

# ACORN

Issue  
N<sup>o</sup> 1 2005  
Editor  
Ivan Acorn

## Editorial

**T**hat circumcision is out of favour in the UK is usually taken as an established fact. But is this the case? My editorial column this time takes an objective look at the statistical evidence and comes to perhaps surprising conclusions. What does seem to be true is that the incidence of circumcision is geographically clustered and two other articles support this. One suggests that, in certain parts of London, the uncircumcised can find themselves in a small minority; whilst a GP from Northamptonshire claims that over a period of thirty years, until the last six months, he had never seen an infant boy who had undergone routine circumcision. If anyone else has data, anecdotal or otherwise, on this topic I would be pleased to hear.

One member recently commented to me that he was disappointed at the lack of reaction from members to an article he had written. This is a pity. The Society exists partly to facilitate exchanges between members, so why not drop a note (via the mailbox) to one or more of the contributors to this edition. Who knows, it could start an on-going correspondence more direct and personal than any that can be carried out through the newsletter.

*Ivan Acorn*

## Contents

Editor's Column	Ivan	2
Genital Mutilation	Pulse	3
Not Such A Minority	Internet	4
My Six Circumcisions – Pt 2	D.L.	5
Penile Status – An Addition	Anthony	7
Thinking Of Resigning	L.C.	8
Foreskins OK Here	E.S.	10
Let <i>Acorn</i> Flourish!	P.R.	10
Priorities		11
Is Masturbation Off Topic?	E.F.S.	12
Sand Balanitis – Two Views		12
Photo Gallery		12
A Memo From Douglas	Douglas	14
Circumcision and Condom Use Reduce Risk of Penile HPV		14
Circumcision Stressed In Anti-AIDS War		15
The Best Medicine		16
Paxman In Circumcision Row I.G.		16

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### UK Circumcision Rates

**D**oes the man on the Clapham omnibus have a foreskin? This man is of course an imaginary person who is supposed to be typical of the ordinary British person. The answer to the question will partly depend on where the omnibus is travelling. If it is through some rural countryside, the proportion of uncircumcised males is likely to be very high. If it is journeying through the part of London where I live – cosmopolitan with a rich ethnic mix – the circumcised may well outnumber their uncut fellow passengers, if the locker room of the gym I attend is typical of the area.

So just what is the average circumcision rate in the UK. I have attempted to reach a figure first by looking at some of the data published by the Office for National Statistics. The UK population in 2003 was 59.6 million, say 29m males. From the 2001 census, we know that there were 800,000 Muslim males and 130,000 Jewish males all of whom would almost certainly have been circumcised. There were about 160,000 black African males – say 50% circumcised giving 80,000. White African males numbered 130,000. If 80% were circumcised, 104,000 join the cut tally. About 160,000 males came from North America or Australasia. A cut rate of 80% would make 128,000 of them roundheads. So far therefore we are totalling 1,242,000 circumcised males. This leaves us with about 26 million males to consider. About 20% of these are over 60, born at a time when RIC was still popular. Say that 50% of this group are circumcised (2.6m). Of the remainder, let us say that 5% have required circumcision for medical reasons (1.04m). This then gives us a total circumcised population of 4,882,000 or 16.8%. Of course, these are very broad brush figures. I have tried to avoid any double counting but estimates of circumcision rates for the various groups may be in error. But at least my assumptions are stated, and members can recalculate the figures themselves if they wish using their own estimates.

Is there any independent verification of such estimates? As it happens, there is. A letter published last year in the *Journal of Sexually Transmitted Infections* reports on findings on male circumcision in Britain from a national probability sample. The researchers used data from the 2000 *British National Survey of Sexual Attitudes and Lifestyles (Natsal 2000)* – a large scale, stratified, probability sample survey – to estimate the prevalence of male circumcision in Britain and investigate its association with key demographic characteristics, sexual behaviours, and reported STI diagnosis. All data were weighted to be representative of the British population.

They found 15.8% of British men reported being circumcised in *Natsal 2000*. 19.6% of men aged 40-44 years were circumcised compared to 11.7% of those aged 16-19 years. With the exception of black Caribbeans, men from all ethnic minority backgrounds were significantly more likely to report being circumcised compared to men who described their ethnicity as white. In addition, men born abroad instead of in Britain were significantly more likely to be circumcised.

Significant variations in the prevalence of circumcision were also observed across the major religious groups, with prevalence being greatest among Jewish men (98.7%) and lowest among Hindus, Sikhs, and Buddhists (9.8%). Allowing for sampling error, the researchers conclude that the true rate of circumcision in Britain lies in the range 14.7% to 17.1%. It is interesting that my own figure of 16.8%, calculated from totally different data, lies in this range.

So what does this mean for the Clapham omnibus? Suppose you were travelling on a double decker bus carrying 130 people who formed a perfect random sample from the population in terms of gender, age, ethnicity, religion etc. There would be 65 males of whom ten or eleven would be circumcised. Thus, on average, each double decker in Britain is carrying almost a dozen cut men. Next time you are on a bus, see whether you can spot them!

Ivan Acorn

## Genital Mutilation

[The following letter from Dr John Fitton of Kettering was published in the on-line journal *Pulse-1*]

**T**his week I reported a doctor to the GMC for misconduct. I have never done this before. I have earned my living as a doctor over the space of three continents and time of three decades. I have come across a tiny number of doubtful characters but I have never, until now, known of a doctor who has deliberately harmed one of my patients.

At a routine six-week check I examined a rather miserable baby. It had a grazed glans penis, chafing on its nappy. The reason was that it no longer had any protection. Someone had amputated its foreskin. The Ghanaian mother handed me a note. I asked her what religion advised such a painful and unnecessary procedure. She said she did not know, but it was 'part of our culture'. I gave her a 'Care of the Foreskin' leaflet in the hope that any further baby boys might be able to remain with the planet's vast majority of intact men.

It is distressing that genital mutilation seems to be on the increase in the civilised shire counties of England. This is the second case I have seen recently, having seen none for nearly 30 years.

Nowadays, children have rights that are legally protected. The European Convention on Human Rights has been incorporated into the Human Rights Act. It would appear that this doctor has not only done harm (*primum non nocere*) but has engaged in a trade that is illegal.

At great human cost we have made remarkable progress over the last century or two. Things that were considered normal like slavery, corporal punishment, no votes for women, etc, have been consigned to history. It will take a long time to consign non-therapeutic amputation of the foreskin (usually referred to by the unthinking euphemism of 'circumcision') to history, but it will eventually happen.

There are many enlightened members of the groups that still perform this rite who seek change. They look to bodies like the GMC for leadership.

Some years ago I wrote to say how little respect the GMC has among its members. Its gaudy homilies and the machinery allowing struck-off doctors positions of power made me ashamed to be a coerced member. Respect does not come free. It has to be earned. I have no respect for any organisation that countenances such a barbaric procedure. So this is a challenge to the GMC. Do not sweep this under the carpet.

## Not Such A Minority

**T**he mistaken perception that there is a low incidence of circumcised boys in the UK may deter parents from having their sons done because they worry they might be in a 'teased' minority. Shame, as this keeps the incidence lower than it would be. The mirror of this is seen in the USA, where circumcision of baby boys is routine. This pushes the incidence up because parents believe their sons may be in a 'teased' minority if they are NOT cut. I guess many US parents have it done even against their inclinations not to; 'because everyone does'.

With the proviso that it depends where you live, I think many UK parents would be surprised to find their uncircumcised sons will be in a minority in many schools.

Take a look around London boroughs and many other big cities in Britain and you will see the schoolyard population is a rich ethnic mix. Many of the recent generations of immigrants who produced these children are from male-circumcising cultures and they are continuing to circumcise their sons.

My wife is a nursery nurse and for some eight years worked in an inner city first school reception class. The intake was Turkish, Bangladeshi, Pakistani, Nigerian, occasionally Jewish and about 10-20% white Anglo Saxon indigenous.

It's a fact of life that many of these first attenders are very young and not always fully toilet trained. Lots of them had 'accidents' and had to be changed by my wife as part of her daily duties. She therefore had opportunity to observe and she reported that nearly all the ethnic boys she saw were circumcised or had it done a year or two further on in the school. On top of that, there were usually one or two white boys who had had, or had to have, a circumcision for medical reasons. My wife's opinion was that by the time they reached the end of this phase in their education at that school, uncircumcised boys would be in a small minority. Some would go on to schools where the immigrant incidence of circumcised boys would be even higher.

We have the growing immigrant population to thank for the fact that circumcision is alive and well in the UK today. Because of fear of offending Muslim sensitivities (and perhaps, Jewish ones too?), no one is going to mount an effective campaign to have male circumcision made illegal, as (rightly) was FGM – Female Genital Mutilation. (I'm glad most sensible people no longer equate the two by dropping the word 'circumcision' from the latter.)

Authorities too are guarded in condemning male circumcision as some regional Primary Care Trusts might otherwise be inclined to. It is indeed quite the reverse in some areas, like Bradford, where Muslim community pressure has made infant circumcision available on the NHS for a reasonable fee, which ensures the anti-circ taxpayer doesn't bear the burden!

As someone recently pointed out, availability of circumcision has reached a wider population than hitherto. This is going to grow as choice in medical matters is highlighted by both the private and state funded sectors. All we need to do now is change the mindset of the medical profession, so they begin to appreciate the benefits of circumcision and start referring and recommending.

*[From the internet]*

## My Six Circumcisions – Part 2

*[In issue 6/2004, DL told of how he decided to have his long foreskin gradually ablated through six circumcision operations. Part 1 told of his first two circumcisions. The story continues.]*

**M**y second circumcision left me with four inches of loose skin folded just over the rim of my glans. After two years, I requested my third circumcision, this time not only to remove another one inch band of the foreskin, leaving just three inches of redundant skin, but also to remove the frenulum, that extremely sensitive, pleasure producing, vertical nerve cord just under the tip of the glans, by simply snipping it away. This was in the hopes of reducing somewhat more the overall sensitivity of my penis, and thus cutting down my sexual desire a little, a goal which it achieved. Also, the last three inches of my foreskin could now lie permanently behind the rim of my glans, unrestricted by that tight nerve cord, and I would at last have complete cleanliness. I can remember well the pleasurable sensations the frenulum used to produce when tweaked or rubbed but truthfully I have never missed them since. With the foreskin now staying retracted, it was no longer stimulating the rim of the glans when totally uncalled for but could be pulled over the rim for a little extra sensation when wanted. At last I now felt that I was the master of my penis and its sexual activity, instead of letting it dominate me. This state of circumcision is a very satisfactory one for anyone to be in or to aspire to. There is just the right degree of highly pleasurable sensitivity all around the rim of the glans where the remaining bit of the former nerve-laden foreskin inner lining is turned back to meet the circumcision scar for the remaining sliding foreskin to tickle and produce a star studded climax.

Still fascinated by circumcision, I kept to my plan and had a fourth circumcision to remove one more inch of what still seemed to be an excess amount of mobile skin, now leaving just two inches of the previous six inches of redundant foreskin. This left the shaft of my penis covered with a fairly smooth skin, from its base to the rim of my glans, but with a two inch movement of it possible, by using a firm grip, even during erection when this skin was drawn quite taut. The remaining half inch band of former inner foreskin, now lying permanently exposed behind

the rim of my glans, provided pleasing sensations from the motions of intercourse. There were similarly pleasing sensations during masturbation from loose encirclement by a hand, much enhanced by lubrication with Vaseline, to achieve orgasm, rather than by attempting to slide the now taut skin covering of the penis shaft. I found that, in this degree of circumcision, sex was now refined for me to the very highest experience of pleasure possible. As an unexpected bonus, I found tremendous pride in the improved appearance of my penis and the extra self-confidence that gave me. There was no longer any question of sex being, for me, a purely animal activity. My penis was now totally altered by man into a refined instrument, giving total satisfaction. I was totally circumcised and in a constant serene state of mind, knowing that my penis was always clean and attractive, with its bold head standing forth permanently, and with smooth skin covering its shaft.

However, after two years, I knew that I had to take my research one step further, even if it should result in losing some sensitivity and response. I had to find out what it would be like to be circumcised tightly with no loose foreskin. To stay with my original plan, I would have two more circumcisions, first to remove the next to last inch of foreskin, and then the last one to remove the very last inch, to leave me with a taut, non-sliding, shaft skin. Doing some research beforehand, I found a puzzling statement by a surgeon in a medical book in which he said: "A tight circumcision is a permanent positive discredit to the surgeon and a permanent negative discomfort for the patient." This seemed like a riddle to me, as I couldn't imagine what a negative discomfort could be. So I went ahead determinedly and got my fifth circumcision, having another one inch wide band of foreskin removed from just under one quarter inch behind the rim of my glans, putting the new scar line there, and taking away nearly all the last sensitive nerves of the former underside of the foreskin. Then it dawned on me what the doctor meant by "negative discomfort". He obviously meant the lack of sexual comfort, or pleasure, that could have been enjoyed by the stimulation of nerves thereby removed. Now I knew, but I had asked for it, and I still had one last mobile inch of my old foreskin that could still be slid up behind the rim of the glans to tickle that last quarter inch of super-sensitive nerves.

Having gone through five circumcisions to gain and record for others what information I could, through personal experience, I felt I must complete the research according to my original plan, and complete the total alteration of my penis from its original form and appearance. I went ahead and had a sixth circumcision to remove the last one inch band of the former six inches of my original foreskin. This circumcision left just four inches of taut skin on the shaft of my penis from its base to the rim of my glans, a distance of just four inches. The scar had to be just one eighth of an inch behind the rim, leaving just a sprinkling of sensitive nerves in that tiny space, and, anyway, there wasn't a bit of loose skin that could be drawn up to tickle them. There were now no wrinkles at all on my shaft skin, even with my penis flaccid, and, when my penis is erect, its tautness tugs skin out away from its base, providing a very pleasurable sensation from its glans to its base. By using Vaseline as a lubricant for my extremely tightly circumcised penis, I always experience an orgasm so powerful, so terrific, so star studded as

to be indescribable. It is the absolute ultimate in fantastic experiences, and I am compensated one hundred times over for any lack of sensation during foreplay and the extra effort involved in reaching orgasm.

I take great satisfaction in that I have had the total of all six inches of redundant foreskin covering the glans of my penis circumcised away. I am now among a true brotherhood of similarly circumcised men, who must be the happiest and most sexually satisfied men on earth. I live totally contented and at peace with that most valued part of myself, my totally circumcised penis, and I would not wish back even one inch of foreskin.

In retrospect, I offer the opinion that there is no question of whether one should be circumcised or not; the answer, derived from my experience, is most certainly 'Yes'. Any choice is merely the question of the degree one should or would like to be circumcised. If one is like me and has always been almost dominated by all thoughts of circumcision, and particularly wishes the excitement, the permanent, tightly stretched feeling and sense of total well-being which results from the removal of the entire amount of redundant foreskin covering the penis, and the frenulum nerve cord under the tip of the glans, at the cost of trading some sensitivity for all that, plus superb climaxes, then do ask for and insist that you want a total circumcision, with removal of every bit of slack skin.

Otherwise, if a man wishes to play a safe middle ground, he should request that about two thirds of the redundant foreskin be removed, leaving about one third as mobile shaft skin, but with his glans permanently and fully exposed and his frenulum removed for comfort and control, similar to my description in the account herein of my fourth circumcision.

*D.L. - U.S.A.*

## **Penile Status – An Addition**

**I**t's always been a black and white affair, hasn't it? One either possesses a foreskin of variable length or one has had some or all of it surgically excised – classically uncircumcised or circumcised! In commonly used Civil War terminology, each male is either Cavalier or Roundhead, proven by the absence or presence of that circumferential scar around the shaft of the penis.

Though the foreskin can be naturally shortened by assimilation over the years, or kept retracted by design, the deception fails in the absence of a man-made surgical scar. Conversely a mild Plastibell circumcision in infancy could lead to the generous cuff of skin remaining bulking so that the penis would appear uncircumcised. In this confusion of appearance with the roundheaded cavalier and the cavalier roundhead, some clarification is required and an additional status is needed.

In an age when restoring techniques and commercially produced devices are available, there is the instance of the circumcised penis where the glans has been covered by the process of skin expansion. In this case of an artificial foreskin, the

inner layer consists mainly of expanded shaft skin folded on itself. The appearance is cavalier, yet within lies that permanent circumcision scar, only revealed during erection. Missing is that vastly increased concentration of 1000 nerve endings in the natural inner foreskin mucosa, greater than anywhere else on the penis, and the connected frenulum.

If the foreskin which is present is not congenital, cavalier is a misnomer, and roundhead fails to describe the appearance! The man is neither cavalier nor roundhead, so I suggest a third category of penile status – ‘cavalike’ for one successfully restored. After all, circumcision removes a foreskin, and restoration replaces glans cover over a period of years.

There is now a trio of terms which might gain common usage:

Cavalier – natural foreskin (uncut)

Cavalike – restored foreskin (but with circumcision scar)

Roundhead – surgically excised foreskin and scar.

To that often embarrassing question eternally posed: “Are you a roundhead or a cavalier?”, there could be the occasional reply: “Actually, I’m cavalike!”

Where natural bulking after Plastibell circumcising leads to glans cover, perhaps ‘natural cavalike’ would suffice, bearing in mind the presence of the surgical scar line. Do other *Acorn* members concur? Let me know! Appearances can be deceptive, but truth will out, eventually.

*Anthony*

## Thinking Of Resigning

**A**lthough I am 54 and presently uncut without problems. I have been thinking very carefully over the last few years of becoming circumcised. However, I have seen a vast range of results ranging from very neat to disgraceful. I am particularly interested in establishing the best technique to be used (freehand or clamp, in which case which one?) and also to positively establish the identity of a suitably skilled practitioner. My present researches would indicate that a Mogen clamp might give me the neat high and fairly tight style which I am seeking (see ‘perfect op’ on the German *Circlist* site). Freehand methods seem to be too variable, with a definite risk of asymmetry, and some of the alternative clamps which operate below the glans (e.g. Gomco, Taraklamp etc.) tend to remove too much inner foreskin. Luckily, I have a small frenulum, so no intervention here is necessary.

It’s worth bearing in mind that, neglecting the odd ritual circumcision, most of the fairly numerous poor results which I have seen out there have been carried out by qualified practitioners. Stitch tunnels, skin bridges, scar tissue and a bent erect penis are all too common. It’s also a sobering thought that, from a cursory reading of the Newsletter, revision of an adult circumcision seems to be a fairly frequent occurrence, suggesting poor techniques.

I don’t want to sound negative about the whole business – far from it – but it is obviously well worth going to the trouble of getting it right first time. I’m looking



forward to achieving, eventually, a fairly high circumcision with a small amount of free movement when erect to facilitate masturbation, but with the glans remaining substantially exposed when flaccid, in all but the most 'diminutive' circumstances. I'm hoping this acorn will grow a bit as a result!

I joined the Society last year in the hope of finding some objective information, both for and against this (one way) procedure. The newsletters have been a fascinating read, but I'm not entirely sure that they have provided the type of information I'm seeking. I would say that, on the basis of the last year's issues, *Acorn* is undoubtedly pro-circ, which rather clouds the issues for someone such as myself. The Internet is dominated by sites such as *Circlist*, which suffer from a more extreme form of the same problem. I am not by any means anti-circ; masturbating a man with a tight, non retracting foreskin is not rewarding for either party, and I would certainly advocate circumcision in these cases.

On a light hearted personal note, I've been experimenting with some success with keeping my fairly short, fully mobile foreskin right back, using a closely fitting plastic ring placed under the glans. Erections need to be avoided with this! One of my hobbies is horse riding, for which I wear a Bike jockstrap with a fairly open mesh pouch, and cotton jodhpurs. We have had some cold weather recently, and it has struck me just how cold the unprotected glans becomes, to the point of some discomfort. I wonder if this would be the case after a tight circumcision – my feelings are that it might.

I may not renew my subscription although you are, of course, welcome to try to convince me otherwise...

*L.C. - Surrey*

[Editor's note: I hope that some members will respond to LC's challenge and offer some advice as to the advantages/disadvantages of getting circumcised/remaining uncut. Why not list what you have found to be the benefits of being circumcised/remaining hooded and either send them to me for publication or write direct to LC via the mailbox.]

## Subscriptions – Final Reminder

I am very grateful to those of you (over half the members) who heeded my plea in the last issue and renewed your subscription without waiting for a reminder. This still leaves a substantial minority from whom I have not heard. For you, a final reminder is enclosed. Please do renew now, otherwise I am afraid that your name will be suspended from the mailing list. I will have taken account of any renewals which arrive in the mailbox up to 16<sup>th</sup> February, so if you receive a final reminder but feel that you have already renewed before that date, please do let me know and I will check the records.

*Ivan Acorn*

## Foreskins OK Here

A friend of mine, some time ago, gave me some copies of a gay magazine called *Manzone* published by the Clone Zone group of shops. Such a magazine would have been unheard of at one time. Indeed, my eyes boggled a bit when I turned the pages.

It is full of photos of men revealing their genitalia, often in full erection. Foreskins are most noticeable by their absence or, at least, are well hidden. Even if the penis is not circumcised, the foreskin is usually drawn well back to reveal the bare glans.

The magazine runs a monthly competition whereby readers are invited to send in photos of their own genitalia which are then published. Readers are asked to vote on which they consider the most attractive, the winner being shown again the following month. Again among the entries, in the majority, if they are not circumcised, the foreskin is pulled back. It is interesting to note that in one month the winner was one of the uncut variety with the foreskin in its natural (rightful?) place fully covering the head.

It would seem that the foreskin is in no way out of favour with the readers of that magazine.

*E.S. - Lancs.*

## Let Acorn Flourish!

I was so pleased when the *Acorn* newsletter arrived just before Christmas. So many times it has seemed that the *Acorn Society* has ground to a halt but still it keeps going. This must show that members want it to continue and therefore are putting energy into keeping it afloat. For new members, and to remind more long standing ones, we have had:

- 1 A two day meeting that only lasted one day.
- 2 A meeting that started in an hotel in Bournemouth and finished at a private house in Wimborne.
- 3 A treasurer who ran off with the money.
- 4 A constitution that was simplified out of existence.
- 5 A member who regularly disrupted meetings for no reason that he or anyone else could fathom.
- 6 Months without newsletters, even though members claimed to have submitted articles.
- 7 A chairman who disappeared without trace.
- 8 A meeting fixed a year in advance cancelled.
- 9 A PO box that ceased to function for no explicable reason.

After all that, we still continue, which suggests or endorses the fact that people want it to go on. I think that this is because it fulfils a need and also brings pleasure to members, probably in all sorts of different ways.

It seems to me that various points can be drawn from my above notes. One is that if there could be a committee then there would always be someone to fill any gaps and therefore complete the plans of the group. Running the Society might be less onerous for those who do it at present. Another is much more difficult, as has been proven before, and that is to discover what people really want from *Acorn*, coupled with what are we willing to put into it. Which means achieving some sort of feedback.

Perhaps the picture becomes clearer as the Society continues. People want to be able to talk about circumcision, their feelings and ideas, experiences and preferences. To find somebody who feels the same.

At school, aged 11, when showers were introduced, I found that I was the only one in the form who was circumcised. Nobody noticed except me, but I noticed a lot and have done so ever since. Within a couple of years and changes in form members, there were four of us and it would have been good to have talked to the other three about it – but I didn't, like you don't at that age. They were not interested, didn't care, didn't even notice. How could they not.

I was interested, in fact fascinated, and still am, and therefore keen that *Acorn* should continue to exist. Other members have explained to me that they found themselves in a similar position at school, except they were part of a minority of non-circumcised blokes, and became fascinated that way. One way or another, if you are interested in circumcision, then *Acorn* is the only organised forum for discussion, ideas and actually meeting others, if you can get to meetings.

*P.R. – Dorset*

## Priorities

**I**n evidence submitted to the House of Commons Select Committee on Public Accounts for its meeting on 14<sup>th</sup> January 2002, Byron Walmsley FRCS, Consultant Urologist at St Mary's Hospital, Portsmouth wrote the following:

“There is absolutely no doubt that successive government initiatives have distorted clinical priorities. Over the years there has been great pressure to expand day surgery, not only because it is efficient, but also because with simple and short procedures large numbers of patients can be rapidly removed from the waiting list. The result is that patients with more complex problems have to wait considerably longer for their treatment as there are less in-patient places on the operating list, which are more expensive than day cases.

“For example: if you have an inconvenient ganglion on your wrist you will wait for three to six months, but if you cannot walk properly because of a defective hip, you will have to wait for one to two years. In my department, if you have an irritable penis which requires circumcision, the average wait is four months, but if you are over 65 and cannot get a night's sleep because you have to get up four or five times, you will have to wait an average of 14 months for your prostate operation. It is not difficult to assess which of these deserves more rapid treatment.”

## Is Masturbation Off Topic?

In issue 6/2004, the editor asked whether the subjects of masturbation and masturbation techniques were off-topic for the *Acorn* newsletter. I certainly don't consider this is the case for three good reasons:

- 1 Masturbation is getting an ever-improving press as a healthy and normal practice.
- 2 With *Acorn* membership representing both sides of the 'fence', there must be a full spread of knowledge, experience and techniques.
- 3 The adage that 80% masturbate and 20% lie is doubtless true so virtually everyone has a view or experience – the only barriers to sharing it being the unjustified taboo of the subject, and the lack of a suitable forum for discussing it. *Acorn* can certainly provide the latter and hopefully help reduce the former.

*E.F.S. – Derbyshire*

## Sand Balanitis – Two Views

**D**o uncircumcised soldiers serving in Iraq suffer with their foreskins?

**The official view (Commons written answer 19<sup>th</sup> June 1991)**

**Mr. Redmond:** To ask the Secretary of State for Defence how many service personnel suffered from balanitis during Operation Desert Storm; and how many had circumcision operations.

**Mr. Archie Hamilton:** The incidence of balanitis was no higher than would normally be expected. No circumcisions for sand balanitis were performed or are now required.

**The unofficial view (from the internet)**

A relative who just returned from Iraq said just about all men in his unit, including himself, were circumcised. Given the unsanitary conditions in the country, especially the dust storms, he knew that infections under the foreskin were common among uncut soldiers. Many men got circumcised by choice. Army doctors were happy to oblige. A close friend who had not been cut as a baby went into the hospital to have it done just for that reason. Apparently there were many others, the doctor told him.

## Photo Gallery

**I**n the last issue, there were photos of four foreskinned specimens. To balance things up, this issue I have chosen four of the dehooded variety. In future, you will get a mixture each issue.



## A Memo From Douglas

Members at the meeting of the *Acorn Society* in November expressed an interest in meeting twice in a year and the date of the next meeting was to be 1<sup>st</sup>/2<sup>nd</sup> April. Members agreed that they would take the initiative and would contact me about their accommodation needs rather than wait for me to 'whip them in'. Details of the dates and costs of accommodation were publicized in the December edition of the magazine. I extended the deadline for booking from the 20<sup>th</sup> December to the 2<sup>nd</sup> January; by this date we had three members staying two nights, three members staying one night, one member 'may stay one night but may be a day visitor' and one definite day visitor. Four members of the group contacted me to let me know that they would be unable to attend. It is possible that if I were to take up my whip I could add two or three names to the list, even so, the total number would not, in my opinion, justify the charge of £300 for the rental of the meeting room. Members with long memories will understand that meeting without a room dedicated for our sole use is not an option. (Remember Watford?)

I have cancelled the April meeting and have made a provisional booking for a meeting to take place at the same venue on the 4<sup>th</sup>/5<sup>th</sup> November. I expect the room rates to be unchanged but I have not yet seen the Contract. No doubt there will be publicity in the magazine about this proposed event.

### Postscript

I have, post Christmas, had a small catastrophic wave on my computer, not quite a tsunami, but I have lost my email address book. If your name was in that book or you would like it to be there please send me a brief email that I may add your details to my list.

Douglas  
Telephone 07788 126706  
Email [douglas.bt@tiscali.co.uk](mailto:douglas.bt@tiscali.co.uk)

## Circumcision and Condom Use Reduce Risk of Penile HPV

Circumcision protects against the acquisition of penile human papillomavirus (HPV), a study at an STD clinic in Arizona has found. Dr. Susie Baldwin reports her findings in the October 2004 issue of the *Journal of Sexually Transmitted Diseases*.

HPV is the main cause of cervical and anal cancer but few studies have looked at risk factors for penile HPV infection in men. To investigate, the researchers administered a risk-factor questionnaire and tested for penile HPV DNA in 393 men who attended the clinic between July 2000 and January 2001.

The frequency of sexual intercourse and the presence of genital warts were both risk factors with respect to HPV. Engaging in sexual intercourse more than

30 times per month for the last 3 months raised the risk of HPV detection by 3.65-fold compared with no more than 5 intercourse episodes per month. The presence of genital warts increased the risk by 2.48.

Once these risk factors had been allowed for, it was found that circumcision and regular condom use seemed to protect against penile HPV. Circumcision reduced the risk of infection with both oncogenic and non-oncogenic HPV types, whereas regular condom use only appeared to protect against the former type.

## Circumcision To Be Stressed In Anti-AIDS War

[From the South African *Sunday Observer*]

**S**outhern African Development Community (SADC) member countries will soon launch a major campaign on circumcision among sexually active men, as one of the key intervention steps against HIV and AIDS.

Speaking to PST in Mbabane last week on the sidelines of *Journalists and Religious Workshop on HIV and AIDS*, the Director of Swaziland's National Aids Commission, Derek von Wissel, said the campaign follows recent research findings to be published soon.

"This discovery indicates that uncircumcised men are much more in danger of contracting HIV than the circumcised," said Wissel, who also closed the workshop which was organized by the Churches United Against HIV and AIDS in Southern Africa (CUAHA).

He said the research on circumcision was sponsored by UNAIDS and USAID and conducted in Kenya, Zambia and Ethiopia, whose early indication showed that the uncircumcised were more prone to contracting the virus. "In Kenya it showed that the uncircumcised are ten times more in danger, in Zambia they are eight times, while in Ethiopia they are seven times", he noted.

He said SADC countries would soon commit major resources towards a vigorous campaign on circumcision hence another great back up in the war against HIV and AIDS. The campaign among SADC countries would be riding on the achievement of the research, whereby the advantage of childhood removal of foreskin over 'manhood' and later age circumcision would be emphasized.

"Of course the campaign will definitely be met with stiff criticism, but in any case, we will have to enlighten the public against this ugly side of the foreskin in as far as HIV and AIDS is concerned", he noted.

Explaining the HIV and AIDS situation on the ground in Swaziland, Wissel said, out of every two sexually active people in the tiny south African country with a population of 1.3m, one was HIV positive.

## The Best Medicine

[Extract from article by Will Buckley in *The Observer*, May 2003]

It's been 25 years since I visited a doctor. Looking back, my quarter-of-a-century streak had been down to luck and cowardice. For once, the cowardliness had some justification. My last visit to a doctor had been as a pre-pubescent about to move from one elitist school to a larger yet even more exclusive school. To make this transition I was required, rather like a professional footballer, to pass a medical. Except I doubt that David Beckham et al are asked to drop their pants and cough while a man far too happy in his work to think about taking up his pension does his stuff.

If the medical was fretful, the ramifications were harrowing. Within a fortnight I was lying in an operating theatre on the receiving end of an emergency circumcision. A dismal state of affairs. Which continued well into my first term, as surrounded by hearties I snivelled and sniffed in order to try and con them that I was 'Off Games' (never popular) because of a stubborn cold rather than for some darker reason.

Reticent about asking too many questions, I never fathomed the reasoning behind this one-off operation. Perhaps a quota needed to be filled. Perhaps a kinky cabal had hijacked the admissions committee. Perhaps it was all just a misunderstanding. Whatever the reason, the result was to leave me suitably wary about approaching doctors for their opinion. Once circumcised, twice as circumspect.

## Paxman In Circumcision Row

Jeremy Paxman, BBC *Newsnight* and *University Challenge* presenter, withdrew from a guest appearance on Radio 4's *Woman's Hour* because the producers would not allow him to run a feature on male circumcision. This was reported in the *Sunday Times* on 9<sup>th</sup> January. Paxman was invited to present a one-off men's edition of *Woman's Hour* and wished to examine the childhood procedure from the point of view of men who had been left feeling mentally and physically scarred by the operation. He had intended to involve the anti-circumcision lobby in the item.

But all was vetoed by the editorial team who thought male circumcision was inappropriate listening for the holiday period – the show was due to go out on New Year's Eve – when more than the usual number of children were likely to be listening. Paxman complained that he had fallen victim to the feminist tendency – *Woman's Hour* had often included items on the horrors of female circumcision in Africa, but male circumcision was judged to be not relevant.

Paxman was replaced by Jon Snow who obliged the producers by including such riveting items as living in a female household, Sven-Goran Eriksson's emotional side and a recipe for roast partridge!

I.G. – London



# ACORN

Issue  
N<sup>o</sup> 2 2005  
Editor  
Ivan Acorn

## Editorial

**A**corn is moving. At the bottom of this page you will find a new box number and address for the Society which is now up and running. The old post box will remain open for a few months but we would much prefer members to use the new box immediately.

Why the move? Members may recall that last year, for some inexplicable reason, the box providers suddenly decided that the box was no longer current (even though we were fully paid up) and started to return mail. Now there have been further problems. We have become aware that the renewal subscriptions of at least eight members have failed to arrive, for reasons we cannot determine. But it is clearly unacceptable for such losses to occur. Members would quickly lose confidence if sensitive mail went astray on a regular basis – you would cease to communicate and the newsletter and the Society would just die. So we have bitten the bullet and moved.

Because the renewal process has been disrupted, I am sending a reminder with this issue to all members whose renewal I have not received. If you receive a reminder but have already sent in your subscription, I regret that it must have gone astray. I would be grateful if you could issue a new cheque

## Contents

Editorial	Ivan	1
Editor's Column	Ivan	2
Don't Resign – Just Talk!	D.B.	4
A Clean-cut Young Sailor – Part 1	F.E.	5
Confidence Restored	Anthony	7
Limerick		10
Nature's Penile R&D	G.D.	11
Circumcision Debate: It Is Not Our Job To Discriminate		14

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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
editor@acornsoc.org.uk

- and accept my apologies for the inconvenience.

All these problems have taken time which should have been devoted to editing the newsletter - hence the rather late arrival of this issue. Again apologies - I will catch up time over the coming editions so that you will still receive the full quota of six issues during 2005.

*Ivan Acorn*

## Editor's Column

### Circumcision - The Right Decision?

**I**n issue 1/2005, LC complained that, as someone considering circumcision, there had been little in previous issues which had objectively addressed the topics which were of interest to him. I have taken this to heart and over the coming issues I hope to discuss matters such as styles of cut, operating techniques, levels of pain and discomfort, recovery times etc.

But, important though these matters are, in some ways they are secondary. The most important question is: "Will circumcision prove to be the right decision for me?" Circumcision is irreversible. There is of course always the restoration path, but as Anthony's article in this newsletter demonstrates, this is long and arduous, and results at best in a simulated foreskin, not the original actuality. If the decision to get circumcised proves to have been wrong, there is no way back. Post-op regret has no remedy.

The would-be circumcisee has a number of fears and it may be helpful to explore these. First, will the operation be botched? Circumcision is a surgical process and there can be mishaps in any such procedures, whether due to natural causes or surgeon incompetence. The recent TV programmes devoted to cosmetic operations which have gone wrong and left the patient disfigured testify to what can happen. And certainly there are cases of ineptly performed circumcisions which remove too much skin, or which attach the shaft skin to the glans or leave skin bridges or tunnels.

So what can we say to reassure the fearful? Well, circumcision is probably the most frequently performed surgical operation - just consider how many males throughout the world have had their foreskins removed and how few of them have suffered trauma. Circumcision is not just the most popular operation, it is one of the safest. This is partly because it is only skin deep. This is not to belittle the skill of the surgeon, but the fact that the operation is primarily on the surface must reduce the potential for serious mishaps. But the skill of the surgeon is important, and anybody contemplating circumcision would certainly be advised to seek out a surgeon experienced in adult circumcision and with a good reputation. This is research well worth undertaking. Put yourself in the hands of a competent, experienced surgeon and the probability of a totally satisfactory outcome is almost 100%.

Second fear – will it be painful? I will discuss these issues more fully in a later newsletter, but most adult circumcisees are amazed at how little pain is involved. Many report no need of any painkiller in the post-op or recovery period. In the first days, the dressings can be inconvenient, especially if they obscure the meatus and urine gets onto the bandages. Erections can be uncomfortable, caused by the skin pulling on the sutures. But usually the problem is quelled by passing urine. The newly exposed glans can be over-sensitive until it gets used to living without its protective covering. And of course sexual abstinence is necessary, although not always for as long as the surgeon might consider ideal! So the days after the operation have to be lived through but the amount of distress is no more than is caused by, say, a cold or a strained muscle and most men, except those undertaking manual or very active work, need take little sick leave.

Third fear – will sex be as good as before? Here research shows that there is no difference in sensitivity between circumcised and uncircumcised men. An article in the journal *Urology* as recently as April 2005 reports on a study into the effect of neonatal circumcision on penile neurological sensation. 125 patients were evaluated, 62 uncircumcised men and 63 neonatally circumcised men. The study demonstrated that circumcision status does not significantly alter the quantitative somatosensory testing results at the glans penis. This confirms results as far back as *Masters and Johnson* that circumcision does not affect sensitivity. Of course, masturbation techniques may need to change. Most uncircumcised men use their foreskins to stimulate their glans. This option is no longer available to the circumcised – but equally satisfactory procedures can be evolved as all circumcised men will testify!

Fourth fear – will I just not like being circumcised? There are two broad categories of men who get circumcised – those with medical problems and those getting cut for aesthetic or psychological reasons. Those with medical problems are just happy to have a cure. Even if they preferred to be uncircumcised, the loss of foreskin is a small price to pay for permanent relief from the difficulties of phimosis or the discomfort of balanitis.

And what of those who have no medical requirement to be cut – they just have a deep seated desire, often bordering on the obsessional, to be circumcised. The origin of the wish may sometimes be traced back to childhood when minority status as a Cavalier, resulting perhaps in teasing about this, led to a hatred of the foreskin which was seen as the cause of the taunting. More frequently, no conscious reason can be deduced, there is just this compulsive want which will not go away. The fear must be that they submit to the knife – only to find that circumcision was not the answer to whatever was troubling them and that they subsequently regret their irrevocable act.

The good news is that this almost certainly will not happen. The vast majority of men with a compulsive desire to be circumcised feel an overwhelming sense of relief when the deed is done. Indeed, the most common cry is not “Why on earth did I have myself circumcised?” but “Why on earth did I not have this done years ago?” The only regret seems to be the wasted years as a Cavalier. This does not mean that interest in circumcision matters will be diminished – usually the level

of interest remains the same. But now at least the focus is far less on one's own anatomy, far more on the topic in general and the circumcisional status of others.

Let us be clear – the above arguments are concerned only with those predisposed to have a circumcision. If the Government were to pass a law requiring universal male circumcision, it is certain that there would be many very unhappy men – those who value their foreskins and would be extremely loathe to lose them.

But for those who have a positive distaste for their foreskin, or who prefer the skinned appearance, or whose foreskin is causing problems, they can undergo circumcision confident in the knowledge that their justifiable fears will in fact prove to have been totally groundless.

*Ivan Acorn*

## Don't Resign – Just Talk!

**F**irstly, LC, don't resign! (Issue 1/2005 – Thinking Of Resigning) Why should you? Although some would have a different opinion, *Acorn* is not a pro-circumcision group, but an association of men who have no fear of discussing what has to be the most fascinating and interesting part of our bodies. We are a



mixture of gay and straight, cut and intact, and it would be good if we can maintain a balance.

Secondly, be aware that those who have been through the ritual tend to shout louder than those who have perhaps been more timid. I fell into just this trap a few years ago, having decided to go under the knife to satisfy a long-standing fetish.

I have to admit that I also became involved with *Circlist*, that on-line group of fanatical Roundheads, who carried me along with their totally one-sided advice: "You'll never regret it!"; "Sex is a million times better!"; "Go for it!"; etc. And I did. And I have regrets, not bitter regrets, but there is a down-side to it.

The principal disappointment for me is the loss of sensation that used to arise from the stretching of the foreskin at the onset of and during an erection. I remember this well, with its incredible tingling, telling me that things were happening. Now, that has gone. Sometimes I have to actually get hold of my penis to see if it is flaccid or hard. I also find it more difficult to maintain an erection, probably because those stretched foreskin signals are no longer present.

Having said that, the rest is fairly positive. I am proud of the appearance, it no longer has any unpleasant smell, orgasms are just as good and they still come very easily.

I am sure that the result of circumcision is different for each person. It depends on the relative shape and size of all of the components. Some men undoubtedly gain, but some lose. So, LC, be cautious, and don't resign, just communicate with us all. I would be delighted to tell you more, if you wish.

*D.B. - Notts.*

## A Clean-cut Young Sailor – Part 1

**I**t was the first day at my new school and the first question put to me by one of my new classmates was "Are you a Cavalier or a Roundhead?" I didn't understand what he was talking about. "Have you been circumcised yet?" I didn't know what he meant. "Roundheads have had all the skin cut off their cocks. It's hygienic and it stops you wetting your bed. Everyone has to have it done sooner or later. Cavaliers haven't been done yet," he explained. "Come to the bog and let's have a look. See, I'm a Roundhead," he said, as he showed me his purple headed cock. My cock was quite different from his. "You're a Cavalier," he explained, pointing at the sheath of skin covering my cock. "When they circumcise you, they will cut all that skin off, like peeling an orange, and your cock will then look like mine."

The first, and only other time, I had seen another boy's cock was when I was about four years old. A cousin, about the same age, came to stay with us when his parents went away for a few days. We shared the same bath. I noticed that his cock was like my new friend's, whereas mine was pointed. I didn't know he had been circumcised. I assumed that different people had different cocks and that he had been born like that. We didn't talk about it, anyway.

When I was six years old the Second World War began. I was taken away from my mother and sent to stay with a doctor's family in the country. The doctor's wife threatened to cut off my cock and hang it round my neck if she ever found me playing with it. I was terrified. In the first week or so I wet my bed several times. The doctor examined my cock and said he might have to remove the cause of the irritation to stop the bed wetting. It never occurred to me that he was going to make my cock like my cousin's. Anyway, I had no more problems with bed wetting and the doctor never referred to his proposed treatment again.

I was eight years old when I went to this new school. It was a boarding school and a kind of high class orphanage for boys who had lost one or both parents. I was to remain there for ten years in both the junior and senior schools. The house matrons reported any tell-tale stains on the bed sheets to the house masters, who reported the miscreants to the doctor. Two boys were circumcised in the first week. Usually, the doctor wrote to the boy's family doctor recommending circumcision, which was done during the school holidays. There were always several newly circumcised boys proudly showing off their purple bullet headed cocks in the showers at the beginning of each term. I wanted very much to be circumcised. I had fantasies about a Red Indian Brave circumcising me with a red hot blade.

Us Cavaliers were repeatedly told to retract our foreskins and wash our knobs. I was about ten when I first tried this – not in the showers, but in the privacy of my bath. I had to get my cock hard so that I could exert enough force to wrench the foreskin back. At first it would not budge, and then it suddenly came back over the glans and I stretched it right back. For the first time I saw and smelt the revolting smegma. I did not realise how sensitive the glans was until I wiped it with my flannel. It was excruciatingly painful. The narrow opening of the foreskin was halfway down my cock. It was bleeding from several small cracks caused by the stretching. It constricted my cock so that it got harder and harder. I could not pull the foreskin forward. I was very frightened indeed. I got dressed, and the clothes rubbing on my raw glans kept me hard until I went to bed. The following morning my cock was back to normal. I continued washing my knob this way. After a while it became very pleasurable and I had my first ejaculation. The ecstatic spasms and seeing and feeling my pearly spunk squirt out for the first time made me an immediate and permanent *wankoholic*.

When I was about twelve and going up to the senior school, my family doctor told me that the school doctor had recommended that I should be circumcised. He was Jewish. I told him I wanted to be circumcised and asked why he had not done it to me when I was born. He said that he was against routine circumcision and that I didn't need to have it done, then or now.

Half of my generation were circumcised in infancy; most of the rest during school days; and the remainder during National Service. Later on we were told that circumcision was necessary to disable us from the wicked vice of masturbation. Wanking would stunt our moral, mental and physical development. Our *clean-cut* knobs would look and feel good. *Mens Sana in Corpore Sano* – A Sound Mind in a Sound Body, was the ideal of the school. A clean-cut cock was the badge of a

clean-cut young man. Debilitating masturbation was inhibited and the corresponding dirty thoughts could not arise. The mutilation was cruel to be kind. The chaplain endorsed circumcision in the flesh. Although it is not obligatory for Christians, he explained that it should be done to ensure physical cleanliness and mental and spiritual purity. It would enable us to identify more closely with Jesus, who was himself circumcised. If not done earlier, it should preferably be done before Confirmation.

Eventually my foreskin loosened up sufficiently so that I could pull it back without an erection. It was very long and would not stay retracted. By then the knob had lost some of its extreme sensitivity. Homosexuality was widespread. We formed little secret exclusive clubs. There were seven of us in mine – two Cavaliers and five Roundheads. There was mutual envy between the Roundheads and the Cavaliers. The Roundheads envied my long mobile foreskin and tried to pull it over their naked knobs. I envied the sculptured look and feel of the flared corona and sleek immobile skin of the circumcised cock. As well as simple wanking, we were into cock-sucking and tickling tits and frenulums. I always came quite quickly, but it took me ages to bring the Roundheads off. “Please make me come, oh, please make me come,” they pleaded. In fact I was completely unsuccessful with one of them, and my fellow Cavalier as well.

I was still uncircumcised when I left that school aged eighteen.

*F.E.*

[Part 2 of F.E.'s story will appear in the next issue.]

## Confidence Restored

There are those who envy the circumcised penis, eager to embrace the shorn status by seeking a surgeon. Most already circumcised accept it with nonchalance, even satisfaction. Some are delighted by the decision made for them, but there are others for whom their baby job is disfiguring, even mutilating. For the resentful ones, which included me for 50 years, I can give the assurance that DIY non-surgical restoration is a reality! Circumcision need not be for life!

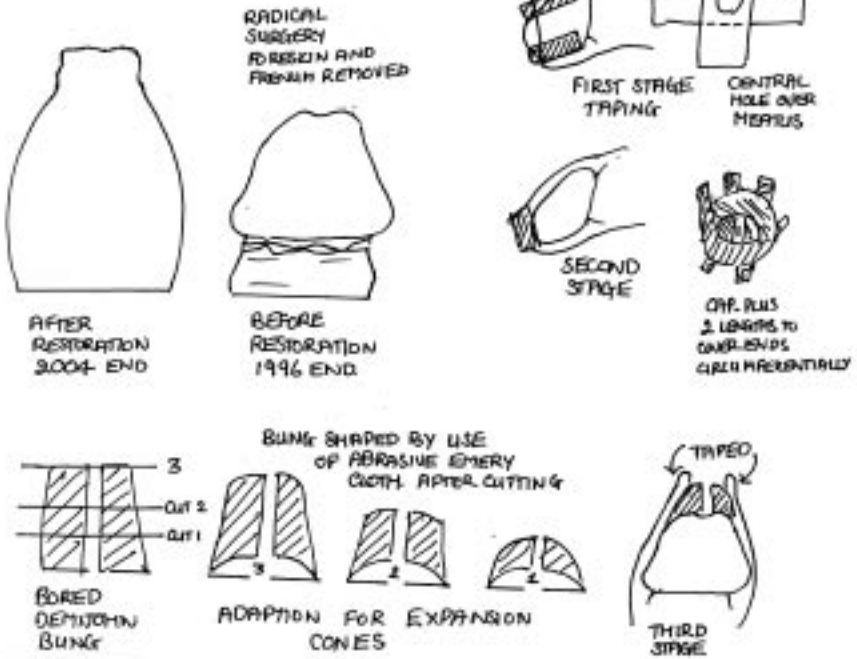
In 1992, Dr Jim Bigelow's book *The Joy of Uncircumcising* was published in America, detailing methods of foreskin restoration. (Hourglass Publishing, PO Box 171, Aptos CA 95001.) There are three chapters on the stages of non-surgical restoration by skin expansion, using:

1. *The tape strap* With shaft skin stretched over the glans, it is secured in position with a strap (or straps) of zinc oxide tape, or similar. Weights optional!
2. *The tape ring* Secures stretched skin in front of the glans. (Imvised a cap instead as progress was slow.)
3. *Expansion device* such as the commercially available TUGAHOY or PULMAN. (I tried modified rubber bungs, then resorted to tugging instead.)

For me restoration has been a dedicated journey of over eight years, slowly acquiring what was once mine - full genital integrity. From the ultimate enforced nudity of a radical free-hand circumcision in infancy with an ugly uneven scar, restoration was difficult at first with no skin to grasp at the scar line, producing much frustration.

On 9 December 1996, with Dr Bigelow's book before me like the Bethlehem Star, I started my journey with the first stage of taping with 1/2 inch strips, clumsily at first. By the time I was completing the second stage in the sixth year, I had become expert! (For those more gently circumcised, the remaining cuff of foreskin would reduce my 5 1/2 years taping to a matter of months, even weeks!) Whilst wearing tape, overnight erections increased tension in the skin held forward, assisting in skin expansion, as did slow gentle masturbation, therapeutic of course! From the humiliating ground zero of a complete glans and part sulcus exposure, expanded skin crept meatus-ward a millimetre at a time, month by month. It took years before the coronal ridge and most of the glans was covered, leaving only the 1/4 inch or so of the tip. At last I had secured enough forward tissue to embark on the final third stage, that of expansion.

NON-SURGICAL RESTORATION  
BY SKIN EXPANSION.





Since appliances cost over £100, I took myself in hand! Tugging proved painful so I limited it to a few cycles at first. In a matter of days my improvised technique had been refined to maximise the applied tension. (With the left-hand forefinger pressing down the glans, the foreskin is stretched forward using the right hand thumb and forefinger over the left hand finger and securing it. Seated in a rocking chair, the legs are thrust forward with hand-held foreskin, then returned to the original positions.)

I started tugging on 6 August 2002, averaging seven tugs per day for the first week, increasing through 57 tugs per day on the ninth week to over 2000 tugs per day by the end of 2004. In 128 weeks, I averaged 1108 tugs per day. That Christmas I was able to sport not only full glans coverage but a luxurious half inch of overhang, the best present ever. And a pleasant tickling sensation urinating through it.

### Observations

- 1 Though most of the expanded tissue was of outer shaft skin origin, there has been an increase in the area of inner mucosa. On the erect penis, the circumcision scar is now 8mm further down the shaft, an area increase of 44%.
- 2 Confinement has reduced the coronal flare, increasing circumferentially on erection by 17%. Before restoration it was 22%. What I termed the 'heart-break ridge' is no longer visible through underwear or swimming costume under preputial cover.
- 3 The glans surface has become smooth, membranous, moist and sensitive, with a colour change to a light greyish pink. I can enjoy sensations never felt before, especially the exquisite tingle when the skin curls back over the glans, and cool air blows on a moist surface.
- 4 Compared with a possible 15 square inches for the adult foreskin unfolded, I measured 11.5 square inches of skin expansion in a year of tugging (not including that created in extra 76 tug weeks to completion).

My one regret is that I will never have the erotic potential of those 1,000 nerve endings lost when circumcised! A tragic confiscation.

Now after feeling self-conscious and mutilated for decades, my restoration has left me bodily complete, able to radiate confidence rather than despair. A final note is that if things had gone wrong, I would have had the choice to revert to roundhead – perish the thought. Cavalike is liked! As the comparison between circumcised and restored in the table overleaf clearly shows:

What's lost long ago can in eight years renew  
I did it myself and know well it is true.  
With taping and stretching, then tugging with zeal  
I gave my spoilt manhood great intact appeal.

*Anthony*

	<b>Circumcised</b>	<b>Restored</b>
1	Glans roughened	Glans smooth and moist
2	Thick, insensitive surface	Surface membrane-like, thin and very sensitive
3	Ragged scar visible constantly	Scar concealed within foreskin and when erect part hidden in folds of mobile skin near sulcus.
4	Shaft surface uncomfortably tight when erect	Mobile skin under all conditions
5	Stumpy 'angry' appearance	Sleek when flaccid, less flared when erect
6	Uncomfortable in cold	Insulated glans permitting winter sea swims
7	Masturbation - need of lubricant and much force necessary	No lubricant needed. Mobile skin rides over glans with no need to touch it. Gentle touch sufficient.
8	Ease of urination	Identical after retraction; pleasurable warm tickling sensations without, but use of toilet paper to remove dampness. Well worth it
9	Embarrassment impairing confidence	Flaccid appearance of full genital integrity. New found confidence.
10	Condition resented (over 50 years)	Condition acclaimed.

[Should further information be required, please contact me via the *Acorn* mailbox or refer to *The Joy of Uncircumcising* or *NORM-UK* website or PO Box 71, Stone, Staffs, ST15 0SF.]

## Limerick

**A** plucky young fellow called Paul  
Tried juggling with knives, I recall.  
Well, at risk of his life  
Took his eye off the knife  
Lost his foreskin and even one ball!

## Nature's Penile R&D

(Please note: what follows is a strongly held, pro-circumcision, personal view. I mean no disrespect to those *Acorn* members who are happily intact and believe foreskins are a 'must have' accessory. Some of my best friends are uncut and share your opinion.)

**M**ay I thank KG of London (Issue 6/04) for forwarding the thesis from *Unzipped* magazine, suggesting that the penis glans rim serves to scoop out from the vagina the semen of your partner's previous lover. It sounds very interesting, but I suggest it is flawed. It won't work that way unless the last-comer (aha, a pun!) has been circumcised.

Nature can't have planned it like that, because circumcision is interference with the natural process. Let me explain: Foreskin enthusiasts are fond of pointing out how we, who are cut, are missing out on the subtleties of prepuce manipulation during all stages of sexual intercourse. In their perfect world, the guy has a long foreskin, and approaches his female with it forward, in the normal place. As he starts to insert his penis, her vaginal lips engage with his foreskin and ease it back gently, ensuring their secretions mingle to facilitate what they call 'The Gliding Mechanism'. In this, the foreskin is pushed back on the in-stroke and then re-hoods the glans on the outstroke. Proponents claim this provides exquisite sensations for the female and stimulates the man with his own foreskin. These quick intervals of covering the hypersensitive glans forestall premature ejaculation. We are told it's all a natural, gentle, experience when compared to the vigorous thrusting 'needed' by the circumcised male to stimulate his denuded dry glans. Even worse, his 'unfortunate' female has to provide ALL the necessary lubrication, poor girl.

Having discussed this, in some detail, with a divorcee lady friend who has had some considerable experience of both sorts of penis, I found her preference for the circumcised variety and reasoning somewhat reassuring.

First, she asserts that circumcision greatly facilitates hygiene and health; not just of the male, but also the vaginal wellbeing of his partner(s). That alone would make her mandate that all boys be cut. She doesn't buy into the argument that a fastidious penile washing routine is just as good as being circumcised. It doesn't, she points out, last very long between 'services' before odour arises. She was for some years married to a particularly clean intact man and that's her verdict once she compared him with her subsequent circumcised boyfriends.

She goes on to claim that in matters of sensation and pleasure for a female, the uncircumcised penis does not perform as advertised by its proponents. All 'The Gliding Mechanism' does for her, is give the impression that the man is merely moving in and out of his foreskin, stimulating himself, but not her. This is because the foreskin shields and smooths out the stimulating ridge of the glans, which is likely to be less flared if it has lived inside a tight 'jacket' for most of its life.

My wife and I have never experienced uncircumcised sex, but we have found exquisite coital satisfaction, despite what an uncircumcised friend mischievously

calls my 'mutilated dick'. Through experiment we have discovered positions to maximise the more prominent contour of my bare glans. One good effect can be achieved in the missionary position by the man raising himself up on his arms whilst bearing up with his coronal ridge behind the pubic bone. Done gently with guidance and co-operation you can stimulate the G-spot with the coronal rim. Beware though, when you really hit the button, it can trigger the mother of all orgasms and her crushing reflex, once experienced, will convince you that sexually, the female is the more powerful of our species.

Of course circumcised men do need to be more gentle in consideration of their women. The permanently exposed glans is hardly as hypersensitive as the habitually foreskinned one. But, being cut does give a staying power advantage. It is really not necessary to suddenly thrust hard into your partner or you WILL hurt her. A 'natural' guy has a frenulum and a degree of sensitivity to give him a painful reminder not to engage in this practice. We circumcisees do not. If you sense that your partner is wearying of prolonged intercourse, pull out, dry off your glans. Then ask her to play with you. Suggest she pull down tightly on any loose shaft skin with one hand whilst teasing your glans with her fingertip of the other, moving it slowly around in tiny circles, barely brushing the surface. Ask her to move down and run her fingertip around the glans rim, teasing and rocking it with light pressure. Mutual satisfaction is also attained if you are giving her similar clitoral stimulation under guidance.

Reading and researching over the years I have found interesting theories. One was testimony of a woman who failed to conceive to her foreskinned husband. Tests showed he had a good sperm count and she was OK too. Following a hunch, the doctor suggested her DH be circumcised. With some reluctance he accepted and underwent the procedure. Almost straight away, after the healing abstinence, hubby fertilised her and they became happy parents. Puzzled, they didn't complain but pressed the doctor to disclose his theory. His surmise was that the guy had a long foreskin which was closing on and containing most of his ejaculate on withdrawal. None of this hypothesis is provable, but it is an interesting coincidence. Maybe some ancient tribes observed a similar ability to impregnate was demonstrated by circumcised males and adopted it as a cultural or religious custom for that reason.

Another researcher claimed that at the moment of orgasmic spasm, the cervix or neck of the womb opens and dips to catch any sperm that may conveniently shoot in its direction. If it hits just the right spot, the sperm are fast-tracked to fertilisation. Theory had it that a circumcised glans without a frenulum will tend to be tip tilted slightly upward and direct its emission more to the target. By contrast the uncircumcised glans will be pulled by the frenulum and tend to direct the load downwards and away from it. All very fanciful of course, but again some observed incidence of success might have persuaded some communities that circumcised males were better at impregnating females. Quite important for survival of the tribe.

Related to this theory is the interesting point that we are the only species that copulate face to face (missionary position). Anthropologists suspect this is a 'recent'

adaptation, and time was when man always entered his woman from behind, as other mammals do. That being so, the thesis in the earlier paragraph is reversed.

There is little doubt that the glans in all its variations is aesthetically more pleasing to most women. It terminates the organ in a bold rounded shape instead of the natural frilly flesh resembling a drawstring bag. Note also that the glans 'cleft' mimics two other rounded shapes which are sexually attractive components of the human body: the bosom and the bottom.

Surely nature intends the exposed glans to send a signal to the female that the male is ready for coitus. It seems a reasonable assumption that women are programmed to respond positively to it. Men who discovered they could attract women more easily when exposed than when hooded, were probably encouraged to make this mode permanent, i.e. circumcised. This might eventually have caused the enthusiastic adoption of circumcision as a tribal identity as others got in on the novelty. Many modern women today admit that they prefer the appearance of the circumcised penis to its curtained alternative.

Maybe nature has another straightforward reason for defining the glans from the shaft with a prominent rim. That is to provide a 'locking catch' to hold back the foreskin during intercourse. Although this negates 'The Gliding Mechanism', it could be an evolutionary mutation to test a new model. Some couples, where the man is intact, report either one of them holding back the man's foreskin during intercourse to gain maximum glans rim friction. Others say their foreskin does stay back behind the rim during coital activity. In a few, the unwanted result can be paraphimosis. It all depends on the size of the glans, the depth of the rim and the amount and thickness of the foreskin as to whether it works or not. Then again every now and then a baby boy is born with a very short foreskin or even without any foreskin at all – a condition known as aposthia.

Given a few more millennia, who knows what might have evolved? I say 'might' because the 'interfering' practice of circumcision adopted by civilisation (which seems likely to continue) will have stopped nature's experimentation with the penis or at least skewed its results.

It is a pity that we can't order a penis like ordering a car. Given that prospect I would certainly delete the foreskin feature on the original model. Instead I would have the up rated larger glans fitted with the flared rim for better performance and to impress the ladies.

Unfortunately the production line at the manufacturers can't cope with these customised variations. At present they still have to be carried out by the dealer, either on delivery, or as a later 'in service' modification. Occasionally it has been done by a DIY enthusiast but this should be strongly discouraged as it can have damaging consequences which cannot be repaired under warranty.

*G.D.*

## Circumcision Debate: It Is Not Our Job To Discriminate

In the last edition, an extract from the on-line newsletter for GPs, *pulse-i*, was published. In it, a GP, Dr Fitton, told how he had reported a colleague to the General Medical Council for undertaking an infant circumcision. The following editions of *pulse-i* contained responses to Dr Fitton and these are reprinted below.

### From Dr Michael Barrie

As doctors, we are privileged to treat patients from a plethora of racial and cultural backgrounds. Part of our remit is to be sensitive to the religious and customary practices of such individuals, and not to discriminate against those whose racial origin or faith requires observance of some or other practice. Circumcision is one such observance. The removal of the foreskin is an absolute prerequisite for Jews and Muslims and is culturally important to countless others – for example South Africans and Americans.

Dr Fitton states that a doctor who performs a circumcision “has engaged in a trade that is illegal” and challenges the GMC “not to sweep this under the carpet”. Indeed, Dr Fitton says he has already reported one doctor to the GMC for circumcising one of his patients. Does Dr Fitton instruct his Jewish and Muslim patients to eat pork on the basis that there is no medical reason why they should not? Likewise meat for the devout Hindus on his list? Should a Catholic doctor refuse to help a woman requesting a termination on the grounds that his (or her) religion forbids abortion?

Surely the GMC position here is absolutely clear: a doctor should not allow his own religious or personal beliefs to impact on the care of the patient. I perform circumcisions on those baby boys whose parents request the procedure. I am neither for nor against the operation. However, I do believe that we should respect the cultural and religious backgrounds of our patients. Not to refer parents requesting circumcision of their newborn son to a competent operator – someone who will circumcise the baby competently, under aseptic conditions, and using adequate anaesthesia – is tantamount to neglect. The parents will have in effect been fobbed off and may well seek a circumcision from an untrained and dangerous ‘backstreet’ operator. Surely the child deserves better?

### From Dr R Willcourt

Dr John Fitton and his fellow travellers in the anti-circumcision brigade forcefully impose on the public their unscientific and emotional opinions disguised as facts. The characterisation that the baby was “rather miserable” due to “a grazed glans penis, chafing on its nappy”, is simply speculation. In fact, this child will have the benefits of a markedly lowered incidence of urinary infections leading to lowered rates of severe renal disease and virtually no chance of ever getting cancer of the penis which has a lifetime incidence of up to one in a 1,000 for an uncircumcised man. In addition, he will never have phimosis which occurs to some degree in up to 10 per cent of adult men, no painful and frightening tearing of the frenulum during sexual activity, nor any foreskin-related infections. Indeed, he will have no penile maintenance to contend with at all.

Perhaps Dr Fitton should himself be reported to the GMC for patient harassment and improper counselling. One can only hope that the unfortunate lady in this story has the ability to change to a physician with more professionalism and respect. Readers who would prefer factually-based material to the tripe dished out by anti-circumcision proponents should visit [www.circs.org/index.html](http://www.circs.org/index.html)

From Dr B M Dodhy

It amazed me to read such an emotive Soapbox by Dr Fitton. Perhaps he hates the religions and not the practice of circumcision. The act of circumcision is not barbaric but it is dangerous and should be made illegal for untrained hands to perform. Dr Fitton talks about rights, but no one mentions our duties as human beings. Why does he not raise his voice against the thousands of killings that take place every year under the name of medical termination? Which is worse: taking a life or removal of a piece of skin? I see no harm in circumcision as long as it is carried out as a 'recognised surgical procedure'.

From Dr Gerald Weiss

Further to Dr Fitton's Soapbox, any mother would soon learn that "a grazed glans penis, chafing on its nappy" could be due to prolonged wet or fecal contact in the infant's perineal area. Proper diaper etiquette and knowledge, with or without being circumcised, is soon learned and is in the advisory instructions for medical students.

From Dr Peter McCormick

I read with interest and some concern the views of Dr Fitton. In reporting his colleague for misconduct he is making a very bold step. Once I had cause, as a GP in the UK, to be very upset about something I regarded as negligence in a local colleague. The correct action - in consultation with my partners - was to inform the medical director at the hospital concerned and leave the dispassionate investigation and remedy to him.

Things go wrong postoperatively in the best institutions and I am sure that a seasoned doctor such as Dr Fitton has seen this often enough. In my decade of work as a children's physician in The Gambia, Ghana and Cameroon I have seen hundreds of infants and children circumcised. True I have seen postoperative complications, and some of them are horrific. We all learn from such instances, and are better doctors as a result.

We should all avoid emotive language unbecoming of our profession. It seems to me there are more serious matters by far for Dr Fitton to address in his GP work in the UK than an occasional "grazed glans penis".

From Dr S Rahman

I am appalled that *Pulse* has given such prominence to Dr Fitton's tirade against male circumcision. His attitude reflects both prejudice and medical ignorance. Male circumcision has long been acknowledged as the safest of all surgical procedures undertaken on humans and remains one of the commonest. There is something surprising and worrying about somebody claiming to have practised

medicine for three decades in three continents not to have come across male circumcision or referred poor miserable children with phimosis/ paraphimosis/ recurrent balanitis for circumcision.

Wasting the GMC's time and resources on complaints arising from jaundiced views of how other cultures lead their life is not a good reflection on Dr Fitton's personal and professional integrity. *Pulse* should be careful in giving too much space to such confused rantings.

From Simon Clarke

I was alarmed to read Dr Fitton's Soapbox. It is clear that he is not speaking as an unconcerned bystander but as a positive objector. If he were to have his way, no doctor in the UK would be able to perform this simple operation. Families would be forced to seek the services of unqualified backstreet 'physicians'. As it is, so few GPs are prepared to provide this simple service that many families have to travel hundreds of miles to find a qualified doctor prepared to operate.

At the Circumcision Agency we receive hundreds of inquiries each month from families looking for GPs to perform circumcisions. They don't know where to turn: the NHS doesn't want to know, private urologists charge thousands of pounds for the simplest operation, and patients should not be forced to risk the backstreet operators. It is a shame that more doctors do not see the benefits of providing this straightforward service. Any GP, with the proper training, can perform a circumcision. If managed well, it can provide the GP with much needed extra income, while providing the community with a much-needed service.

From Dr Peter Wilson

I don't think Dr Barrie and Dr Hawker are being quite honest when they suggest GPs should always respect the cultural and religious backgrounds of parents and their choice in the debate on circumcision. While not personally having very strong views on the subject – though I'm glad mine wasn't chopped off! – I rather doubt they would also respect a request from a patient for the female circumcision of a child on cultural grounds.

Response from Dr John Fitton

I was fascinated by the international response to my assertion that a child now has a right to bodily integrity and should be protected from injury. Informed intelligent debate is useful but a barrage of defensive dogma, albeit expected, is unhelpful in what is essentially a public health and human rights issue.

If anyone wishes dispassionately and objectively to learn more about the matter, [www.norm-uk.org](http://www.norm-uk.org) is a good website that provides patients with the sympathy and help that they are clearly unlikely to receive in some quarters. It is run by people who (presumably) have none of the almost congenital prejudice in favour of amputation of the foreskin.

I await the reaction of the GMC.



# ACORN

Issue  
N<sup>o</sup> 3 2005  
Editor  
Ivan Acorn

## Editorial

**M**agpie is the word which best describes your editor. I borrow or steal from any source to make up your newsletter. For me, the words 'circumcision' and 'foreskin' on the written page shine through as brightly as any bejewelled ring does for the thieving bird. I pounce, seizing them for my store of treasure which I then display for your amazement and satisfaction!

The newsletter is thus an eclectic mix, giving, I hope, different perspectives on the subject which fascinates us all. But undoubtedly, the mainstay of the newsletter, and the items which are most appreciated by the members, are the personal stories – how you first learned of the difference between cut and uncut, how you felt about your own status, and, for many, how that status was changed. So I am pleased in this issue to continue the story of FE, the clean cut young sailor, and to publish the story of another member, JAQ. But such accounts are only possible if there is a steady flow from you of such information. So please, if you have not yet told your story, start writing now. We are all interested in what you have to say.

*Ivan Acorn*

## Contents

Editorial	Ivan	1
Editor's Column	Ivan	2
A Clean-cut Young Sailor – Part 2	F.E.	5
A Very Manly Piece Of Skin	I.N.L.	7
Finally Complete	R.	8
Picture Gallery		9
My Story	J.A.Q.	10
An Uncircumcised Jew		12
Dr Fitton – Another Response	G.D.	13
Can't Help Wondering	J.T.	13
A Date For Your Diary		15
An Adult Perspective	Internet	15
Keratinisation	G.B.	16
Pride	R.W.	16

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### Circumcision and AIDS

**T**hirty eight million. That is the number of people estimated worldwide to be HIV positive. Seventy five per cent of these are in sub-Saharan Africa. In some countries, the infection rate is 20% or more. And this figure is even more shocking when you consider that it is the sexually active who are affected. AIDS is cutting a swathe through the young, the people who are the foundation of the country's future. The outlook for some communities is truly apocalyptic.

To some extent, HIV and AIDS have been tamed in industrialised countries. This has come about partly through education in terms of safe sex and condom use, partly through the availability of more effective anti-retroviral therapies so that HIV infection is no longer necessarily an early death sentence. These solutions are less relevant in the developing world. Condoms are not available or their use is deemed inappropriate for religious (and the attitude of the Roman Catholic church is not helpful in this respect) or cultural reasons – it's just not macho to wear a rubber! Drugs are expensive. Even where pharmaceutical firms make provision at prices which developing countries can afford, the infrastructure to distribute and to encourage regular and life long medication is just not in place.

Alternative approaches to curb the epidemic are therefore desperately needed and male circumcision may well have an important contribution to make. A number of studies have found significant geographic differences in the prevalence of HIV infection related to the extent to which circumcision is practised. Countries with a low level of male circumcision such as Zimbabwe, Botswana and Zambia experience a high prevalence of HIV infection, whereas countries with a high level of male circumcision, such as Cameroon and Ghana, have lower infection rates. The data cannot necessarily be taken at face value. There may be confounding factors, the greatest of which might be religious. In Islamic countries and communities, the sexually active male population will be almost 100% circumcised. Yet if a lower HIV infection rate were observed, it could be because Islam encourages more conservative sexual mores which would of itself inhibit the spread of the infection. It is important that such confounding factors are eliminated before a causal link between circumcision and reduced infection is deduced. Nevertheless, there have been some powerful studies which it is difficult to gainsay. In a study in Uganda, 0 of 50 circumcised men with infected spouses became HIV-infected after nearly 2 years of follow-up, whereas 40 of 137 uncircumcised men, also with infected spouses, seroconverted during the same period.

Critics have pointed out that such results are not replicated in studies in the industrial world. This however is hardly surprising. In developed countries, HIV infection is confined largely to the gay community and drug users. The virus is mainly transferred through anal intercourse or via contaminated needles direct into the blood stream. In neither situation is the circumcisional status of the person infected likely to be relevant. Of course, it would be possible in the gay community to try to identify a difference in infection rates between cut and uncut

tops – but the usual assumption is that exclusively active partners are at much less risk than their passive counterparts. Either way, the whole biologic mechanism in gay intercourse is completely different from that in heterosexual sex where it appears that in vaginal intercourse, the uncircumcised penis is far more vulnerable to infection than its circumcised twin.

There has been speculation as to why this should be. The fact that the foreskin provides an environment which favours micro-organism survival and replication, and that it is more susceptible to trauma during intercourse may be contributory factors. The main reason, however, is probably the large concentration of Langerhans cells in the foreskin. These are known to be a prime target for HIV transmission. Their removal during circumcision provides the greater protection afforded to the circumcised penis. If this is the true reason, this argues for a low style of circumcision which removes the whole inner foreskin.

There is therefore much evidence that circumcision offers protection. Nevertheless, the consensus appears to be that the evidence is not yet conclusive. Male circumcision is a practice that is entangled in a complex web of cultural, religious, and medical beliefs. All the studies completed to date are observational. It is not possible in observational studies to control for all the possible confounders that are associated with this practice. Only through the process of randomisation, blindly assigning a large number of study participants to the treatment (circumcision) or the control (delayed circumcision) arm, can all possible confounding variables be controlled for. Three such randomised control trials are currently under way, and the results are not expected until 2006 or 2007. All three have sample sizes of more than 2700 and are powered to detect a 50% or greater protective effect. Whether this wait is justified is an interesting ethical question. Circumcision, if performed properly, is generally accepted to have few, if any, negative consequences. If therefore there is evidence already pointing towards circumcision having a protective effect, would it not be better to encourage mass circumcision now on the argument that it will certainly do no harm but may do good in reducing infection rates of a killer disease?

But even if the controlled trials do point to the prophylactic effect of circumcision, there are concerns about the wisdom of a policy of positive intervention. These centre on two issues. The first is the performance of the operation itself. Circumcision is a minor, relatively risk-free procedure if performed by an experienced operator in aseptic conditions. But in many African countries, circumcision is performed as a tribal rite often by ineffective practitioners in totally unsanitary conditions. Serious infection and/or mutilation, sometimes leading to death, can be the result. A programme of mass circumcision must therefore be preceded by the building of the necessary infrastructure to ensure that there are sufficient, accessible operators able to work in aseptic conditions. This is certainly a challenge in many of the poorer, rurally dominated countries, which constitute many of those worst affected by the epidemic.

The second concern is the changed behaviour which circumcision may bring. It is a well known fact that a reduction in risk factors can lead to people feeling freer to take greater risks. The wearing of seat belts leads car drivers to feel that they

can be less careful in their driving. More relevant to this subject, perhaps, is the fact that the development of effective anti-AIDS drugs has led the gay community to be less careful about safe sex so that HIV infection rates are rising again. The fear in Africa, therefore, is that a man, having undergone circumcision, will feel that he has total protection against HIV and will therefore indulge in less safe sexual practices than he had heretofore.

It may be however that these two concerns can be addressed in the same manner. If the clinics, or whatever, that offer circumcision offer safe sex education at the same time, the newly circumcised men may come to realise that, whilst their level of protection has increased, it is certainly not 100%.

There must of course be another over-riding concern. Even if circumcision is shown to be effective, will men be willing to undergo an operation which they may perceive as painful, virility-threatening and against their cultural traditions? In fact, encouragingly, there are quite a number of studies indicating that significant proportions of men and boys (50% to 86%) will be circumcised in traditionally non-circumcising populations, if circumcision is provided at an affordable price. The reasons men in these studies give for preferring circumcision for themselves or their sons are many and include improvement of hygiene, lowering the risk of HIV and other sexually transmitted infection, appearing more modern or urban, fitting in with others, and being attractive to more women. The chances are therefore that, if cheap risk-free circumcision is available, men will take up the opportunity for themselves or their sons. The latter is of course important. Circumcision is likely to be most effective as a protection if it is carried out pre-puberty before first sexual intercourse. It could be that over time infant circumcision becomes acknowledged as the most cost effective way of providing early protection.

But suppose that safe, low cost circumcision becomes available but that men refuse the operation. Would compulsion ever be justified? The issue is similar to the MMR vaccine question in this country. The vaccine offers protection not just to the individual but, if sufficient children are vaccinated, to the population as a whole. This is because the fewer individuals that are susceptible to the diseases, the fewer are the opportunities for the viruses to take hold. By effective programmes of vaccination, the diseases of smallpox and polio have been virtually eliminated worldwide. Vaccination therefore both protects the individual and contributes to the immunity of the population as a whole. If the same logic is applied to circumcision and HIV, it may be that circumcision will not just help to protect the individual, but, if practised on a wide enough scale, will also help to reduce the incidence of the disease in the population as a whole.

The effects of mumps, measles or rubella can range from the unpleasant to the fatal for the individual concerned. But it could be argued that the effects of the disease are largely confined to the infected person. AIDS on the other hand, whilst being devastating for the person concerned, is also disastrous for society as a whole since a sick person takes up nursing resources and the death of a young person, replicated on the scale seen in some African countries, helps destroy the whole economic and social structure of the country. When the consequences of

the disease are so dire, perhaps personal freedom has to suffer. Perhaps any government would be justified in making circumcision compulsory for all males.

Ivan Acorn

## A Clean-cut Young Sailor – Part 2

*[In part 1 of his story, F.E. recounted how he remained uncircumcised during his school days despite a recommendation from the school doctor.]*

At university, I had almost complete privacy, and didn't play any sports which necessitated mixing with my fellows in the showers, so I didn't see who was, or was not, circumcised. Towards the end of my three years I spent a fortnight in the Royal Naval Training Squadron, prior to starting my full-time National Service.

It was rumoured that those of us who were still Cavaliers would be circumcised as soon as we joined up. Later, it turned out that this rumour was largely true. On the Lower Deck, Roundheads outnumbered Cavaliers by two to one. But I couldn't wait until then, and one evening in my last term I took a sharp pair of scissors, pulled my foreskin forward, and cut it off. When I got to the hospital I asked the doctor to circumcise me properly. He stitched the foreskin together and congratulated me on having done such a good job. My foreskin was now much shorter. It would still cover the glans when my cock was flaccid, but retract fully when I got hard as if I had been completely circumcised. After a while the scar-ring became hardly visible.

At my first medical inspection on joining the Royal Navy, I asked the doctor if I could be circumcised. He said that my foreskin was short and loose enough and there was no need to remove it. However, three of my classmates were circumcised immediately.

In the Royal Navy, physical sexual activity of any kind was absolutely forbidden on board ship or in any shore establishment (except married quarters). When I was in the training squadron, one of the officers was caught *in flagrante delicto* with a junior seaman in his cabin. Rather than face court martial, he eluded his guard and jumped overboard at night, and that was the end of him. Nevertheless, *male-bonding* was considered quite normal. We were expected to have a particularly close chum – or *Oppo*. My *Oppo*, another National Serviceman, and I compared our cocks. His foreskin just covered the flange of his knob. He didn't know whether he had been circumcised or not. He thought he may have had the skin trimmed like I had done mine, but there was no scar. Another of my mess-mates had been beautifully circumcised – a real cosmetic job. His knob was like a peach. The scar-ring was close up to his body. His hairless cock was completely smooth all the way along. Where his frenulum had been there was a 'V' shaped cut on the underside of his knob.

Confirming the rumour we had heard earlier, it turned out that two thirds of our mess-mates were circumcised. Their clean-cut knobs were clearly outlined in their tight-fitting uniform bell-bottomed trousers. They taunted those of us who

were not. Four out of the five Leading Seamen, and five of the seven National Service Ordinary Seamen, were Clean Cut. All the older Able Seamen were Cavaliers. Half of the younger Regular ABs and ODs were Roundheads. Eventually half of the remaining young Cavaliers were prevailed upon to submit their cocks to the knife. Just at that time I was sent off to join the Upper Yardsmen's (Officers) Course, and the opportunity to be circumcised was missed. Most of the Upper Yardsmen had been educated at Public School. There was no difference in the numbers of Cavaliers and Roundheads. At long last I was no longer in a minority.

After National Service I was destined to make a desk-bound career. I needed some kind of regular exercise. I was no good at ball games or athletics, so I joined a *Keep Fit* class organised by the local school, soon after I started my first job. The members of the class came from all walks of life. Their ages ranged from 17 to 70. The number of Roundheads was exactly the same as Cavaliers. There was no difference between social class and age group. So no-one was embarrassed by being in a minority one way or the other. Although changes of job and location meant joining a new *Keep Fit* class every so often, these proportions remained the same.

After I left full-time service, I continued as a Reserve Officer part-time. We had a lot of medical students who were destined for careers in the Navy after they graduated. One evening in the mess, the subject of conversation was sex, as usual. Someone asked what was special about circumcision. There was a lot of heated discussion. One of the senior medical students explained the benefits, as he understood them. He had been circumcised in infancy, so could not speak with *before-and-after* experience. He could not remember having been circumcised, and never knew that he had been until he went to school.

"Circumcision is hygienic. The foreskin of an uncircumcised cock has to be retracted and the foul smelling smegma which collects under it washed away regularly. This is a painful and frightening experience the first few times it is done in boyhood when the foreskin is still tight. It becomes very pleasurable as the skin loosens, and leads inevitably to wanking. Keeping the uncircumcised knob clean is no protection against fungous infection which abounds in public showers and changing rooms. Circumcised men never develop cancer of the cock; nor their wives cancer of the cervix. For these reasons alone, all boys should be circumcised in infancy.

"Circumcision does not disable wanking. There is no loose skin to rub over the knob of course. Because it is insensitive, there is no danger of premature ejaculation, but it can take quite a long time to come. It can be very frustrating, but the reward is a satiating abdominal orgasm. A clean-cut cock is symbolic of a *Clean Mind in a Healthy Body*. It feels good too – clean and free. During sex there is no interference with two-way stimulation of the flange. Condoms are comfortable and stay on. The obviously clean and odourless knob encourages cock-sucking."

Altogether, he was very glad that he had been circumcised, and strongly recommended it.

Soon after that I visited my doctor and told him my story. I wanted to be completely circumcised. He didn't try to dissuade me and referred me to a specialist. The operation was done in hospital under a general anaesthetic the following week. The cut healed up in a few days. I was very pleased with the result. I was delighted with my now naked glans and flared corona. I could feel it all the time. Although the remaining skin was not completely immobile when I was hard, condoms no longer rucked up and pulled off.

However I became increasingly dissatisfied with the web of frenulum that was still attached to the underside of the knob, and the thick scar. The surgeon had explained that he would not remove the frenulum - *Love's Guitar*, he called it, because it remained sensitive. The scar was very thick because of the way he had folded the skin to get a good mucosal adhesion, as he had explained. He had used so-called soluble stitches, but they never disappeared completely and left holes, which did not close up, where they had been.

Many years later, I was working in a Muslim country. I had to have a routine general medical examination. I told the doctor about my circumcision, and he said he would be quite happy to tidy it up. He removed the frenulum and the old thick scar. It took some time for the skin and the new scar to stretch to accommodate the erection. Now my cock is beautifully smooth all over. When I am hard, the remaining skin on my cock is very tight and completely immobile. My scrotum tightens up and holds my balls firmly at the base of my cock. It takes me much longer to come, which pleases me and my partners. I have been delighted with the result ever since.

*F.E.*

## A Very Manly Piece Of Skin

I have been uncertain about renewing my membership of *Acorn* because I have felt for several months that *Acorn* hasn't done enough to stem the anti-foreskin brigade with their hurtful and very negative attitude and remarks in regard to the foreskin. Some of them consider that foreskins are boyish and look upon them as unhealthy, dirty, filthy and unmanly. What utter claptrap! No wonder mere uncircumcised members of *Acorn* have left and haven't renewed their membership over the past years.

I am circumcised and fully support circumcision for religious reasons, as an initiation rite to manhood, and on medical grounds for paraphimosis when it is not medically possible to relieve the condition. Apart from these three reasons, I personally don't see any need for anyone to be circumcised. Having said that, from a personal point of view, any male that wishes to be circumcised, that is entirely up to him. It is called 'live and let live' and the anti-foreskin brigade should adopt exactly the same policy.

I know an uncircumcised guy that doesn't find the circumcised penis attractive but he doesn't get on his soapbox and talk about it in a negative way. Let all of us

be more constructive in a sensitive way in airing our opinions. I absolutely love being circumcised but I find both the circumcised and uncircumcised penis equally attractive to look at and also to admire. In fact, a very large number of circumcised males worldwide are admirers of the foreskin and find it very erotic and exciting.

Between the ages of 13 and 18 (1960-1965) I took part in a lot of mutual masturbation. I much preferred the friends who still had their foreskins and I would only masturbate with those who were uncircumcised. To me the uncircumcised penis was far more erotic and sexually exciting at all times. Whenever my friends or I pushed back their foreskins, I always saw smegma. In some of my friends it was thick and had a very strong smell and I always touched it and their very moist and wet sensitive glans. Since then I've always been a big fan of smegma and I enjoy reading stories of guys involved in mutual masturbation where smegma (cheese) is mentioned.

I first joined *Acorn* in the early 1990's and in those days it described itself as an organisation for people interested in circumcision and foreskins. Now it sounds very pro-circumcision and anti-foreskin, judging by the letters that we read in the newsletter. This is hardly surprising because, according to *Acorn's* own figures, the majority of its members are circumcised. I would like to ask the anti-foreskin brigade what they find so wrong with the foreskin. It is actually a very manly and masculine piece of skin that serves a very important function.

*I.N.L. - Manchester*

## Finally Complete

I was born, notionally at least, as a Christian but my father had Jewish blood. For most of my life I wanted to be circumcised, achieving this only when I was 32 (22 years ago). Three years ago I came to the inescapable conclusion that I wished to convert to Judaism and - for a number of reasons - this had to be Liberal Judaism. Now, with my circumcised cock and my certificate of admission to the Jewish faith, I finally feel complete (as it were).

Have any other members who have sought circumcision had similar feelings about Judaism (or indeed Islam)?

One further point - I was not required to be circumcised because I had already had the op. I volunteered though for a procedure called *hatafat dam b'rit* because I still wanted to do something special to mark my admission to Judaism. The procedure is required for those converting to Orthodox Judaism but I was the first person coming to the notice of the (Liberal) mohel as wanting it done and he had never performed the procedure before. The procedure involves a pinprick around the circumcision scar and the drawing off of a minute amount of blood by pipette plus appropriate prayers.

*R. - Midlands*



## Picture Gallery

**B**elow are four specimens - two uncut, two cut. Enjoy!



## My Story

I was not circumcised as an infant and I didn't really know what it meant until I was about 11 years old. My best friend as a young boy (aged about 5) had been circumcised but at the time I assumed that his 'skin was back all the time'. My mother taught me from a fairly early age to retract the foreskin in the bath to clean underneath, so I knew it could be retracted, and what it looked like underneath. Until I was about 11 years old, I was unaware that some boys had their foreskins removed by surgery.

When I started at Grammar school aged 11 (1961), PE and games were held weekly and there were opportunities to see other naked boys in the showers. I became aware fairly soon that other boys had 'skin back all the time', although I still didn't know why. I'm not exactly sure when I discovered more about the penis, but it probably came up in conversation with my peers. I also read in the Bible during RE lessons about the circumcision of Christ, although I didn't really connect this with foreskins. I thought there must be another ceremony by the same name.

My family moved home when I was 13 so I started a new school. Here, games and showers were much more frequent and compulsory. There was no room for modesty in the changing rooms and I was soon aware that a much greater proportion of my school friends, probably 40%, were circumcised. This coincided with the onset of puberty and I naturally became more aware of my penis, its size and, more importantly, its shape. My foreskin was not excessively long but extended beyond the tip of the glans, even when erect. It was fully retractable but never did so on its own. I soon became envious of my circumcised peers - particularly those with a well developed glans - and, at the same time, I began to loathe my foreskin. I observed during these years that two boys of my age returned after the summer holidays minus their foreskins - lucky devils! Circumcision became a fascination, almost an obsession, which featured regularly during masturbation. I attempted to keep the foreskin retracted, to appear circumcised, but the over-sensitivity of the glans became uncomfortable and often caused unwelcome erections. It became an ambition to lose my hated foreskin - but how?

I endured my school days as a cavalier, although the desire to be circumcised remained. My foreskin was retractable until I was about 19, when for some reason it became very tight and completely unretractable - a severe case of phimosis. This made sexual experimentation very difficult; I did nothing for several months, but finally found the courage to make an appointment with my GP. I was very embarrassed to explain my problem but he was very matter-of-fact about it, told me that I would have to be circumcised and referred me to a surgeon. It was now early 1970; I waited patiently (and with trepidation) to receive an appointment from the hospital until one morning a brown envelope with a telltale postmark appeared through the letterbox. I was now on the road to becoming a roundhead. The most difficult task was explaining the situation to my parents, who had never been open about any sexual matters - in fact, my father avoided any conversation

on the topic. I therefore found explaining my situation very awkward and embarrassing.

The hospital appointment was only a consultation and lasted ten minutes or less. The surgeon was a grumpy, middle-aged man who told me he would “whip it off” and his secretary would be in touch. Again I waited but this time not for long. Within a month I received an appointment for admission five weeks later. Now I was really on the road to becoming a roundhead; my foreskin’s days were numbered!

I arrived at the hospital at the arranged time, filled with apprehension but also very excited at the prospect of becoming a roundhead. There had already been some embarrassment explaining to various people what I would be doing for the next few days (I lied to some), and more during admission to the ward, containing about five other patients being prepared for various surgical procedures. I was the only one in for circumcision, but the nurses and doctors were very matter-of-fact (just like my GP) and eventually wheeled me off to the theatre. I remember a needle in the back of my hand but very little else before being returned to the ward minus my foreskin. I slept reasonably well that night and enjoyed an early breakfast. Then came the surgeon’s ward round accompanied by a crowd of medical students! They all seemed satisfied with my condition but I was beginning to experience a burning sensation around the cut line under a tight dressing which exposed only the tip of my penis for urination; this was another new experience for me as I had never been able to urinate with the foreskin retracted. This had always caused an erection which necessitated rehooding the glans until the feeling subsided.

I was later instructed by a nurse to take a bath in a nearby room and put several scoops of salt into the water. I climbed into the bath and gingerly unpeeled the blood soaked dressing to reveal a swollen and bruised penis with stitched scar line just behind the glans. I was surprised (but pleased) that the whole foreskin had been removed having read in *Forum* and other books that NHS circumcision usually removed only part of the foreskin. The most intense sensation was the sensitivity of the exposed glans – this is often described as sensitive as an eyeball and I can’t argue with that. The only other discomfort was caused by the snagging of the stitches on my underwear; these eventually came out on their own, much to my relief. The burning sensation soon faded and within about three weeks the glans sensitivity had also diminished. By now I was feeling quite horny, not having masturbated since before my operation.

I decided to wait a few days longer because the scar line was still quite tender, and I had no wish to endure pain during a normally pleasurable activity. I woke one morning a few days later with a strong erection and knew that the time had come. I grasped my rigid member with an enclosed fist below the glans and started rubbing to produce the most wonderful sensation I had ever experienced. In spite of my efforts to prolong the pleasure, I soon ejaculated with an explosive orgasm, the semen shooting several feet across the bedroom. I was now a complete roundhead and there was no turning back. Mission accomplished!

This took place long before the advent of the Internet: there is now a plethora of information available on the subject and circumcision seekers have all the information at their fingertips. Whether NHS patients have any choice in the result is another matter, but some clinics can provide the service at a very reasonable cost. With hindsight, I would certainly pay for the operation and style I desired if I were in the same position I was in 35 years ago. Although quite satisfied with my penis, I would ideally have preferred the 'high and tight' look often mentioned in communication and on the various websites. My own circumcision is what I would call low and fairly tight: the scar is just behind the glans with a little bunching of shaft skin when completely flaccid. There is a small amount of movement when erect and this is ideal for dry masturbation. I occasionally use lubricant but it's not really necessary. The frenulum was not removed although I would quite like to lose it if I ever thought about a revision.

I still spend time reading all the information I can find on circumcision. As well as *Acorn*, there is plenty on the Internet. There are certainly many individuals who lament the loss of their foreskins and go to the trouble of restoration. I would never consider this and I often wonder what drives so many to do so. They all seem to be very bitter about having been 'deprived' of their foreskins during infancy: I would suggest that their parents made a decision in the best interest of their children. Am I in favour of routine circumcision for all male babies? A difficult one, but I would have been spared the problem I encountered if my parents had made that decision for me. I think that a mix of those with and without is the ideal; I consider myself one of an elite group and that would not exist if we were all roundheads.

That's my story except for one small point. I remember reaching forty years of age; this marked the 20<sup>th</sup> anniversary of my circumcision and very important to me as I had now been a roundhead longer than I was a cavalier – a significant milestone and a feeling of elation and achievement. After all these years I still become quite aroused by any mention of circumcision: I think I always will.

*J.A.Q. – Oxon.*

## An Uncircumcised Jew

Stewart Steven, who died in January 2004, enjoyed a colourful and controversial journalistic career as the editor of *The Mail on Sunday* for 10 years and the *London Evening Standard* for three more.

Born in Hamburg, Steven was brought to Britain when his Jewish parents fled Nazi Germany. He liked to boast years later that he was a rare example of an uncircumcised Jew, explaining that many Jews born in the late 1930's were given a dispensation by rabbis not to be circumcised. One evening in a pub off Fleet Street he was challenged to prove the fact, so he took a *Daily Mail* reporter, Tim Miles, to the lavatory. A minute later, with a beaming Steven behind him, Miles emerged with raised thumbs to an outburst of cheering.

*From a report in The Guardian*

## Dr Fitton – Another Response

*[In issue 1/2005, a letter from a Dr Fitton, extracted from an on-line newsletter for GPs, was published, condemning infant circumcision. In issue 2/2005, responses which appeared in later editions of the newsletter were published. Now a member has his say on the same topic.]*

I do not think that the protest of Dr John Fitton against infant circumcision should go unchallenged. It is not clear whether this Kettering doctor has reported his colleague for performing a botched circumcision, or simply carrying out a procedure to meet the mother's cultural obligation – in common with dozens of doctors, who do the same every day, across the UK. If the former, all well and good; if the latter he is well out of order. Male circumcision is the oldest, recognised surgical procedure, accepted for its benefits worldwide. These transcend the boundaries of mere medical opinion. In no way can it be compared to slavery, corporal punishment, or the disenfranchisement of women.

We are not told whether this doctor has himself been circumcised? If so, he may well have a grudge because it was also botched. Or, more likely, he wasn't educated by his parents and given a positive view of his body image and the advantages of his status. From such bases, circumcised malcontents are born.

However if, as I rather suspect, Dr Fitton is uncircumcised, he is not in a position to pass such a negative opinion against the millions, like me, who are happily so. He would also do well to reflect that he will have seen dozens of other 'rather miserable' baby boys with infected foreskins. The nappy stage is particularly conducive to irritations in this area for girls as well as boys – irrespective of whether the latter are circumcised or not. One thing is for sure; the permanently exposed glans of the Ghanaian infant, once toilet trained, and in a clean, airy, environment, will be a lot healthier than many of his foreskinned contemporaries who go on to carry that moist bacteriological incubator around for life. As a consequence, they may, at any time, become one of the thousands of boys and men who have to undergo an unwelcome, embarrassing, painful, and expensive circumcision in later life.

G.D.

## Can't Help Wondering

There used to be a web-site with the name "Can't help wondering". An image of a young man would appear and we would be invited to offer an opinion as to whether he was circumcised or not. When the poll closed, a naked image was shown and our suspicions confirmed – or otherwise. I only surf the web occasionally as I do not have a computer at home, but I still "can't help wondering". So how does one get an idea of the rate of circumcision amongst young men today?

As I am now into my second half-century, I am long past the stage of sharing communal showers with football teams and I do not like the gay sauna scene. I

was therefore delighted to be able to borrow a casting tape made by a gay film maker featuring British men aged 18-24. The tape contained film of ten men. All were required to strip and masturbate. Of the ten men shown, two were circumcised – 20%. Of the remaining eight, seven had no apparent foreskin problems but one could not retract his foreskin at all and was an obvious candidate for the knife. There is of course no way of knowing how representative this sample is but it not far away from other estimates I have seen.

Apart from discrete observation, there are other ways of finding out the status of friends and work-mates. Fifteen years ago, a new bar opened near my home. The first bar manager was a young Englishman from Devon. Being a beer lover, I got to know Wes quite well and we had many conversations. Wes was working on his 25<sup>th</sup> birthday and, as the bar was quiet, we chatted about his future plans. He said that he was not ready to settle down and was thinking of going to Israel to work on a kibbutz. I said jokingly that he would do better to pick grapes in France as he would need an operation if he went to Israel. He laughed and replied that he had been circumcised at birth. Wes was not Jewish and was born and RIC'ed in Plymouth in 1965.

Some years before, when I was in the road haulage industry, I called every week at an electronics factory in Edinburgh. I got to know a young storeman called Jim. At the same time, Jim (a Catholic) was arranging his wedding. There was talk of his factory being taken over by another company. At the time (the early 80's) unemployment was a major problem and Jim was worried that he might lose his job as a result of the take-over. I said, tongue in cheek, that he should be more worried about the Catholic church being taken over by the Jewish faith. He smiled and said: "Too late – I've already had that done." It is strange for me to think that both these guys will be nearly 40.

At work, a colleague told me that his two sons had been circumcised within eighteen months of each other during the last two years. Both were eight years old at the time of their operations and had been referred following medical examinations at school. As I write, a third child is on the way and it has already been decided that, if it is a boy, he will be cut at birth.

I would be interested to know from younger members their estimate of the circumcision rate among men in their own age group.

I visited New Zealand recently and had a wonderful time. It is a marvellous place and I would recommend it as a holiday destination. I was however amazed at the number of foreskins I spotted there. Many years ago I saw a book called *Sons of the sun*. This was a book of photographs of naked New Zealand naturists and I well remember every last one of them was circumcised. Now it appears that anyone under 26-27 years is uncut. I discussed the issue with several Kiwis and estimates of current rates varied according to age. A guy in his mid-twenties (who was himself cut) reckoned about half his school mates were cut. Another young man of 20 (himself uncircumcised) said that only one of fifteen boys in his class at school was circumcised.

This contrasts with my experience of Australians who were always, in my experience, more likely to be cut than Kiwis. I have read that the circumcision rate in Australia has plummeted to 10% but I have my doubts. I have discussed the subject with three London based Aussies in the last six months. All were aged 22-27 and all were circumcised. But more significantly, all three had recently-born nephews in Australia and all the youngsters had been cut at birth.

Any updates from members in Australia or New Zealand would be most welcome.

*J.T. - Edinburgh*

## A Date For Your Diary

The next *Acorn Society* meeting will take place over the weekend of 5<sup>th</sup>/6<sup>th</sup> November. There will be more details and a booking form in the next edition of the newsletter but put the date in your diary now!

## An Adult Perspective

Can I give my current perspective about routine infant circumcision. I read a lot that the 'choice' should be left to your child. Here is my problem, I am married to a guy whose parents made a choice that he would not be circumcised as a child. He did not have any problems until he was married and now the choice is (a) go through 6 weeks of no sex and a lot of pain or (b) tolerate the intermittent problems he has with his foreskin.

The problem is that my husband hates the thought of surgery on his penis. He had major anxiety over the flu shot he got this fall (no man intimidates him, but needles make him shake). We also are a relatively affectionate couple and three days would seem like a long time to remain celibate; six weeks would be torture. I have read that up to 1 in 10 guys have to be circumcised for medical reasons. I have to wonder how many 'fly under the radar' like my husband because the operation itself is not worth it. He was thinking of getting circumcised earlier this year so I looked it up on the Internet. I read about the six week recovery and I told him I would respect his decision but I thought it sounded really painful. He agreed and for now we aren't having problems so the issue has been dropped.

My friend had her son circumcised by a Rabbi (she's Jewish) and the kid did not even cry. I doubt my 38 year old husband would have such a reaction. My husband would now have to go through an expensive procedure to cut his much larger sexually mature penis. He is a manager and he would have to miss work which he rarely does. He is married but would have to remain celibate. My friend's son never missed out on any work or sex and his proportionally smaller penis healed quickly. I am aware of the cons. I do not kid myself about it. I don't want to desensitize my son. I am not totally convinced he would be because in my part of the country most guys are circumcised. I have yet to meet a woman who finishes before her husband does (though I know they must exist) whether he is cut or

not. Anyway, since we are trying for one more I will continue to research this topic.

But my point once again is that there is no answer that will guarantee that a child won't query the choice made for him. My husband is uncut and unhappy with his parents' decision. My brothers are cut and happy with our parents' decision. I have no doubt I could find men in the polar opposite situation. I say either way, as a parent, you are taking a risk. I am not saying all this to point out that RIC should be done but rather to say that parents shouldn't kid themselves about the 'choice' they make for their son. If they choose to wait until he is an adult, they are subjecting him to possibly having to undergo a painful and perhaps humiliating procedure, or possibly having to deal with intermittent or chronic pain.

*[From the Internet]*

## Keratinisation

Could any members let me know whether something can be done to reduce 'keratinisation' of the glans after circumcision. By this I mean the hardening of the mucous membrane that occurs post-operatively to varying degrees, often reducing sensitivity considerably.

From my own observations, mature men circumcised in infancy often show a marked degree of keratinisation with very white crepey glanses. Those circumcised later in life apparently develop the dry, whitish glans associated with the roundhead style to a lesser degree, but they also grow a tougher, less sensitive, exterior more reminiscent of normal skin.

Is there any product on the market that reduces keratinisation? Some kind of cream, perhaps, thereby increasing sensitivity. In my own case, hardening of the glans is not (yet) very advanced since my adult circumcision some years ago. To halt the process, I have tried using Nivea, but without any positive result. Should anyone have any relevant information available, I should be grateful to find out about it.

*G.B. - Kent*

## Pride

In the local sports centre recently, I saw a couple of small boys around 8-10 years old - part of a school party who were changing - who displayed very nicely circumcised penises. The fascinating thing was that they were bounding around nude whereas their uncut pals were doing their best to remain covered up. This brings to mind a sighting last summer in a beach toilet when a boy of about 12 made no attempt to hide the fact that he was neatly cut. It seems to me that cut boys are proud of the fact that they are different. Certainly it mirrors my own experience as an uncut school boy.

*R.W. - Surrey*



# ACORN

Issue  
N<sup>o</sup> 4 2005  
Editor  
Ivan Acorn

## Editorial

**S**adly, this edition contains the resignation of our long serving Chairman and former editor, David. He considers that the *Acorn* newsletter has become too biased – pro-circumcision, anti-foreskin. I have too much respect for David and his contribution to the Society over many years to undertake a detailed rebuttal – indeed, he may be right.

My defence, if any, is that I print what I receive. I wield my editorial pen lightly – I do not see it as my role to come between the member and his message. The views members express are personal; they may be opinionated, biased, or just plain wrong. If this is the case, it is for other members to take up their pen and contradict.

If the majority of articles are pro-circumcision, the solution, dear member, lies in your hands. I do not have a cache of pro-foreskin articles stacked up in my study, censored through personal bias. *Au contraire*, such articles go to the front of the queue because of the general paucity of such material. So, if you disagree with what you read in our newsletter, please do not resign. Instead, take the argument to the other camp by putting the contrary viewpoint.

*Ivan Acorn*

## Contents

Editorial	Ivan	1
Editor's Column	Ivan	2
Letter From The Chairman	D.H.	4
Next Meeting Of The Acorn Society		5
Cut Off In His Prime		6
Life With A Foreskin	Anon	8
On A Knife Edge		9
A Member's Perspective	D.B.	10
Poor Advice?	R.	11
Acknowledging Your Contributions	Ivan	11
Joke		11
Picture Gallery		12
A Proposed Bill To Ban Male Circumcision		13
Film Review		16

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

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### Manifesto For A Healthy Foreskin

**P**himosiis, paraphimosis, balanitis, frenulum breve. These are the main diseases of the foreskin which can lead to a requirement for circumcision. We know that something over 20,000 circumcisions are performed annually on the NHS, largely for medical reasons. In all, about 5% of males have foreskin problems which lead to their being circumcised.

But recent articles in *Acorn* have indicated that there could be many men who also suffer, but suffer in silence. In issue 1/2005, G.D. told the story of his father-in-law who suffered lifelong phimosiis which made intercourse painful. He was too embarrassed to seek medical help and marital relations were confined virtually to the times his children were conceived, much to the frustration of his wife. In issue 2/2005, a correspondent from the Internet reported how her husband has a short frenulum, causing sex to be uncomfortable at times. But the thought of injections, and the pain and inconvenience of an operation, left him living with the condition. And in this edition, we reprint an article from *The Independent* where the author tells how he lived for years with an unretractable foreskin before a chance medical encounter led him to seek help.

Long gone are the days of routine school medical examinations; and doctors and nurses these days are inhibited from genital examinations through fear of accusations of pederasty. So many men, to use a phrase from one of the articles quoted above, 'fly under the radar'. They have foreskin problems of which they are vaguely aware but, either through ignorance or embarrassment, they decide not to seek help. It is likely that about 5% of men fall into this category. In other words, there may be a million men in the UK today who have sub-optimal sex lives because of physical problems.

Some *Acorn* members will immediately argue that this reinforces the case for routine infant circumcision. But such a policy requires the slaughter of nine healthy foreskins for every problematic one. So if RIC is not viable, we should seek another solution. Of course the more extreme of the anti-circumcision brigade argue that the foreskin is inherently healthy and requires absolutely no care or attention. Indeed they actively disapprove such action. This is patent nonsense. The truth is that the foreskin, left to its own devices, can be potentially damp and malodorous, ready to play host to bacterial infection. If the foreskin is to remain, it requires a positive programme for its care and maintenance, which should be the responsibility of the parents, the medical practitioners, and ultimately the boy himself. Hence my manifesto for the foreskin:

- 1 From early infancy, when the baby is being bathed, his foreskin should be retracted very gently as far as it will go to start to put pressure on adhesions between the foreskin and the glans.
- 2 At the age of five, all boys should be medically examined to ensure that the foreskin will fully retract. Where this is not possible, there should be surgical intervention to clear any remaining adhesions. If there is phimosiis, defined as

the opening of the foreskin being too narrow to permit retraction, circumcision should be performed.

- 3 As soon as the foreskin can be retracted, the boy should be taught to retract the foreskin fully for urination.
- 4 As soon as the foreskin can be retracted, the boy should be taught to retract it fully and wash thoroughly underneath at every bath or shower.
- 5 Chronic or persistent balanitis should be treated by circumcision. Every foreskin will occasionally be subject to mild irritation. This should however clear in two or three days. Balanitis is described as chronic if an attack persists for more than two weeks or persistent if more than two attacks of a week's duration are suffered. Once a foreskin is subject to balanitis, attacks are likely to reoccur at frequent intervals until the root cause, the foreskin, is removed.
- 6 Boys should be taught to retract their foreskins and leave them retracted for significant periods of time. This can be beneficial in training the foreskin to remain retracted (see point 8 below) and can also assist in reducing the over-sensitivity of the permanently covered glans.
- 7 Even where phimosis does not exist in infancy, it can occur during childhood or puberty. Full development of the glans can often mean that it becomes too large for the opening of the foreskin. Boys should therefore be medically checked at puberty to ensure that full retraction is still possible.
- 8 Boys should be medically checked again when growth is complete, at about age 18, to ensure that the foreskin can still retract fully. At this stage, the erect penis should be checked to ensure (a) that frenulum breve is not present; (b) that, as the penis becomes erect, the foreskin of itself retracts automatically and fully behind the glans, i.e. without manual intervention.

This last point brings us to the question of so-called 'redundant foreskin'. Whilst this term has no exact medical definition, it has nevertheless been used by doctors in the past, and may even be used now, as a justification for circumcision.

The mature foreskin varies considerably from male to male. At one end of the spectrum, it is very short, only partially covering the glans. In some men it may be so short that it stays almost permanently retracted. In such cases, there is little difference from a loosely circumcised penis – indeed, to the casual on-looker, the man may appear to be circumcised. At the other extreme, the foreskin extends well beyond the tip of the glans, sometimes by as much as an inch or more.

Our consideration here has to be based on the functionality of the foreskin during intercourse. It is highly desirable that the glans should remain fully exposed during all stages of vaginal intercourse, i.e. on both the in-stroke and the out-stroke and for the duration of intercourse until ejaculation has occurred. This is important for both partners. The male receives full stimulation of the glans only when it is exposed and moves against the vagina wall – it is this stimulation which gives the ecstatic pleasure which the male enjoys and which in due course brings him to climax. At the same time, it is the exposed glans which is most effective in stimulating the female. With a long foreskin which remains unretracted during

intercourse, the male is effectively moving within his own foreskin. This cannot provide the same effective direct stimulation of the glans as when the glans is fully exposed. So the experience is less enjoyable for the male; and equally so for the female since she now receives no direct stimulation, only the sense of the man moving within his own foreskin.

It is for these reasons that the last point in the manifesto is important. If a man's foreskin retracts of its own volition on erection, it is likely that it will remain in that position throughout intercourse. If the glans can only be exposed by manual intervention, the foreskin is likely to remain mobile during intercourse resulting in glans coverage, to the detriment of both partners. The ability of the foreskin to self-retract will depend upon a number of factors – the strength of the erection, the degree to which the penis expands when tumescent and, critically, the length of the foreskin. It is self evident that a long foreskin which extends well beyond the glans is less likely to retract fully than its much shorter counterpart. Add to this the consideration that the long foreskin is more susceptible to balanitis and to harbouring bacteria and the reasoning behind the quasi-medical diagnosis of redundant foreskin becomes clearer. There has probably been no investigation into the correlation between foreskin length and foreskin problems. Nevertheless, there is a case for viewing with some suspicion any foreskin which, in the adult male, extends beyond the tip of the glans. In the manifesto for the healthy foreskin, such foreskins could well be judged, *prima facie*, unhealthy and therefore worthy of excision.

Ivan Acorn

## Letter From The Chairman

**H**aving been editor for 10 years and Chairman for about 12, I've always prided myself as showing no bias over the debate on foreskins and circumcision. We now have an editor advocating worldwide circumcision as a cure for AIDS. As well, his arguments don't hold the full quota of water. I have researched the black African rate of circumcision, and find that, apart from Zimbabwe, all the countries have full or highly dominant circumcision rates. Don't take my word for it, read *Acorn* President's book, *Circumcision, an Ethnomedical Study* and if you log onto *GAYDAR* website you can go through all the major countries in the world and find their circumcision ratios. The two highest rates and deaths are Africa and the USA, both almost totally circumcised, while Europe, Russia, India and China, with all those billions of foreskins have no epidemic at all.

In the latest edition of *Acorn* I was appalled to read the invective delivered to the foreskin. Also by the lies in it. Regarding *Clean-cut Young Sailor* (do I have to assume by the number of times 'clean-cut' appears, that the antonym is 'dirty-uncut'), I was in the Navy for 25 years from 1942 on, for a time at the induction centre HMS Raleigh, and at no time was there a programme of forced circumcision. This would have been against normal human rights and NHS directive when it was instituted. I only ever knew of one circumcision and that was by a sailor who accidentally tore his foreskin. As for the ratio of circumcision

in the Navy, it had to be the same as nationally at the time, which was the exact opposite of the lie stated,  $\frac{2}{3}$  uncircumcised,  $\frac{1}{3}$  circumcised, which is so well documented. It couldn't be otherwise.

He also comes out with all the old clichés. The incidence of smegma is very low. I have had a foreskin for 78 years and come into contact with many others, but still haven't smelt a bad smell from them. Circumcision is only hygienic to those who don't bath or shower very often... To the rest of us the subject is a non-starter. Also, where does he think we put our cocks to catch all these infections in showers? Next, the cancer rate of circumcised cocks is not zero. Years ago it was published that penile cancer in the uncircumcised was double that of the circumcised. The laugh came when it was stated later that the rate for circumcised was something like 1 in 50,000, and the rate for uncircumcised was 2 in 50,000. All in all that letter was full of intolerant rubbish and lies.

I won't go through the rest of the edition except to say that there was so much intolerant innuendo, with phrases such as 'nicely circumcised', 'neatly cut', 'husband uncut and unhappy, brother cut and happy', I am elite, and of course 'clean-cut'. 'Moist bacteriological incubator' is the very end. Would all the circumcised be happy if the rest kept telling them that they were not normal, disfigured, or desecrated? Of course not, but I know that a lot of 'normal' men think that way. It's just too insensitive to shout about it. Apparently it is thought to be OK from a minority group, but that's how wars and terrorism start. INTOLERANCE.

I was happy to read I.N.L.'s letter, his heart being in the right place. One has to remember that there are many billions more with foreskins in the world, in those continents I've previously mentioned as well as all of South America, and the world hasn't come to an end through about 6 billion years because of those 'nasty' foreskins. When we started *Acorn* we stated that one of the aims was to ensure that one's cock was in the best possible shape - FOR ONESELF. Not to denigrate another person's point of view.

Having got all that off my chest, I believe that, with the one-sidedness we have now, and with the membership at an all time low because of it, the demise of *Acorn* is imminent (even the circumcised will get fed up with 'My Operation'), and it is with regret that I resign as Chairman and as a member. I thank and think well of all the friends I have made during the 18 years since we started.

*D.H.*

## **Next Meeting Of The Acorn Society**

**T**he Society will meet again on Saturday 5<sup>th</sup> November 2005. Further details are contained in the insert to this newsletter. If you wish to attend, please contact Douglas, the Treasurer.

All members are very welcome to attend. Newcomers should not hesitate - the atmosphere is very friendly!

## Cut Off In His Prime

From an article by Neil Forsyth in *The Independent*, 5 June 2005

It was around six months ago that I awoke one morning to find an eye puffy and bloodshot and, with my local medical centre just 100 yards away, I decided to side with caution and make a rare visit. The doctor diagnosed an errant piece of grit. Perhaps it was the jollity of having a one-eyed view of the world that made me hesitate when the doctor asked whether there was anything else, or perhaps it was genuinely the wish to ease myself of over a decade of occasional concerns. "Um, yeah," I answered cautiously, "there might well be."

I can't remember when I first realised there was something not quite right with my penis, but there was something about the caricatures carved in steamy schoolbus windows that didn't quite make sense – that portion at the top, why was it separated by a horizontal line? My humble offering had a covering fold of skin that remained resolutely fixed near the very point of urination, with only the slightest movement to hint at the glories underneath.

By the time a realisation of sorts set in by late adolescence, it was married to the comforting finding that sex was by no means ruled out, requiring only heightened care. There were some exceptions and, without dragging uncomfortable detail forward, there were occasional abandonments of activities.

Yet these occasions were rare enough for the situation to adopt a secondary position of worry until I delved into adulthood's more long-term outlook (I'm 27) and it became a harder issue to ignore. It was time for action, though it did take the stray piece of dirt to arrive at it.

Circumcision in 2005 is rather a confused beast. The traditional air afforded it by the Jewish religion, Australian Aborigines, Muslims and certain African societies, jars with a North American-led medical reading built on decidedly shaky foundations. Taking their lead from British practitioners, who declared in the late 19<sup>th</sup> century that circumcision could act as a cure for paralysis, epilepsy and masturbation, American physicians hailed circumcision as a preventive measure for a raft of concerns. As late as 1932, a distinguished professor in America grabbed public attention by claiming that circumcision prevented cancer of the penis.

American influence during the Second World War meant that thousands of Australian and Kiwi soldiers were circumcised before being deployed in Africa and Asia with a flimsy 'sand in the foreskin' explanation. Soon after American troops arrived in South Korea in 1960, the Koreans adopted infant circumcision.

In 1964, male circumcision in the US reached a staggering peak of 90 per cent, but dissenting voices had grown also. The decades since have seen both an acceptance that there are no discernable medical or behavioural benefits to circumcision, and the growth of protest groups arraigned against the procedure. In recent years, many American states have halted funding for the general circumcision of infants and there has been a string of legal cases brought throughout the country for botched circumcisions going back 50 years.

In the UK, circumcision has always been comparatively discreet. Perhaps the most significant clash of historical practice and modern doubt over its benefit was the reportedly successful stance of Princess Diana against the circumcision of Princes William and Harry in keeping with royal tradition.

However, religious tradition and corrective surgery have kept circumcisions rolling along quietly in the UK, with around 30,000 male circumcisions being performed each year and estimates of up to 20% for the male population as a whole. Early this year, it became clear that I was to be added to their ranks as I met with my local urinary consultant.

Dangers are extremely limited, I was told, the most likely complication being a trapped blood vessel, which is not too serious a matter. "It's very common," he explained, as he pointed out the three-month waiting list. "As a culture, we're hopeless with this. There's no education and a general feeling of embarrassment, so it's young adults like yourself who come through the door, and older." As the possible mishaps that a non-retractable foreskin could incur were again laid bare, I didn't falter in agreeing to surgery and entering pre-op limbo.

The response of my immediate friends to my case's progression was unbridled delight. The suggested slight shortening of length was predictably popular, whilst the consultant's suggestion that I might be awkward of gait for a couple of weeks nearly made my brother crash his car in amusement.

I turned to Google. One female professor concluded light heartedly that circumcision can cause psychological after effects consistent with rape, torture and sexual abuse. On a medical message board, a man complained that the procedure left him with small scars on the penis, whilst another with a similar model to myself (from the description) was advised that circumcision is unnecessary.

At this point, you're probably expecting a period of consultation - a second opinion, further readings and so on. Well, I'm afraid it's straight to the operating table a few months later. I wish I could say that it was innate trust in the medical services, or a successful voyage of self-analysis. In actual fact, I lacked the motivation to question the decision, rather accepting it as a *fait accompli* and concentrating on freeing up a fortnight for recovery.

I began the fateful day by notifying a girl-friend of six months of the development, seeing as I was about to order a taxi to the hospital. She took it in her stride and agreed to pick me up in my groggy state late in the afternoon.

I was, however, kept in overnight after a slipped stitch had meant another jab, another stitch, and a delay in going home until the morning. The extra injection of anaesthetic directly into the action zone was the only point of genuine pain in the whole procedure. Sent on my way with a bag of painkillers, swabs and a jockstrap, I began three weeks of decreasing discomfort that takes us to the present day.

The results are as I expected. Visually it is a work in progress, but the blemishes appear temporary. As for performance, there has been no great hindrance and

the loss of sensation is marginal, feeling more different than worse. Any tinges of regret have yet to arrive, let alone any ruinous psychological damage. It's just one case of course, but for me the trading of dangers both real and imagined for these weeks of mild irritation has been a worthwhile adventure for both myself and my new lean machine.

## Life With A Foreskin

I want to share with you my interest in circumcision. It goes back a long way. I was born in the 40's to an upper middle class family and in the normal course of events would expect to have been circumcised at birth as most of my peer group were.

Even before prep school I noticed the difference. At nursery school many of my friends had bare knobs. But I was comforted that my best friend who was born in the same hospital as me was also uncut. Interestingly we discovered that his elder brother was cut so maybe the particular private nursing home in which we were both born was recommending mothers not to follow the then current fashion.

At prep school there was great rivalry between the roundheads and the cavaliers in the dorm – pillow fights etc which the roundheads always won. The roundheads were always better at games and more gregarious than the cavaliers and my dissatisfaction with my foreskin grew as time passed. At prep school my estimate was that 60% were cut. In the village where I lived the local boys were mostly uncut, confirming that circumcision was a social/class matter more than anything else.

I went on to one of the top public schools. Here I felt even more of an odd man out. The proportion of cut boys must have been well over 80%. All the aristocratic boys (and there were lots of them) were cut. The only uncut ones were those on scholarship from less well off homes and those from liberal or very 'alternative' backgrounds. At this stage I started to keep my foreskin pulled back to conform.

During this time I became almost obsessive about who was and who was not cut. I used to try to guess what was the cock-head status of everyone I met. More often than not I was right. When I went to work in the city of London, I found that the incidence was different but in some ways even more interesting. This is because a number of the 'Essex' boys who I would have expected to have been uncut were in fact cut. I still don't understand why. I still play the guessing game but it has become a bit boring because one knows that everyone under 45 is likely to be uncut.

Then my interest turned to girls and their cock preferences and experience. I began to look at a pretty girl, wonder about her pussy, shaved or hairy. (In those days it was less of an issue because most pussies I came across were hairy whereas now most of the young seem to be shaved and it is only the 45 plus who still tend to be hairy.) Being a middle class public school boy, most of my girlfriends were surprised to find that I still had my foreskin. Some actually commented on it. "How interesting, you still have a foreskin" or "how come you did not get



circumcised” but most assumed I had been cut (as I kept my skin pulled back) and it was only those who gave me oral or who inspected my cock closely (after I had come and was flaccid) who saw my uncut status. Not one girl said how nice it was to have an uncut cock although some complimented me on my very short foreskin and that maybe it was the best of both worlds – almost bare knob but more skin for a good wank.

My first wife was American and she naturally inspected my cock closely and saw its uncut status. She was fascinated and always wanked me by pulling the skin fully over my knob and then pulling it fully back. My second wife was an English rose who had been brought up to believe that gentlemen were cut. The first thing she did before sex was to run her hand over my shaft to make sure the foreskin was back. During prolonged love making she used to put her hand between her legs and grasp my cock and pull the foreskin hard back. She said she much preferred the feel of a bare knob and the prominent ridge of the bell-end stimulating her vagina. My third wife was another English rose and commented after a lovemaking session some 18 months after we had been married that she was relieved that all the men in her life had been circumcised. We had been married all this time and she had not noticed. The policy of keeping the skin back had worked!

It is a real turn on being wanked by a girl who thinks you are cut. The technique is so different because she concentrates on massaging the shaft. The really experienced seem to concentrate on the middle of the shaft, just where the circumcision scar would have been. I find this so much more of a turn on than the movement of the foreskin backwards and forward over the knob.

I would love to hear other experiences of the differing techniques that women use in wanking men.

*Anon (rob5712@msn.com)*

## On A Knife Edge

**Ecstasy Uncle Ed Halliwell responds to a question**

**[From *Time Out*, December 2003]**

### Question:

I have always quite fancied having a circumcised penis. Are there any dangers to having the chop?

### Answer:

Of course – there are risks attached to any surgical procedure. Infection and bleeding are possible in the aftermath, and there’s always the chance your penis may not heal properly or the surgeon will remove too much or too little skin. Most circumcisions are performed soon after birth (one in six boys worldwide), and the operation is usually recommended to adults (at least on medical grounds) only if

there is some problem with the foreskin – tightness, infection, or an inability to retract which interferes with sexual performance or cleanliness.

It sounds like you're interested in circumcision for cosmetic reasons, so you ought to be aware that the aesthetics may fall short of your expectations, that it's likely to be painful (abstinence from all sexual activity is required for up to six weeks), and that it may permanently affect your sensitivity levels during sex. It's worth asking yourself why you're unhappy with what nature gave you, and whether the discomfort of going under the knife is really going to change that (even if the results are good). That said, a circumcised penis is less likely to get infected and may marginally reduce your chances of getting an STD – and the slicing can usually be done under a local anaesthetic.

Ultimately, like all cosmetic surgery, it has to be a personal decision. I wouldn't fancy it myself – but then I'm not queuing up for a nose-job or liposuction either.

*Submitted by K.G. – London*

## A Member's Perspective

I would like to congratulate the Editor on his swift action in changing the *Acorn* PO Box. I was one of the eight members whose subscription went missing. Apart from the money, I was concerned that sensitive material could fall into outsiders' hands. Here's hoping that Box 11 is more successful. At least my subscription got through this time.

It would be good if more members sent in contributions for the newsletter. Personal experiences and hearsay stories about the penis and circumcision would interest most of us and help fill our publication. More communication is what we need. Somebody, somewhere, would like to read your story and share your thoughts. It may seem ordinary to you, but others could find it fresh and interesting. Some think that it has been told before, and that they are not unique, but you never know, someone could be interested. Give it a try.

I look forward to each edition, reading of others with the same interests as myself, giving me a sense of belonging to a group of like minded men. Until I found *Acorn*, I felt alone and isolated; now I know that I am not alone. Many others are as interested in circumcision as I am. I cannot get to meetings, but I can read my fellow members' thoughts on the subject. Infant, childhood, pubescent and adult variations are all grist to the mill.

I am 12,000 miles away from most of you, but *Acorn* keeps me in touch with my fellow members in Britain and other parts of the world. I urge members to put pen to paper or use their word processors and contribute something to our newsletter – hopefully pro, but anti if you must.

Please get writing – let us hear from YOU.

*D.B. – N.Z.*

## Poor Advice?

The following is taken from the February edition of *Gay Times*. If the writer is concerned only with appearance, surely he would do better to undergo a full circumcision rather than spend months attempting to achieve a restoration that will not cover the whole glans anyway. This option appears not to have been considered.

### Question:

I have a very strange foreskin. When I was younger, I had to have an emergency partial circumcision. I still have some skin left, and have read on the net that there are exercises you can do to restore the full foreskin by stretching it. Is this true?

### Answer:

Yes, you can restore some of the original foreskin length by stretching the skin as you describe. Generally this involves a very slow process where the remaining skin is pulled and stretched down over the head of the penis. I'm afraid it's generally a painstaking process, which takes several months to achieve. I doubt though that you'll manage to achieve the full restoration you probably want.

It may be worth seeing a plastic surgeon privately to discuss whether there might be other options available to you, such as a surgical release of any remaining skin to accelerate the process. Good luck!

*R. - Midlands*

## Acknowledging Your Contributions

In the past, when members have written to me or submitted contributions, I have tended not to acknowledge the letter until I have time to respond fully – leading sometimes to quite long delays. I realise that this is unfair on members who do not know whether their missive has never arrived or whether they are just being ignored!

From the beginning of July, I have adopted a new policy of sending a short acknowledgement of everything I receive. I empty the mailbox once or twice a week so, in the normal course of events, you should hear back from me within two weeks of writing (slightly longer outside the UK). If there is a delay beyond this, do please check with me whether your letter has arrived.

*Ivan Acorn*

## Joke

Did you ever come across that strange fellow who liked tight foreskins?  
..... He was never at a loose end!

## Picture Gallery

This month's picture gallery contains the usual mixture of uncut and cut models for you to compare and contrast.



## A Proposed Bill To Ban Male Circumcision

[The following article by Sherry B Colb  
is taken from the *Findlaw* website.]

A San Diego based group that calls itself a health and human rights organization recently submitted a proposed bill to Congress called the Male Genital Mutilation Bill ('MGM bill'). The bill, if adopted, would ban the practice of circumcising baby boys.

The MGM bill has not yet found a Congressional sponsor and is therefore unlikely to go anywhere in the near future. Nonetheless, it raises important questions about the relationship between the protection of children, gender equality, and religious freedom, questions that have ramifications beyond the proposed bill itself.

Reportedly, at this time, more than half of the baby boys born in the United States undergo circumcision. For most of these infants, a doctor performs the procedure. For a minority, however, circumcision is a religious ceremony. It ordinarily occurs on the eighth day of a Jewish baby's life. For Muslim children, it may occur on the seventh or eighth day of the boy's life, some time in his first five years, or during adolescence.

The ceremony serves, for many Jewish and Muslim families, as both a celebration of their children and an assertion of religious identity.

### What Is Male Circumcision?

Circumcision, in males, involves the cutting and removal of the foreskin, a fold of skin that covers the head of the penis. Because the procedure typically occurs during the baby's first month, anaesthesia (other than topical) is generally considered unsafe. This means that a vulnerable newborn infant undergoes the surgical removal of a part of his body that is dense with nervous tissue, without anaesthesia.

Notwithstanding the pain suffered during, and in the immediate aftermath of, the procedure, circumcision does not – when performed correctly – prevent the young boy from growing up to be a sexually functioning and fertile man. (Some argue, though, that sex is more enjoyable for the uncircumcised male.)

### Is Male Circumcision Like 'Female Genital Mutilation'?

This apparent lack of permanent harmful consequences significantly distinguishes male circumcision from the practice sometimes called 'female circumcision' but also known as female genital mutilation ('FGM') or female genital cutting. FGM is prohibited by a federal statute passed in 1996.

FGM typically involves the removal of a girl's entire clitoris (an excision that virtually eliminates the possibility of orgasm). In addition, clitoridectomy is often accompanied by the removal of the girl's labia and the sewing together of remaining raw surfaces, leaving only a small opening for the outflow of urine and menstrual

blood, a process known as infibulation. Infibulation itself can have life-long deleterious consequences, including urinary distress, pain during intercourse, and dangerous complications during labour and the delivery of children.

Though the federal statute that prohibits female genital mutilation is limited to the protection of female anatomy, the extreme nature of FGM does not have a true analogue in male circumcision. In the light of this reality, it is somewhat misleading for advocates of the MGM bill to claim – as they have – that federal law currently discriminates against boys subjected to genital mutilation by outlawing FGM alone. No modern culture subjects male children to anything so extreme as clitoridectomy and infibulation are for girls.

That said, the practice of male circumcision is not a trivial matter. As described above, highly sensitive and healthy tissue is removed with a knife, generally without anything but a topical anesthetic, and the patient is ordinarily a newborn infant. Though some people suggest that newborn babies do not actually suffer pain, this claim has always been suspect and is now at odds with what is known to the scientific community.

### But Is the Pain ‘Unnecessary’?

The suggestion that circumcision causes *unnecessary* pain is, of course, a controversial one. The reason for the controversy is twofold. First, Muslims and Jews have performed circumcision on their sons for thousands of years as a religiously required practice. It serves as an affirmation, at a very basic level, of their religion and culture. To suggest that such a practice is ‘unnecessary’ is accordingly to ignore this feature of circumcision, the fact that it is experienced by many as an essential and imperative component of their religious and cultural identity.

Second, for a long time, there were medical professionals who believed that routine circumcision of infants could be beneficial to their later health. Circumcision can prevent infections where hygiene is less than adequate. There were also some studies that suggested that women partners of circumcised men are less likely to develop cervical cancer. More recently, some have even claimed that circumcision helps to prevent HIV transmission to the circumcised male. The American Academy of Paediatrics, however, issued a statement in 1999 indicating that the data do not support routine circumcision (a retraction of its 1989 statement suggesting a range of possible benefits).

If the evidence continues to provide little or no medical basis for circumcision, that will leave only the religious and cultural reasons for the continuing choice of parents to circumcise their children.

But those bases are powerful. Many Muslims and Jews continue to circumcise their sons, even when they – the parents – are otherwise unobservant. Circumcision is thus, for Jews and Muslims alike, an important identifying mark.

Others continue to circumcise their children because the practice has been routine in America for some time. Studies suggest, as well, that there may be a cosmetic preference for the look of the circumcised penis. But over time, the

number of those who continue to circumcise their sons without a religious justification is likely to dwindle, a development that may lead to more support for the outright banning of the practice.

### When May the Law Intervene in Religious Practice?

When it comes to matters of religion, legislators are, for good reason, hesitant to ban a practice that represents a religious mandate. The U.S. Constitution itself, however, as construed by the Supreme Court in *Employment Division v. Smith*, does not actually require the accommodation of religious conduct, provided that any prohibition applied to that conduct is part of a neutral, generally applicable law. In the absence of evident discriminatory intent, a prohibition against the cutting of male children's genitals would therefore satisfy the demands of the Free Exercise Clause of the First Amendment.

Moreover, even when the Court had interpreted the Free Exercise Clause more broadly, as a requirement that religious practice be affirmatively accommodated, that accommodation did not extend to practices that subjected minor children to health risks on account of their parents' religious observance. In *Prince v. Massachusetts*, for example, the Court held that a mother could be prosecuted under child labour laws for having her children distribute literature for the Jehovah's Witnesses in the streets, notwithstanding her religious motivation for her actions.

### Should the Law Intervene?

If circumcision turns out to be what medical professionals are saying that it is – anaesthetised amputation from a newborn child of living, healthy tissue flush with nerve endings, for no medically beneficial result – then it might seem quite proper to prevent parents from subjecting their infants to this cruelty.

Yet there is a worry, and it is significant. The worry is that perhaps, out of the many painful things that people do to their children, the law could be singling this one out for prohibition at least in part because the practitioners are religiously motivated, and the religions in question are minority religions in the United States.

There is a troubling precedent for this sort of targeting. In Nazi Germany, for example, the law prohibited Kosher slaughter of animals. Though the treatment of so-called food animals and their slaughter – Kosher or otherwise – is indeed extremely cruel, the law in Nazi Germany did not address itself to the whole category of cruelty to the sentient warm-blooded animals who are routinely and unnecessarily killed for food. Rather, it singled out the Jews' religious practice, and it did so out of anti-semitism rather than any true humane concerns for animals.

We do not live in Nazi Germany, of course, and the proposed law against circumcision does not nominally single out Jewish or Muslim practice. Yet the worry about discrimination has two separate components, one of which applies even to ostensibly neutral laws. The first component is that the law might deliberately aim at harming a minority group. That is what the Nazis were doing in prohibiting Kosher slaughter. The second is about the willingness to pass

legislation that may impose serious costs when a majority will not have to worry about bearing those costs.

The second concern animates the idea that one way to ensure that the majority does not pass excessively burdensome legislation (in which the costs outweigh the benefits) is to require that the burdens of the law fall equally upon everyone. The equality principle, in other words, protects everyone from overreaching by ensuring that the majority truly experiences the negative consequences of its decisions and will therefore – on its own – seek to weigh costs and benefits in an honest fashion.

Because a prohibition against circumcision would not burden every group equally, there is a substantial risk that any cost/benefit analysis performed would largely ignore the true costs to Jews and Muslims, while perhaps exaggerating the benefits of the legislation.

### The Best Solution: Wait

Does this mean that religiously motivated practices should be immune from legal intervention, no matter how harmful and abusive? Of course not. The ban on female genital mutilation, in fact, is a good example of appropriate legislation banning a practice embraced by a minority in this country for a combination of religious and cultural reasons. The costs to girls and women who have suffered the procedure are just too great to permit it to continue.

But male circumcision is different. Though professionals have (with some hedging and ambivalence) decided to oppose the practice, it does not pose the obvious risks and harms of FGM. Until we can say with certainty that circumcision is truly harmful to children in a lasting way, we should probably leave it alone.

In the meantime, the groups with the most to lose by a ban on the practice – Muslims and Jews – can absorb the medical evidence and have a chance to respond on their own. If the evidence of harm mounts, it is likely that religious groups will eventually find a way to modify their practices accordingly.

## Film Review

*[The following is an extract from a review of the film Meet the Fockers in The Observer on 30 January 2005.]*

**T**he Fockers are secular Jews, their faith being entirely invested in old-style liberal politics and in total sexual freedom. Their principal concession to Judaism is circumcision, which extends to keeping Greg's severed prepuce among a collection of childhood memorabilia; inevitably this morsel of shrivelled skin accidentally ends up in a simmering fondue pan during a lunch party.



# ACORN

Issue  
N<sup>o</sup> 5 2005  
Editor  
Ivan Acorn

## Editorial

**L**ate holidays by both the production editor and myself have caused this issue to be delayed. Apologies. But I am still planning that you will receive issue 6 before the end of this year.

My editor's column this time returns again to the subject of circumcision and its potential to reduce susceptibility to HIV infection. I hope that you will not feel that I am becoming obsessed with this topic. Had the recently published research been available two issues ago, I would have incorporated it into my article then. But the new information seems sufficiently important to risk boring you again.

This research certainly hit the media headlines and reports were carried in major press outlets worldwide, including *The Guardian* and the *New Scientist* in this country. Media attention to circumcision usually tends to concentrate on individual cases, whether this be boys or men with problem foreskins who require surgery or stories of restoration by men who have been psychologically damaged by infant circumcision. Such stories are interesting and informative. But it is good from time to time for the debate to be taken up a level to discuss the subject of circumcision in somewhat wider terms.

*Ivan Acorn*

## Contents

Boys And The Hood	Anthony	4
Teachers Take Time Off To Get 'Cut'		5
Technique – Before And After		6
A Masturbation Problem	Ray Hamble	6
Heads In The Sand	Mark W.	7
Close Encounters	Wordsworth	8
Celebrity Cuts		9
Standards Of Male Genital Hygiene Behaviour		10
Politically Correct	Robert	11
It's The People They're Attached To That Really Matters		11
Picture Gallery		12
French Art	Ivan	13
Rabbi To Stop Circumcisions		14
Circumcision Deaths Spark Hunt		15
Smith & Nephew Scraps Skin Graft Treatment		15
Pediatric Genitourinary Examination		16

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E-Mail may be sent to:  
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### Male circumcision reduces HIV risk by 60%, says study

Circumcision rarely rates as a major news item. Any report is usually a minor event – perhaps one or two hundred words to fill a page – a Nigerian prosecuted for performing illegal circumcisions in Ireland, a New York rabbi accused of spreading herpes.

But the title of this article is taken from the headline to a substantial news item on page 11 of the 25<sup>th</sup> October edition of *The Guardian*. The same story appeared in the *New Scientist* and was replicated worldwide – news media in USA, Australia, Africa, the Far East all featured an account.

The origin of the story was a paper published in the *Public Library of Science – Medicine Journal* and it concerned the possible protective effect of male circumcision against HIV infection. But why the sudden interest – surely this is old news? It is almost twenty years since the first paper was published suggesting the link and there have since been many observational studies which have noted, for instance, that most men living in east and southern Africa, the regions with the highest prevalence of HIV, are not circumcised.

The reason for the excitement this time round is that this is the first randomised controlled trial on the subject. The problem with observational studies is that an observed association does not necessarily indicate causation. There can be a third factor which is having a confounding effect. Thus for instance, circumcised men may be Moslems and Moslems may take a moral stance against casual sex. Thus the lower incidence of HIV infection in some African regions where the men are circumcised may be caused not by their circumcision per se but by their religious or tribal attitudes towards sexual contact. It is therefore the religious beliefs which might be key, with the circumcised status being purely incidental.

A properly controlled randomised trial gets over this problem. In a drug trial, for instance, two groups of patients matched in respect of factors such as age, gender, ethnicity, symptoms etc are chosen. One group receives the new drug; the other group a placebo. In the best trials, neither the patients nor the doctors administering the medication know whether it is the drug or the placebo which is being administered to a particular patient. Thus by comparing the two groups, any extraneous influences can be eliminated and the true effect of the drug can be measured.

In the circumcision trial, some of these features could not be replicated – it's fairly obvious to the guy concerned whether he has undergone circumcision or not! But apart from that, every effort was made to establish a properly controlled trial. The experiment was carried out in a semi-urban region close to the city of Johannesburg in South Africa. Information about the trial was disseminated in the community through meetings during the recruitment period and uncircumcised men interested in undergoing circumcision were recruited. The participants were divided randomly into two groups. Participants in the 'intervention' group were offered circumcision within a week. Participants in the control group were asked

to wait until the end of the trial before being offered circumcision. The circumcisions were performed by three local general practitioners in their surgical offices. The general practitioners were experienced circumcisers. The procedure was standardised and used the forceps-guided method, as is widely practised in South Africa.

Both groups were followed up with three-monthly visits over the next year. At each of the four visits, each participant was invited to answer a face-to-face questionnaire, to provide a blood sample, and to have a genital examination and an individual counselling session. The questionnaire allowed for collection of data on background characteristics and reported sexual behaviour. The last section of the questionnaire allowed for the description of all sexual partnerships over the previous period with the number of sexual contacts, the date of first and last sexual contact, the frequency of condom use (never, sometimes, always), and the type of partnership (spousal or non-spousal), a spousal partner being defined as a sexual partner with whom the respondent is married or living as married. The counselling session (15-20 minutes) was delivered by a certified counsellor and focused on information about STIs in general and HIV in particular and on how to prevent the risk of infection.

There were 3,035 participants. During the study, 20 participants in the circumcised group acquired HIV infection and 49 in the uncircumcised control group, corresponding to incidence rates of 0.85 per 100 person years amongst the circumcised and 2.1 per 100 person years in the control group. The difference was so significant that the trial was stopped at the interim stage and all participants in the control group were offered immediate circumcision.

The study provides the first experimental evidence of the efficacy of male circumcision in protecting men against HIV infection but the findings are consistent with protection suggested by the observational studies. Male circumcision appears to provide a degree of protection against acquiring HIV infection equivalent to what a vaccine of high efficacy would have achieved. Consequently, the authors think that male circumcision should be regarded as an important public health intervention for preventing the spread of HIV. They believe that male circumcision could be incorporated rapidly into the national plans of countries where most males are not circumcised and where the spread of HIV is mainly heterosexual. This is even more important at a time when no vaccine or microbicides are currently available and when delivering antiretroviral treatments under WHO guidelines will have only a small impact on the spread of HIV. In addition, male circumcision is an inexpensive means of prevention, performed only once, and men can be circumcised over a wide age range, from childhood to adulthood.

The first and obvious consequence of this study is that male circumcision should be recognised as an important means to reduce the risk of males becoming infected by HIV. Acceptability studies of the use of male circumcision as a prevention measure against the spread of HIV have been conducted in South Africa, Kenya, Zimbabwe, and Botswana. These studies, in which most of the uncircumcised African men expressed interest in becoming circumcised if performed safely and affordably, highlighted the potential of male circumcision as a population-level

intervention to reduce HIV spread. Male circumcision is not a universal cultural practice, and cultural practices can be barriers in policy considerations. However, there are examples showing that the prevalence of male circumcision can be changed. For example, in South Korea 50 years ago, almost no men were circumcised; today some 85% of Korean men 16-29 years old are circumcised. The role that women can play in promoting male circumcision is potentially important. If women are aware of the protective effect of male circumcision, this awareness could, in turn, have an impact on the prevalence of male circumcision by encouraging males to become circumcised.

The authors point out that there are potential risks in promoting male circumcision as a way of reducing the risk of HIV infection. Male circumcision can be performed under poor hygienic conditions, leading not only to infection, bleeding, and permanent injury, but also to HIV infection from non-sterilised instruments. In the healing period, sexually active men are likely to be at a higher risk of HIV infection, and this risk should not be underestimated. Male circumcision does not provide full protection and, if perceived as full protection, could lead to reduction of protection of men who, for example, decrease their condom use or otherwise engage in riskier behaviour. It was found that the intervention group had significantly more sexual contacts. While the protective effect of circumcision remained despite this increased risk, this should be a concern when considering implementation of circumcision as a means of preventing HIV infection.

This is of necessity a short summary of a long research paper which goes into some detail about the analyses carried out and the statistical safeguards employed. If any member would like a copy of the full paper, please let me know.

*Ivan Acorn*

## Boys And The Hood

Those with the good fortune to be genitally complete are generally nonchalant of their status; it is those who have been deprived of their foreskin that can be ashamed of the shorn status and passionate about its restoration. 'Cavalier' is complimentary whereas 'Roundhead' is mouthed with sneering contempt. It is no wonder that the genitally scarred can become 'circumsensitive'. They feel cheated, incomplete, even mutilated. There is no escape from that immediately recognisable physical appearance, the stumpy, permanently exposed glans with an exaggerated coronal flare, let alone an ugly scar circling the shaft. (Remember!)

Yet most circumcisees are happily circumcised and do not suffer such angst. Many women and some perhaps misguided men state that circumcision makes the penis cleaner, neater, tidier, even more attractive, ignoring the fact that half of the erogenous tissue is amputated to permanently expose the glans. But far from being an 'advantage' as I was told, it is unnatural, a denial of normality, a reduction in sensation, and an inflicted ugly appearance, hated by many.

"It's only a little thing," does not disguise the fact that circumcision can cause psychological damage – self consciousness, chronic resentment, feeling of

inadequacy, the shame at being disfigured, the fear of 'being found out', the derision of others (Dante-esque, but possible in a minority!)

"No-one need see it" were my mother's words of consolation. I didn't reply, but my words were there... "I do, several times a day, whenever I dress, change, urinate, shower or bathe." To me, it was ugly. How I envied those lucky enough to have had their foreskins survive infancy and early childhood when the risk of circumcision is greatest. Full genital integrity is a birthright I had been cruelly denied, but what could I possibly do about it? I loathed my circumcised status for decades.

It took over half a century before I discovered that non-surgical foreskin restoration was possible through stages of skin expansion. Given sufficient time and dedication the permanently exposed glans can be successfully rehooded. Natural maleness, full genital integrity, requires a functioning foreskin, that much maligned fleshy birthright of boys and the hood. In being restored by skin expansion, the flaccid penis has an uncircumcised appearance and all the advantages of a natural foreskin short of the lost nerve endings removed during circumcision. Boys rehooded? Yes, suffering the anguish of an inflicted circumcision without consent need no longer be for life!

*Anthony - Devon*

## **Teachers Who Take Time Off To Get 'Cut'**

**[From a story by Njoroge Mwaura and Petikas Lelendu  
in the *Daily Nation*, Kenya, 28<sup>th</sup> October 2005]**

Schools reopened on September 5<sup>th</sup>, but learning in Samburu District was interrupted as some male teachers were still at home nursing circumcision wounds. According to the local deputy district education officer Mr Samuel Kiura, 15 teachers from 10 secondary schools underwent the rite. Mr Kiura did not have the figures of primary school teachers who had been circumcised, but it definitely is higher than in secondary schools. The affected teachers are about 25 years of age. Though the teachers had been circumcised during the August school holiday, they were still nursing their wounds by the first week of September.

The teachers were not heeding a call by scientists that males be 'cut' to minimise the spread of HIV/Aids, rather, they were observing a centuries-old Samburu custom that despises uncircumcised men and women. Out of the six divisions that make up Samburu District, Baragoi, Lorroki and Kirisia were in the race for the rite with Waso, Nyiro and Wamba slotted for January next year. Fortunately, there is a strong campaign going on against the use of one knife on many 'boys'. A knife for every boy is being encouraged, and so too, is the use of qualified surgeons, something that was previously unthinkable.

The 'cut' for men is determined by an age set. The teachers who were circumcised in August will belong to the Lkichemi age set. Their fathers belong to the Lkishili age group. Should one be left out of this circumcision season, it might take another 20 years or so before another season is launched.

## Technique – Before And After

I am a 43-year old who was just circumcised two months ago. Probably like most un-circumcised men and boys, I masturbated with the foreskin pulled forward, so that the friction was between the glans and foreskin. As this area was always moist, masturbation was easy and comfortable. Intercourse on the other hand, I would always retract the foreskin and perform with my glans exposed, which I found far more enjoyable. However, speaking for myself, the pressure I placed on the foreskin with my fingers as I was moving it back and forth was considerable. While I never really thought about it, looking back on it now, pretty much all the stimulation came from around the rim of the cockhead.

Now that I'm cut, all it takes to bring me to orgasm through masturbation is making a circle with my thumb and forefinger, and running it very lightly back and forth over the rim of my cock head. However, the area where the frenulum used to be is very sensitive and erotic as well – something that that area never was when the frenulum was there. For me, losing the frenulum was a great move. At the end of the day, it all comes down to friction of skin against skin, whether it's hands, mouths, pussies or asses that you happen to be in to.

Another masturbation technique I used to use when I was uncut was to pull the foreskin as far as I could, back down over the shaft, and then keep pulling it back down the shaft even further, really hard, on a repeated basis. I got a really fast, intense orgasm that way. I can't and don't masturbate that way anymore, but I don't miss it. In all respects, I like being circumcised a lot better. The new sensations and techniques for sex and masturbation that are experienced and learned are a big part of the fun.

*From the internet*

## A Masturbation Problem

Let me begin with just a little bit of background. I'm a retired doctor, seventy two years of age. Though I'm happily married with two adult children and four grandchildren, I've been actively homosexual since my first sexual experience at the age of nine, and have no regrets about it. I still masturbate almost daily though, at my age, it is not too surprising that partnered sex is a relatively infrequent occurrence. Recently my health has caused me several problems. Arthritis has caused me to have a replacement hip and during pre-operative checks I was found to have a dangerously enlarged heart. I have also been diagnosed with cancer of the prostate and have a long-standing shoulder injury, which is probably the most painful thing I have ever had to tolerate day and night. What with heart tablets, prostate tablets, painkillers for my hip and shoulder and injections for the latter, it is perhaps understandable that I am also receiving medication for depression. This cocktail of therapy had had side effects which, alas, have caused me one over-riding problem that pales everything else into insignificance. I have become impotent. Without the assistance of expensive Viagra

I can't get an erection for love or money, though fortunately 'Big V', when I can afford it, works wonders. It's my saviour when I visit our local sauna.

So here's my problem. How do I masturbate with a soft penis? It's a real difficulty because it isn't as if I'm well endowed in that part of my anatomy anyway and getting a good grip on things has its snags at the best of times. Fortunately the Internet provides many sites to promote pictorial stimulation and, being retired, I have no time constraints when I settle down, trousers around my ankles, in front of the computer screen. Yes, it sometimes takes a long time and, because I'm well and truly circumcised, my glans is often quite friction-rubbed and sore after a session. I have to concentrate hard and avoid allowing my attention to wander regardless of minimal sensation in the early stages but eventually, with my penis still flaccid in my fist, the feeling begins to mount and at last I achieve orgasm. There's rarely much in the way of a prolonged 'plateau of excitement' when I can 'edge' just short of ejaculating. The final climax happens very suddenly and, I must admit, it isn't always as strong as it was in the good old days (though fortunately there are often magnificent exceptions to this!)

Afterwards the feeling of exhaustion is overwhelming and I often have to lie down for an hour to sleep it off! But at least I can still cum with a soft dick and there's life in the old dog yet!

May I ask whether other older members still achieve worthwhile gratification by masturbating a soft penis?

*Ray Hamble*

## Heads In The Sand

**S**o, the editor is berated for daring to publish research which suggests that circumcision may protect against HIV infection. I am not one of those who categorises foreskins as smelly and distasteful. As a UK gay, I would be depriving myself of many potential partners if I only went for cut men, and as far as I am concerned, most foreskins I have come across have been exemplary in the hygiene department.

This doesn't mean I can't recognise a fact when I see one, and those who deny that even the cleanest foreskin is a potential cause of disease is, quite frankly, sticking his head in the sand. It's been known for a long time that circumcised babies are less prone to urinary infections, which can lead to kidney damage. Evidence of the link between the foreskin and HIV infection is gradually coming to light. The latest evidence of the unhealthy foreskin comes from research on chlamydia. This disease is one of the most common bacterial causes of sexually transmitted infections and its effects, particularly for women, can be severe. Not only can it cause severe reproductive complications, it is also associated with increased risk of cervical cancer. The health minister has just announced that one in ten young women in the UK is infected. We are talking about a lot of problems and future heartache.

At the same time, it has been found that females with circumcised partners are at far less risk of infection than those whose partners are uncircumcised. These findings were published in the *American Journal of Epidemiology* for 1<sup>st</sup> November 2005. The research was led by Dr. Xavier Castellsague, at Institut Catala d'Oncologia in Barcelona. 300 female subjects and their male partners were enrolled in studies in Colombia, Spain, Brazil, Thailand and the Philippines. Blood samples from the women were tested for chlamydia. The rate of circumcision in the male partners varied from country to country, ranging from 1.8 per cent in Spain to 92 per cent in the Philippines with an average of 37 per cent. Nevertheless, in all five countries, women with circumcised partners were significantly less likely to be infected with chlamydia. Only among younger women and women with a history of consistent condom use was there no association between circumcision and chlamydia detection.

The researchers speculated that the foreskin perhaps retained infection 'subsequently increasing the likelihood of infection to the penile urethra and transmission to the vagina during intercourse.'

Genital integrity is a fine watchword but are we doing any favours to the guys (and the partners of guys) left uncircumcised? At least let's discuss the subject in a sensible manner rather than pretending that the foreskin has no case to answer.

*Mark W. – Monmouth*

## Close Encounters

I am an intact hetero of mature years and became an *Acorn* subscriber last year having been reminded of the practice of circumcision on several occasions over many years. I have thought about the procedure for myself a number of times including at one point seeking information from my GP. Having access to *Acorn* would, I thought, give me a greater insight into the advantages and disadvantages of the op.

I first became aware of 'the difference' at junior school when the annual medical check took place. I remember that there was some concern at 'the rate descent' in my case but no positive action was taken and a year later all was well. (I cannot recall anyone being sent for circumcision at these inspections although this might well have occurred.) Shortly afterwards, however, my parents noticed that my retraction was only partial and as one of my friends had recently undergone the procedure, some discussion within the family took place as to whether circumcision might be desirable for me. Again, the elapse of time cured the problem. At my single sex senior school, swimming activity was undertaken totally naked and the master responsible for physical activity was always concerned to ensure that the circumcised boys were not bullied by the majority who were not.

A spell of a couple of years in the Forces added little to my knowledge of the subject although affording plenty of opportunity to see the results of the surgeons' handiwork. Then came marriage and a son who at junior school age needed the procedure. A few years later I had a sebaceous cyst removed from the scrotum



under general anaesthetic and I suppose this would have been an ideal opportunity to have had the cut but it was not until after that time that I came to know a medic who was involved in this type of surgery and from whom I learned more about the subject. Incidentally a friend in North America told me that on giving birth to a boy very recently, the second question she was asked was: "Would you like him circumcised?"

My second wife has a strong preference for circumcision but was not keen to pressure me into surgery just because of this. In recent years, however, we have holidayed in foreign resorts where nudity is common and we both feel that the circumcised penis looks superior. We sometimes go nude ourselves in these circumstances and so the subject has surfaced again.

In reading various contributions to the magazine, the comments of those who have opted for circumcision in adult life have been informative although not perhaps totally conclusive as to the balance of advantages and disadvantages. Apart from hygiene issues and the apparently marginal medical case for those with satisfactory equipment, my principal considerations would be the preferences of my wife and aesthetic appearance. On the other side of the coin, the reputed (in several cases) loss of sensation and the (admittedly fairly minimal) risks of the procedure itself suggest due consideration before any irreversible action is taken.

Whilst I get the distinct feel that *Acorn* sentiment is generally pro-C, I suspect that I shall not feel sufficiently strongly to take this step although I perhaps may have been happier had the decision been taken for me years ago. Nevertheless I shall continue my interest in contributions to the magazine and who knows...

*Wordsworth*

## Celebrity Cuts

### First Minister of Scotland

A recent biography of Jack McConnell MSP, First Minister of Scotland and Member of the Scottish Parliament for Motherwell and Wishaw, reveals that he is circumcised.

#### Colin Farrell

The following appeared in an internet discussion on the status of actors:

Check out the director's cut video of *Alexander* which clears up Colin Farrell's status. There's this brief scene as he's climbing into bed that offers a fairly decent shot of his equipment. From what I can make out (after several reversals, pauses, & plays) there's definitely foreskin covering Colin's dick.

Another contributor reported what Farrell is supposed to have said in an interview:

They are kind of fucking fascinated with a foreskin, aren't they? In Ireland, at birth we don't get the tip of our fucking knobs chopped off. I fucking completely

disagree with that. People say, "It's much cleaner to have no foreskin." What, have you never heard of a fucking shower? Of Q-Tips? Whatever you want to do it, just clean the fucking thing. I was at the party with 20 people, one of them an agent from CAA, when somehow the subject of foreskins came up. She said, "I just don't understand a foreskin. I've never seen one." So I whipped out my dick and said, "Here, that's all it is. A bit of skin." I did a little Pupperty of the Penis thing and showed her what it was about. You would have thought she was at a circus.

## **Presley Broke Hearts In The Bedroom**

Elvis Presley often left his one-night stands in tears, because he refused to take their virginity after they had pleased him orally. Members of the King's entourage would persuade girls picked from the crowd at shows to perform acts of fellatio on them before delivering them to Presley's bedroom, but despite the nights of passion, the willing teens would always go home with their virginity intact.

Byron 'The Siren' Raphael, who Presley allegedly hired to wrangle girls for him to 'play around with', admits the nights would often end in heartbreak because Elvis would refuse to go 'all the way' with his one night stands and fall asleep soon after he had ejaculated. In a new *Playboy* interview, Raphael recalls, "He really wasn't all that keen on doing the wild thing. He was far more interested in heavy petting and panting and groaning... Elvis was particularly fond of blow-jobs and had no guilt about them. Girls would come out of his bedroom in tears, crying, "Elvis wouldn't take my virginity. He said to wait until my wedding night"."

Elvis told his entourage that he declined offers of full-on sex because he hadn't been circumcised and feared his foreskin would tear during the act. He also promised his mother he'd wait until he was married before having sex.

## **Association Between The Intact Foreskin And Inferior Standards Of Male Genital Hygiene Behaviour: A Cross-sectional Study**

**[The following is an abstract of an article by O'Farrell, Quigley and Fox published in the *International Journal of STD & AIDS*. August 2005]**

**T**his study was undertaken to determine whether non-circumcised men have inferior standards of genital hygiene behaviour, as measured by reported washing of the whole penis, compared with circumcised men. Male attenders at a sexually transmitted infections (STI) clinic at Ealing Hospital, London had routine STI tests and examinations performed and were asked about the frequency and thoroughness of genital washing. One hundred and fifty non-circumcised and 75 circumcised men were enrolled. Not always washing the whole penis, including retracting the foreskin in non-circumcised men every time they washed (defined as inferior genital hygiene behaviour) was more common in non-circumcised (26%) than circumcised men (4%) and those with balanitis (42% and 5%). Circumcised

men were more likely than non-circumcised men to wash the genital area more than once a day (37% and 19%).

Studies investigating the relationship between male circumcision status and other outcomes, for example HIV infection, should include assessment of genital hygiene.

## Politically Correct

There is always much comment on the subject of circumcision – some people for, some against. Debate rages about why it is done – to prevent masturbation, or for reasons of masculine hygiene. But I have never seen any comment about it as a protection from women. Yet many years ago, a Jewish gentleman told me that this was one of the best reasons for circumcision. Apparently there are more bacteria around a woman's genitals (the area between the vaginal opening and her anus) than anywhere else on the human body. This was verified by two female bacteriologists in a TV programme in the nineteen seventies. At least, if a man is circumcised, it prevents harmful bacteria from getting under his foreskin and causing infection.

I suppose it would be inappropriate to print this information in these 'politically correct' days. Nevertheless I believe that it is a point worth considering. My own experiences of some women I have known would endorse these comments. Perhaps greater emphasis should be placed on men protecting themselves from the lack of feminine hygiene. As a naturist, I have known women to comment on how much easier it is for a man to keep his genitals clean than it is for a woman. All too often, men are the butt of adverse comments on personal hygiene – perhaps this information will help redress the balance.

*Robert – Manchester*

## It's The People They're Attached To That Really Matters

From an article by Shonagh Rae in *You*, 28<sup>th</sup> August 2005

In one of life's more unexpected developments, I recently found myself in Brian Sewell's home discussing circumcision. The art critic was not only illuminating on the aesthetics of the foreskin but on the arguments surrounding its removal or retention. Our conversation took place under the kind auspices of BBC3 – who else would sanction a documentary on such a subject? I must confess that until then I hadn't given circumcision much thought. I knew that it was mostly associated with religious custom, but I hadn't questioned the need for it in secular societies. In the United States, for example, around 90 per cent of adult males are circumcised – although this should decline, as only 60 per cent of newborns are now subjected to the process.

The argument has always been that circumcision is advisable for health and hygiene reasons, and that an uncircumcised penis is more vulnerable to HIV,

STDs, cancer and general inflammation. But opponents – and they are legion – argue that there is no proof of this and that research is flawed. They say that in an age of improved sanitation and condoms there is less risk to a male to leave him uncircumcised than to subject him to an invasive, painful (unless carried out under anaesthetic, which has its risks) procedure with potential side effects. And they point out that in babies the foreskin and glans are joined, so circumcision involves forcible separation of these tender parts before an equally yelp-inducing snip.

The clinching argument against it, to my mind, is the fact that the Victorians started a programme of infant circumcision because they believed it would deter self-stimulation. Brian Sewell remembered how his circumcised classmates at school found it far more arduous. Which makes sense: the foreskin, you see, is one of God's design greats: engineered to promote stimulating friction and thus arousal, and comes with its own lubrication, ring of muscle and sensory nerve endings. And its sliding motion is designed to ease penetration – therefore lack of it can, say some women, make sex uncomfortable because increased force is needed. According to the experts I spoke to while researching the subject, it's a fact that circumcision will to some degree desensitise the penis. Perhaps this is why the slang term for the circumcised is 'roundheads', with its puritanical connotations, whilst the intact go by the more hedonistic-sounding 'cavaliers'. When you take all this into account, I cannot imagine why anyone would circumcise a child unless their religion dictated it. That said, I don't know any circumcised men who feel hard done by – it seems you don't miss what you've never had. And the few female friends of mine who expressed a strong preference have all said they think a circumcised penis looks 'tidier'. Well, in my opinion, it's who it's attached to that really matters. Mind you, I've noticed that the few men I've ever known who've expressed a lack of interest in oral sex were all circumcised. I can see that if you've been snipped as an infant it might leave you averse to placing your member in close proximity to sharp objects – such as teeth.

## Were You At Leicester?

May I remind those members of *Acorn* that stayed at the hotel in Leicester that the contracted room rate was £48.50 including dinner bed and breakfast for those in shared rooms and £52.50 for those using a single room. Additions would be only for goods/services you used and charged to your room. If you were charged more than indicated above please contact Douglas on 07788 126706 (evenings and weekend the best time).

## Picture Gallery

Three of this issue's models have their glans exposed, but how many are circumcised?



## French Art

Every reasonably sized collection of medieval and renaissance art will almost certainly contain a depiction of the Circumcision of Christ and this is true of Le Musée des Beaux Arts in Lyon. But the picture itself, painted by le Guerchin in 1646, is exceptional. First, it is enormous – 4.15m by 2.65m – and it dominates the far wall of its gallery, catching the sightline the moment you enter. Second, unusually, the characters show emotion. In most paintings on this subject, the Christ Child is shown lying peacefully, bearing His fate with equanimity. Not here – the Child’s face shows real distress and he is twisting his body away from the

mohel and looking pleadingly towards his parents. They in turn are showing the concern and discomfort which all Jewish parents must feel as they watch their baby son being circumcised.

Another unusual painting in the museum is a Pieta. This shows the dead Christ lying prone, presumably prior to burial. His naked genitals are portrayed – the first time that I have seen a depiction of a naked adult Christ. And, inauthentically, He is uncircumcised.

Outside, in Place des Terreaux, on a hot sunny afternoon, there is a congregation of young people, a few of the more intrepid of whom have climbed the fountain and are kicking water over their more timid friends below. One young man lowers his shorts and, this being France, he is of course uncircumcised. The Pieta may be inauthentic in terms of the Man portrayed but it is no doubt a true depiction of the model which the artist employed.

*Ivan Acorn*

## **Rabbi To Stop Circumcisions**

**[From a story by Steve Lieberman, the *Journal News*,  
17<sup>th</sup> September 2005]**

**A** Monsey rabbi linked to three infants who contracted herpes has agreed to stop performing oral suction circumcisions in New York City until a religious panel investigates the method. Yitzchok Fischer has been under a temporary restraining order issued by a New York City court not to perform oral-suction circumcisions. Fischer uses his mouth to suction blood from the wound after he removes the foreskin.

The centuries-old ritual, called *metzizah bi peh*, is used by Hasidic and ultra-Orthodox Jews. Fischer and the circumcision method came under scrutiny when a Manhattan newborn died of herpes in November, and his twin was diagnosed with the virus. A Staten Island newborn circumcised by Fischer was diagnosed with herpes in November. The strain of herpes found in the infants is transmitted orally.

The New York City Department of Health and Mental Hygiene had been trying for months in court to stop Fischer from using oral-suction circumcision. Agreement has been reached and an agency spokeswoman said: “Rabbi Fischer has agreed to stop performing *metzizah bi peh* in NYC pending an investigation being conducted by the Rabbinical Court of the Central Rabbinical Congress.”

Fischer’s lawyers, Mark J. Kurzman and his son Hillel M. Kurzman said no conclusive medical evidence has been shown that the infants contracted the virus from the rabbi. The rabbi took a herpes test, but the results have not been released by the state or city. “I remain as convinced as ever that a thorough investigation will confirm that my client was not the source of any of the three unfortunate infections”, he said.

## Circumcision Deaths Spark Hunt

[From *TNT* magazine, December 2003]

Cape Town: Two more circumcision deaths were reported in the Eastern Cape last Thursday as provincial health authorities continued their battle against illegal initiation schools. The new deaths – one at Barkly East, the other at Maclear – brought total circumcision-related fatalities to seven in the last three weeks, Eastern Cape health department spokesman Sizwe Kupelo said.

He said police were hunting for the iincibi, or traditional surgeons, responsible for the circumcision schools that the youths had attended. He also said police arrested an unregistered iincibi on Thursday after closing down two illegal circumcision schools in the Port St John's area of Transkei. Kupelo said the man was the sole surgeon operating in the entire Port St John area: "We believe that by arresting him we'll stop that in the area." The arrest brought the number of iincibi and traditional nurses taken into custody this year to 30.

The Application of Health Standards in Traditional Circumcision Act was passed in 2001 to help stem the tide of casualties of young men who died or were maimed after botched circumcisions. The law says only recognised traditional practitioners may perform the operation, and they must have the permission of a medical officer. At the time, it was bitterly opposed by traditional leaders, who saw it as interference with custom.

*Submitted by K.G. – London*

## Smith & Nephew Scraps Skin Graft Treatment

[From a story by Stephen Foley in the *Independent*  
28<sup>th</sup> October 2005]

Smith & Nephew is to axe its much-hyped skin graft product, after more than a decade of work and about £100m of investment. The medical products company said that *Dermagraft*, which uses lab-grown skin cells to repair chronic ulcers, had been refused approval for extended use in the US.

*Dermagraft* was once seen as S&N's most exciting new product, harnessing biotechnology for the first time and representing a break from the company's past as a supplier of bandages and plasters. An S&N laboratory in San Diego uses tissue from circumcised babies' foreskins to grow human skin cells which are then placed over an ulcer on a dissolvable mesh. A decade ago, analysts forecast annual sales of more than £300m, but S&N was expecting only £14m in 2006.

The company has proved that *Dermagraft* works on foot ulcers associated with diabetes, for which it has been on sale since 2001, but the US regulator decided much bigger trials would be required to convince it that the product could be of use in more common leg ulcers. Sir Christopher O'Donnell, the chief executive, said it was not worth making the investment associated with larger trials.

## Extract From: *Pediatric Genitourinary Examination: A Clinician's Reference*

### Phimosis

In uncircumcised infants the foreskin adheres to and completely covers the glans penis. Retraction of a full foreskin will occur over time without intervention. Usually, nocturnal erections cause the gradual release of the glans adhesions, and therefore no intervention is required. A full prepuce that is not retractable during childhood is of no significance in the absence of symptoms. A child who is uncircumcised should be taught at potty training how to gradually and gently retract the prepuce for voiding and hygiene.

Phimosis can become problematic if ballooning of the prepuce occurs with voiding. This can result in local irritation, urinary tract infections, or balanitis. In the uncircumcised boy, or in children with repeated infections, phimosis can result in a cicatrix, or trapping of the glans penis behind scar tissue. This often requires surgical correction.

If an uncircumcised child has symptomatic phimosis, 0.05% betamethasone cream can be applied to the phimotic ring twice daily for up to 1 month to facilitate resolution. Additionally, gentle stretching of the prepuce by placing a thumb and a forefinger on the lateral aspects of the base of the penis and applying pressure posteriorly can augment the natural process in symptomatic boys.

### Penile Adhesions

Penile adhesions are usually noticed by the primary medical provider or the caregiver and are usually asymptomatic. Circumcised boys who have a significant peri-penile fat distribution are more likely to have telescoping of the penile shaft skin towards the glans of the penis. This can result in filmy glanular adhesions or a true skin bridge. Evaluate for glanular adhesions by reducing the fat pad at the base of the penis and observing the coronal margin. Typically, the coronal margin is visible around the entire circumference of the glans. If adhesions are present, the prepuce will be covering the coronal margin in part or in full.

Filmy adhesions can be differentiated from a true skin bridge by observing which portion of the prepuce is adhered to the glans. If it is the inner prepuce that is attached at the glans, then the adhesion is most likely 'filmy' and will break down with time, without intervention. Although debatable, it is not recommended to forcefully break down filmy adhesions, especially while the child has significant telescoping of the shaft skin since the adhesions will most likely recur. On the other hand, if the adhesion is attached at the circumcision incision line, then the adhesion is most likely a skin bridge that will need to be surgically released under local anaesthesia.



# ACORN

Issue  
N<sup>o</sup> 6 2005  
Editor  
Ivan Acorn

## Editorial

**H**appy New Year! Despite these greetings, *Acorn* is still in 2005 and this is the last issue of that year. My apologies for the lateness. My New Year's resolution is to catch up with myself in 2006.

Your resolution, I hope, is to renew your subscription. It's that time of year again and with this edition is enclosed a personalised renewal notice. (E-mail subscribers will receive theirs shortly.) I hope that you have found the newsletter sufficiently interesting and stimulating over the past year to have no difficulty in continuing as a member. If so, please, for my sake and that of the Treasurer, renew without waiting for a reminder. Remember, every minute spent chasing late payers is one minute less spent on the much more interesting task of putting together the next edition of the newsletter.

There are two unusual items in this edition from opposite ends of the spectrum. One is about an artificial foreskin which has just come onto the market. The other is an opportunity to go on safari in Uganda and see a tribal circumcision ceremony. If any member explores either, or both, I would dearly like to hear about it.

*Ivan Acorn*

## Contents

Editorial	Ivan	1
Now Everyone Can Have A Foreskin!	Ivan	2
Witness A Circumcision		4
Half And Half	F.I.	5
Faith Crime		6
Minutes Of The Acorn Meeting In Leicester, November 2005		7
Persuasion Not Compulsion	J.G.	8
One August Day	C.J.M.	9
Perfect Man		10
Picture Gallery	C.A.	10
Results And Conclusions	D.B.	11
Zippered		12
Between A Rock And A Hard Place		13
Joke		14
Ask The Sexpert		15

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E-Mail may be sent to:  
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## Now Everyone Can Have A Foreskin!

Whilst many *Acorn* members glory in their circumcised state, for some it is a source of severe unhappiness. Clipped as infants, they feel that they have been deprived of a birth right, that something that was rightfully theirs has been removed without their consent. The sense of loss is heightened by the suspicion that they have lost more than just a flap of skin – rather, that they have been mutilated and deprived of sensory pleasure, a loss perceived as all the greater for not knowing what they might be missing.

Such men can, if they wish, travel the long and arduous road of restoration – and Anthony reported on his own successful journey earlier this year. But for those unwilling to devote such effort, or for those who would just like to know what a foreskin feels like, help is now at hand. The firm *Viafin Atlas* is producing the *SenSlip*, an artificial retractable foreskin.

*SenSlip* is a brand new product for circumcised men. The product information claims that being circumcised affects the natural operation, appearance and sensitivity of the penis. “Many men worldwide who have undergone circumcision experience a decrease in sensitivity compared with those who have penises which are intact (i.e. with a natural foreskin). During recent years much medical research has been carried out in several countries into the function and purpose of the foreskin. There is now conclusive medical evidence that a circumcised penis with the glans exposed has less nerve receptors and is less effective than a naturally covered penis. Over the years the exposed glans becomes less sensitive. There is well-documented evidence which shows that this can, and often does, have a disastrous effect on sexual performance, and ultimately, on self esteem.”

The *SenSlip* undergarment is an artificial retractable foreskin which has been carefully designed to help resensitise and dekeratinise the ‘glans’ or head of the penis. The *SenSlip* is worn on the penis throughout the day, protecting the glans and the remaining exposed foreskin from chafing and the elements. Constructed and anatomically formed from very thin pre-vulcanised latex and microscopic viscose rayon fibres, the *SenSlip* has an inner and outer rolling layer to allow natural retraction to expose the glans for urination or cleaning. Like a natural foreskin the *SenSlip* is specially designed to stay in place all day (it weighs as much as a tissue), and it is seamless.

When worn, the *SenSlip* provides immediate protection. Irritation or friction to the penis ceases, and the surface of the glans and any remaining foreskin on the penile shaft slowly become dekeratinised. Over the course of a few weeks the glans becomes more sensitive to touch and feel. This in turn should lead to more pleasurable sexual responses both for the man and his partner whilst engaging in sexual activity.

The *SenSlip* can provide:

- A flexible, protective and comfortable retractable cover for the glans
- An affordable artificial foreskin which is washable and semi-disposable

- Immediate and instant protection of the glans from underwear and the elements
- A program for reversing lack of sensitivity in the glans
- A deeper and more enjoyable orgasm
- Natural dekeratinisation of the glans (thinning of the existing calloused skin)
- A softer and smoother glans which is more sensitive to touch and feel
- An artificial foreskin which gives the appearance of an uncircumcised penis
- A feeling of warmth, security and self-esteem.

The *SenSlip* is available in Caucasian Pink with mid-brown and dark brown colours available soon. It is individually packaged in a re-sealable medical packet, and is supplied in packs of five in any one size. Each *SenSlip* is designed to keep its shape, consistency and appearance for up to ten days, and is hand washable.

The *SenSlip* is very flexible and expandable. However, to enjoy the feel and comfort of the artificial retractable foreskin to the maximum, the range is available in ten different sizes, to allow for variation between individuals and correct fitting right from the start. It is the girth which is important and the circumference of the flaccid penis has to be measured at the mid point of the penile shaft. The length of the *SenSlip* is adjustable. The *SenSlip* comes complete with a comprehensive program, and instructions on how to use the *SenSlip* and how to care for it. There is currently an introductory offer of five *SenSlip* for \$90.

Most of the above is marketing information taken from the company website. A number of questions arise, at least in my own mind. First, what about sexual activity? The artificial foreskin does not have a frenulum. The function of the frenulum is of course to draw back the foreskin as the penis becomes erect. Without a frenulum, the artificial foreskin will probably continue to cover the glans, even when the penis is erect – a form of artificial phimosis! So, is the *SenSlip* actually meant to be worn during sex? The blurb is silent on this issue. For intercourse, does one remove the *SenSlip* or merely peel it back to expose the glans? And if a condom is worn, is this worn over the *SenSlip*, or is the foreskin removed before the condom is put on?

One of the most valuable functions of a foreskin is as an aid to masturbation. Is the *SenSlip* sufficiently robust to be used in the same way, or would the stress to which it would be subjected induce wear and tear?

The way in which length is accommodated is unclear – only girth appears to be taken into account. The range of length of the flaccid penis in normal males is enormous – from two inches or less to five inches or more. Do men with smaller endowments have considerable rucking at the base of the penis, or a long overhang of foreskin, or does the *SenSlip* not cover the full shaft of the well endowed man? Either way, is the foreskin really going to look natural to the careful observer?

Then there is the cost. The product is not cheap. Each *SenSlip* costs about £10 and since it lasts about 10 days, we are talking about £1 a day – for the rest of your life. And this is an introductory offer – maintenance of the artificial uncircumcised state obviously does not come cheap.

But such scepticism may be unfair. What is really needed is a proper evaluation by someone who regrets their circumcised state and would like to experiment with this new product. Is there such a member who can afford the \$90 and would be prepared to trial the product? I would be delighted to print your report. Of course, if you have sufficient nerve, you might contact the firm, offer to undertake an evaluation for the *Acorn Society* and see whether they would be prepared to supply samples free.

For those interested, the website is <http://www.viafin-atlas.com> and Viafin Atlas are based at Unit No.1, The Malverns Business Centre, Cherry Orchard Lane, Salisbury, Wiltshire, SP2 7JG. The phone number is (01722) 322611. Let us know how you get on!

*Ivan Acorn*

## Witness A Circumcision

**W**ould you like to witness an adult circumcision? This opportunity is now being offered by the tourist operator Real Africa Excursions. It runs organised trips to Uganda which are aimed at those who are as interested, or perhaps more so, in the people and the cultures that they come into contact with as in the wildlife which the country is famous for.

Real Africa Excursions' *Cultural Uganda* is an off the tourist beaten track authentic tribal experience. The activities involved on this safari include circumcision ceremonies. The circumcision ceremonies in Uganda among the Bagisu people happen every other year and 2006 is the season for it. People going on the trip would see and attend some of these ceremonies but would also be able to experience other aspects of Uganda. You would be able to be as involved as you wish too in the ceremonies.

The safari lasts for twelve days with a flight into Entebbe airport and transfer by road to a hotel in Kampala. At the end of day 2, you stay overnight at Jinja Nile Resort and then on day 3, you drive east to Mbale. This area is known for the Bagisu Culture. On years that are even numbers you can witness the circumcision cultural display called Kadodi. You then go to a hotel for your overnight accommodation. On day 4, you visit the Sipi falls. In the evening, you witness another circumcision ceremony.

Tour prices, which include accommodation, all meals, transfers, services of driver/guide, all park entry fees and a boat cruise on the Kazinga Channel, are £1,300 (single person) or £900 per person (double occupancy). The price excludes flights, visas, comprehensive travel insurance, drinks, tips and all items of a personal nature.

More details can be obtained from the website <http://www.real-africa.co.uk> or from Denis Kigongo at Real Africa Excursions, Top Flat, 4 Mill Lane, Teignmouth, Devon TQ14 9BJ. Telephone (01626) 870 249. Mobile: 07776 311 266.

If any member does go on this trip, please take plenty of photographs and share your experiences with us via the *Acorn* newsletter when you return.

## Half And Half

The overwhelming majority of males with a foreskin are happy the way they are but there will always be an exception (like me) who, when he was growing up, wished he'd been circumcised, and in adulthood had it done. I was circumcised about 30 years ago when I was in my mid 20's, so for the first half of my life I had a foreskin and for the second half I was without one.

I was born in West London at the end of the war and lived and went to school in a lower middle class area. It was when I went to grammar school aged 10 that I discovered that some boys, like me, had a foreskin, but many didn't. In the boys' changing room everything was on show. About a third of boys were circumcised. There was much interest in who was done but virtually no discussion on why, when and advantages/disadvantages. I now think circumcision was so commonplace that we just accepted it as a fact, no different to being left handed. Circumcision at the time is said to have been more prevalent in the upper classes. We had boys from various backgrounds in the school, so a judgment on this was possible, but I cannot, with the benefit of hindsight, see any correlation.

I played a lot of sport after leaving school and when I started I was obviously one of the youngest players. I was one of only two who were intact – circumcision almost seemed to be a prerequisite to play sport; but I now think it merely reflected the situation that existed when my older colleagues were born. My father was circumcised but I never discussed with him why I wasn't, or whether my parents ever considered it. I expect my mother would not have liked the idea of an operation on her newly born son.

I always liked the circumcised look and, as I said earlier, I wished I had been done. After I left school, I was still keen to be circumcised, but as you can imagine in the pre-internet days, it was not easy to get information. I thought it probably wouldn't happen, but then I read an article in a health magazine about adult circumcision. I contacted the author and he circumcised me. This was in the mid 70's and it was done using a freehand method under local anaesthetic at his London consulting rooms. He was a doctor who regularly carried out the operation on children and adults. I suffered very little discomfort and after three weeks was back to normal. I have never regretted having the operation. My circumcised penis is neat, attractive (to my eye!) and self cleansing, and it does all the things it is supposed to do!

Based on my experience, I favour circumcision and, if asked, would recommend it. I would not, however, recommend routine circumcision, and certainly not for the newly born. Birth is enough of a trauma for all concerned. I think it should be a matter of individual choice made when the individual has the necessary knowledge to make a reasoned judgement.

*F.I. – North Wales*

[From an article by Richard Johnson in the *Mail & Guardian*  
On-line, South Africa 16<sup>th</sup> November 2005]

**E**ight circumcised men are meeting in Watford, north of London. They want new foreskins. Laurie is sharing his experience of restoration, as foreskin renewal is called, with members of the National Organisation of Restoring Men UK (Norm-UK). The meetings are small and intimate. There is little in the way of physical display. "People are always worried we're going to drop our trousers," says general manager David Smith. Laurie wouldn't be averse to the idea. Women stretch skin for reconstruction after a mastectomy, so why shouldn't men stretch a foreskin?

Some men can't restore. They are too tightly circumcised and have no tissue left to grow. But others can and are availing themselves of products such as the TLC Tugger, Tug Ahoy and the Your-Skin cone. Some have found their own DIY solutions, using funnels and gaskets to stretch the foreskin, and sash-window weights to provide traction. The whole idea sounds funny, but it isn't. Not if it's happening to you. Laurie, nearing 60, was rapidly losing the sensation in his circumcised penis. "I just could not feel a thing." His glans was so desensitised that he could have an orgasm and not even feel it. During heterosexual intercourse with a circumcised man, the penis removes natural lubrication as it moves in and out of the vagina. "So my poor wife was buying artificial lubricant by the gallon," says Laurie. Now, he says, after restoration, sensation has returned and "We're delighted."

John D's circumcision was unnecessary; a course of antibiotics had already cleared up his urinary infection. "But my father agreed with the doctor, and told me I was going to have a minor operation," he says. "I remember the nurses giggling as I was taken off to theatre... I was eight... I remember waking up after the general anaesthetic had worn off, and looking down. My beloved penis had been replaced with wrinkled skin, a collar of thorns – the black stitches – and an ugly great dome on top. I experienced shock at first, later deep anger and resentment. The stitches disappeared, but the mutilation didn't. My father said, "I didn't think it would look like that. It was misinformed consent." John D has never been able to reach orgasm through sexual intercourse.

John E hates the word 'circumcision': "I prefer 'foreskin amputation'. There's no medical benefit. It's a rite. A faith crime."

In the Bible, circumcision was God's covenant with the Jewish people. Circumcision isn't mentioned in the Qur'an, but it is in other Islamic texts, and most Muslims believe it's fundamental. Asked if Norm-UK has Jewish and Muslim members, Smith replies, "Yes we do, but if someone joins us, we do not ask their religion."

Religious circumcisions are frequently performed without anaesthetic, even on newborn babies. Adults can testify to the pain and can give their informed consent

– but children can't. Norm-UK points out that the United Nations Convention on the Rights of the Child declares that violence to children cannot be justified on grounds of "religion, culture or tradition".

Circumcision on females was made illegal in Britain in 1985. The same protection is not extended to males because it would mean taking on two of the world's great religions. Most forms of female circumcision are, certainly, more damaging than male circumcision, but the distinction in law can't be justified objectively. Circumcision only gained popularity in the 19<sup>th</sup> century, after claims that it stopped the vile habit of masturbation, which, the Victorians thought, caused everything from epilepsy to asthma and alcoholism.

A recent paper in the *British Medical Journal* found a link between an intact foreskin and HIV infection – but a paper in the *British Journal of Urology* found exactly the opposite. Norm-UK argues that a lack of cleanliness is more important to the transmission of disease than the lack of a foreskin. The organisation accepts there are medical conditions where it is necessary, but, says Smith, doctors often "seem unaware of the alternatives". "And you cannot cut off normal, healthy, sexually functioning tissue without cutting off normal, healthy, sexual functioning," says Marilyn Milos, a nurse and director of the National Organisation of Circumcision Information Resource Centres in the United States. "It's a sexual issue, and it's a human rights issue."

The foreskin isn't a useless flap that evolution should have got rid of long ago – it is rich with blood vessels and nerves. These contribute greatly to the sexual response. There's no escaping it – the foreskin is sexual tissue. In time, campaigners such as Norm-UK hope that routine circumcision will come to be seen as yet another deluded fad, along with bleeding, electro-convulsive therapy and the frontal lobotomy.

## Minutes Of The Meeting Of The *Acorn Society* Held In Leicester On 5<sup>th</sup> November 2005

**E**ighteen people attended. Apologies were received from Vernon (newsletter production), Ivan (editor) recovering from surgery, and Kevin.

There being only one officer present, Ian agreed to be acting chairman and Alan took minutes. There were no objections to this arrangement.

Treasurer's report. The Treasurer distributed accounts sheets but an argument ensued when he did not hand one to a visitor who claimed to be a member. Various comments as to what provided proof of membership were made, and various accusations flew about. The Chairman attempted to carry on, but because of a barrage of insults and interruptions, had great difficulty. Eventually he instructed that the account sheets should be collected and that we should move to another subject.

The dropping attendance at meetings was discussed and it seemed important to determine whether members actually wanted a meeting, and if so where and

when. Walt agreed to construct a questionnaire for distribution in the magazine and those present agreed that he should, with a budget of no more than £30. Stuart suggested that disruption at meetings was putting people off attending. Several members agreed, whereupon a new series of interruptions started, from the original source. The Chairman calmed things and moved on.

A constitution was discussed and once again it was decided that none was needed at this stage. A membership card was suggested and discussed. It was decided that the practicalities of implementation of this should be looked into by Douglas and Ivan. Having accounts professionally audited was suggested and discounted.

Recruiting new members was discussed. BW had offered to initiate advertising and to receive correspondence addressed to a box number. Appropriate magazines were suggested and it was agreed to accept the offer. After further discussion involving the Treasurer a budget of £500 maximum was agreed.

The need for new signatories, in the light of resignations, was discussed and new arrangements were made. The Chairman proposed that the accounts should be viewed and discussed every five years, unless ten members wrote to the Society requesting otherwise. This was carried unanimously.

The meeting closed at 4.15 pm.

## Persuasion Not Compulsion

**[A member responds to the Editor's column in issue 3/2005 which discussed the potential contribution of male circumcision to the reduction of the spread of HIV infection, and queried whether, if this were proven, circumcision should become mandatory in the countries most affected.]**

The editorial in issue 3/2005 raises a number of points. Firstly, as the infrastructure in this (advanced) country cannot cope with sexual matters (high teenage pregnancy rate, high rate of STD's compared with much of Europe) can the infrastructure of other, far poorer countries cope?

Secondly should health matters be a matter of compulsion? In certain cases of contagious and infectious diseases this is probably so. But as the example of Sweden has shown when handling AIDS, this is a self defeating policy. In this country the way that the government handled the matter of MMR is revealing – heavy persuasion is self defeating. Had the government stood aside, the scientific issues of MMR and autism would have been discussed for a month in the press and then common sense would have prevailed. To be flippant about the matter, we were bored to hell as to whether little Leo Blair had had the MMR jab; I really do not want to go through a newspaper debate as to whether he is circumcised or not.



There are several problems regarding circumcision in this country. The first is a medical profession that got out of control with the establishment of the NHS and is now slowly being brought back into line. I am not an advocate of privatising the NHS but a client/professional relationship is a good way of ensuring that client views are respected. I guess that Dr Fitton has few private patients! The second is that school medical inspections are now fairly cursory in many areas and, since the abolition of National Service, routine health checks of young men have disappeared. We need to re-instate thorough health checks for men and also to increase the level of male awareness of sexual health, not just circumcision but also testicular cancer, prostate cancer etc. etc. etc.

It is very interesting that many health organisations do not give basic advice. Before being cut I asked the advice of my doctor at the local STD clinic during a regular check up as to how to keep a condom on. I had a long foreskin and kept losing them. He advised a Femidom! I checked with the Terrence Higgins Trust, the leading gay AIDS organisation in the country, and they had no advice to give either. I pointed out that condom use is an essential aid to safe sex, but got no satisfactory reply.

Lastly there is the emotion flowing around the debate. I note that J.A.Q. of Oxon sees himself as a member of an elite group now he is circumcised. Just a minute; when I was cut I had my foreskin removed, and this introduced me to a whole range of new experiences and new sensations. It did not induct me into an elite group. I think that if we are to give information on circumcision we should stick to purely factual terms.

*J.G.*

## One August Day

I was circumcised on 11<sup>th</sup> August. It's quite strange because I wasn't nervous at all. I had my last uncut wank on 10<sup>th</sup> August and turned up at the surgery at 2pm on the 11<sup>th</sup>. I'm sure I'll never forget the date. Dr Zarifa is only 15 minutes from my house so I just got on the DLR – its about 6 stops. The surgery was quiet because it was lunchtime and the main surgery is closed for lunch – just the circumcision centre is open. I had a 20 minute consultation with Dr Zarifa – he was very nice and obviously a very experienced circumciser – he told me that he does 500+ each year.

I told him that I wanted to get cut and that I didn't want a very tight finish – just moderate. I just wanted the helmet to be permanently exposed and to look like a cut guy. I wanted to keep the fren – mine is very small anyway and you wouldn't think I had one. 20 minutes later I was in the cutting room. I lay on the table – it was comfortable and I dropped my jeans and white Cks. He injected the base of my cock a few times – I winced a bit. However we chatted constantly for the whole op – this made it go very fast and took my attention away from what was happening. Dr Zarifa is a Christian Palestinian from Gaza city – I have quite a few Israeli and Palestinian friends and have visited the region a lot – so we had lots to talk about!

The anaesthetic took seconds to take effect and then I heard a few snips. That was a bit weird but only took seconds. The remainder of the op was basically him stitching me up. I didn't look at what was going on; I just stared at the ceiling and talked about Middle East politics!! 25 minutes later he cleaned me up and showed me my cut cock – I was elated. I was bandaged up, had a bottle of water and 15 minutes later was in a taxi home. The whole things was fine. I would advise anyone wanting to get circumcised that there is nothing to worry about.

He told me to keep the bandage on for 7 days. It didn't hurt but felt a bit sore – on and off only for 24 hours. After that it was OK. Getting hard-ons was a bit different. I am horny a lot and just thinking about my circumcision got me hard so I had to concentrate. I woke up a few times during the first days with a hard-on during the night. Because the wound was bandaged tightly this was uncomfortable – but not too bad. It took a while for my hard-on to go down again – then I could go back to sleep.

After 7 days I took the bandage off in the bath. I was expecting a horrible bruised wound but it was fine. After 17 days I had my first wank which was amazing. I shot the biggest load of my life. Now after one month everything is fine and I am very pleased with my cut cock and proud to be circumcised.

*C.J.M. – London*

## Perfect Man

**O**n the website <http://www.perfectmanforme.com> a woman is advertising for her perfect man. She lists the qualities she requires and each characteristic is scored. “Circumcised – no need to search under the hood” scores 3 points out of a hundred. Being Jewish adds a further 0.5 points!

## Picture Gallery – A Guest Editor!

**I** am sending in some photographs for the picture gallery. These pictures are of a great friend with whom I used to go to school. I made friends with him because of the highly desirable appearance, to me, of his circumcised cock. Everyone can no doubt imagine the fun times that we had in the woods!

He was circumcised as a baby and remembers nothing about it. But whoever performed the operation knew what they were doing! To me, the cut is ideal – no surplus skin when flaccid and about an inch of inner foreskin left. There is no frenulum to speak of. I would think it got torn during the procedure as opposed to being separately and specifically removed, but who knows? Anyway, being smooth in that area adds even more to the end result.

We are still friends and meet up most years. He is keen on naturism and likes to 'show off' his cock. He keeps himself fit and is still very active sexually, extremely randy and usually cums at least twice a day, often more.

*C.A. – Kent*



## Results And Conclusions

There have been a few articles in *Acorn* that have left some unanswered questions. I ask the members who told these stories to please provide the outcomes. I am curious to find out the conclusions.

In issue 2/2004, 'Californian' told of his and his sons' circumcisions. In that piece he also told that he has two grandsons, only one of which is circumcised. He felt (correctly, I am sure) that the other should be done since, as he points out, being the odd man can be a very cruel experience for a youngster. At the time of writing he was working on the boy's mother to have the lad circumcised. He wrote that the boy would look better and feel better when he was circumcised. The question is: Has Californian been successful? Has he persuaded the mother to agree to have her son done yet? I suppose Californian's son who is also the boy's father is in favour of the boy being cut like himself and the brother. Come on, Californian, tell us the final result.

In 6/2003 'Daniel' told the graphic experience of his circumcision at the age of thirteen, without anaesthetic. He also wrote of his fifteen year old son who was keen to get circumcised, because he had a rather tight foreskin. Perhaps the boy wanted to have a penis like his father's, although he did not state that aloud. Have the fifteen year old's wishes been granted? A fifteen year old's desire and request should be respected. Surely, if he wants to be circumcised it should be carried out, with or without anaesthetic. Please, Daniel, tell. Has the boy been circumcised or are you still denying him?

I hope that there is a response to this from both these two members either in these columns or, if preferred, directly to me through the *Acorn* mailbox.

*D.B. - N.Z.*

## Zippered

Talking about bad parenting, this brings to mind the not uncommon cases of Penises Caught In Zippers, which I encountered during my A & E posting umpteen years ago, in a smallish, now non-existent hospital. Why do parents not teach their young 'uns (referring to the male gender) to wear underwear ESPECIALLY when wearing pants/shorts with zippers???

One case which particularly stands out in my mind involved a seven year old boy who came in on a particularly busy, hot and humid Saturday afternoon towards the end of my shift. His member was deeply caught in his zipper (sorry guys, I know you are cringing!). To his credit, he was very brave, albeit anxious, and didn't shed a tear. Usually, what we Medical Officers did was apply some EMLA (placebo effect - better than nothing), wait 15 - 20 minutes for it to take effect (for what it's worth) then give a strong yank down, and it usually did the job. Kid is a bit sore, organ a bit abraded but intact, and patient goes home with a tube of antibiotic ointment +/- paracetamol.

Well, for this particular case, this method didn't work. So using forceps and tweezers, I got down to trying to lever off the zipper teeth without injuring the above said organ. Being a busy Saturday, the nurses left me to do it on my own, since the kid was pretty co-operative. So there I am, sweating buckets, hovering over the boy's privates, and the kid starts yelling: "Don't touch my penis, don't touch my penis!!!" And I start yelling back in frustration: "I'm not touching your penis! I'm trying to get it out without hurting you!!!" Do note that the only thing separating us from the other areas of the department was a drawn curtain, so I can't imagine what the other patients were thinking and picturing happening behind the curtain. Anyway, after a 15 minute struggle with the stubborn zipper, we SOS'ed for help from the on-call surgeon, who after another 20 minute struggle, also gave up.

The kid finally was admitted for a circumcision.

*[From the internet]*

## Between A Rock And A Hard Place

[An article by Andrew Gumbel in the *Los Angeles City Beat*]

On the morning of his 42<sup>nd</sup> birthday, Stephen Harrell was arrested outside a liquor store on Century Boulevard in Inglewood, handcuffed, and hauled off to face the screwiest charge ever levelled at him in his admittedly chequered career with the criminal justice system. He was accused of concealing four rocks of cocaine in his foreskin.

To be more precise, he was accused of wrapping the rocks in individual clear plastic bags, placing them all in another black bag, shoving them halfway up his penis and then keeping them snugly in place for at least an hour between the time of his arrest and the time that three Inglewood cops strip-searched him. The whole package was variously described by the arresting officer as being 'bigger than a marble' and having roughly the same diameter as a dime.

Let me point out to those of you unendowed with male genitalia that we are talking about an almost unfathomable world of pain here, not to mention physical elasticity of a truly extraordinary kind. (Those of you with male genitalia have probably crossed your legs already.) Nothing in Harrell's long resume as a petty criminal and drug user suggests he was ever in serious contention for the cast of *Puppetry of the Penis*. Or, as Harrell himself put it in one of his first interviews with his defence attorney: "I may be big, but I ain't no horse."

So far, just a funny story. But it only gets more bizarre on closer examination. The arresting officer, Patrick Manning, claims he saw Harrell drop a crack pipe from his waistband as soon as he became aware of his patrol car. That, at least, was the pretext for the arrest. But Harrell didn't apparently think of dumping the cocaine – assuming he ever had it in the first place. Officer Manning noticed nothing unusual about the way Harrell was walking, and once he had cuffed him and put him in the patrol car he didn't report any wriggling or gasps of pain.

The public defender eventually assigned to Harrell, Eleanor Schneir, had the bright idea of downloading some penis diagrams off the Internet and asked Officer Manning and the two colleagues he took with him into the strip-search room to show the trial jury where exactly the bulge had been. Curiously, each policeman put it in a different place. One said it was at the top, beneath the foreskin proper, while the other two put it further down and to the side. In one diagram the package was almost all the way to the base of the penis – which makes one wonder just how endowed with male genitalia the police officers themselves can have been.

Schneir had great fun buying up gourmet gumballs from her local grocery store and waving them at the jury, with a dime taped to the side for size-comparison purposes, just to emphasize the preposterousness of the allegation. She cited no less an authority than Seinfeld to question whether any penis could withstand the cold of the strip-search room without succumbing to the dreaded male problem of shrinkage, which would surely have shaken the incriminating package loose all by itself. At a certain point, it seemed Harrell was home free, and Schneir was

confident enough to berate the prosecution for subjecting him to an embarrassing public spectacle. As she told the jury: “He has to sit here and hear me, his lawyer, his advocate, a woman, argue to a jury of 12 strangers that his penis is too small for this to be possible – what could possibly be more humiliating than that?”

Things took an unexpected turn, however, as a batch of photographs of Harrell’s genitalia was released to the court and appeared to show that he was circumcised. From Harrell’s point of view, this might have looked like a pretty good defence – how, after all, can anyone conceal drugs in their foreskin if they don’t have one? In reality, though, the photographs unleashed a furore in the courtroom and changed the terms of the debate entirely. Suddenly, it was not the Inglewood PD whose honesty was under scrutiny but rather Harrell’s, as the defendant was accused of yanking his foreskin back for the camera in an attempt to conceal it.

In the single most surreal sequence of the trial, Officer Manning bragged that he knew all about the flexibility of uncircumcised penises because he used to play baseball for the Atlanta Braves (he was a 1999 draft pick later sidelined by a knee injury) and frequently showered with players from Colombia and Central America who not only had foreskins but were frequently ‘silly’ with them. Manning told the prosecutor he saw players pull down their foreskins and dance around for as long as 20 minutes. Schneir wasn’t going to let this one go. “I’m a little confused,” she said disingenuously. “I was always led to believe that men in showers go to great lengths not to look at each other’s penises, and you’re telling me you looked for 20 minutes?”

Members of the jury started guffawing. Manning said sheepishly that he hadn’t exactly looked for 20 minutes. So Schneir asked him how long he had looked for – 15 minutes, 10 minutes, 5 minutes? Eventually, Manning said he’d looked at one penis for one minute. Schneir deadpanned: “Okay, we’re all dying to know: whose penis was it?”

For all the courtroom humour, from here on out the trial started slipping out of the grasp of the defence. The deputy district attorney suggested the only way to resolve the circumcision question was to have Harrell re-examined by a medical professional. Harrell told the court he’d had quite enough people looking at his penis and refused. The judge, Deirdre Hill, then instructed the jury that they were free to interpret this refusal as a form of self-incrimination.

Schneir tried valiantly to argue that the circumcision question made no difference to the plausibility of the police’s story. But the damage was done, and the jury came back with a guilty verdict. He was sentenced to six years and six months behind bars. and is now stuck behind bars until 2010 at the earliest.

## Joke

**W***hy don't craftsmen like working in a synagogue?*

They are afraid of getting their tools nicked!

## Ask The Sexpert

[Dr Mahinder Watsa answers questions about foreskins and circumcision in the *Mumbai Mirror*]

*I am a 20-year-old boy. I experience little pain during masturbation, when too much pre-seminal fluid gets collected at the urethral opening. But this pain is occasional. Kindly suggest a remedy.*

Move your foreskin daily up and down to loosen it up enough to slide it back up to the base of the head of the penis.

*I had a pea-sized growth on the area that connects the foreskin with the head of the penis. Doctors diagnosed it as a cyst and asked me not to worry, and I underwent a minor operation to remove the same. After the surgery, the pleasure that I experience during an orgasm as well as my sexual desire has reduced to almost half. What can I do about this?*

The area that has been removed is where the most pleasure-nerves are. Try different positions to ascertain what will be most pleasurable. Try stroking more vigorously. I believe the sensation will improve with time.

*I am a 17-year-old boy. It seems that I have an infection on my penis. The foreskin itches and some red rashes have appeared all over it. There is no burning sensation. The itching gets unbearable at night and also early in the morning. The itching had once healed when I applied Candi Derma cream on my foreskin, but now it has resurfaced. Please suggest some remedy to cure this problem completely.*

Please do not try to be your own doctor. Consult a doctor who will be able to suggest a simple remedy to your problem. Meanwhile, apply the same cream.

*I am a 27-year-old man. I will be getting married soon. How important is circumcision for a healthy and satisfying sexual life? I have had sex several times using a condom. I can easily pull my foreskin back. Is it necessary to have it done before having sex without condoms?*

If you can easily slip your foreskin up and down over the head of the penis then you do not need a circumcision.

*I am a 30-year-old man and will be marrying soon. I masturbate three to four times a week. My problem is that the veins on my penis show clearly and the skin on its tip does not stretch back beyond an inch. What should I do so that it does not affect my sex life?*

You seem to be normal. Consult a doctor and he will clear all your doubts. You may need a circumcision.

*Since the last one week I have been finding small, paper-like, pale yellow substance on the tip of my urethra. Initially, the deposit used to be less frequent. It does not hurt me, but the presence of these particles makes me very uncomfortable. Could*

*these be kidney stones? I drink three glasses of milk every day. So, could it be excess calcium?*

Send some of the deposit and a morning urine sample to a pathologist and get them tested. It is possible that it is smegma – a normal secretion that deposits under the foreskin. Do you retract your foreskin and clean it daily?

*I am a 35-year-old man. I had sex a year back, which resulted in cuts on my foreskin. Ever since I have developed some white spots on my foreskin, which, I suppose, is vitiligo. Even the skin does not retract like before. What should I do?*

Kindly consult a doctor. It could be more than vitiligo.

*I am 21-year-old boy. In one of your replies to a query in this column, you had mentioned that it is normal if the left testicle is lower than the right one. But in my case it is the reverse. Is this normal too? Also, is it necessary that the foreskin retracts while having sex? I have had sex a couple of times but my foreskin does not retract. Is there something wrong?*

It is as normal to have the right testicle lower than the left and vice versa. If you are able to have sex successfully without the foreskin retracting, then that's absolutely normal too. But later a tear may occur due to vigorous stroking and that can be painful; so please consult a surgeon.

*I am a 55-year-old healthy and active man. I wish to get myself circumcised. Is it harmless? If yes, from where can I get it done?*

Circumcision is harmless. If correctly done, it can be very useful during sex. It also helps avoid infection if one has a tight foreskin that cannot be pulled back. It is a simple surgery that any good surgeon can perform.

*I am a 20-year-old boy. My girlfriend and I recently started enjoying a good and healthy sex life. Both of us are able to enjoy as well as give each other pleasure. Earlier my foreskin could not retract at all but now it goes back completely when the penis is flaccid. However, when erect, it does not retract fully as the circumference of the skin is less than that of the penis. The foreskin is attached to the skin within. Is this why my foreskin does not completely retract? How can I make it do so? I don't want to be circumcised. Will stroking the penis hard help?*

The foreskin is naturally attached at the lower base of the head of the penis. You need not worry about this till the time you do not experience any pain during intercourse. Do not do anything except slipping back the foreskin gently every day.

*I am a 25-year-old man. My foreskin is attached to the tip of the penis and is quite tight. Do I need to undergo circumcision to have an active sex life or will it get detached on its own during intercourse? What are the disadvantages of not having it detached? I have never masturbated.*

I would suggest that you consult your family doctor in this case. If you have a tight foreskin it might need a simple surgery.