the position for tying the excess foreskin. Using some sterilized cotton, I tied the foreskin, estimating carefully just what amount was needed to be pulled onto the bell in order to achieve the state of total circumcision which I wanted. The process was painless and after about week the tied-off skin had died and came away with the bell to leave a scar-free result.

I then possessed a penis that had a minimum of skin behind the glans when flaccid. Upon erection it stretched tight, but not to the extent that it distorted the glans. There is a sense of freedom from being 'muzzled', and my glans can expand and the corona develop without constriction.

I believe that there are several distinct advantages to being totally circumcised. First cleanliness and comfort. Second, the diminution of sensitivity, which some may question. But this has not worried me: intercourse takes longer and therefore is more pleasurable. Third, the glans, being

unconstrained, can assume its full diameter, and this helps to fill the vagina. Fourth, there is lost motion, and friction occurs between the vagina and the whole length of the shaft. Fifth, with a totally circumcised penis, when erection takes place, the slight tension on the penis tends to sustain it in erection, which seems to be a distinct advantage as one grows older.

My penis is now over seven inches long when erect, with a glans diameter of two inches. I have visited England and the Continent, where circumcision is the exception rather than the rule, and have felt conspicuous looks from the others when I have been to changing rooms or saunas. Many women have commented on the excitement of my circumcised organ.

As has been mentioned in your excellent magazine, the only people who can make comments on this subject are the ones who can personally compare being circumcised and not. I trust my experience will be of interest to your readers.

Mr. K.B. – Australia

‘Helmets’ Or ‘Anteaters’

Joseph Wambaugh uses these categories of men in his book *The Choirboys*: the anteater has a long trunk-like nose or snout.

I.D.K. – IoM

Penis Survey

The dimensions are as follows:

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scar-line from glans rim.
If uncircumcised: U
6. If uncircumcised, how much ($\frac{1}{10}$ ths) of glans is covered, flaccid?
7. If uncircumcised, how much ($\frac{1}{10}$ ths) of glans is covered, erect?
8. If uncircumcised, is foreskin tight (T) or loose (L)?
9. When standing against the wall with erect penis, how far from glans tip to nearest part of stomach?
10. Height
11. Age
12. Identification (initials and place).

All measurements are in inches (except height in feet and inches), rounded to the nearest 0.1, so $\frac{3}{4}$ " or 0.75 is given as 0.8, since such measurements

are incapable of greater accuracy.

1	2	3	4	5	6	7	8	9	10	11	12
Cavaliers											
4.5	6.5	4.5	6.3	U	12	8	L	4.5	5'8"	30	N.T. – Guisborough
3.5	6.3	4	6	U	11	8	L	5.5	6'4"	64	E.S. – Salisbury
3	6.3	4	4.8	U	10	9	L	4	6'1"	26	Anon
5	7.5	4.3	5.5	U	1	0	L	3	5'10"	50	E.L. – Bath
3.3	5	3.9	5	U	13	10	L	5	6'0"	54	M.M.G. – N.Yorks
4.1	6	4.5	5.6	U	11	9	L		6'1"	54	M.L. – Gwent
5	6	5.5	6	U	10	10	L	7.5	5'5"	68	J.T.D. – London
3	6	4	5	U	0	0	vL	1.5	5'10"	57	R.V.A. – Lancs
3.5	5	4.5	5	U	8	0-3	L	4	5'9"	46	D.S. – Merseyside
3.8	5.8	4	5.3	U	10	10	T	3	5'9"	29	J.A. – York
3.5	5.5	3.5	4.8	U	10	8	L	4.5	5'8"	69	A.R. – Hampshire
3	4.7	3.5	4.4	U	10	9	L	4	5'8"	45	J.H. – Kent
3.3	5	3.5	4.4						5'5"	26	<i>Minima</i>
3.8	5.9	4.2	5.3						5'10"	49	<i>Averages</i>
5	7.5	5.5	6.3						6'4"	69	<i>Maxima</i>

Roundheads

5	6.5	4.3	6	1	-	-	-	5	5'6"	49	G.P. – Perth
5.5	7.5	4.5	6	0.5	-	-	-	6	6'1"	63	A.W. – Burgess Hill
3.8	6.5	3.8	5	0.8	-	-	-	7	5'11"	35	A.G.T. – Hornchurch
2.5	5.5	4	5.5	0.5	-	-	-	4.5	5'10"	34	M.H.
3	6.5	3.5	5	0.5	-	-	-	H	6'1"	77	V. – Shropshire
4	6.8	when warmer									
3.2	5.1	3.2	4.7	0.8	-	-	-	4.7	5'8"	30	J.H. – Finland
4	7.6	3.5	6	0.5	-	-	-	6	5'10"	56	R.W. – Sussex
2.5	5.5	3.2	4.7	0.5					5'6"	30	<i>Minima</i>
3.9	6.5	3.8	5.5	0.7					5'10"	49	<i>Average</i>
5.5	7.6	4.5	6	1.0					6'1"	77	<i>Maxima</i>

Comments

Numbers are too small for averages to be meaningful, but there was a greater range of flaccid measurements reported from the 7 roundheads than from the 12 cavaliers, while average erect lengths were greater for roundheads than cavaliers. Flaccid diameters were smaller for roundheads, but erect diameters were larger for roundheads than cavaliers. Most foreskins were long and loose, but two of 12 were normally kept retracted.

N.T.: I currently have a foreskin that has been permanently retracted for several years now. I have decided that it is time to get the job done properly. So several of my answers may change in the near future.

A.W.: Frenulum absent: this would be a useful additional item for the survey. Probably absent/loose/short would be sufficient information. As the survey sample is entirely self-selected from an already interested group, I don't think the results can be regarded as representative of the general population, but I await the report with interest.

Anon: It would be interesting to calculate the penis volume, but probably, taking the penis to be effectively a cylinder, with height h as length, circumference c , and 12.6 as equivalent to 4π , and volume v

$$v = c^2h/12.6$$

M.H.: My scar distance from rim erect varies from 0.5 on the right and in the middle to 1 on the left. This makes it slightly lopsided, but not noticeably so. Additional information: glans circumference flaccid 4", and erect, 5"; rim depth, erect: 0.25". Angle of erection, 45 degrees. Frenulum intact.

E.L.: Pulled-back cavalier.

V.: Flaccid measurements vary depending on whether the weather is hot or cold. My circumcision scar is difficult to see as no trace of foreskin remains. I can't give a figure for (9) because my erection doesn't get above the horizontal (H) these days, worse luck, in spite of frequent exercising (2-3 times per week). Another statistic occurs to me: my average amount of ejaculate is 1.5 teaspoonful.

M.M.G.: Flaccid measurements are rather variable, depending on temperature and whether I need a slash. Measurement 1 is an average over 3 days, min 3", max 3.65". Diameter is also slightly variable so this is an average. Glans coverage: when flaccid, the foreskin forms a 0.3" tube at the end of the glans; when erect, viewed from the front there is a bare circle of glans with a diameter of 0.4".

M.L.: When flaccid, my foreskin adds about $\frac{1}{10}$ " to the length. It was tight as a child and permanently covered my glans until age 11. As an adult it is fairly loose. I don't understand Q9.

J.H. - Finland: I think that a totally circumcised penis having the circumcision scar well down on the shaft, so that a part of the inner and sensitive foreskin remains, is the most attractive sight, but as far as sexual performance is concerned, then the orthodox Jewish method is the best, with the delicate inner foreskin cut and torn away. I now wish that I did not have the 2cm wide strip of inner foreskin stated in my reply. When having sex, I often cover this over-sensitive part with liquid plastic plaster, so that only my glans gets rubbed. This allows me to prolong my climax as long as I want. When I finally reach it, it is definitely deeper and stronger than without the plaster.

R.V.A.: Having a short loose foreskin, I have been able to keep it permanently retracted. In this condition over the last few years, the skin of

the knob is now very dry, similar to a circumcised one.

J.H. – Kent: Flaccid measurements are difficult to get accurately as my cock starts expanding as soon as I touch it and also factors such as heat make it vary. My flaccid length measurement is with the foreskin forward: it adds about 0.4” to the length (the questionnaire is obviously compiled by a roundhead). Mine must be one of the smallest cocks around, so I’ll be interested to see how other members compare. However, size makes it no less effective, and I suppose that like many others I am more concerned with locker-room size than bed-room size.

It would also be interesting to know what sort of cocks well known people have, for example sports stars such as Ian Botham or Seb Coe: are they cavaliers or roundheads? I have always had a mental image of famous people being roundheads, and was surprised to see a photo of John Lennon with a very ordinary looking wrinkled cavalier cock.

Having seen much correspondence in *Acorn* regarding circumcision, in which I still take an interest, I think I still favour my foreskin as it gives me so much fun and versatility.

Wrinkly, Stubby Or Roundy?

Being a ‘wrinkly’, I find wearing my foreskin forwards in the normal state is both uncomfortable and I think less hygienic, and I always pull it back almost completely to pee. So for some time I have worn my foreskin in what I call the ‘stubby’ state, half way between a ‘wrinkly’ and a ‘roundy’. I pull the foreskin back completely, then pinch it at the frenulum and draw it forwards again over the knob. In this way it rolls in on itself. According to how tightly I pull the frenulum, the result is a partially exposed knob which gives the cock a ‘stubby’ look. It also means that my knob is getting some exposure and therefore toughens up, and I also don’t have to pull the skin back when peeing.

I still prefer wanking with the skin pulled back tightly as far as possible, i.e. just as a roundhead would, and I stimulate the whole shaft and knob till I shoot, when I take pressure off the knob because of sensitivity. I am trying to overcome this to see if I would get a different result.

J.H. – Kent

THE OBSERVER Sunday 5 March 1989.

In the name of tradition

IN VICTORIAN England, an eminent obstetrical surgeon, Dr Baker Brown, sawed off the clitorises of young women as a cure for 'feminine weaknesses'. The operation, performed with hooked forceps and a hot cauterising iron, excited the part the doctor considered 'of little importance whether present or absent'. His patients included a girl 'addicted' to masturbation and a 30-year-old with an extreme distaste for her husband.

Approximately 80 million women and girls alive today have endured similar mutilation, according to the World Health Organisation. Most of those have experienced cliterodectomy, or removal of the clitoris.

Efua Graham, a Ghanaian woman, a trained nurse, and outspoken campaigner against female circumcision, has grabbed this controversial issue by the throat. Ms Graham's organisation, the Foundation for Women's Health Research and Development (Forward), recently organised the first conference for social, health and community workers on female circumcision. On 8 March, Forward will publish a report containing guidelines on female circumcision for every local authority in Britain.

The issue of female circumcision causes enormous anger and emotion. But Efua Graham

The issue of female circumcision provokes enormous anger and emotion. A new report is going to British authorities.

pitals are anaesthetics or antiseptics available. A group of women, often including the mother, hold the girl down. Women remain infibulated until they marry, when they are opened with a knife or razor by their husband if he fails to penetrate the scarred tissue.

Shamis Dirir, Co-ordinator of the London Black Women's Health Action Project, believes things are beginning to change. 'So many women have stopped and don't care what the community thinks. We tell them it's not in the Koran, it's not culture, it's what men put on us. Twenty years ago I believed it was in the Koran, but now I know it's nothing to do with religion.' Those who defend the practice say circumcised women are cleaner and more aesthetically pleasing, that it preserves virginity and prevents promiscuity. Most important, it increases a girl's chance of marriage.

I spoke to Fatima, a 25-year-old Somali woman, who has had her infibulated genitals opened. 'An old woman did it to me when I was nine. I couldn't do anything about it because I was young. If you refuse or if you run, everything is against you.

race, language difficulties and the right of communities to defend their cherished customs.

Leila, a white British woman married to a Somali man for 35 years, says 'I am against what this country has done and is doing to these communities, not just the Somali community. People who don't know anything about it have made it illegal. And do you think it's not being done? It's still done. Unless they can afford to have it done in Harley Street, they take the children out of the country and bring them back circumcised.'

Leila had her eldest daughter, now 12, and regrets that she couldn't afford to have her two younger daughters circumcised.

The London Black Women's Health Action Project picks up the pieces by offering counselling to women who are still mentally scarred by their experiences of circumcision.

Efua Graham of Forward acknowledges that a mother who subjects her child to the knife does so from a genuine desire for her child to conform in a society in which uncircumcised women are inferior and unmarriageable.

Forward's report concludes 'female circumcision is cruel and outmoded, psychologically, politically and spiritually crippling and should be eradicated.' The report recommends that the

ual argument is difficult. In some cultures they never talk about sex. Efua Graham maintains it is dangerous to argue against circumcision on health grounds alone. 'Men and women have a distorted view of themselves and unless these distortions are dealt with it's difficult to persuade them of the health dangers. Even educated women who understand the health arguments have not had the courage to break away.

'In areas where cliterodectomy is more common, we don't stand a chance with the health argument, because women don't have problems during childbirth. You have got to get across that this is an interference with human rights and the rights of children. It's only when that's understood that people will feel a revulsion against it.'

Efua Graham is in no doubt that female genital mutilation is a mechanism for the control of women's sexuality. 'This is all about the social control of women. It is shrouded in myths and magic, but we are talking about power games. Our grandfathers were no scientists, but they knew where the seat of a

believes the wall of silence around an issue which affects the health and well-being of hundreds, possibly thousands, of children in Britain must be torn down. Though it has been illegal since 1985 it is suspected that hundreds of British children are taken abroad for the operation.

'Black women should be in the forefront of the fight against female circumcision', she says, 'but we need to be aware that we will face attack from our own communities. I don't think it's very progressive to say: "We're not going to deal with this issue because there are racists out there who will say we are barbaric and primitive."'

Some form of female circumcision is practised in more than 20 African countries, from Senegal to Somalia; in Oman, South Yemen and the United Arab Emirates, and among Muslims in Indonesia and Malaysia. Excision and infibulation are practised by Moslems, Catholics, Protestants, Copts, and non-believers.

The most widespread form — excision — consists of cutting off the clitoris and all or part of the labia minora. Infibulation, practised in Senegal, Mali, Sudan and Somalia, is when the clitoris, labia minora and often the labia majora are removed, followed by the sewing up of the vulva. A matchstick-sized hole is left for urine and menstrual blood to pass through.

Old women of traditional birth attendants circumcise girls aged from a few days to 14 years old. The genitals are cut with knives, razors or glass, and thread or thorns are used to stitch the wounds. Only in hos-

because they all believe in it.

'I went to hospital in Abu Dhabi and had it opened. People of my age sometimes do. I am thinking about my health, and it's completely unhealthy. If a man says he is not going to marry me because I have had it opened, I will say: "go to hell".'

The health arguments against infibulation are well-documented — retention of urine and menstrual blood, uterine and vaginal infections and complications during childbirth.

Shamis Dirir uses the health argument when trying to persuade women not to have their daughters circumcised. 'The only way you can stop it is to show how harmful it is. It's to do with health and also a woman's sexuality, but the sex-

woman's pleasure lies and they damn well chopped it off. Women who have experienced it are mutilated psychologically as well as physically.

Anna, a 21-year-old Masai woman from Kenya, came to Europe in 1984, but has been unable to form any loving relationships. 'It's like someone loves you and you can feel their love, and suddenly you are closed again. I think my circumcision has disturbed my becoming a woman.'

The banning in this country of a custom central to the traditional heritage of some of Britain's ethnic communities has driven the practice underground. In addition to the already toxic brew of problems surrounding child abuse, are questions of

DOD MILLER



Efua Graham, Shamis Dirir, and Amiria Ibrahim.

DRSS adding a new category to the existing six categories of children at risk, Female Genital Mutilation. In addition, social workers, teachers, the police, lawyers, judges, and most critically, their educators, need to be educated.

In 1979, the World Health Organisation organised a seminar for 10 countries where female circumcision was practised. This recommended clear national policies for abolition, setting up national commissions, and more public education.

At the end of the day, Shamis Dirir believes 'It is worse to take the girls away from the family than to have them circumcised.' Everyone involved in this issue stresses that these parents may be very loving and caring. Efua Graham insists, however, that if the family persists despite all attempts to stop them, the children need to be protected. 'If they are aware of the law and still go ahead and do it, they should face the consequences. If you just ignore it, it may take three centuries to disappear. Change may happen quicker outside Britain than within.'

'When you come into this you are going to be attacked, but you must know exactly what your goal is and be firm. The moment you start wavering you confuse people. People may dislike me, but who is going to break the cycle for the future generation?'

ALISON WHYTE

■ Forward, The Africa Centre, 38 King Street, London WC2E 8JF; 01-379 6889. Report £3.
The London Black Women's Centre, c/o Miss Shamis Dirir, Bethnal Green Hospital, Cambridge Heath Road, London E2; 01-980 3503.

What's Yours Called?

When writing in, most members refer to their 'cock', and the more scientifically minded to 'penis'. Obviously context makes a difference, and men probably use different names to their doctor (penis), to another adult (cock), to their partner, or to/among children (willy). Presumably 'joy-stick' was initially a rather risqué joke among pilots, but probably does not now cause embarrassment. Usually, however, an ambiguous word 'goes underground' when it acquires sexual connotations. For example, in the American language 'cock' is now not used in any 'polite' context: in the farmyard there are 'roosters', and water comes out of a 'faucet'. Very few lads would survive being named Willy these days, and it was firmly announced that the Prince would be either William or Wills. The 'Wicked Willy' books have a good following, partly because everyone gets the idea as soon as they see the title. Mine was 'little man' or 'man' in the nursery, 'cock' or 'prick' or 'knob' or 'wang' at school, and 'dick' in conversation with youngsters these days. Let us know what yours was/is called in these various contexts. What about 'slang' terms in other languages? In Egypt, cock is zibb and cunt is coose. Anyone know any more?

T.A.

GPs Urged To Improve Impotence Treatment

by Celia Hall (from *The Independent* 7 August 1989, p.3)

Half of all cases of impotence are in the mind rather than having physical causes, according to a report which advises family doctors to learn techniques which will help most of their male patients.

Instead of referring patients to hospital specialists, the *Drug and Therapeutics Bulletin* of 7 August 1989 recommends the prescription of drugs which achieve erections and the use of vacuum condoms which have the same effect. The report says that 80 per cent of men whose impotence is either physically or psychologically caused were helped with a drug combination including papaverine, which they can inject themselves. Papaverine is injected into the penis and works by dilating the tiny blood vessels providing there is an adequate blood supply.

'Self-injection is relatively easy and painless,' the *Bulletin* says, but it warns that the lowest effective dose must be given as excessive dosage causes 'prolonged' erection. 'Any erection lasting more than four hours needs prompt treatment and patients must know where to go for this. Vigorous leg exercises may produce detumescence,' it says.

The Bulletin also discusses the use of a vacuum condom called Erecaid, available only on prescription, which is a plastic cylinder placed over the penis and attached to a hand-operated pump. This creates a vacuum and thereby an erection. Another vacuum device called Correctaid is a condom-like

device worn during intercourse. The vacuum is created by sucking air out of a tube. *The Bulletin* says: 'Self-injection with vaso-active drugs and vacuum condoms are successful and well-tolerated treatments for the majority of impotent men. Psychosexual counselling, if available, is an important adjunct to all treatments. ... Perhaps more physicians should develop an interest in treating impotence instead of relying on overloaded urologists.' But it warns that physical treatments should only be given after detailed discussion, in case they cause more anxiety than the impotence itself. They should not be used to 'fulfil the unrealistic dreams of already potent men'.

Book Review

Timothy Wangusa, *Upon this Mountain* (Oxford: Heinemann International, 1989, ISBN 0-435-90542-2, £4.25)

The setting is eastern Uganda, within sight of Mount Elgon, probably among the Gisu people. The time is the 1940s, well before the barbarities of Idi Amin, but when the 'red man' is offering new religious standards of which, in a central scene, he is shown to be in flagrant breach. The mountain of the title is also doubly symbolic. It is the peak to which the tribal people looks for identity and direction; where they might, perhaps, touch heaven. The first mountain man arose from a hole somewhere on this mountain: he and his descendants were the source of the ancient myths and legends. One of them married a daughter of the Kalenjin, who live on the sunrise slopes of the mountain. To win her as wife, Masaaba submitted to the Kalenjin rite of circumcision and promised to pass on that rite to his offspring in perpetuity, after his manly wound had healed in romance coming home upon a magic cobweb string, bringing with him the circumciser's double-edged Kalenjin knife (pp.79-80). The Kalenjin are a group of tribes in Northern Kavirondo (Idaxo, Isuxa, Logoli, Nyole) and further afield in Western Kenya, including Luhya, Marakwet, Nandi and Kipsigis. Circumcision is a 'rite of passage' to manhood central to their social structure, and as pastoral migrants through the Great Rift Valley they have probably been instrumental in spreading the custom as they travelled.

Second, 'the mountain' is the personal test of bravery and endurance, beyond the experience of boys in many other parts of the world, which must be faced by every boy before he can be considered man and a full member of society. The central significance of this test is a major theme of the novel. "Even if this famine continues forever, next year I must fall. I must be eaten by the knife", says Kangala, on whom a faint moustache is just beginning to germinate. The knife would raise him above the taunts of women. "But perhaps you'll go to hospital", teased Kangala. "You bazungu can't bear the courtyard." "Of course I can, and I will", replies Mwambu ... "I shall fall, or I should say 'stand'. I shall stand upon the courtyard." "Well, if you don't stand," is Kangala's sarcastic reply, "you can lie on your back." "Do you mean I shall fear imbalu?"

I won't." In contrast to the traditional courtyard ceremony, some lads go to hospital, where "You're circumcised by an uncircumcised circumciser, or even a woman. A womanly circumciser of womanly men." (p.44).

Two years later, although still considered too young himself, Mwambu joins the celebrations when his two cousins begin their month of dancing, feasting and collecting presents. At the climax, feet planted firmly on the ground, hands akimbo, facing the mountain, Butoto wa Mutoto enters with the knife. Kangala withstands the three-minute eternity triumphantly, to the relief and joy of all his friends and relations (p.64), becoming forever clean. But Wabwire cries out, pulling up his right leg and twisting his whole face, and pushes Butoto away with both hands. Four elders try to hold him. Then all his relations desert him. Only non-clansmen remain, among them Mwambu, to witness his agony and humiliation as he is held down to allow the circumciser to finish his work. His parents and relations share and suffer Wabwire's shame, his anger and disgrace, his terrible luck. (pp.68-70) The only role available to him after that is a socially ambiguous and effeminate one.

Later, as Mwambu comes home from another term at boarding school, a reception awaits him. He has waited too long, he is told, before facing his own test of manhood. "Pay your debt. Your debt to the mountain, here and now". But when stripped, he reveals that three months earlier he saw the doctor, and admits that he was circumcised in hospital. Someone suggests, "Circumcise him properly", but the reply comes, "One is done only once. Otherwise how could one swear by the knife?" Mwambu is told, "Alright, mistah, tuck in your shirt like a good little school-boy, hide your tail, and go. But never you be the first to open your mouth in the council of real men. Never you risk castration by being caught with the wife of a proper man. Go and tell your father that you're not a man. Go tell him that you're half a man." (p.116)

The centrality of the relationship of circumcision to manly status will strike a reverberant chord with readers of this Newsletter. But the novel, despite some sketchy writing in parts, is remarkable for its description of Mwambu's mental struggle to face the greatest challenge of his childhood. The author tackles not just the fear of failure but failure itself, something from which other writers have often backed away. Mwambu becomes a man, but fails the test of manhood. Is this also the legacy of colonialism?

Infibulation And Piercing

Dear Tony: I wonder if subscribers could be invited to report on the long history of infibulation. Most will know this to be body piercing to restrict sexual intercourse, the edges of the foreskin being clipped together and sometimes padlocked, perhaps with a partner holding the keys. I read somewhere that Roman Gladiators were dealt with in this way. Also that towards the end of the

19th century the female version was common in brothels, to get a semblance of virginity in young prostitutes by claspings or stitching the labia together.

I should also be interested to hear of anyone who knows of men who like to have caning onto their cocks. I have had some correspondence on this subject and wonder if it is within the experience of others. I must admit to an interest in reading of those men who seem to get a kick out of submitting to various forms of sado-masochism.

As well as piercings there must be some who are involved in other forms of decoration on their cock, balls and nipples. The sex members would seem to lend themselves to the application of jewellery and colourings as well as tattooing. It would be interesting to hear from subscribers with knowledge or experience of such adornments. I would particularly like to correspond with anyone who has had piercings and rings in his cock.

D.N. – Deal

[See the long discussion in John McC's Infibulation article in this issue, and watch out for the quarterly magazine *Body Arts* at good newsagents. — T.A.]

Female Circumcision

Dear Tony: My partner is particularly interested in female circumcision, now that she has seen my job 'before and after'. Is there any literature on this subject available in this country? I gather that in the USA it is becoming a popular thing.

W.S. – Alresford

[Dear WS: Most of the literature I have seen is polemical against the mainly Islamic operations which go under the name of 'female circumcision'. There are accounts of this in *Forum's* 'More Sex Life Letters', from which it is clear that what is meant is the cutting out of the clitoris and small or large parts of the labia minora, and sometimes also the labia majora. In the most extreme form, as practised on girls in upper Egypt and Somalia ('Pharaonic'), little of these areas is left, and the woman has to be cut open at marriage and cut further at childbirth. The 'justifications' are tradition, and to preserve virginity and diminish sexual desire. There is a publication on Female Circumcision from Amnesty International, in their series on minority groups. A copy of an article in *The Observer*, 5.3.1989, 'In the name of tradition', arguing against traditional excision operations, is reprinted as pages 16-17 of this issue.

But what I guess you and your partner are referring to is entirely different: a very minor operation, much more exactly equivalent to male circumcision, in which a small amount of the skin over the clitoris is trimmed to ensure that

the clitoris head is exposed. This can be done with a simple straight incision, using scissors, to divide the 'foreskin' along the top of the clitoris (in which case no skin is removed), just like the male dorsal slit operation. A slightly more elaborate procedure would also trim away the two little triangular flaps created by this first operation. The justification here is, of course, to enhance sexual performance, and most who have had it report orgasms either experienced for the first time or experienced with much greater intensity. Some of the US medical reporting on this indicates that it is gaining in popularity there, although it has still not achieved widespread frequency. But I do not know of any medic offering it in Britain. As a minor operation it should not require any special equipment or great skill, provided that the appropriate precautions are observed on cleanliness etc. — T.A.]

John McC would like to write an article on *Female Circumcision*, but wants to collect as much information as possible before he does so. He would be grateful if any readers of *Acorn* who are interested in this subject or have any factual information would write to him. He is especially interested to hear from anyone who has known a circumcised woman or from any woman who has been circumcised. He would also like correspondence from others who find the subject interesting.

Masturbation Techniques

Dear Tony: Many thanks indeed for offering me space in your magazine to explain my project, and to enlist help from your subscribers: I will attempt to do so without more ado.

About a year ago I ran an ad for 3 months in the personal columns of *Forum* which read as follows:

“Male DIY. I'm making a survey of male masturbation methods: partly for fun, but mainly for the purpose of opening out the subject with a descriptive article. Exchange letters with me and we'll both learn a lot. Confidentiality assured. ALA”

From these 3 ads I got about 65 replies, but about half turned out not to be useful, for reasons which I'll explain later. Consequently I decided to put in two more ads which were similar, except that I gave my phone number. These two later ads brought in 960 phone calls! Each telephone conversation gave me the opportunity to explain more fully what I was hoping to achieve, as well as eliciting a lot of interesting information.

What I was trying to do is briefly this: to find out whether people have discovered methods of masturbation that work better for them than just using their hands. I was willing to exchange letters with anyone who had reasonably extensive experience of 'non-manual' methods, or even more importantly anyone who was willing to try out some of the non-manual methods which I was prepared to not only suggest, but to help people to try out.

The first method that I get people to try is to use a plastic bag and towel, with tapes wound around: this sounds remarkably simple, but it has to be done in just the right way to achieve the desired results. The method has received high praise from many. Here is a fairly typical quote: "It was a truly wonderful sensation! The smoothness of the plastic, the extreme slipperiness of the oil, and the pressure of the tapes/towel round the whole length and balls, combined to produce a sensation such as I'd never had before!"

Though the Plastic Bag and Towel method was well received, the second method, the sponge with plastic lining, got an even better reception. From another satisfied respondent: "You are to be congratulated. What a fantastically simple idea to create variety in a wank. The sponge has turned me on sufficiently, that if I wake during the night I then use it at perhaps 3, 4 or 5 a.m. and fall asleep in a most contented way." The method involves using a large car sponge, with a hole drilled in it, and a slit running all the way through it, so that 3" plastic tubing can be run through. After exchanging a few letters with people, which includes a short questionnaire, and a lengthy letter from me raising points for discussion, I need to be able to send this sponge out to my respondents so that they can report back to me. I should add there is no charge for this or anything else.

The sponge proved to be one of the big stumbling blocks: many people have what I call 'wife problems' or 'parent problems', so that receiving such an object through the post would be risky for them. For these and other complex reasons, including the fact that about half the male population appear to be 'manual only' wankers, the number of people that I'm currently in correspondence with has dwindled to about 40.

The sponge, with its hole drilled in it, has an additional important function: that is to serve as a device to 'trap', and thus facilitate the testing out of the third of my three masturbatory devices. This last device consists of one thick (1.5mm) rubber sheath inside another similar one. However the inner sheath has a hole at the tip. These double-sheaths (only prototypes at present) are manufactured at 10mm girth intervals, since it is very important that the erect, well lubricated, cock is a good fit inside the inner sheath. The reason that the device works is because with an effective air seal between cock and sheath there is some resistance to thrusting into the sheath, because the air has to escape through the hole at the tip of the inner sheath, and thence between the two sheaths. Likewise, and more importantly, when the cock is withdrawn the air has to come back the same way: the result is that the sheaths partially collapse, and stroke the glans in a pleasing fashion. It was mainly the idea of testing out this double-sheath for possible manufacture on a large scale (I've taken out a patent application) which has led me into this research, but I'm trying to do the investigation in as unbiased a way as possible, and am very willing to exchange correspondence about any masturbation methods which people find to be useful.

So far most of the commercially available masturbation aids seem to be pretty good rubbish, and pretty expensive rubbish at that! A few work alright if you happen to be just the right size, and some of the inflatable devices work okay, but not much better than a child's swimming armband! Few of the devices lend themselves to being lodged into position for a good hands free 'fuck'. Anyhow few of the commercial devices achieve truly cunt-like sensations.

The number of people that I'm currently corresponding with is not really as many as I'd like, for my fairly serious purpose of ascertaining what really works for people, and I feel that subscribers to *Acorn* might provide me with a few new friends who would prove to be just the sort of people I want: people who will throw themselves, heart and soul, into the worthy objective of improving the quality of their wanking activities! People, too, who can make time to write letters. Good science demands that one should not tell the subjects of one's research what to expect, but I will go so far as to say that the reception of my various devices has greatly exceeded my hopes when starting out on this project.

This article, which Tony has kindly allowed me to include, is thus an appeal to all *Acorn* readers to write to me. Names and addresses will be treated according to my usual methods, which afford a *high* degree of security. However as I'm engaged in what is really a bit of 'research', I'm in a more 'fireproof' position, so I'll ask you to publish my full name and address, and so encourage your readers to write to me direct. 'Research' sometimes conjures up a picture of a disinterested man of science, probably wearing a white coat, so let me add that I don't think one can carry out good research in this field unless one is an ardent practitioner!

Andrew Ferguson - 11 Harcourt Close, Henley-on-Thames, Oxon. RG9 1UZ

Different Strokes

Dear Tony: Having enjoyed masturbation ever since I can remember, the methods I use may be of some interest.

1. the 'old fashioned' way - either with thumb on top and one, two, or three fingers below, in a gentle and slow rhythm.
2. my cock encased in a very tight, rough fist, with no mercy shown until a long time after a shuddering climax.
3. I move the skin very quickly over the glans rim, back and forth, but only for a distance of $1/2$ " (if that) whilst flexing my buttock muscles very hard, gripping my arse cheeks very tightly together. I find I can't do this for long - it is extremely stimulating. Several bursts of this alternated with a relaxation period is ideal, and the orgasm when it comes is fantastic.
4. Grabbing the testicles firmly in one hand, leaving the thumb to lie along the base of the cock, and wanking by pulling the scrotum down and pushing back up using the thumb to stimulate the penis root.

5. If I use a lubricant, I like to wank from really wet to really dry, then re-soak and continue. Spit is good, margarine is fine ("last mambo in Merseyside"?), grapeseed oil is better (low in cholesterol!)

I think watching a man masturbate is one of the most beautiful sights there is. Someone should make a film showing a succession of men, each demonstrating their various methods. I would be happy to take part if someone could organise it.

Dick – Merseyside

Infibulation

'Infibulation' is a word which has been used at different times and in different places to mean several different things; I will try to describe the most important of these. The word comes from the Latin 'fibula' meaning, originally, a pin; later it came to mean a clasp or brooch or any fastening which used a pin. A Roman toga would be fastened with a fibula. Later still the word was used to refer specifically to a clasp to fasten the genitals to prevent sex; a person fitted with such a clasp was said to have been infibulated. Both men and women can be infibulated, but I will start by describing male infibulation, and what this has meant in different times and places.

It was the ancient Greeks and Romans who first infibulated men, or rather, the first for whom we have reliable historical accounts. It was originally applied to singers and performers in the theatre, especially to those male performers who played female roles, for it was thought that strict sexual abstinence kept their voices pure and young. It is clear from the records that this requirement for abstinence extended to all forms of sexual outlet, not just intercourse with another person, and that the infibulation was intended totally to prevent any sexual orgasm, even from masturbation and nocturnal emissions. There is plenty of documentary evidence that these people were infibulated, but very little information on what was actually done to them; it seems to have been so common that contemporary writers felt that no detailed description was necessary. I have seen only two pieces of real evidence. The first is a Grecian vase in the British Museum depicting a naked youth with his penis bent right back on itself so that its tip is immediately above its base; the small ring which fastens it there is clearly visible on the hairless body. The second piece of evidence is a pair of enormous statues of muscular Roman slaves, each about eight feet tall, in the Musee du Louvre in Paris; each has his penis bent double so that the tip disappears into the pubic hair just to the right of its base. From these, and from the knowledge that the intention was to prevent all forms of orgasm, we must conclude that infibulation meant far more than just a ring securing the foreskin to the skin at the base of the penis, as most modern writers seem to believe, (e.g. Mary Renault in *The Mask of Apollo*). A simple experiment shows that this causes an ugly stretching of the skin and a certain amount of discomfort, but entirely fails to prevent orgasm. To

be effective, the ring must have passed through both the foreskin and the glans of the penis, and it must also have passed through the ligament at the base of the penis which secures that organ to the pubic bone. The insertion of the ring must have been extremely painful, and the consequences hardly bear thinking about: any erection must have been excruciating, forcing the wearer to use every possible means to reduce it; his sleep would have been continually broken whenever an erection started to occur; urination must have been terribly messy, flooding the entire pubis and soaking the pubic hair; and hygiene under the foreskin would have been quite impossible. In later, more decadent, Roman times the practice was reputedly extended to slaves kept for sexual purposes by wealthy Roman women, to ensure that they did not squander their energies, but I know of no evidence for the use of infibulation on gladiators. Those wishing for more information should read: *Male Infibulation*, by E.J. Dingwall, (London, 1935).

Very little was heard of this custom for perhaps fifteen hundred years, until people in the nineteenth century started to become obsessed about the supposed dangers of masturbation. There were many ingenious attempts by many people to cure, or at least prevent, this habit: frightening the patient with stories of the consequences of masturbation, (blindness and insanity in particular); punishment, often severe; drugs, especially bromides; sleeping with the hands fastened to the sides of the bed; cauterisation of the glans penis with strong chemicals or hot irons; hypnosis; the wearing of chastity belts which made erections painful and prevented any contact; surgical operations including some very severe forms of circumcision and even severing the dorsal nerve of the penis; and, of course, infibulation.

Several different infibulation techniques were used which differ somewhat in detail. One was to pull the foreskin well forward and push the glans well back; a ring was then inserted transversely close in front of the glans. Another method was to transfix the foreskin close to the corona, (the ridge at the base of the glans), in two places either side of the frenulum, and to place a fastening like a safety pin through both holes and through the frenulum itself. There seems to have been no attempt to fasten the tip of the penis to its base as the Romans did, although there is some evidence of the fastening of the tip of the penis to a ring in the perineum, just in front of the anus. The objective was to make erection uncomfortable and manipulation so painful that the habit was discouraged. The contemporary authors and exponents of these methods claimed great success in curing the practice, but the experiments I have conducted suggest otherwise: masturbation is painful, and the consequent inflammation and bleeding around the fastening would reveal the activity to parents, nanny or doctor, but manually induced orgasm is never actually impossible. For further information about this and other nineteenth century anti-masturbation activities, *The Anxiety Makers* by Alex Comfort, (London 1967), is a useful source of information.

At about this time, the 'Prince Albert' became known among the

demi-monde of London. This is the term used for a ring in the end of the penis, passing down the urethra, and out through a hole just at the top of the frenulum. There is no written evidence for a royal inspiration for this custom, but a lot of hearsay evidence that a Prince Albert, (there was more than one of that name), wore one. I have my own theory of the origin of this custom which appeared in an early issue of *Acorn*, (copies will be sent on receipt of a s.a.e.).

On the other side of the world, in Indonesia, Sumatra and the Philippines, it has long been customary for men to adorn their penes with various objects to make life more interesting for their women-folk. Many and various objects are used, including rings of stiff bristles worn behind the corona, and even small pebbles inserted under the foreskin, but the objects of most interest to us are the rods or rings worn in holes pierced through various parts of the penis. These each have special names which are used throughout the world today by piercing devotees:

- the *Ampalang* is a rod worn transversely through a hole in the middle of the glans;
- the *Dydoe* is a rod or ring worn through a hole in the corona of the glans, a longitudinal hole, parallel with the shaft of the penis, usually in the four and eight o'clock positions, (the frenulum being at twelve);
- the *Ampadravya* is a rod worn through a hole running from the centre of the upper face of the glans, passing through the urethra and emerging at the frenulum (which must be partly cut away);
- the *Hafada* is a ring or rod worn in a hole in the loose skin at the base of the penis in a suitable position to stimulate the partner's clitoris;
- and the *Oelang* is a ring worn in the edge of the foreskin.

Female infibulation has an even longer history than male infibulation, and an even wider variety of meanings. The first type I am going to describe is the oldest, and is still performed on millions of women in the region of Africa to the South of the Sahara, the Sahel. This is truly horrific, and anybody of a queasy or sensitive disposition should skip now to this sign: § § § §, to be found on page 29. You have been warned!

Infibulation is the name given in the West to one of the forms of female circumcision, known as Pharaonic circumcision, as it is thought to have been introduced at the time of the Pharaohs of ancient Egypt. This operation is performed in Mali, Upper Volta, Niger, Ethiopia, Sudan, Somalia, Southern Egypt and Northern Kenya, (and probably Uganda, but, because of the political situation, nobody has confirmed this recently). It is performed on young girls, sometimes soon after birth, (Niger and Ethiopia), more often between five and nine years old, but always before puberty. Traditionally it was performed by wise women or Dayas, without the benefit of anaesthetics or antiseptics,

using primitive stone or bronze knives; nowadays, amongst city dwellers, it is becoming more and more common to find it done in doctors' surgeries, clinics or even hospitals, using modern equipment and techniques.

The operation consists of the surgical removal of the labia minora, the clitoris and the inward facing surfaces of the labia majora, and then the closure of the vaginal opening by stitching, so that only the minimum hole necessary for urination and menstruation is left. Here is the description of one such operation.

An adult woman sits on the ground with her legs apart and her knees raised. The young girl to be operated on sits down between her thighs and leans back against the woman's chest. Helpers lift up the girl's legs so that her knees are beside her shoulders. The woman then lifts her own legs over the girl's so that her calves are behind the child's knees. The woman then stretches her legs back and apart so that the girl's legs are stretched as far back and apart as possible, and tucks her feet behind the girl's bottom, pushing it forward, further immobilising her. The woman holds the girl's wrists tightly, although in the case of an older and stronger child, other helpers may hold the wrists to prevent her struggling free. In this position the girl's vulva is made prominent and accessible, and she is secured virtually immobile.

All the women watching set up a loud 'ululation'. This is a sound made by wagging the tongue from side to side whilst making a loud noise, and is generally a sign of joy or celebration, although in this case one could be forgiven for concluding that the primary purpose was to drown the cries of the girl. The Daya first sprinkles wood-ash or fine sand on the vulva, so as to grip the slippery parts more firmly. Then she pulls each of the labia minora in turn to full stretch, and cuts it off at the root. Then she pushes a pin or thorn through the tip of the clitoris, pulls it firmly, and cuts it away deeply, right down to the bone, making sure that as much as possible of that exquisitely sensitive organ is removed. Then she cuts away the inner surfaces of the labia majora right down their whole length to the perineum. Next the whole cleft is stitched up by pushing thorns through the opposing edges of the vulva and then winding a hair between the ends of each thorn across the wound. Finally the wound is dressed with herbal ointments and the girl's legs are bound together from waist to ankles to prevent her movements from disturbing the wound; she remains bound like this for several weeks. She is given lots to drink, for the wash of urine aids healing, and failure to urinate soon after the operation results in the wound closing completely with terrible consequences.

This operation is not infrequently attended by complications. If, despite the woman holding her, the girl manages to struggle, the urethra or the anal sphincter may be damaged causing life-long incontinence. Infections of the wound are frequent and are even encouraged as they are thought to provide a better seal; keloid scarring and neuromas often result. Bladder and kidney infections are not uncommon and often become chronic, and difficulties in passing urine and later menses are not infrequent. Sexual problems,

painful intercourse and absence of orgasm, and difficulty in childbirth are considered normal and are expected. The pain and trauma and subsequent sexual frustration often cause mental problems including severe depression and neuroses. The use of modern techniques of hygiene and anaesthesia may lessen the immediate trauma and infection, but the long-term problems are no different.

It should not be thought that the people of these parts are especially anti-women. In one of these areas we hear of a male circumcision technique where, after pulling the skin forward of the glans and cutting it across, the outer skin is slit lengthways to the base, and pulled right off the shaft of the penis. The inner skin is trimmed close to the glans and with it the frenulum. Then the slippery cartilaginous membrane, (Buck's fascia), which covers the outside of the shaft and the inside of the foreskin, (and is the reason the two layers of skin can slide so easily over one another), is pared away. This is a painful, slow and bloody process as the membrane is attached over its whole surface. When complete, the penis is stretched taut, and the foreskin is placed back over it, the excess being trimmed away. It is sutured into position with thorns wound with hair, and the whole organ is wrapped tightly in bandages. Healing is slow and painful as there is much oedema from the clotted blood under the skin. Once healed, the skin on the shaft is entirely immobile. When the penis is erect, the skin is quite taut and makes the shaft of the penis much narrower than it would otherwise be so that the naked glans bulges impressively above it.

The peoples of these areas are, thus, not so much anti-women as anti-sex. Those men who have experienced sex with uncircumcised women admit that it is more pleasurable, yet still insist on circumcised wives because they feel guilty about such enjoyment. Despite the pain and trauma they themselves have experienced, mothers still insist on inflicting the same problems on their daughters. We in the West are little better, we still go to elaborate lengths to 'protect' our children from sexual knowledge even though it has been proved time and again that an early exposure to such information leads to more healthy sexual development. For further information, the report: *The Sexual and Genital Mutilation of Females* by Fran. Hosken, (W.I.N., New York, 1983) is the most thorough and authoritative study available.

§ § § §

The tradition of female infibulation in Europe consists of piercing the lips of the vulva opposite the vaginal entrance and inserting a ring or a lock to prevent sex. There is a mention in *Gargantua and Pantagruel* by Rabelais of a 'Bergamasco padlock' in a context which makes it plain that some sort of chastity device is implied, but it is more probable that this refers to a chastity belt rather than to infibulation. The earliest clearly documented record I have found was in the *St. James' Evening Post* of 7 April 1737, which had an account of the trial in Leicester Assizes of one George Baggerley, who with a "needle and thread did sew up his wife's parts, being hired to work about

5 miles from Grooby, and being jealous of his wife was afraid to leave her to her own inclinations." He pleaded guilty, was fined 20/-, imprisoned for two years and had to find security for his good behaviour for seven.

During the nineteenth century, the simulation of virginity was very popular in the bordellos of Europe, especially those specialising in child prostitution. Several techniques were used including soaking the parts in alum for several hours, (which makes the flesh shrink and dry up), and inserting a small bladder of pigeon's blood, designed to burst on impact. But by far the most popular and realistic was to insert a few sutures of silk thread, at the approximate position of the hymen, to join the opposite sides of the vagina together; penetration was impeded, and when it occurred, the skin tore causing genuine pain and a very convincing effusion of blood.

In the latter part of the nineteenth and the early twentieth century a great number of immigrants were arriving in the U.S.A. from many parts of Europe; they were subjected to a medical examination on arrival. We have several reports, from the doctors conducting these examinations, of women with pierced labia containing rings or locks designed to prevent illicit intercourse. The number of such reports suggests that the practice, whilst not exactly common, was far from unknown.

During the nineteenth century anti-masturbation craze, the doctors and medical equipment suppliers were no less inventive in finding means of preventing female masturbation than they were with the male. The treatments included: frightening the patient with stories of the terrible consequences of masturbation, (blindness, insanity and the conceiving of deformed children were especially popular); punishment; drugs, especially bromides; sleeping with the hands and feet tied to the sides of the bed; sleeping with a pad between the thighs to prevent thigh-rubbing; cauterisation of the vulva and especially the glans clitoridis using strong chemicals or hot irons; hypnosis; the wearing of chastity belts which prevented any contact; surgical operations including circumcision of the clitoral hood, severing the pudic nerves and clitoridectomy, (removal of the whole clitoris); and, very occasionally, a form of infibulation.

Infibulation seems to have been a relatively rare technique, and I have found only two accounts in the literature; I will quote from one. This is from Alvin Eyer of St. John's Hospital, Cleveland Ohio, in 1891. He reports, of M.E.H., a lovely blond blue-eyed girl of seven: "I found her mammae, clitoris and mons veneris unusually developed for one of her age. For over a year the best remedies had been employed in conjunction with blistering and severe actual cauterisation, yet the habit continued. I carried the clitoris as deeply as possible into the cleft of the labia and then, with four silver wire sutures, brought the latter into snug apposition, burying the clitoris entirely out of touch. On the ninth morning the mother discovered the upper suture much tighter than we had left it, with a half ring shaped loop projecting. On the following morning the same suture was found broken at the point of its

first twist. On first questioning, the child denied having disturbed it, but subsequently confessed to having masturbated on four consecutive occasions during the night. On May 10th, 1890, clitoridectomy was performed, care being taken that the entire organ with a considerable portion of its two crura was removed. About six weeks after the operation, the mother reported her as having had a restless night, and she confessed in the morning having attempted her old habit, but added, 'There is nothing there now, so I could do nothing.' A year later, the mother reported her as being entirely free of her previous habits." Thus it would seem that infibulation was considered not to be as successful for the cure of female masturbation as it was for the male variety.

Nowadays, because of the negative associations of the word 'infibulation', those practising it prefer to use the expression 'piercing'. Most of the things I have mentioned have been adopted and refined and are used by piercing devotees to enhance their sex lives. For some the primary motivation is to provide erotic stimulation during sexual activity; here the holes are wide and the inserts fat and smooth and are focused on the most erogenous parts of the anatomy: in the male, the frenulum, foreskin and glans penis, and, for his partner's benefit, the base of the penis; and in the female, the hood of the clitoris and the labia minora. For others it is mainly a question of decoration, of visual eroticism; here the holes are tiny and are positioned for visual effect, and the jewellery is very light, delicate and fragile, making it entirely unsuitable for the rough and tumble of actual intercourse, and may even include precious stones. Piercing may form an important aspect of a bondage or sadomasochistic relationship; here the holes are positioned not so much to enhance erotic stimulation as to prevent it, and the objects placed there are designed to restrain and control, to punish and cause discomfort, and may include padlocks, chains, spikes and even heavy weights. For most piercing enthusiasts, however, the motivation is a subtle, complex and even contradictory combination of all of these factors.

A number of magazines and commercial organisations exist to provide for the needs of the piercing devotee. There are several piercing practitioners in the U.K., and a number of firms providing the special rings and dumb-bell shaped rods which many favour. Those interested could well start by buying a copy of *Body Art*, (Blake House Studios, Blake End, Rayne, Braintree, Essex) a magazine which also caters for tattooing enthusiasts.

John McC.

ACORN

1989 Issue No 8
(Formerly Issue 9)

Editor
Tony Acorn

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

To:- ACORN

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Editorial

Welcome: again to *Acorn*, to an issue that includes our usual long and varied correspondence on *Acorn* topics. A merry festive season when it comes, and may your willie need no warming!

Subscriptions for 1990 are now due: Your 1989 annual subscription of £10 paid for all the 1989 issues, including back copies. This is the final issue for 1989: **No further issues will be sent until a renewal subscription is received.** On the back page there is a form for renewing your subscription, which stays at £10 again for 1990. The form may also be used for ordering back copies. Receipt will generally be acknowledged by supply of the items you have requested: address as for Replies. Subscriptions may be sent by cheque or postal order, preferably blank, or else payable to *Acorn*.

Future Issues: Many thanks to all our correspondents for sharing their thoughts and experiences with us in 1989, and making *Acorn* the fascinating success which it has become. Please continue to do so next year. In 1990 we aim to produce another hundred pages worth (at least), in eight issues. The first issue will include a long story describing David's growing dissatisfaction with his cavalier state, his good fortune in finding someone able to help him, and what happens when they meet.

Information: Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or to give some specific advice. *Acorn* members include doctors who have said they are willing to help other members. It must be clearly understood, however, that any information published, while supplied in good faith, in no way constitutes a recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any information in this newsletter must rely on their own judgement, and does so at their own risk.

Confidentiality: Contributions are identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Otherwise no name or address will be revealed to another member, but letters will be passed on if you wish to make contact. Obviously we gain in frankness from being able to write with such guarantees of confidentiality in mind.

Circumcisers

The Surgical Advisory Service, 108 Whitfield Street, London W1P 6BE (tel: 01-388 1839) has regularly advertised in *Forum*, *The Observer* and elsewhere: Circumcision available in one-hour brief out-patient visit to our London clinic. In June the price rose from £190 to £210, a figure which may

seem high, though they have had many satisfied customers/patients. A prior consultation is an additional £25 (taking the total to £235), but worthwhile as it ensures that you have a chance to explain and discuss the outcome which you would like. Their Mr N. Hasan FRCS FICA, has consulting rooms at 22 Harley Street, London W1, 01-637 0491.

The Chesham Clinic, Gloucester House, Smallbrook Queensway, Birmingham B5 4HP, also advertises consultation centres at St. John Street, Manchester M3 4DW and at Park Crescent, London W1 3HE and offers a help-line on 021-643 7515. The clinic offers immediate low cost treatment by consultant surgeons for such non-urgent problems as: moles, lumps, cysts and skin tags for £98 to £175, piles £175 – £500, varicose veins £175 – £1,100, hernia repair £345 – £500, vasectomy under general anaesthetic for £175 (plus cost of follow-up tests), vasectomy reversal £345 – £500. The charge for **Circumcision** under general anaesthetic is £345. For several of these procedures they indicate the need for an overnight hospital stay at an additional maximum charge of £160. This seems very high (compare above) and looks like the private sector trying to cash in where the National Health Service has waiting lists. But it is also very doubtful whether a general anaesthetic is desirable or advisable for such a simple procedure. The risk of (possibly even fatal) complications consequent on a general anaesthetic is small but needs to be considered. Very probably it is only recovery from the anaesthetic which may make the overnight stay advisable: much more pleasant, and better value, to go to a practitioner who is prepared to operate under local anaesthetic. If any reader uses them please write in with impressions as to the service offered and the prices charged. (Thanks to N.T. – Cleveland for obtaining this information.)

The Initiation Society is now at 15 Sunny Hill Court, Sunningfields Crescent, London NW4 4RB, tel 01-203 1352 (answer-phone). The Secretary, Mr Alex Minn, will send a printed list of currently approved and annually reviewed Jewish circumcisers (mohalim). Most only operate on infants and in the religious context only, but some (the medically qualified) may operate for adolescents or adults for non-religious reasons. On the list of 62, 43 are in London and 10 in Salford. Those with the title of Dr are:

Dr S.B. Bolel, 36 Ashtrees Gardens, Low Fell, Gateshead, 091-477 1176.

Dr Z. Davis, 45 Cavendish Rd, Salford, M7 OWP, 061-792 4198.

Dr M. Harris, 49 Edgwarebury Lane, Edgware, Middx, 01-458 4431.

Dr D.L. Hibbert, 11 Moorside Road, Salford M7 OPJ, 061-792 2470.

Dr L. Lovat, 7a Boot Parade, High Street, Edgware, 01-952 5667.

Dr J. Spitzer, 66 Rostrevor Avenue, London N15, 01-802 4104.

The Initiation Society's Medical Advisor, Dr M. Sifman, 1 Stanley Avenue, Wembley, Middlesex HA0 4JF, 01-902 3887, is worth approaching confidentially for consultation, circumcision, and revisions (second or tidying-up circumcisions).

Contacts with Islamic circumcisers have not been very successful: if any member can help, please write in. Dr A. Singh, MB, BS, DLO, of 12 East View, Deepdale, Preston PR1 5AS, tel. 0772-52409, replied that he has been practising as a circumciser for about 22 years. All 150 operations during the previous year were religious, 90 per cent of cases were aged under 1 year and the rest under 5, and the charge was £40-£50 for a boy under two. He will not circumcise an adult.

Dr Shaikh, of 48 Queen's Road, Walthamstow, London E17, 01-520 2625 (work) 01-505 5790 (home) does Islamic-style circumcisions efficiently and inexpensively, but without discussion as to the type of outcome which will result, charging about £100 for an adolescent or an adult, and about half as much for a child under about 10. An appointment can be arranged with about a week's notice.

Dr David Jackson, 63a Moscow Road, London W2, 01-229 3300, is 'willing to discuss problems of the foreskin and its retention, in writing or at surgery, free of charge.' He opposes circumcision.

Observations Survey

Following your suggestion of a cavalier/roundhead survey, I have counted up the following in a sports club to which I belong:

Over 40s	Cavaliers: 15	Roundheads: 10 (40%)	Total: 25
Under 40s	Cavaliers: 18	Roundheads: 9 (33%)	Total: 27
All	Cavaliers: 33	Roundheads: 19 (37%)	Total: 52

These figures surprise me somewhat, as I expected more roundheads over 40 (at school in the '50s and early '60s the proportion was 65% – 75%). Likewise I would also have expected more cavaliers under 40. While the figures bear out a trend favouring foreskins, the proportion of roundheads is still much higher than expected, given the official attitude of opposition to circumcision since the 1940s. I cannot comment on the various degrees of circumcision on the roundheads, but the vast majority of the cavaliers are 'wrinklies', ie with a longish, elephant-trunk type of foreskin. Only three have almost totally exposed knobs and one a partially exposed knob. As a cavalier who always kept his foreskin pulled back when showering so as to look 'regular' among the roundheads, I now find I still do this automatically, even though my group is now in the majority. Quite honestly, nobody really cares, but everyone still has a good look at everyone else's.

There are only four or so really large ones. But I do find that a large roundhead always seems bigger than a large cavalier because of the exposed knob: a wrinkled foreskin always seems to reduce the size. I hope these statistics are of interest.

J.H. – Beckenham, Kent

Penis Survey (Continued)

All measurements are in inches (except height in feet and inches), rounded to the nearest 0.1, so $\frac{3}{4}$ " or 0.75 is given as 0.8. Measurement to 0.1" is as accurate as anyone can reasonably get.

The dimensions in the Table are as follows:

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scar-line from glans rim.
If uncircumcised: U
6. If uncircumcised, how much ($\frac{1}{10}$ ths) of glans is covered, flaccid?
7. If uncircumcised, how much ($\frac{1}{10}$ ths) of glans is covered, erect?
8. If uncircumcised, is foreskin tight (T) or loose (L)?
9. When standing against the wall with erect penis, how far from glans tip to nearest part of stomach?
10. Height
11. Age
12. Identification (initials and place).

1	2	3	4	5	6	7	8	9	10	11	12
Cavaliers (previously listed)											
4.5	6.5	4.5	6.3	U	12	8	L	4.5	5'8"	30	N.T. – Guisborough
3.5	6.3	4	6	U	11	8	L	5.5	6'4"	64	E.S. – Salisbury
3	6.3	4	4.8	U	10	9	L	4	6'1"	26	Anon
5	7.5	4.3	5.5	U	1	0	L	3	5'10"	50	E.L. – Bath
3.3	5	3.9	5	U	13	10	L	5	6'0"	54	M.M.G. – N.Yorks
4.1	6	4.5	5.6	U	11	9	L		6'1"	54	M.L. – Gwent
5	6	5.5	6	U	10	10	L	7.5	5'5"	68	J.T.D. – London
3	6	4	5	U	0	0	vL	1.5	5'10"	57	R.V.A. – Lancs
3.5	5	4.5	5	U	8	0-3	L	4	5'9"	46	D.S. – Merseyside
3.8	5.8	4	5.3	U	10	10	T	3	5'9"	29	J.A. – York
3.5	5.5	3.5	4.8	U	10	8	L	4.5	5'8"	69	A.R. – Hampshire
3	4.7	3.5	4.4	U	10	9	L	4	5'8"	45	J.H. – Kent
Cavalier Additions											
3.6	5.8	4.4	5.4	U	10	5	T	–	6'2"	18	J.K. – Sutton Coldfield
4.5	7.8	5	6.3	U	4	0	L	3	5'9"	42	Anon – Hants
	6	4	4.5	U	8	0	L	6	5'11"	46	R.B. – London
3	5	3.5	4.4						5'5"	18	<i>Minima</i>
3.8	6.0	4.2	5.3						5'10"	47	<i>Averages</i>
5	7.8	5.5	6.3						6'4"	69	<i>Maxima</i>

Roundheads (previously listed)

5	6.5	4.3	6	1	-	-	-	5	5'6"	49	G.P. – Perth
5.5	7.5	4.5	6	0.5	-	-	-	6	6'1"	63	A.W. – Burgess Hill
3.8	6.5	3.8	5	0.8	-	-	-	7	5'11"	35	A.G.T. – Hornchurch
2.5	5.5	4	5.5	0.5	-	-	-	4.5	5'10"	34	M.H.
3	6.5	3.5	5	0.5	-	-	-	H	6'1"	77	V. – Shropshire
4	6.8	when warmer									
3.2	5.1	3.2	4.7	0.8	-	-	-	4.7	5'8"	30	J.H. – Finland
4	7.6	3.5	6	0.5	-	-	-	6	5'10"	56	R.W. – Sussex

Roundhead Additions

3.5	6.8	4	5.9	0.5	-	-	-	4	5'9"	43	B.B. – Hants
3	6		5.8	1.1	-	-	-			55	E.G. – Bradford
4	6	4.5	6	0.5	-	-	-	6	6'3"	50	I.M. – Sussex
3.4	5.5	4.5	5.5	0.8	-	-	-	7	5'10"		A.F. – Devon
2.5	5.1	3.2	4.7	0.5					5'6"	30	<i>Minima</i>
3.7	6.3	4.0	5.6	0.6					5'11"	45	<i>Average</i>
5.5	7.6	4.5	6	1.1					6'3"	77	<i>Maxima</i>

Comments On The Survey Results

The first thing I noticed is the average age of respondents, which is 48. Is it only an older generation that has a keen interest in the penis, or is it just that younger members of *Acorn* have not taken the time to reply to the survey? The average erect size of cavaliers worked out at 5.9", which falls below the *Forum* average of 6.25". Our roundhead respondents were marginally above the *Forum* average, however. I enclose my own measurements. It would be very good to have more members send in their details.

B.B. – Hants.

My greatest circumference is at the glans ridge, 4.75" flaccid and 5.75" erect. My scar-line varies between 0.5" and 1" from the glans ridge. At the scar-line the circumference is 4.3" flaccid and 5" erect. The circumference at the glans ridge would be useful for comparisons, whether measured bare or over a layer of foreskin.

A.F. – Devon

Observation 1

A very black negro aged about 25, well-built and of average height, had a slightly above-average sized penis. As he stood peeing, his retracted foreskin covered the glans rim and about $\frac{3}{10}$ of his glans. The visible glans and foreskin were about the same colour as his face, but when he had finished he worked

the foreskin to and fro to massage out the final drops. The inner foreskin and glans rim revealed as he pulled back the skin were bright pink, in fascinating contrast to the surrounding black.

T.A.

Observations 2

Observing my friends over the past six weeks or so gives the following results:

Ages	46	46	40	42	40	49	45
Circumcised	no	yes	yes	no	yes	yes	yes
Size	large	ave	small	large	small	ave	small
Glans coverage	10	0	0	10	1	1	0
Colour	white	white	white	white	white	white	white
Religion	Christian	C	RC	C	C	C	C
Location	London	L	L	Jersey	L	L	USA
Class	Upper	Upper	Upper	Middle	Upper	Upper	Upper

I think these are pretty representative, and draw the following conclusions:

1. Circumcision was widely practised in middle and upper class families until say 1950.
2. It was rare among lower middle class families after 1950.
3. It was more widely practised in all classes in the 1920s-1940s, probably stopping in the 1950s.
4. It was universal in the USA and Australia.
5. It was widely practised, for longer, in the expatriate communities – those born in English hospitals in Africa, India and the Far East tend to be circumcised through to 1965.

R.B.

A Beach Survey

In a survey to establish the current incidence of circumcision, I observed the penes of 203 youngsters, aged between just a few months to about five years, playing stark naked on the beach. Whereas years ago only the very young were occasionally allowed to do so, now complete nakedness of babies, toddlers, infants, and even older children was observed, with a maximum of 30 in a half mile of beach population in the high season. In some families, girls below school age wore bikini tops while their brothers went stark naked.

The overwhelming majority (196 of the 203 sightings) were uncircumcised. Among the intact, penis size varied from vermiform (worm-like) to above average, but most foreskins were long, extending well beyond the glans tip and curling down towards the vertical. Only ten with full cover had enlarged orifices, presumably by retraction. Four brothers aged between about two to five years all sported the longest foreskins I have ever seen. The skin beyond the glans was longer than the rest of the penis in each case, a feature inherited from their father.

There were only seven circumcised penes. In all cases the glans was precociously plump, giving a button-mushroom appearance, and the scars were well-set, without the pinkness of recent healing. The distinct work of a mohel seemed evident in one. Two had radical removal and wavy scar-lines, the result of standard surgery and sutures. Four had been beautifully trimmed, with very slight and perfectly straight overlap of the glans rim, presumably the result of a 'bell' technique.

I only saw one example of dissimilarity between siblings. A younger brother was radically denuded while his older brother remained intact. The circumcision was of the ragged, sutured type. The other possessor of a rough-hewn edge was a five-year-old, both perhaps the result of urgent treatment.

This Table compares the 1989 beach survey with 1956 school observations:

	1989 Beach sightings, ages 0 - 5 years.	1957 Changing-room sightings, age 14.
Total number	203	31
Number circumcised	7	14
Per cent circumcised	3.5	45
Method		
Jewish	1	1
by scar		
Trim & suture	2	13
type		
'Bell'	4	0
Number uncircumcised	196	17
Per cent uncircumcised	96.5	54
glans tip visible	0	10
Foreskin		
full cover	5	37
length		
some overhang	38	48
excess overhang	57	5

The observed circumcision rate was 3.5 per cent. Almost all the non-ritually circumcised were under three years old, so it seems that there has been a slight change in medical attitude quite recently in favour of neo-natal or infant circumcision. The disposable 'Plastibell' allows a neat, simple, and aesthetically attractive result, as important to the continuation of non-ritual circumcision as Tampax and the pill have been to the liberation of women.

While the beach observations were being made, the following tender incident occurred. One mother sunbathing with family and friends seemed particularly beautiful: bronzed, bikini-clad, long fair hair tied at the back, a kindly round young face. She had two completely naked girls aged about four and six and a son of about three, clothed most of the time. In mid-afternoon he dropped his trunks but continued to wear a short red shirt and sun-hat. Standing immediately before his mother, he dribbled from a long foreskin. After a pause, maternal assistance was at hand, quite literally. Mother reached out with her left palm downwards, deftly and gently grasped her son's penis behind the glans and drew the skin forward. This allowed him to complete the voiding in a strong steady stream. When he had finished, without any self-consciousness she gave the prepuce three gentle shakes, withdrew her hand quickly and wiped it on her thigh. It all took about 15 seconds, including the skin 'towelling'. The caring act seemed so natural and had the approval of the infant, who remained perfectly still throughout, though his organ slightly increased in size. Every part of the child, including his long obstructive prepuce, was loved. By then the distinctive glans-rim profile of a roused roundhead had formed in my own trunks. I would have accepted the phimosis gladly if such an angel hand was nearby. I only saw her once, but appreciated her tenderness.

Anthony – Devon

Circumcision Fantastic

Having subscribed to *Acorn* for 1988-9, each issue is getting better and more informative. As more members write in with their personal preferences and their experiences, we learn a little more about circumcision and the methods used each time the buff envelope arrives. My wife and I both prefer a circumcised cock which has been cut right back. My cock is 3" flaccid and 6" when erect, with a circumference of 5.75" at the line of cut. My circumcision ring seems to me to be very faint, although my wife says it is quite plain and looks lovely to her. When erect the ring is 1.1" from the groove on the upper surface coming to a lesser distance like a "V" on the underside. From what we have both read and understand I was circumcised (in 1934, as a baby) by the classic dorsal slit and cut round both sides method, the frenulum being cut also. This method was very popular then and does really appear to remove as much foreskin as possible, with no untidy skin tags on the underside.

My wife has only one regret, which is that I am circumcised. She loves the look, feel and cleanliness of my cock but wishes that it was she who had circumcised me. We both think it would have been the height of erotic ecstasy for me to sit on the settee with my legs wide open and she kneel on a cushion between my knees carefully shaving off my pubic hair while I caress her breasts and nipples. Then she would push my foreskin right back as far as possible to enable her to measure how far back I could be cut. With foreskin pulled forward a ring would be drawn around my cock to indicate where the

circumcision cut should be. She would then spray or inject my foreskin with a suitable anaesthetic before taking up a pair of scissors. She would carefully cut a dorsal slit up my foreskin as far back as the ring marked on it, then again carefully cut round from the dorsal slit to the underside from each direction, finally trimming the frenulum. It would be a perfect way of being circumcised. The effect of the deep pink-coloured circumcision ring and purple glans would heighten sex even more for weeks afterwards. A pipe-dream, but this is nevertheless a lovely thought shared by us both.

On our travels round the continent we have been to many nudist camps and can fully understand the female preference for a circumcised penis. My wife often remarks, "What a horrible elephant's trunk: he needs circumcising". We have seen two or three teenagers or youngsters with penises which have obviously been recently circumcised. They look far better for it. Personally I think that all males should be circumcised before puberty, as this would relieve many troubles in the future to both themselves and their sexual partners; but I am not sure what age would be best. My wife agrees that circumcision is the best treatment a penis should and can receive, but is not entirely convinced by the idea of neonatal circumcision, while realising the important benefits of being circumcised, since in looks, feel, performance and health-wise a circumcised cock is preferable to one with a foreskin. A bare glans is the thing for today and the availability of circumcision should be made easier.

In future issues we would like to see a really full description of the various ways to circumcise, with detailed drawings if possible. Can any member say where to get a video of circumcision, preferably one showing the results of the various methods?

E.G. – Bradford

Family Penis Resemblances

What really fascinates me is the subject of family penis inheritance. I have never come across any comment on this, and would be grateful if *Acorn* members could help to throw light on the topic. In my own family, three generations of males share amazingly similar characteristics: general height, bone structure, hair/eye colour, identically-chiselled noses, etc. There is a 9-year age gap between my brother and I, but we are often mistaken as twins: that's how much we look alike. These characteristics even go as far as my cousin (our fathers are brothers). But what about our penises?

My parents are divorced, so just my father, brother and myself are at home. With no females around, there is a degree of nudity and plenty of chance for me to see if I have inherited the family cock. It grieves me to say that I don't think I have. Despite our other similarities, my brother's penis is considerably larger than mine. The same applies to my father and grandfather: all are very well endowed men, a characteristic I lack.

Could it be age, I wonder? I am 18. Perhaps there is time for me yet! This brings me to another point: when does the penis stop developing? Is it when one reaches maximum height? It would be interesting to know how much height, weight and general build relate to penis size. Perhaps any body-builders could comment on the relationship between bodily and penile development. Comments, please, from other *Acorn* members on any of these issues.

J.K. – Sutton Coldfield

[How excellent to have an *Acorn* contribution from a young member: many thanks. Perhaps the first thing would be to see how your cousin fits in this pattern. Secondly, I doubt whether height has much relationship to penis size (see the survey replies on page 5 and in the last issue of *Acorn*), since height can be much affected by the length of the long leg-bones. Have you ever noticed how adults vary less in height when sitting than when standing? But obesity (especially as a child) can result in the penis becoming buried in a layer of fat which both restricts its development and, additionally, makes it appear small (since part of its length is below the surface). Exercise which redistributed weight from fat to muscle would obviously help, but only if obesity is the problem. As to growth, one of the first signs of puberty is an increase of the length and diameter of the penis and the volume of the testicles. Pubic hair generally follows later, with growth in height continuing later still. This would seem to indicate that you can not expect much further penis growth: I hope I'm wrong. Although your erect penis length is about the average for *Acorn* cavalier respondents, it is rather smaller than *Acorn* roundheads (see above). Your size might be affected by putting your penis to fuller use: do you know how your frequency compares to your brother's? In my own family, my father and I are of short/broad build, with slightly below-average sized circumcised penises. My brother is taller and thinner, with a penis slightly longer than mine, and having the long, wrinkled foreskin which I was able to rid myself of. My son aged 16 is taller and broader than me, and considerably better endowed (in both length and thickness). He too had the long wrinkled family foreskin until circumcised. Note the example of the four brothers with extraordinarily long foreskins like their father, in the beach survey (page 7). More information from readers, please. — T.A.]

Ways Of Making The Foreskin Stay Back

I am grateful to A.R. – Hampshire for his letter in the Issue 4/89 of *Acorn* describing the foam ring which he used to keep his foreskin back. I had, in fact, experimented with 'collars' of various sorts but not with one made from foam. I must say that its big advantage is that it is absolutely comfortable and it does work. However, the disadvantage from my own point of view is that by

creating this rather substantial ridge behind the glans, my most sensitive part is shielded from contact with clothing and the pleasurable friction, which is what I am primarily seeking, is minimalised.

Thinking along these lines did give me another idea, of utilising a ring which I have had for many years which fits neatly behind the rim of my glans (it is actually the ring-binder type which can if necessary be opened, though this has never been necessary throughout a lot of experimentation). By repeated applications of 'Copydex' glue over a period of two days I built up a shoulder on just the top side of the ring and continued building it up until it was just sufficient to prevent the foreskin sliding forward over it. It is completely comfortable, fairly inconspicuous, and has the advantage of being no larger than is absolutely necessary to achieve the objective: in fact, quite my best discovery to date.

I pierced my foreskin some years ago, since when I have been able to employ the very positive method of anchoring it back to a cock-ring which, from the mechanical point of view, is hard to beat, but the new method is so much simpler. Perhaps someone might be interested in trying it.

E.S. – Salisbury

Anti-Circumcision

Dear Tony: I appreciate your support for Ivan Goodhart's views in 'Have I the right (to circumcise my son)', since a bit of cut and thrust is essential to keep the Newsletter from becoming boring, but I have to take issue with your statement that his views are carefully argued: 'If all young men decided they wanted to be circumcised, 2000 ops would be required each day: where are the facilities?' Everything depends on his 'If'.

Now let me tell you why I feel so bitter. Will you accept my assertion that my childhood was purgatory and adolescence sheer hell due to an unnecessary circumcision in infancy? I was aware of the difference between me and my friends from the earliest, and that I had been mutilated and was deficient, whilst they were whole. As I grew up, a powerful heterosexual urge was denied and frustrated to the point where I seriously considered suicide. This was because my intact friends were able to indulge in teenage adventures, I was forced by fear of ridicule (based on experience) to avoid sexual encounters even though potential girl-friends were keen. As a result my mind has been pre-occupied for many years with a sense of deprivation, to the extent that concentration on the important things in life became impossible.

With maturity, despair and distress settled down to become mere unhappiness and I finally succeeded in getting married. My son, I'm happy to say, has been spared the misery inflicted on me and has been allowed to grow up as nature intended him to be. So there it is: a sad but by no means unusual story. I've contacted BUFF (the US organisation Brothers United

for Foreskins) in a fairly hopeless and pathetic attempt to procure foreskin restoration as my best chance for peace of mind. They tell me that there is a powerful identity of views among the predominantly circumcised population in the USA.

Mr Goodhart, if you do accept the sincerity of my position and, more importantly, the possibility that your son may grow up to be a sensitive person with his own separate identity, what will be your answer if in 20 years time he comes to you in a fit of suicidal despair and asks you, "Dad, why did you do it to me?"

PS: Are you sure that *Acorn* is the right medium for that tacky story about the chap who liked to slip it to little girls?

R.B.W. – Bedford

Dear R.B.W.: Thanks for your letter. The damage seems to have been done, not so much by circumcision as such, but primarily by your clear perception, as you put it, 'that I had been mutilated and was deficient, whilst they were whole', and by the ridicule you later experienced on this score. Since my own experiences at that age were the reverse: 'only cissies had elephants trunks; real sporty boys were roundheads', it would help me to understand your views better, and might very well also help you to come to terms with the desperate situations in your own childhood, if you could describe the first time when you learnt about your apparently unique circumcised status, and also the later incident(s) when it was used to ridicule you. None of us likes to think of ourselves as deficient or mutilated or ridiculous, so you can be sure that your account will be received sympathetically. If you would like it published under a pseudonym, that would be no problem.

As to your PS, yours is the third adverse comment on the Brazilian 'adventure'. I stand reminded of our essentially phallic objectives, and corrected for including this item.

T.A.

Dear Tony: I appreciate your sympathetic remarks. To expand: the first clear realisation of the damage done to me was at the age of five or so when an older girl rounded up half a dozen of us and instructed us to pee in line for the entertainment of her friends. All my companions were intact and my circumcised organ contrasted sharply (bluntly?) with the row of elephant's trunks, being instantly picked on by audience and performers alike as a source of curiosity, amusement and derision. One girl guessed correctly that I had had the end cut off, 'because there was something wrong with it.' (Incorrect: I'd been born normal.) Thereafter I was excluded from the rude and exciting games played by our little group.

It seems ridiculous, but I can still feel pain at the recollection of silly little events a year or two later, when I had to stand and watch when all my intact

chums once more at the instigation of an older girl, were induced to show off to the girls by pulling their foreskins back to reveal their shiny purple knobs, so different from mine; or even more rudely, by ballooning their foreskins while peeing. My loss was thus brought home to me in an unforgettable way. Other similar episodes over the years served to undermine self-respect and confidence: you know how cruel children can be to someone who is 'different'. Consequently the foreskin came to represent to me a priceless asset which my unthinking parents had denied me.

All this was nothing compared to the distress I suffered in my teenage years when I recognised its potential for purposes other than peeing. At 13 most of my foreskinned friends had spontaneously learnt the art of wanking, whilst I was still wondering what all the fuss was about. One boy told his sister, who was renowned for her willingness to deal out expert manual satisfaction provided a similar service was done for her. She immediately set about remedying my ignorance by taking me in hand. But once again, curiosity and astonishment at the unfamiliar appearance of my organ changed to strong disapproval because she was unable to 'exercise' it in the normal way, due to the lack of skin to work over the knob. Thereafter her friends would ask me embarrassing questions, and I overheard many sniggering references to skinless sausages and the like.

It was not until I joined the army and did a two-year stint in Germany that I managed to overcome my self-doubt enough to respond to an approach from the opposite sex. This too was a disaster. The German girl took one look at my shorn organ and asked me if I was Jewish. Despite my denials she would have nothing more to do with me.

Is it any wonder that a circumcised man in a predominantly foreskinned society should be driven to contemplate suicide? I certainly was. I recollect a feeling of overwhelming desolation on hearing my best friend tell his girlfriend, "Rob's circumcised, you know", and her incredulous laughter when she turned to me and said, "You're not, are you?" The realisation that a simple carefree sexual relationship like theirs was denied to me because I could not bring myself to reveal my shameful mutilation to a potential partner made me wish for oblivion.

What caused the despair was the appalling finality and irrevocability, the knowledge that no amount of enterprise or initiative on my part could ever bring my foreskin back. If only I'd been left the option! It wasn't just a question of being 'different'. Part of my body had been cruelly cut away, when my friends had been allowed to remain whole. What greater indication that the decision to cut was an arbitrary one, based purely on someone else's whim?

I have got absolutely no quarrel with those who make a conscious decision to be circumcised. In fact I'll be happy to sign a petition for circumcision to be made available on request, on the National Health. What really makes my flesh crawl is the extension of the circumciser's missionary zeal to the infliction

of his views on a defenceless infant who could, and probably will, grow up bitterly resenting his mutilation. I have another question for Mr Goodhart: are you absolutely sure you have the right to risk your son's future happiness, and are you prepared to accept his hatred if he doesn't like being 'improved' without the option?

Finally it needs to be said that an important part of the cause of my distress was the fact that, although some of my contemporaries were circumcised, for reasons of class, location, or possibly coincidence, all my close friends were intact, so I was always the odd man out when 98 per cent of the non-ethnic male population of the country are fully equipped. I think it is important that your readers understand that the road beyond circumcision, which for them appears to be strewn with roses, can be a minefield of unfulfilment and misery for others. It took me a considerable emotional toll to write this letter. Thanks, Tony, for the chance of getting it off my chest.

R.B.W. – Bedford

I'm glad it helped you to write all this, and I hope that seeing it in print and realising that you have been able to communicate your feelings to 120 *Acorn* members will also help. That is why I have published both your letters in succession. Of all the letters I have had, your worries and regrets about 'not being intact' are much the most heartfelt: other correspondents have at least reconciled themselves, and at best been very pleased, to have been circumcised. As you say in your final paragraph, however, a large part of your problem was simply 'being different', which would also have been the case if your problem had been 'bat ears', or a brown skin, or a neurosis induced by being told that masturbation was evil. A large part of what *Acorn* tries to offer is the chance to share such experiences and knowledge, which can counter people's feelings that they are 'odd' in what they are or do or feel. You would have been much helped when young by knowing that a brother or a friend was also a roundhead, and there might also have been the chance to learn together how to enjoy sex or to masturbate. As I am sure you now know, there are some very enjoyable ways to do so, whether you are a cavalier or a roundhead!

T.A.

Videos

Does anyone have or know of a video that shows a circumcision being performed? Perhaps someone planning to have it done would be willing to have the procedure videoed? Would a circumciser be willing to co-operate in making a video film? While detailed descriptions of the operation are quite explicit, it is still difficult to have a clear understanding of what is done. If anyone can help, please write in.

I.W. – Dorset

Videos And Films

Dear Tony: While staying on a kibbutz in Israel in November 1988 I spotted an article in the *Jerusalem Post* (the main English paper there) entitled 'Video Stars' about the Torah Outreach Programme (TOP) in the Jewish old quarter of Jerusalem.

TOP has a stock of almost 150 video tapes, most of them 'talking head' lectures by Jerusalem rabbis which provide "a visual record of the capital's English-speaking religious lecture circuit". But the catalogue also includes one entitled *A Brit Mila Happening with Shlomo Carlebach*: 'this provides the viewer with an almost clinical view of a circumcision.' TOP director Jakov Fogelman says that 'this tape, which features songs performed by Carlebach at a brit, is a favourite of Carlebach and fellow-travellers.' The tape, he says, is also suitable for someone just interested in Jewish culture, or for a person curious about what happens at a circumcision. 'There is a certain folksiness in this tape', Fogelman says. 'It is a happening.'

In addition to students from various programmes who drop in to see their favourite rabbi lecture, non-Jewish tourists also use the service to gain glimpses of Jewish ritual and history. There is also a small but steady flow of television-starved neighbourhood yeshiva students who come to watch anything put on the screen. One day three haredi boys were glued to a screening of an innocuous little cartoon called Joshua and the Battle of Jericho. When someone asked to see the Carlebach circumcision tape, the boys stayed put, instinctively saying 'Amen' after the father in the tape recited the blessings.

So I went along. After overcoming my initial embarrassment at asking a teenage American girl to play it, I settled down to watch it. Half way through, an ultra-orthodox man wearing a black coat and long side-curls walked in, saw what was on and sat down next to me. Then he opened a bag of crisps and offered me some! We said nothing to each other, both absorbed by the ritual circumcisions. If any *Acorn* reader visits Israel, I'd heartily recommend this video. Take a blank cassette with you: perhaps the assistant will allow you to record it.

I have also noticed that the subject of circumcision has crept into box-office films. *Drowning by Numbers* is an idiosyncratic piece by Peter Greenaway about three women, grandmother, mother and daughter, all of whom drown their respective impotent husbands. One character, a boy called Smut(!), actually circumcises himself, following the advice of a young girl who says it is cleaner.

Crossing Delancey is a touching love story of a successful Jewish woman in New York, torn between a vain and exciting Dutch author or a dull and steady pickle seller from the Lower East Side. Here the circumcision is on religious grounds, and therefore better fits the plot. There is also a 15-minute short called *Dicks*. Apparently its premier was at the Edinburgh Film Festival.

Time Out says it is an amusing collection of interviews of women on their opinions of the male anatomy. I think it goes on general release this autumn, in London first I presume. Have any other readers seen these films? What did you think? Keep up the good work.

Henry – Cambridge

[Thanks, Henry. Can any reader get the address of TOPS or, better still, a copy of the Carlebach video? Please let us know if you can. — T.A.]

What's Yours Called?

Mine was 'Mickey Mouse' as a child, later shortened to 'Mickey'. At school it was 'cock', 'prick' or 'dick'. In Spain, to a child, you refer to his 'pito' (little whistle), and later he graduates to having a 'troncho'. In Germany it is 'Schwanz' or 'Pimmel'.

I.M. – Crawley

In Germany, polite society use Penis, but more usually 'Das Mannliche Gleid', or simply 'Gleid' (= male member, or member). 'Cock' would be translated as 'Schwanz' (= tail). A southern German colloquialism, particularly amongst youngsters is 'Zipfel' (= end-piece, or Peter). There is a concoction of mashed potatoes formed into a sausage and deep or shallow fried, which looks quite suggestive: in Swabia and Bavaria they are actually called 'Bubenzipfele' (= boy's little peters). In childish language you would use 'Pipi', and this is used well into adulthood especially by mothers and, consequently, women. To piss is 'Pipi machen' (= do a pee), or for adults 'pissen'. Testicles are 'Hodensack' politely or just 'Sack' vulgarly; another common expression is 'Eier' (= eggs). Female pudenda are referred to as 'Scham' politely, a term also used medically for pubic, e.g. 'Schambein' (= pubic bone). The cunt is commonly called 'Moese', also 'die Muschi' (possibly from Muschel = shell), or 'Pflaume' (= plum). I have heard the following childish rhyme about the male and female sex organs:

Lakritz, Lakritz,
die Frauen ham ne Ritz,
die Manner ham nen Hampelmann,
da lutschen alle Weiber dran.

(Translation: lakritz is liquorice, here used to form a rhyme, but also because it is sold in long strips to be sucked; women have a crack; men have a jumping jack, all the women suck them). This rhyme is 50-60 years old, and a jumping jack was a frequent toy in those days. I doubt that someone would call a cock a 'Hampelmann' these days except for a joke.

J.T.D. – London NW2

[Apologies for missing umlauts (!) — T.A.]

Saunas

The saunas in England are pretty dismal, except for Unit One in Rottingdean, near Brighton, which is clean, efficient, and unlike most in Britain, has private cubicles. In London they are bad and I can think of no good reason to return. I have visited three, in St Martin's Lane, in the Shepherd's Bush Shopping Centre, and at 29 Endell Street, Covent Garden. They are expensive, St Martin's Lane is not very clean, and the staff in all three give the impression that if they were to turn their backs for one second, mass orgies/rapes would break out. The saunas in Germany rank from very good to fantastic. In the 'straight' saunas the men walk around completely naked. Some men show an interest in the male anatomy; but they are just more difficult to find. In the 'gay' saunas they wear a towel most of the time.

I.M. – Crawley

At The Pool

There were four men in the changing room, all in their 40s, all a little over weight and with fairly short, fat cocks. Three of them were neatly circumcised, while the foreskin of the fourth covered about half his glans and left the tip bare. With him were two boys, one aged about 6, with a foreskin covering his glans with little overhang. His brother, about two years older, had an above-average sized penis with a clearly visible circumcision scar about $\frac{1}{4}$ " behind the sulcus. The glans was very well developed, with a rim of substantially greater diameter than the shaft.

A five-year-old boy accompanied one of the circumcised men: his penis was of average size for his age, but notable for an extra ordinarily long foreskin which hung loosely, fully $\frac{1}{2}$ " beyond the glans tip. With the third man there were three lads, one of 16, very well hung and loosely circumcised in the Islamic style: a wide band of loose, wrinkled pinkish skin between the purple glans and the brownish shaft, so that the glans rim nestled in a cushion of inner foreskin. The second lad looked about 11, with a juvenile uncircumcised penis, the foreskin of which hung a bit beyond the glans tip. The third lad had a well-developed circumcised penis, again in the Islamic style, although with less slack skin behind the glans.

There were two other lads in the changing room at the same time, one of about 12 with a pre-pubertal penis slackly circumcised and one of about 11, uncircumcised. Score: 7 roundheads to 5 cavaliers, a far higher proportion of roundheads than has been observed there before, or than might be expected. Two of the boys had good brown suntans, but there was nothing to indicate an Islamic or Jewish affiliation: indeed the family groups were notable for their inclusion of both roundheads and cavaliers.

Nipples

After reading about the varied and interesting methods of (male) masturbation used by *Acorn* members, I notice that seldom if ever do they mention stimulation of the nipples as being of value. For some time now I have been stimulating solely my nipples in attempts to bring myself to a climax. Whilst I have been tantalisingly close, I have not yet been able to succeed. I feel, however, that if I were able to increase their sensitivity, I might well be successful. If any members have suggestions of how to do this, I would be happy to put them to the test.

A.R. – Hampshire

[Good luck, A.R. The obvious next move would seem to be to pierce them. This is usually done transversely, and, apart from the obvious precautions about cleanliness and sterile equipment, care is also needed to clamp each nipple precisely so that the piercing is placed accurately. A sleeper pin is kept in place until healing is complete, when it can be replaced by a ring. Special devices can be worn in the piercing to stretch the nipple (a practice which was also used by 18th century women to ensure that the nipple would be sufficiently prominent when feeding their future babies). — T.A.]

Contact 1

I'm Matthew, a *Forum Society* member, heterosexual, but I would like to be introduced to bisexual activities by a *Forum*-minded couple. I get pleasure from seeing other males' genitals and would like to correspond with others (male and female) who, as I do, like to find ways to improve our knowledge of the penis. I would like to know more about penis tattooing, piercing, enlargement, and masturbation techniques.

M.S. – Birmingham 42

Contact 2

R.A. – Brighton, 37, recently cut, former retractor, would like to meet other *Acorn* members.

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