

# ACORN

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Editor  
Ivan Acorn

## Editorial

The editor's column in this edition is a paean of praise for the foreskin. Since I elected to shed my own prepuce some years ago, it may seem odd that I should be authoring such an article. But the truth is that I receive very few contributions from members actively promoting the benefits of the foreskin. I would love to hear from intact members as to why they have chosen to retain what many others, voluntarily or involuntarily, have long since discarded.

In a letter to the editor (page 8), D.B. complains that previous newsletters have encouraged members to lobby for routine infant circumcision. I will return to the merits and demerits of RIC in another editor's column. What I do dislike is the Gestapo-like attitude of the NHS to the question. Parents seeking circumcision for their sons are mostly given very short shrift – so much so that circumcision is virtually a non-option. At least let there be some choice about the matter. It is therefore welcome to see that an increasing number of circumcision clinics are being established, a topic I hope to return to in the next edition.

*Ivan Acorn*

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### In Praise of the Foreskin

Within the *Acorn* newsletter, the foreskin is not a popular appendage. There is much discussion as to the best means of removal and the benefits of a foreskinless life. Yet millions of men world-wide live happily with their prepuces and there are even 17% of *Acorn* members who have chosen to stay intact. Perhaps therefore it is time to reappraise this superfluous piece of skin.

What can we say in praise of the foreskin? Quite a lot, actually.

First, it is natural. Every male is born with a foreskin. (There may be exceptions, but so few that they can be counted as birth defects – albeit of a non-serious nature.) Indeed, it is this very naturalness that has come to be the main weapon in the anti-circumcision toolbox. The foreskin, it is argued, is as much a part of the body as fingers, toes and ears. It is as unnatural routinely to amputate it as it would be to amputate these other appendages. Admittedly, it can cause problems, but they can be dealt with as they occur. We do not perform routine appendectomies to prevent future cases of appendicitis. We wait upon events. The only similarly preventive operation was tonsillectomy, where it was once fashionable to remove healthy tonsils from young children to prevent future problems. But that operation, as a routine, is now out of fashion. Indeed, the very real function of the tonsil in preventing disease is now recognised. Similarly, the anti-circumcisionists say, it is time to honour bodily integrity with respect to the foreskin.

Second, the foreskin is a remarkable feat of evolution. The easy solution would have been for the penis to develop without a foreskin: a simple rod with the shaft covered with just sufficient skin – rather like a finger; perhaps with a little slack to accommodate erection and tumescence. But no, nature rejects the easy solution. Instead, we have an extremely sophisticated mechanism. The skin on the shaft is mobile. Instead of being joined immediately to the penis at the point where the shaft meets the glans (the sulcus), the shaft skin continues and extends typically to beyond the tip of the glans. (Foreskin length varies so that in some men, it extends well beyond the glans whereas in others, it barely reaches the tip – indeed the extremity of the glans may peep through.) The skin then doubles back on itself, forming a double layer, and is joined back to the penis on the shaft at the sulcus, the ridge between the glans and the shaft. At the point of the fold, there is a ridged band. The nature of the foreskin then changes so that the inner foreskin is mucosal rather than normal skin. The ridged band is sometimes referred to as the frenar band because of the way the muscle sheath at the tip of the foreskin is connected to the frenulum. This muscle sheath helps to contract the tip of the foreskin so that it remains positioned over the glans. On the underside of the penis, the foreskin is attached to the glans by the frenulum. Sometimes referred to as the love string, the frenulum is an elastic band of tissue in the form of a cord within a web of skin. It sits within the v-shaped groove on the underside of the glans and tethers the foreskin to the penis.

The wonder of the penis is that, as the male becomes sexually aroused, the penis engorges with blood and becomes erect. The Cowper's glands, sitting inside and at the base of the urethra, emit a lubricating fluid (pre-ejaculate or pre-cum). As the erection grows, the foreskin gradually retracts, distributing the lubricating fluid across the glans as it folds back. At full erection, the glans is fully exposed with the foreskin sitting in its retracted state in the sulcus, the groove at the base of the glans. Once orgasm and ejaculation have been achieved, the penis gradually detumesces. The frenulum now guides the foreskin back over the glans so that the glans is once again covered as the penis becomes flaccid.

Evolution is based on the survival of the fittest. Over aeons of time, as each living organism develops and mutates, nature gradually chooses the better solution in favour of the less favourable. The sophisticated foreskin mechanism has therefore developed as the preferred design for penile covering; this is true not just for man but also in many other mammals – the bull, the horse, the ape to name just a few.

Third, the foreskin has a purpose. The glans is extremely delicate and highly sensitive. The main function of the foreskin is to protect the glans from damage. During infancy, the foreskin is attached to the glans and protects it from urine, faeces, and abrasions from diapers. Throughout life, the foreskin keeps the glans soft and moist and protects it from trauma and injury. Without this protection, the glans can become dry, calloused, and desensitized from exposure and chafing.

Fourth, the foreskin is an aid to masturbation. This of course is not to imply that circumcised men cannot masturbate – they can and do! However, this has to be a learned technique. Some ingenuity is required to find ways of pleasuring the cut penis, whereas the intact penis has a natural mechanism ready to hand (literally!). This is why the Victorians, with their aversion to masturbation, saw circumcision as a means of discouraging if not preventing the practice. As the male baby explores and learns about his body, he naturally discovers his penis. He finds that touching it and rubbing it gives particularly pleasant sensations; he will obviously want to explore some more. He will find that rubbing the foreskin on the head hidden beneath is what gives greatest satisfaction. There is an advantageous spin off to this activity since the boy will at the same time be loosening any adhesions between the foreskin and the glans. Sooner or later will come the day when the boy discovers that the foreskin will retract and he uncovers for the first time the source of his pleasure. It is but a short step from there to discovering that repeatedly covering and uncovering the glans in rapid



succession maximises the sensation until one glorious day an orgasm occurs, possibly dry at first but eventually the first awesome moment when his balls send forth their first load of sperm laden semen.

So, with all this going for the foreskin, why has it had such a bad press? Why, ever since ancient times, has there been such a vogue for its removal? It has to be recognised that an individual foreskin does not always perform in the optimum ways listed above. There can be problems – tightness and irritation being the most common. Foreskins can also be high maintenance – especially in hot climates. It is interesting that circumcision is indigenous in the hot countries of Africa, the sandy countries of the Middle East and the humid countries of the Far East.



Although circumcision has now been absorbed into religious and tribal customs, the origins may well have been the high volume of problems suffered by the uncircumcised; removal of the foreskin was a simple preventative measure. As far as the USA and the UK is concerned, circumcision became the vogue in the 19<sup>th</sup> century, originally in response to the scourge of masturbation. As masturbation came to be seen as a natural activity rather than an abomination, the justification for routine circumcision morphed into a health and prophylactic measure.

But particularly in the Western world, where daily showers are the norm, is the foreskin any longer high maintenance? Just how much time does it take to wash under the foreskin daily and to retract it when urinating? In other words, should we start admiring the foreskin for the wonder of evolution that it is, and leave nature alone?

*Ivan Acorn*

## Thoughts From Anthony

**R**oundheads get more time in bed; there's no need to "unwind" at the end of the day!

Whilst cavaliers are still 'appeeling', roundheads are 'flaring' to go!

Those circumcised are certainly more forward; they don't need to draw back!

The penis is like a book; ladies prefer 'friction' to 'non-friction'! That puts the roundhead more than a chapter ahead!

## Zsolt's Story

**[In issue 6/2008, we published an article about a Hungarian website which promotes male circumcision, and promised some personal stories from that site. Here is the first of them.]**

I first saw porn movies in my mid-teens, and I wondered why I did not see the foreskin of the guys. I liked the sight, but I did not know why it was like that. Later we had a chat about the matter with the guys at school, and they told me why. This was the first time I heard about circumcision.

A few years later, in 1991, when I finished my military service, we often went to the nudist beach with my that-time girl-friend. Once we saw a family, father and two teenage boys, and they all were freed of their foreskins. My girlfriend became very excited by the sight of the uncovered glans, and she suggested that I should wear the foreskin pulled back. I did it, and telling the truth, it was a very pleasant feeling for me too, so I decided it should always be like that. Unfortunately, it usually slipped forward after a short while, and often trapped my hair, which was very bad. Then I developed a new technique: I pulled back the skin then I pushed a bit forward, so the rim of my glans kept it in its place. It worked out very well and after a few month my foreskin became shorter, and it hardly covered half of my glans when pulled forward. I wore my foreskin pulled back for more than eight years and I looked like as if I were loosely circumcised.

When I started using the Internet in the late 1990s, I started collecting information about male circumcision, about the methods and results, and I also learned that it could be done to adults too. I was hesitating for about a year what to do, while I read everything I could on the web, from doctors' Q&As to medical articles and discussion forums. At one point, I found an e-mail address to a doctor on a health advisory site, and I wrote him a letter asking about getting circumcised.



I received a very kind answer from him in a few days. He suggested Dr Fekete and also gave his telephone number. After a few days of further wavering, I phoned him and I got an appointment. By then I had another girlfriend, and I spoke to her about getting circumcised, and she convinced me that I should do it and she said she would back me in everything.

I went to see Dr Fekete, and after spending 30 minutes with him, we agreed that I will let him know if and when I had finally made up my mind. This was in early February 2000. In about two weeks, I made my final decision and phoned him. "OK, Zsolt", he said. "I will see you next Tuesday morning, at the Urology clinic." He also explained to me how to get there. I had a very simple digital camera, and I made a few pix and waited for Tuesday to come.

Tuesday, 29<sup>th</sup> February 2000, has arrived. TOP SECRET. No one knew of my big project. I took my backpack and as if was going to work I went to the hospital. The closer I got the more excited I became. The doctor told me not to eat anything before the operation and to drink more than usual.

I got to the clinic and went to the reception, where a few very good looking girls, ten years younger than me, were sitting. Oh, dear, I thought, that is something. How would I tell them that I came to get circumcised? Fortunately, the doctor appeared and I said that I came to see him. He also asked if had changed my mind. "Noooooo, not at all", I told him, I still wanted to get circumcised. "OK", he said. We checked in and he told me to wait for him on the second floor. A nurse of my age (28) appeared and took my data, then a young doc appeared and asked me if I was nervous. I said certainly I was nervous, so he gave me some pills and suggested that I walk around until the pill had its effect. I did not know what it was, but in about a few minutes I was calling the doc by his first name. Dr Fekete shepherded me to his office, inspected my dick and asked how much he should cut off. I told him to remove the whole foreskin, as I wanted to be fully circumcised. "OK", he said, and told me to wait some more.

In a few minutes a guy in a green uniform appeared and took me to the surgery. While I was undressing I thought that it was the point of no return, but the doctor asked me once again if I really wanted it. I said a very strong and crystal-clear "YES." I lay down on the surgery table and the surgery assistant fixed my legs to the table with some straps. I asked him to explain what was what, and what was to happen, so he could keep me busy. By then I was not at all excited, I was rather in a kind of euphoria, I guess because of the pill I had got before.

Then a very kind elderly lady appeared and she washed my private parts with some dark liquid, I guess it was a disinfectant. Then they put up a sheet to hide from me what was to happen and they started the operation. There were already four of them busy with me. Dr Fekete said that he would tell me what was happening. I got 4-6 injections to my dick, and that was the most unpleasant part of the story. After a few minutes I felt as if I was sunbathing on the beach, with my hands behind my head, and I was just listening to the chatting of the team. They were joking and teasing each other, and we all had a very good time. In about 20-25 minutes, they were ready, put a dressing on my dick and were gone. The surgery assistant took me back to the room where I started the whole thing about an hour before. Dr Fekete showed up soon. I paid him for the operation, he looked at my organ, gave me a few suggestions about post-operative treatments and told me to go home.





So I went. I took the metro, then a tram, then the suburban rail, and I got home. I was prepared that it would hurt like hell, but nothing. I phoned the doctor and asked what would happen. He said it could not be worse than a not too strong tooth ache, but nothing serious. I was very lucky and I felt no pain whatsoever in the 2-3 weeks I was healing. Next time when I went to see the doc he told me that if there had been no pain before, then there could not be any more. (Honestly, I was hesitating with getting circumcised because I was afraid of the pain. Bloody hell, if only I knew ...)



The stitches fell out by themselves, and I could try the new form just three weeks after the surgery. It was so wonderful without a foreskin. To make love without it is even more wonderful.

Since then we have gone to the nudist beach close to Budapest (in fact, abandoned gravel pits turned into a free nudist beach), and I have often chatted with a few mature women about my circumcision. In fact, they realised that I was circumcised and asked me about it. I also saw that some uncircumcised men pulled back their foreskin when they saw me.

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I wrote the above story of my circumcision in 2001-2002. Now, eight years after my circumcision, I am still so much obsessed with it, I have become a 'circumcision maniac'. I feel so much better, so much healthier since my circumcision, and I am very proud of my circumcised dick, which looks terrific, as Dr Fekete really did a great job. By now the scar-line is almost invisible, just the colour difference between the inner foreskin and the skin of my cock shaft shows that many years ago, there was indeed a circumcision done. I am now 38 and still unmarried, but I have had many girls in my bed probing my circumcised dick, and they were all, without exception, very satisfied with it. Honestly, I think that every man should be circumcised, as soon as possible, but it would be never too late. I think that with my future sons I will wait until they turn 7-10, when they will know, largely because of me, what is circumcision and they will be mature enough to understand why is it important to be circumcised, so they could agree to it.

Ten-fifteen years ago, circumcision was very rare in Hungary, but now it has become quite popular among young men. I regularly see circumcised guys on the nudist beach, older and younger alike, and I always look it up on the Internet including on Andras' excellent web-site ([www.korulmeteles.hu](http://www.korulmeteles.hu)), which is all in Hungarian, and it is clear that circumcision has become a lot more common and a lot more accepted in Hungary in the past ten years. (I am also thankful to Andras for translating my story into English.)

Finally, I have a very good story: Only very recently, I bumped into an old class-mate of mine, whom I have not seen for more than ten years. We talked about many things, about what happened to us since we have last seen each other, and I mentioned in passing that I got circumcised years ago. There was a meaningful silence for a second, then he admitted he had wanted to get it done for many years, but he was not brave enough. We talked about it for at least two hours that evening, and I very much pushed him to get circumcised as soon as possible. I also gave him the web-site link and the name of the doctor who did mine. A few days ago, I spoke to him once again, and he said he had made up his mind and would get it done as soon as he had the money. So be it ...

*Zsolt*

## **A Letter To The Editor**

I was somewhat taken aback by the Editor's Column in issue 5/2008. For some years there has been an attempt to keep *Acorn* neutral in the arguments for and against circumcision, but now you seem to have truly nailed your colours to the mast and are encouraging us to lobby for RIC.

I am totally against this principle, as I feel strongly that boys and men should be able to choose for themselves the condition of their penis. I would not go so far as to label RIC infant mutilation, but I do consider that it is an unwelcome practice that should not be carried out at a stage in life when there can be no defence.

I was circumcised as an adult purely by choice, thinking that it would improve my sexual sensations, but I was wrong. Before circumcision I had a fairly short foreskin, which sometimes would reside in the skin-back position, so I was aware of the feeling of an exposed glans, but also conscious of the cheesy smell of a covered glans, despite frequent washing.

One cannot deny the fact that an exposed glans is much cleaner and has virtually no odour, but what I had not realised was that the stretch nerves in the foreskin play a large part in the sensations of erection and intercourse. After circumcision these nerve endings are lost and I no longer experience the exciting feeling of a swelling penis. Intercourse and masturbation are still good, but different.

I have no doubt that some men benefit from circumcision, especially those with long or tight foreskins, but it is wrong, in my opinion, to promote the idea of circumcision as being the wonderful procedure that will bring sexual bliss to all men, because it simply is not true. I decided to be cut after months of communication on pro-circumcision sites, where I was constantly being told it improved sex 'a million times'. I now realise that I was being drawn into it by circumcision fanatics, and fanatics are not good in any situation.

I have no huge regrets at being circumcised and, on balance, I am very happy with my penis, but I would say to anyone who is thinking of having it done: "Be cautious; consider your present condition and be aware that it may not improve your sexual life."



And if you have boys of your own, do not have them circumcised as babies, because then you are depriving them of the opportunity of considering it for themselves. Whatever the outcome, there is no doubt that going through the procedure is an incredible and exciting experience.

Please keep *Acorn* sitting on the fence and do not fall into the trap of fanaticism.

*D.B. – Notts*

## Acorn Cuff Links

[An article from *Pleasure Zone* in the *FT* magazine]

When I first started my leather goods and accessories shop, we sold cuff links by Emma Willis, whose double-cuff shirts I often wear. There was one particular design – a little silver-gilt acorn – that I loved and found myself wearing every day. So in the end I went to the chap who made them for Emma and had them recast in a pale rose gold, with a set of dress studs to match. That was over a decade ago and they are still the only cuff links I wear.

I always wear double-cuff shirts for work – button cuffs only if I am going to be in the office all day, or I'm leaving at noon to do something relaxing. I love cuff links but I don't see that a man needs a collection if he finds the perfect design, which these are. They go from day to evening never looking too formal or underdressed, and I love their significance – the acorn was a favourite symbol of the Renaissance artists, and one the pre-Raphaelites also use, and I enjoy that historical link. Also that classic proverb about mighty oaks growing from little acorns reflects my approach to business and the way that it's grown.



*Submitted by Koteka – London & Lancashire*

[The cuff links can be obtained from Emma Willis, 66 Jermyn Street, London SW1Y 6NY ([www.emmawillis.com](http://www.emmawillis.com)). The cost: silver at £450, silver gilt at £520 and gold at £1600.]

## Recruiting New Members — And A New Webmaster!

Over the past few years, the *Acorn Society* has held its own with respect to membership numbers. Each year, a small number of members decide not to renew or, sadly, pass on; normally, however, we recruit sufficient new members to make up the shortfall.

This doesn't mean that more members would not be welcome; they would. It is one of my constant complaints that I receive too few contributions to the newsletter from members. On the other hand, I know that lots of you feel that you told your story some years ago when you first joined, and now have nothing more to say.

So an influx of new members would be welcome to add fresh experiences and different perspectives.

How can we attract these new recruits? Often word of mouth is the best method. For instance, I have just received an application from someone who has heard about us via a current member and is very enthusiastic about joining. I have a plentiful supply of back copies of the newsletter, so if you would like a few to pass on to likely recruits, just drop me a line.

Of course, it could be embarrassing to proselytise openly, but often the subject of circumcision can be discreetly introduced into the conversation; it is usually apparent from the response whether this is a topic of interest to the guy concerned or whether the seed has fallen on barren ground. I have, for instance, used a general discussion on the scourge of AIDS to mention the success of circumcision in Africa in reducing HIV rates. The degree to which the guy expresses interest in the trials and the results can indicate whether he shares our unusual interest in circumcision.

But these days, the main source of information about circumcision and therefore our main potential source of recruitment is the internet. The *Acorn Society* has a website ([www.acornsoc.org.uk](http://www.acornsoc.org.uk)) but sadly the original webmaster is now too busy to keep it up to date. In particular, the website has an archive of extracts from past newsletters. The last extract is from 2004. So anyone coming to our website probably assumes that we are now inactive, and goes away again. Also, this out-datedness inhibits me from circulating details to the various circumcision mailing lists, which could be an abundant source of new members.

So we badly need a new Webmaster. Is there a member out there who is IT savvy, who has a basic knowledge about running and up-dating websites; and who has a little time to give to the Society? If so, your help would be very much welcomed. If you think that you could assist, could you please get in touch with our production manager, Vernon, in the first instance via the *Acorn* mailbox or by e-mail: [production@acornsoc.org.uk](mailto:production@acornsoc.org.uk). This assistance could be vital to our future prospects – you could well be the future of the *Acorn Society*!

*Ivan Acorn*

## The Royal Princes

I remember that in an earlier newsletter someone suggested that if it became well known that the Royals were circumcised this might start people (both male and female) thinking that circumcision would be a good thing for males, for their male partners and male offspring etc. I think it was widely assumed that Prince William had been circumcised shortly after Diana's death but I have not heard or read anything about Prince Harry – so maybe he still has a foreskin??

Concerning William, there has recently been a video on the circlist web site showing him having a pee during what I assume to be a rugby/football game. It clearly shows his glans uncovered therefore suggesting that he has been circumcised. As the video is foreign (Spanish I think) it may be a fake but I do not

know. The picture of Harry Potter star Daniel Radcliffe is a fake and I have seen pictures (again on the Internet fake or not) of the real owner of that penis.

If members have not seen the Prince William video, go to the circlist web page ([www.circlist.com](http://www.circlist.com)) and scroll down to recently added articles and click on the Prince William entry. The fake Harry Potter picture is at the circumstitions web site.

*C.B. – Cornwall*

## **Polish Immigrant Grandma Gets Grandson Circumcised**

**R**ecently our housekeeper stopped me and told me that her daughter had a new baby, and it was the first boy. She told me about the delivery and how the mother was doing and then said “but they left a bit extra down there (pointing sort of to her stomach), if you know what I mean.” She said she didn’t know the word for it, but was concerned it wasn’t right. She knows I’m in the medical field and always asks me medical questions. I had thought she was still talking about the mother and was not at all certain what she was trying to get at (she has quite a heavy Polish accent) when she said “you know the boy... he has too much skin ‘down there’... they didn’t finish it properly.”

At this point I realized she was talking about circumcision. So I said “Oh you mean he wasn’t circumcised... that’s where they cut off the foreskin on his penis.” She said “yes, can you write it down for me?” She proceeded to say that in ‘her country’ (Poland) they don’t do it to boys and her sons were never done, but that now they are here in the USA she wants to make sure her grandsons are given ‘all the advantages, just like the American boys...’ and she pointed out they were American now and should be just like all American boys. I told her to talk to her daughter about it and just to take the little lad back to the doctor and ask for him to be circumcised.

Two weeks later when she returned she told me that they had taken my note to their doctor who had circumcised the boy right there in the office during that visit. They were very glad to have it done and she said “we both think it looks much better and is healthier too” and of course I agreed.

I asked her if this was common among her peers and she said that it was regularly discussed by the Polish women in her circle here in Chicago (where we have the second largest collection of Polish people in the world... the first being in Poland itself). She said all of the moms-to-be and grandmothers like her wanted to make sure it was ‘done’ and that since it was covered by the insurance, why not get it “as the boy would be better off and more accepted too.”

Hopefully all the immigrant women in the USA are working to get their American born babies well circumcised. I did tell her that it isn’t just for babies and that they can get their husbands and older sons done too. Hopefully a few older skins will get clipped as well!

*From Circlist*

## Ritual Circumcision

I've seen ritual circumcision of pubescent and post pubescent boys in Africa by a shaman, and ritual circumcision (brit mila) of both adults and babies by a mohel.

I have witnessed ritual circumcision in Kenya, Tanzania and Uganda. In each case the boys were given a fermented drink to consume about 20 minutes before the ritual. Some were pretty much stoned; others not so. There was nothing else given. Most boys were pretty stoic through the cutting. A few cried. A few boys were held during the procedure, but most shrugged away anyone who tried to hold them.

I have talked to both young boys and men before and after. The adult men were more concerned and hesitant before, the tribal boys were all eager as this was the sign that they were, at last, becoming MEN. Most had a stiff upper lip (they were not stiff elsewhere) but a few winced quite a bit but held back the tears.

The actual cutting was rather quickly done. The severed skin was not discarded. I asked what was done with it and was told it was eaten. I don't know whether they meant it was consumed by tribal members or by animals, or what. I took it to mean that the shaman consumed it. A white powder (maybe ashes) was blown onto the boy's cut cock. This I was told was to stem bleeding. It seemed to work. Most boys were able to walk away from the stool on which they were sitting by themselves (with legs spread apart).

I saw one Jewish circumcision where the baby was given a bottle with wine to suckle before the bris. The father did the circumcision and collected the blood, which he drank. Babies tend to cry when they are cut.

In one case, the man (a friend) who was being circumcised had almost no foreskin, and he was merely pricked (no pun intended) – no real cutting (there wasn't much to cut). He was a gentile and was getting married. The father of the bride (a Jewess) did the pricking.

My own circumcision was done when I was an infant. Unfortunately, I don't remember (and I'm sure I cried), but I am very pleased with the result. I just appreciate it every time I see or take hold of my cock

*Dorje (from circumsexual Yahoo group)*

## Circumcision Debate Pits Science Against Religion

[Article by Sally Thorner, Baltimore [wjz.com](http://wjz.com)]

A circumcision debate is pitting science against religion. It's the same basic procedure whether it's done in the hospital or the home. But there is one major difference. Two babies – both newborn boys – are having very different experiences. Like 70% of males, they are circumcised, but their response is pitting science against religion. What's up for debate is the management of pain during their surgeries.

“The moment that we are waiting for”, said Rabbi Moshe Rappaport. “It might be a little uncomfortable, and at the same time, it might be very magical.” In the Jewish religion, a Mohel performs the ritual circumcision, called a bris. Rabbi Rappaport minimizes the baby’s pain with a numbing solution and wine for the baby to suck on. “There’s something right when the baby has a natural reaction to a bris and cries for a short time”, he said.

While the ritual circumcision typically happens in the home when the baby is eight days old, the medical circumcision happens in a hospital soon after the baby is born. A baby in the hospital is given Tylenol and sucks on sugar water. The big difference is they receive an injection to numb the entire area. “It’s inconceivable to me that there are even questions about this any more”, said Dr. Myron Yaster. Dr. Yaster is a paediatric anaesthesiologist and an Orthodox Jew. As a physician, Yaster’s views on babies and pain trump his religious beliefs. “Historically, it was long believed that babies or newborns did not feel or remember pain to the same degree that older children and adults do”, he said. “We now know that that’s completely incorrect.”

In a recent study, Canadian researchers found that boys who are circumcised without pain relief are more sensitive to pain later in life. “The parents are the consumer here. Do they want their child to experience the pain or not? There are techniques that are available, very easy to do, very simple, that will eliminate the pain”, Dr. Yaster said.

“Pain is okay”, Rabbi Rappaport said. “It’s a ritual, a covenant, a connection.” It’s religion vs. science and a debate over pain management that doesn’t end here. “Everybody looks at pain as being bad”, Rabbi Rappaport said. “Pain demonstrates a connection to your well-being.” “You have to separate belief from fact”, Dr. Yaster said. “There is belief that my children need to be circumcised but there’s also fact: I don’t have to do it painfully.”

Methods even differ from doctor to doctor. Not every procedure includes a shot to block the pain. Some believe the pain from the shot is as bad as the circumcision itself, so if you decide to circumcise your son, you should ask the doctor or the Mohel how he or she plans to control your baby’s pain.

## Just A Little Off The Top

So here I am, thumbing through the stacks of typical barbershop magazines, all at least 14 months old. American Rifleman, Golf Digest, Popular Mechanics, Guns... Wait a second. Here’s a different one. Some Biblical Archaeology Review thing. How’d that get here? No matter. It’s different, different than yet another article on the sight on that new .50-caliber handgun or the challenges on the back nine at Colonial.

Whoa! Here, about 50 pages in, an article titled “Circumcision: Who Did It, Who Didn’t and Why.”

Even in a guy-friendly place like a barbershop, that’s a headline that will cause a shudder. Even in America, where a majority of the male population is circumcised

and a large majority of that majority has been so marked since they were a week old and so have a very poor memory of the procedure. Be brave and read on. Circumcision has a long history in the ancient world, as early as 23 centuries before it was practised on Jesus Christ. The Egyptians did it, as did the Canaanites, Ammonites, Moabites, Edomites, Phoenicians, Arameans and – perhaps most famously – the Israelites. The Assyrians and the Babylonians did not.

The oldest known depiction of circumcision is on a wall relief of a tomb just southwest of Cairo. Two boys reaching puberty are being altered by a priest. One of the boys tells the priest: “Rub off what is there thoroughly”, and the priest answers him: “I shall make it heal.” Neither priest nor pubescent apparently addresses the single most glaring unanswered question raised by the whole matter: who started this whole business and why? If a guy comes by pointing a jagged oyster-shell at your groin, wouldn't you expect him to be able to give you some sort of an explanation why this process is desirable? (The most logical explanation is simple. The male organ simply looks better post-circumcision than it does pre-circumcision. And looks matter: consider how visual an animal the human male is and just how much time he spends gazing at himself.)

But even if the origins weren't clear, the effects could be. In something known as the Ebers Papyrus, Egyptians offered a remedy for the discomforts of circumcision: “dzrt, honey, cuttle-bone, sycamore, fruit of dzja are mixed together and applied thereto.” There's no further explanation of dzrt and dzja. These must be archaeologist talk. Then there was the account given in the Great Karmack Inscription of the Libyan-Mediterranean invasion of Pharaoh Merneptah (1212-1202 BC). In this account, we learn that the Egyptians had different punishments for prisoners of war. Circumcised prisoners had their hands whacked off. Uncircumcised prisoners lost their genitals.

Among the Egyptians and most other Semitic peoples, circumcision was commonly a puberty rite or an initiation to marriage. In Arabic *hatana* means “to circumcise” and the words for “bridegroom”, “son-in-law” and “father-in-law” are all derivatives. (It's amazing the depth and width of knowledge that can be collected at a barbershop. Ladies, study your man when he returns from his favourite tonsorial parlour. Doesn't he look smarter?)

Obviously, the Israelites put a different spin on everything by mandating circumcision for every boy-child who had reached the ripe age of eight days. No longer is it a matter of hygiene or matrimony. Yahweh himself told Abraham: “Every male among you shall be circumcised. You shall circumcise the flesh of your foreskin (besar “orlatkem) and it shall be a sign (“ot) of the covenant (berit) between me and you.” Not that the Israelites of the Old Testament didn't sometimes find ways to take advantage of their special custom in intertribal squabbles. The article tells of the Hivites of Canaan, whose prince Shechem “defiled” Dinah, daughter of the Israelite patriarch Jacob. Shechem, the Book of Genesis tells us, “loved the girl and spoke tenderly to her.” So his father proposed a compromise to Jacob's sons: “Intermarry with us; give us your daughters in marriage and marry ours.” But Jacob's sons declared no marriages could take place because the Hivites weren't properly altered. The Hivites agreed to the new conditions – ah, the price



of diplomacy – and it was done. But it was all a ruse. The Israelites slaughtered them “on the third day, when they were still in pain.” (When I read this, I let out a moan that resounded throughout the barbershop.)

My shuddering continues as the article cites the First Book of Samuel, in which David purchases Saul’s daughter Michal for the bride-price of 100 Philistine foreskins. But the topper comes at the end of the story of the Israelite wandering in the desert. Poised to lead his people back to the Promised Land and celebrate Passover, Joshua is instructed by Yahweh to “make flint knives and circumcise the Israelites again a second time.” In the name of all that’s holy, why? Scholars speculate that perhaps the Egyptians didn’t involve the entire glans and corona while the ancient Israelite practice involved the complete prepuce or foreskin. Maybe during their long captivity, the sons of Abraham had adapted the Egyptian method and thus the need for “a second time.”

I put the magazine back on the stack, fishing for my handkerchief to deal with the chilly sweat now covering my forehead. All the while reflecting on the full meaning of “a second time.”

The man behind the barber’s chair is motioning to me. He’s holding scissors. Snip, snip. That’s OK pal. Maybe some other time.

*By Ronnie Virgets, bestofneworleans.com*

## **Christian Parents Seek Out ‘Holistic Circumcisions’**

**[By Nicole Neroulis, Religion News Service]**

**M**ark Kushner pulled up to the Watson family’s suburban Philadelphia home a week after the birth of their first son, Colin. In the dining room, he unpacked the tools of his trade: sterilized surgical instruments, topical anaesthetic, prayer shawls and a small bottle of kosher wine. The shawls went back into his black bag. But to Megan and Christopher Watson’s happy surprise, the mohel – pronounced ‘moyle,’ the title for a Jewish ritual circumciser – had copies of several prayers appropriate for the Presbyterian parents to read for the occasion. “We thank you for the miracle of human experience in the birth of our child”, they recited, as Kushner gently rocked their infant before the procedure.

Kushner, who is based in Philadelphia, and Philip Sherman, a mohel in the New York City area, say they have performed more than 30,000 circumcisions since training together in Israel in the 1970s. Most of their business comes from traditional brit milah ceremonies for 8-day-old Jewish boys. But in recent years, they have increasingly catered to Christian families who eschew a hospital procedure in favour of a \$300 to \$800 house call – a trend Sherman has dubbed ‘holistic circumcision’. “They want their babies circumcised in the comfort of their homes surrounded by family and friends, and they want it performed by someone highly experienced, who brings spirituality and meaning to the practice”, he said. “And it’s over in 30 seconds, compared to what hospitals do, which can be from 20 to 45 minutes, with the baby strapped down.”

Many Christian clients, including the Watsons, liked what they saw at a friend's brit milah, also known as a bris. Others are conservative Christians who want to follow Old Testament tradition, or learned about holistic circumcisions from the Internet, their doctors or word-of-mouth, Kushner said. Yet this anecdotal rise in Christians calling on mohels comes as the U.S. circumcision rate – historically much higher than in other parts of the world – is in decline. In contrast to the 85 percent reported in 1965, just 65 percent of all male newborns in American hospitals were circumcised in 1999, according to the most recent figures from the National Hospital Discharge Survey. Reliable data on religious circumcisions outside hospitals is hard to come by.

Megan Watson acknowledges that she had mixed feelings about having Colin circumcised, but deferred to her husband's judgment. At least at home, she said, they could comfort their son throughout the process, and she could breast feed him soon afterwards.

As Christopher Watson held his screaming baby's legs still on the tabletop pillow, Kushner snipped the foreskin off the tiny penis. The process took less than a minute. Afterwards, the infant's wails surrendered to a wine-dipped cotton swab, then his mother's breast, while Kushner relayed a list of instructions about how to care for the wound over the next three days. A week later, with Colin completely healed, his mother said she would wholeheartedly recommend using a mohel to other non-Jewish families who want their sons circumcised. "Everything is wonderful. We've been having some good sleep-filled nights; Colin's been sleeping about four, five hours at a time," Watson said. "He's a pretty happy baby."

## Friendly Action?

[From the *Electric New paper*, Singapore]

A 15-year-old Hong Kong boy saw his friend urinating and thought his foreskin was too long. So he did the unspeakable to the 11-year-old victim: he cut off the foreskin with a pair of scissors in a public toilet. To gain the victim's confidence, the older boy even whipped out his membership card with St John Ambulance. To take the victim's mind off the pain, he made him read an English school book.

The incident took place on 17<sup>th</sup> June last year. In court, he pleaded guilty to causing hurt. His lawyer said in mitigation that he's a genius with an IQ of 145, and came in fourth position in his school's cohort. He was also an avid reader of first aid manuals. The judge asked for a probation report and a psychological assessment on the boy before adjourning the case to Friday. The boys cannot be named to protect their identities.

## Apology

The production manager apologises for the delay in getting this issue to you following heavy work commitments over the last few weeks.

Vernon

# ACORN

Issue  
N° 2 2009  
Editor  
Ivan Acorn

## Editorial

A recent article in *Men's Health* (reprinted in an abridged version on page 12) had the challenging title: 'Should all males be circumcised?' *Men's Health* has been notable in the past for its anti-circ tendency. This article in contrast is well balanced – indeed, if anything, it shows a pro-circ bias. Certainly it takes to task in no uncertain manner the more virulent wing of the anti-circ movement with its constant outpouring of untruthful propaganda.

The pity is that the article appears only in the American edition of the magazine. Do the editors feel that circumcision is a matter of no interest to guys in the UK? This may now be the land of the foreskins, but is the matter settled for ever? Does our population not merit information? Is a debate not warranted, especially since the article is so eloquent about the potential health benefits of circumcision? Perhaps a few comments on the magazine's discussion website are called for!

But at least circumcision is now available on demand in the UK and my Editor's column tracks the welcome rise of circumcision clinics over the past few years.

*Ivan Acorn*

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### Circumcision Clinics

Google the phrase 'circumcision clinic' and about 22,000 results appear; confine the search to the UK and there are still 7,500 entries. I doubt that there are quite this many clinics in the UK – multiple entries are rife. Nevertheless, it indicates just how prevalent circumcision services now are. How different this is from forty years ago when elective adult (or even infant) circumcision was extremely difficult to arrange. Access to the operation was via GPs who tended to view anyone seeking circumcision as more in need of a psychiatrist than a surgeon.

Perhaps the first crack in the ice was the Marie Stopes Clinic which advertised male circumcision, vasectomy and other minor surgical procedures in the pages of *Forum* magazine. The surgeon was a Dr Hassan and there are several *Acorn* members who were once separated from their foreskins by his scalpel. For those in the know, Dr Sifman in North London, Dr D'Silva in Luton and Dr 'John Smith' (a pseudonym) in the North of England were also prepared to undertake adult cuts and revisions.

Then cosmetic surgery clinics began to add male circumcision to their list of operations; but the charges were often exorbitant and the outcomes not particularly aesthetic. With the dawn of the internet, however, it became possible for other clinics to offer services on line at more reasonable costs. What these clinics realised was that the demand was not just from adults; it was also from parents for the circumcision of their sons, especially where this was a cultural or religious requirement.

First into the field was Custom House Surgery ([www.circumcisions.co.uk](http://www.circumcisions.co.uk)) in East London where Dr Zarifa has built a formidable reputation as a sympathetic practitioner who will attempt to meet the demands of patients, or their parents, with respect to the type of circumcision undertaken. Meanwhile Dr D'Silva's clinic has morphed into the Circumcision Centre ([www.circumcisioncentre.co.uk](http://www.circumcisioncentre.co.uk)).

There are now many other clinics in various parts of the country advertising on line. As might be expected, [www.baby-circumcision.co.uk](http://www.baby-circumcision.co.uk) is just for babies. The clinic is in Golders Green, London, the centre of a large Jewish community. The clinic is run by a mohel with ten years experience who is now offering the service to everyone including the Muslim and African communities. Circumcision is performed with the traditional shield and scalpel method without anaesthetic.

But most clinics cater for babies through to adults. The Integral Medical Centre ([www.integralmedical.co.uk/circumcision-london](http://www.integralmedical.co.uk/circumcision-london)) for instance, runs a circumcision clinic in Harrow Wealdstone (North West London). It uses the Plastibell method for babies and young boys, forceps guided or sleeve resection for older boys and adults. Its prices run from £120 for a baby under one year to £500 for adults. This includes two free follow up consultations. The site promotes circumcision very positively:

“Circumcision is a great way to protect yourself or your baby son throughout life. Surgical foreskin removal has huge medical benefits and significantly reduces the risks of developing the following unpleasant and life-limiting illnesses.” The site then goes on to detail these benefits: prevention of urinary tract infections, phimosis, balanitis and penile cancer; reduced risk of HIV/AIDS and other sexually transmitted diseases; and reduced risk of cervical cancer for partners.

The internet sites of some clinics are basic in the information that they offer. Others promote the benefits of circumcision, give details of their services plus costs, have a list of frequently asked questions, have testimonials from satisfied patients (or their parents!) and even supply photographs of the end results of previous patients.

One of the most comprehensive sites is the above mentioned Custom House Surgery in East London ([www.circumcisions.co.uk](http://www.circumcisions.co.uk)) where costs vary from £150 for a baby under two months to £600 for an adult circumcision or £800 for a revision. On its home page, the Custom House Surgery has sections dealing separately with the different needs of babies, boys and adults. It also specifically addresses the question of frenulum removal:

“This can be a variable part of circumcision or a single separate procedure. The frenulum is the web of skin which attaches the inside lower tip of the foreskin to the glans where it stretches on retraction down the cleft on the underside. It differs in individuals, being very tight in some when, on retraction, it pulls down on the head of the penis causing pain. A tight frenulum, which is called frenulum breve, may be an uncomfortable problem. In others the frenulum is apparently absent because it was either torn early in life or never developed. Quite often the frenulum is automatically removed during a circumcision. However, some men wish to have a circumcision but retain the frenulum. Very occasionally patients opt to have only the frenulum cut and removed, preferring to retain their foreskin and remain uncircumcised.”

The clinic also undertakes re-circumcisions: “Custom House Surgery has also been able to assist those who have been circumcised earlier in life and are unhappy with the result. Re-do circumcisions are often performed to remove excess foreskin left from a previous operation.”

The site has a good frequently asked questions section and also a section of patient comments. Typical is a letter from a father in SW England:

“My son (age 10 years) had a retractable, but very tight foreskin (which intermittently tended to get a bit inflamed and which had also on occasions got ‘stuck’ when retracted). After much debate (and a discussion with him about his feelings on the matter) we decided that we would go ahead and have him circumcised whilst he was still young enough not to be hugely embarrassed by the procedure.

“Having taken time to explain things fully to him, he was not in any way frightened of the surgery. The bruising and swelling all settled within about seven days and the stitches dissolved completely after two weeks. After healing my son has a very pleasing cosmetic result, with a straight scar line and a fully uncovered

glans. He has been delighted with the outcome and has said to us that it looks and feels much neater and is much easier to keep clean. He also feels much more relaxed about passing urine (which in retrospect he had found a bit directionally unpredictable whilst he still had a foreskin!)

“In summary; he has not been adversely affected in the slightest way by the procedure, nor has he become at all self conscious or embarrassed after it. Prior to the operation he had chosen to keep it a secret from his school friends. However, after his return to school (his operation was done during half term) he has had a full discussion with his friends about his experiences. He has said to me that his advice to any boy considering whether to have the operation or not would be ‘go for it’ – certainly as a parent I feel we made the correct decision and any concerns that I had about my son having it done at this age were completely unfounded.”

One of the overseas clinics with a very high reputation is The Circumcision Center run by Dr Cornell in Atlanta, USA ([www.circumcisioncenter.com](http://www.circumcisioncenter.com)). Dr Cornell specialises in adult circumcisions and revisions and performs over 250 operations each year. His website is very comprehensive and includes photographs of previous patients, some with both ‘before’ and ‘after’ pictures. The Reed Centre in Florida, USA ([www.penisdoctor.com](http://www.penisdoctor.com)) run by Dr Harold Reed, has a similar high reputation although circumcision is just one of a range of penile operations offered by the Centre including lengthening and foreskin restoration.

The proliferation of circumcision clinics is welcome since they offer a direct service which by-passes often hostile GPs. But the main advertising route is still the internet. This is fine for those parents who know that they want their son circumcised and are internet savvy. But there are many parents who are not aware of circumcision and its potential advantages and never consider it as an option. It is therefore a welcome move that clinics are beginning to use other media to advertise their services. For instance, Peter, a member in Essex, has sent in the adjacent ad from his local free newspaper.

The various foreign scripts at the bottom of the advert indicate the market that the advert has in mind – the Muslim ethnic minorities. Unfortunately, the website consists only of a home page with little detail – although it does state that all age groups are catered for. It is apparent therefore that the clinic will deal with males of any age, colour or creed. It is excellent news that such clinics are prepared to advertise in the more popular media. Anything that raises the profile of circumcision and alerts parents to the possibility can only be a good thing.

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The *Acorn Society* itself does not keep a list of circumcision clinics or practitioners. The *Gilgal Society* ([www.gilgalsoc.org](http://www.gilgalsoc.org)) (PO Box 53515, London, SE19 2TX) does excellent work in this respect, providing advisory leaflets and lists of practitioners for the price of postage and packing. If you do discover new circumcision clinics yourself, the *Gilgal Society* would no doubt be pleased to hear to add them to their list.

Meanwhile, the *Acorn Society* is certainly interested in hearing of experiences at the various clinics. If you yourself, or someone you know, has undergone circumcision at a clinic, do give us your impression and ratings, and share with us your experience.

*Ivan Acorn*

## Who Is Circumcised And Who Is Not?

I have always been very interested in my friends' penises, often just checking whether or not they were circumcised. (Size was also important too.) At school, where we often played around, most boys I saw were circumcised like myself. Sometimes we managed to wank together but I could often observe mates when we peed together. Although I agree generally with keeping foreskins where possible, I have to admit that a cut dick (soft or hard) is much nicer to see than an uncut one. Uncut soft dicks look rather untidy, as many lady friends will agree.

I was circumcised for serious phimosis as a schoolboy. Phimosis is more often associated with boys with large penises. As an older adult, I am proud of my large penis when erect. (Just under 7" and thick should not be hidden away!) Inspection invited at any time by appointment...

Over the years, I have kept a note of the cut or uncut state of as many of my friends as I can recall. It's all completely inoffensive to anyone else but fascinating to me; so if any readers care to let *Acorn* have pics of their own dicks (erect or otherwise) for passing on to me, I should be very grateful indeed. No-one needs to show their faces if they are at all shy, but a note of your age at the time of the pic would be very helpful! Genuine pics of our cocks, taken in private, always fascinate me. Two cocks together – even better.

*Keith Price – West Yorkshire*

## A Balanced View

Many thanks to the editor for a very good and well balanced edition of *Acorn* (1/2009). It was good to read his Editor's Column with its description of the foreskin and also Zsolt's story.

I think many of us who are in favour of circumcision are enthusiastic because we were glad to be shot of our foreskins either because of phimosis or in my case balanitis. Many though, greatly value their foreskins which are a great source of delight to them.

For many years I lived in areas where circumcision was taken for granted. At school in the North West, half of us were cut, and half weren't. I then worked in two areas with a large Jewish population, Manchester and North East London, and again circumcision was not an issue. It was when I moved to South West London that I entered a circumcision free zone. It was after I moved that I was cut and this was noticed in the changing rooms. I have had a number of gentle questions over the last five years. I refuse to give advice though I echo Zsolt's story that if you are keen to be cut wear your foreskin back for a period. I also echo DB's advice that many of the pro circ sites are over enthusiastic.

This is where *Acorn* comes in. I find it easier to hand over a copy of *Acorn* to someone who is particularly interested and tell them to do their own research. A couple of years ago a guy told me that his two teenage sons wanted to be circumcised; what would I advise? The answer was that that was not a road I was going down; it was between the three of them (actually I think I was rather evil and said 'Why not try it first?'). But this edition of *Acorn* puts the issues evenly and if I am ever asked again about circumcision I shall simply give copies.

*J.G. – Surrey*

## Campaigning Tactics

The Editor's Column in issue 5/2008 was headed: 'Let's start a campaign'. I'm used to campaigning so here are some thoughts.

Firstly, don't sit down on the Town Hall or the Ministry steps with a placard as this will get you arrested. I've seen this from both aspects.

Secondly join the Establishment. I'm a member of Diabetes UK and they have hammered home time and time again the medical aspects of diabetes, and acceptance and government money is now flowing in and research is accelerating. They have proved their case. We now have enough evidence that circumcision can reduce the rate of HIV transmission, and we now need accurate figures as to how it reduces other sexually transmitted diseases. When I last enquired of the NHS I was told that no statistics were kept. Anecdotal evidence from World War 2 supported the belief that US soldiers who were cut were less likely to suffer STDs than British soldiers. We now need evidence.

Thirdly, we need to promote circumcision as part of a balanced sex education programme. I am sad to read account after account of those with phimosis or balanitis who are into their 30's and 40's without realising that something can be done. I was in my 50's and with a lot of intense pain before I realised that there was a remedy.

Fourthly, we need to point out that circumcision is not some sort of grotesque painful mutilation but, with the right surgeon, a fairly painless procedure. It doesn't leave you numb, and in my case has left me with increased pleasure.

*J.G. – Surrey*

## Picture Gallery



## A Strange Case Of Double Standards

[An article by Laura MacDonald from *Indymedia UK*]

Another child has died from male circumcision in England – apparently the third such death in 25 months – and boys (from babies to teenagers) are being regularly treated in hospitals for serious injuries or infections resulting from ritual genital cutting. NORM-UK, the charity concerned with the foreskin, calls on the government to implement fully the UN Convention on the Rights of the Child and give both boys and girls protection against ritual wounding – in all its forms.

Amid the clamour about the death of baby Jaden Mack in a dog attack, and the continued reverberations of the ‘Baby P’ case, another child death was reported rather quietly at about the same time. Nine week old Celian Noumbiwe died as a result of a wilful wounding, commanded by his parents. He’s the latest in a list of children to die in this way, and for every Celian there are around 100 who are treated for life threatening injuries but who survive.

The injury and death figures for this particular type of wound are in fact rather comparable to those for dog bites. In the last 25 months it’s understood that 3 children have died\* following it and thousands overall will have required some form of follow-up treatment for issues such as blood loss, persistent pain or infection. The police have taken photographs of some of the injuries, which presumably then were filed away, as the government has made it clear no prosecutions can result.

In fact the government has said that anyone is free to inflict this on a child, anywhere any time. In a recent letter to NORM-UK, the Department of Health said that the only way in which this kind of wounding could result in a prosecution is if the perpetrator had “pretended to be a doctor”. This would mean that the mechanic who burned off part of a 3 year old’s body with a soldering iron (as reported in September on More4 news) apparently acted perfectly legally...

So what is it that makes us turn our faces away when a child spends a period in hospital because adults burned him or cut him, or when a baby bleeds to death in his cot over a long lonely night? The answer is a fear of criticising religious practice. The excision of around 50% of a child’s penile skin is considered a duty in two large religious groups and we don’t like to talk about either the direct harm or the collateral damage... because doing so might offend. We’re even careful to construct the statistics so that the deaths simply disappear. When NORM-UK asked the Department of Health about circumcision deaths in late 2007 they told us, “the Office of National Statistics holds mortality statistics and these data show no evidence of death where circumcision was listed as the secondary cause”.

It’s easy to see how this result is achieved – just as Haringey’s ex-Children’s Services Director knew, hitting targets is all about what you choose to measure. So for example when in 1991 Raju Miah had the most sensitive part of his genitals excised, and never woke up, the death was recorded as ‘narcotic poisoning’ (i.e. an overdose of anaesthetic). Not a circumcision related death then. Neither apparently was the death of baby Boma Oruitemeka in London in 1990 from severe

haemorrhage after circumcision (without anaesthetic). In this case the Coroner Dr Douglas Chambers was almost endearingly frank about his own reasons for avoiding the issues: "I'm not going to stir up that hornet's nest" he said, "oh no thank you not at all."

In Ireland in 2005, hearing the case of baby Callis Osaghae, Judge Kevin Haugh (the late) drew the lines more clearly. He instructed the jury to put their "white western values" aside. So dutifully they did, finding the man who razored off one of the most blood and nerve rich areas of the baby's body not guilty of reckless endangerment. Fourth generation genital cutter Osagie Igbinidion walked free from court complaining of the "immense pain and distress" he had gone through during the trial process. Callis had no chance to tell of his pain and distress – he had died in 2003 with not a drop of blood left in his body. Although the humanists spoke up for Callis, those concerned with human rights – and more particularly child rights – generally remain silent in such cases. They like to think that (male) genital cutting injuries are a competency issue and not intrinsic to the practice. Yet complications have been recorded in as many as one in two boys, deaths are regular in both developed and less developed nations; and the intent of the surgery is – as the sage Maimonides admitted – a reduction in sexual pleasure.

Long-standing human traditions are clearly important. Yet the belief system or habits of one person cannot over-ride the absolute rights of another – be they one day old or 100 years old. So we don't allow the ritual facial scarification or even tattooing of a minor and we've banned all ritual female genital mutilation practices from small incision to radical excision. We're stepping up action against forced marriage, and we've criminalised those who would not 'spare the rod' or even the heavily applied hand. All this is scripture, tradition, belief, culture and hadith notwithstanding. So if that mechanic had put down his tools and spanked the boy hard as a punishment for crying he could have faced prosecution for common assault.

The NSPCC campaigned for this new law, and in fact want it taken further so that any and every smack is classified as assault – as does the Children's Commissioner for England Sir Al Aynsley-Green. Yet they will not campaign to protect boys from sacrificial genital cutting, or even to have the use of anaesthesia or sterile medical equipment made compulsory. When asked why, they cite, "the sensitivity of the issue".

We call on the NSPCC and the government to end this shameful relativism, and start applying the values we have all agreed: every child matters and human rights, including the right to bodily integrity and personal autonomy, are universal.

\* We have been unable to ascertain the details of the death which apparently occurred in London in Summer 2008 after a male circumcision. It seems likely that over the years there have been others which, like this one, simply pass 'under the radar'. The third death – that of baby Amitai Moshe on 9th February 2007 – comes to inquest at Hornsey Coroners Court, London on 20th April 2009.

## Circumcising Tyler

[At the end of last year, a father recorded his thoughts on the internet as he arranged the circumcision of his adolescent son. The account will be serialised over the next few editions of the newsletter.]

### Part 1 – Why Tyler isn't circumcised

**17 October 2008**

I believe RIC is brutal and psychologically damaging. Look at all the bad jobs done with RIC 99% of the time. The glans hasn't fully developed yet, there are complications that go undiagnosed, and yes, there is evidence of extreme pain, problems with maternal bonding, and keeping a freshly circumcised penis in a diaper. I think the cons outweigh the pros in this instance, all anti-circ ethics aside. If I look at it as objectively as possible, I'd say the only reason RIC is attractive is because it's relatively cheap and your son won't be conscious of it.

When my first son was born 13 years ago anaesthesia was not nearly as widely used as it is today and, again, my RIC was poorly done and I've seen plenty of men with RICs I'd say were too aggressive. While there are doctors out there who know what they are doing, there are plenty who don't and I see no reason to trust the sexual and physical health of my sons to a roulette wheel of possibilities. Those are the reasons I'm still wholly against RIC.

When I look at other cultures that circumcise, I find that the best time to do it is just before puberty. The penis is still relatively small yet large enough to be circumcised carefully, the glans has matured, and you can have your son circumcised the way you want him to be by a doctor who specializes in penises, not vaginas, or is fresh out of med school.

Because of my beliefs, neither of my boys are cut. I originally believed that they should choose for themselves. However the new information about circumcision helping to prevent STIs has changed my mind and my ex agrees with me. I plan to have my oldest, Tyler, who is in early stage 2 of puberty per his paediatrician, circumcised soon.

**18 October 2008**

I'm in the unenviable position of having to convince an adolescent that circumcision is the best thing for him and having to find a doctor who will do him the way I believe is best. His paediatrician is going to provide me with a referral to a paediatric urologist he says does excellent work. Unlike an infant he'll have full anaesthesia, an expert doctor, and the risk of fewer complications. I do not see his age as a drawback other than I think that I waited a year or two too long. I also think that, in an Iron John kind of way, his circumcision will help him feel like he's now becoming a man.

I must admit I have no idea what I'm going to say to him about it and I want to convince him without giving him an ultimatum. He knows I'm getting a revision and has no desire to know anything more about it. Otherwise I don't know how



he feels. He has never approached me or his mother about it other than asking once why he wasn't circumcised. We simply said we didn't think it was good for babies and he just accepted that.

I'd like him to approach it enthusiastically. If I have to bribe him (he wants a Wii and an iPod touch), then I'll do that too. I've talked to him about the importance of condoms and having sex responsibly. Even though I've done that and I think he's a responsible kid, I'm frankly terrified that he'll catch something. Girls these days are really forward and seem to be far more willing to put out than when I was young. I don't think he's sexually active yet but I could be wrong. I first had sex when I was his age and my parents didn't even think I had started puberty until I was 16!

My long consideration of a revision has led me to Circlist and a bunch of other groups. I now understand just how psychologically important circumcision is to a man and that many find it erotic. That's OK. I've learned far more than I thought I would and am extremely glad I waited so long to do something about my revision so that I might have all the choices before me. I feel so certain about the value of circumcision that I'm not only putting my own penis on the line, but my son's as well even though I don't relish the thought of having to raise the subject with him. But I'm the dad and I've been a good dad. I've made unpopular decisions before because I believe they were for the best and I've talked to my kids about difficult subjects because that's what I signed-up for the minute I agreed that we should start trying to have kids.

So even though it may be difficult for me and my son may not like the idea, I am still prepared to risk my popularity with him for the good of his health. That's the approach I think I'm going to take first though for all I know he'll love the idea. When I think about whether it's worth the effort now or whether I should have had him RIC'd, I still prefer this way. My RIC was a bad job and I didn't want that for my sons and I still stand by that.

## **26 October 2008**

As far as my son is concerned, things aren't so hot. The paediatric urologist my paediatrician referred me to didn't work out. He did, however, refer me to another paediatric urologist in the same practice and I spoke to him on Friday. This new guy is a breath of fresh air. He immediately agreed that circumcision is a good idea for all men and even spent a fair amount of time telling me how important it is for health and hygiene. When I asked him if he would do a low and tight, he quipped: "That's the only way to do 'em!" and then went on about the importance of removing the inner mucosal tissue. I hated to tell him he was preaching to the choir but I was so put at ease that I made an appointment for my son to see him on 26 December. Because Christmas is on a Thursday this year, the holiday vacation is unusually long and this doctor believes that should be enough time to allow my son time to heal before school starts again in January though he will not be able to participate in sports for a while. We'll be in his office at 8am and, if the consult goes alright, there's no reason Tyler couldn't be freshly circumcised and out of there by 10am.

## Should All Males Be Circumcised?

[An edited version of an article by Charles Hirshberg  
from the American edition of *Men's Health*.]

The day your wife gives birth to a baby boy, the kind, bespectacled face of Marvin L. Wang, M.D., is one that you want to see coming through the recovery-room door. Co-director of newborn nurseries at Massachusetts General Hospital in Boston, Dr. Wang has a perky, conversational bedside manner that puts everyone at ease.

I have to hustle to keep up with him as he strides energetically between hospital rooms. Right now he's congratulating a pair of new parents. Larry is standing on wobbly legs, looking both ecstatic and shell-shocked, while Joy sits serenely, holding their newborn son to her breast. Dr. Wang jokes with the new parents a bit and then says, "I understand you may want to have a circumcision for your baby." Larry and Joy don't answer immediately. At last Larry says, "Well... we don't know." Dr. Wang smiles. He's familiar with the befuddled expression on Larry's face.

Circumcision, of course, is the surgical removal of the penile foreskin from the glans – the fleshy crown of the penis. It is one of the most commonly performed procedures in American hospitals and, except for abortion, it may be the most controversial. The procedure has long been known to reduce the spread of a few rare, serious diseases, and to prevent a few annoying, uncomfortable ones. But in 1999, the American Academy of Pediatrics (AAP) determined that the risk of surgical complications, though small, nearly cancelled out the benefits. They neither discouraged nor recommended the procedure. Since then, 16 states have eliminated Medicaid coverage for nearly all circumcisions.

But 2 years ago, a consortium of experts convened by the World Health Organization and UNAIDS (the United Nations' HIV program) announced that circumcision should indeed "be part of a comprehensive HIV prevention package". It did so because three separate, meticulous medical trials in Kenya, Uganda, and South Africa, involving more than 10,000 men, had proved that circumcision could reduce the risk of female-to-male HIV infection by approximately 60 percent. This discovery is one that, over the next two decades, could save three million lives in Africa alone.

Now, no one believes that the potential health benefits for American males are nearly as great, or as urgent, as they are for men in Africa, where HIV is spread mostly through heterosexual intercourse. Still, similar study results are turning up on this continent as well. A team of researchers from the CDC, Johns Hopkins, and the Baltimore health department examined the records of more than 1,000 African American males – all heterosexual – who tested positive for HIV at Maryland clinics. Uncircumcised men were 50 percent more likely to be infected. These results have caused many U.S. doctors to reconsider their positions. "I've always told families that the health benefits of circumcision are real, but not enough to warrant advocating that all boys be circumcised," says Lise Johnson, M.D., the

director of healthy-newborn nurseries at Boston's Brigham and Women's Hospital. "But I find these HIV studies pretty striking. The weight of scientific evidence might be shifting in favour of circumcision."

Larry, the new dad, is circumcised himself but never thought much about circumcision until his wife became pregnant. "Joy kept saying, 'It's up to you,'" Larry tells Dr. Wang, "but when I finally said I wanted to do it, she said, 'Whoa! We have to talk.'" After a few uneasy moments, the new father's feelings spill out. "I guess I don't feel too strongly either way," he says, looking at his son tenderly. "But if there's a risk of hurting him..."

Dr. Wang says the operation rarely hurts much anymore; since the 1990s, it's become routine in U.S. hospitals to anaesthetize babies before the procedure. For every 1,500 circumcisions, there are maybe three complications, nearly all of which amount to a little unexpected bleeding or a treatable infection. In return, according to the AAP, circumcised boys have a lower risk of urinary-tract infections and penile cancer, and, indeed, "a slightly lower risk of getting sexually transmitted infections (STIs), including HIV, the virus that causes AIDS."

Circumcised or not, every man owes his foreskin a great debt of gratitude for its service in the womb. In the third month of gestation, when the nascent penis begins to bloom, the foreskin forms a little protective blanket under which the rest of the penis can safely grow. But once you and your penis are fully baked, the advantage of a foreskin is not clear. Some scientists speculate that it protected the prehistoric penis as it swung, naked, through thick forests and over tall grasses; and unless you take your penis on that sort of excursion, they argue, you don't need a foreskin.

That perceived uselessness may be one reason circumcision has such a long and varied history. Archaeological evidence suggests that the practice may be at least 6,000 years old. Muslims and Jews, along with the aborigines of Australia, the Aztecs and Mayans of this hemisphere, and many other cultures all independently adopted this squirm-inducing practice, and it seems unlikely they'd have done so unless they were convinced that it conferred some earthly benefit. Here in the United States, foreskins were left mostly undisturbed until the second half of the nineteenth century. But it wasn't until the North Africa campaign of World War II that American doctors turned into enthusiastic circumcisers. More than 145,000 American GIs based there slacked off on their cleaning regimens and came down with foreskin-related ouches – chiefly, balanoposthitis (inflammation of the foreskin and glans), phimosis (a foreskin that's too tight to retract over the glans), and paraphimosis (a foreskin stuck in the retracted position). After the war, doctors advanced a theory that circumcision reduces rates of cervical cancer – a hypothesis now confirmed by scientific research. Circumcision became routine, but anaesthesia wasn't part of the plan. That, more than any other factor, may have provoked the fiery anti-circumcision movement that casts its long shadow over the Internet.

Isaac is a newborn whose mother, months before she gave birth, made the decision to circumcise him. He awaits Dr. Wang atop a small operating table. His expression is blasé until a nurse standing over him slides a sugar-coated

pacifier into his mouth. His eyes open wide and he commences sucking with gusto. Sugar, Dr. Wang says, is known to send a rush of endorphins to certain parts of the brain, dulling sensitivity to pain. Dr. Wang gently wraps Isaac's legs in a soft harness. Until fairly recently, he remarks, it was standard practice to restrain babies' arms, too. "But it's distressing to them to be tied down like that, and it's really not necessary."

Fortunately, Dr. Wang says, circumcision is no longer performed in American hospitals without anaesthesia. After a quick examination of Isaac's manhood (if that's the right word for it), Dr. Wang administers four evenly spaced injections of lidocaine around the base of the baby's penis; Isaac shows no distress. At that point, Dr. Wang waits 5 minutes for the anaesthetic to take effect, then swabs Isaac's privates with sterilizing iodine and gets down to business. He arranges a clamp that pulls the foreskin forward, off the penis, where it can be safely cut off with surgical scissors in one snip. Isaac became agitated only once – when his sugary pacifier fell from his mouth. "Usually," says Dr. Wang, "the part they hate most is being washed off afterward. They don't like to feel the cold."

A few weeks later, I call Larry to find out what he's decided to do. "We opted not to do it," he says. "When you go on the Internet and read about this," he says, "you find out that there's really no reason for doing it. People try to think up new justifications for it, and when one doesn't work, they come up with another."

If you go on the Internet, you'll 'find out' precisely what Larry found out. The problem is, it's not true. I googled the word "circumcision", and two of the first three sites that popped up were the Circumcision Research Center and the Circumcision Information and Resource Pages – titles that suggest unbiased collections of data. In fact, both sites are run by anti-circumcision crusaders. A seemingly unending list of similar sites followed: Mothers Against Circumcision, Doctors Opposing Circumcision, Stop Infant Circumcision Society, and Milos' NOCIRC. Many of these activists have spent decades arguing that circumcision has no medical value, and recent scientific revelations have left them red-faced – not with embarrassment, but anger. According to Milos, for instance, all three of the Africa trials were part of what she calls an "ill-fated plot to circumcise everyone regardless of AIDS status!" She and others often demonize the scientists whose research has produced facts that contradict their extremist views.

Daniel Halperin, Ph.D., spent much of the 1990s poring over epidemiological studies of AIDS, looking for places in Africa and Asia where HIV rates were relatively low and then trying to figure out why. Halperin, a senior research scientist at Harvard's school of public health, concluded that circumcision played a role and he paid a high price for saying so – many people thought he was nuts. In some ways, since he's been proved right, the price has become steeper. To get a flavor of it, look at his inbox. "F\*\*K OFF," begins one e-mail, "with your PRO-CIRCUMCISION BIASED BULLS\*\*T ... [forcing] genital surgery on young boys who haven't done anything wrong." Another e-mail calls him "a Super Racist" devoted to the murder of Black Africans under the guise of helping them. "It's been quite a struggle," Halperin sighs, shaking his head.

But it's not without its rewards. The Africa trials add substantial weight to a mounting pile of evidence that circumcision also reduces the spread of other sexually transmitted illnesses, including several types of cancer and venereal disease. The journal *BMC Infectious Diseases* published a study (coauthored by Halperin and four others) that compared rates of cervical cancer – caused by the sexually transmitted human papillomavirus, or HPV – in more than 100 countries in Asia, Africa, and Latin America. In countries where fewer than 20 percent of men were circumcised, cervical-cancer rates were about 70 percent higher than in countries where more than 80 percent were circumcised.

All of this makes many public-health experts in the United States lament the decision of some states to withdraw Medicaid coverage for routine circumcision. “Because uncircumcised males face greater risk of HIV and other sexually transmitted infections,” a different study concludes, “lack of Medicaid coverage for circumcision may translate into future health disparities for children born to poor families.”

So what's the verdict? Should all males be circumcised? Not one doctor or scientist interviewed for this article expressed that opinion. Robert Bailey, Ph.D., a professor of epidemiology at the University of Illinois at Chicago, feels that “American parents should definitely factor all of this in, but it's not an automatic. Most of the diseases [circumcision] is known to prevent are pretty rare in the United States.” But, Halperin notes, “those illnesses may be rare at least partly because circumcision has been so widespread here.” But whatever you decide for you and yours, do not let anyone tell you circumcision can't slow the march of HIV. At a time when billions of American tax dollars are pouring into Africa to fight AIDS, it is extremely important that money is spent on methods that have been proved to help.

## Damages For Surprise Circumcision

A man who woke up in a Norwegian hospital and found himself the recipient of an unexpected circumcision has been awarded NOK 20,000 (US\$ 3,000) in compensation from the surgeon.

The Court of Appeals ruled that the physician in charge was negligent for not reading the man's journal before the operation, and found the result of the surgery constituted injury. The patient told the court that he would never have embarked on surgery to relieve an uncomfortably tight foreskin if he had known a circumcision would result.

The man claimed that the circumcision had destroyed his sex life by reducing the sensitivity of his penis and because he was now embarrassed to appear naked in front of his wife. He said he was also embarrassed to be naked in public bathing facilities now.

The surgeon said in his defence that at least 60 percent of American men are circumcised and that the procedure is routine for Jewish and Muslim babies. He also argued that the man was objectively better after the operation and he had been warned that the foreskin could be partially or completely removed.

The appeals court chose to believe that the resulting circumcision came as a shock to the patient, and ruled he had suffered damage, though not 'considerable' damage. The court also ruled that circumcision remains unusual in Norway and that the physical changes to the man's organ were self-evident.

*From the newspaper Sunnmørsposten*

## **Gays Know Whether They Are Cut**

**[A report on research published in *Sexually Transmitted Infections*]**

There is a proven association between circumcision and the prevention of HIV infection. But if men do not know whether or not they are circumcised, there could be misreporting of status, leading to misleading results. So a study was undertaken in Australia among gay men, basically to discover whether they knew their status.

A subgroup of 240 participants in the Health in Men (HIM) cohort study in Sydney, Australia attending annual interview agreed to a brief genital examination by a trained study nurse who was unaware of their previous self-reported circumcision status.

Three cases in which the examining study nurse was unsure of participants' circumcision status were excluded. Of the remaining 237 participants, 155 (65.4%) were classified as circumcised on examination. All participants who self-reported being circumcised were found on examination to be circumcised. Five participants who self identified as being uncircumcised at baseline were classified as circumcised on examination. The overall agreement between circumcision status on examination and self-report was 97.9%.

The study concluded that self-report is a valid measure of circumcision status in this group of predominantly Anglo gay-community-attached men. The researchers believe their findings can be generalised to similarly aged gay-community-attached men in other developed countries.

## **Man Sues For New Foreskin**

A German man who was circumcised against his will during emergency penis surgery is suing his doctor for cash to rebuild his foreskin. Karl Spandl, 50, from Bonn was rushed to the Troisdorf Hospital for surgery after a painful abscess developed on his penis. But while he was under the knife his doctor, unnamed for legal reasons, also chose to remove his foreskin to prevent complications. Spandl said: "When I woke up I almost passed out again with shock. I never said they could take that. And now I have almost no feeling in the tip – my sex life has been totally ruined."

The mechanic is now demanding £14,000 from his surgeon for a second penis operation – this time to rebuild his foreskin using membranes taken from inside his mouth.

*From the Internet*



# ACORN

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Ivan Acorn

## Editorial

In my gym locker room a couple of weeks ago, an American father and his toddler son were changing into their swimming togs. Both were neatly cut. Across the gangway, a similar English father and son were still intact. And so the different traditions continue. But which of the two boys will gain most from their heritage – the circumcised or the uncircumcised? My Editor's Column this edition tackles the controversial question of Routine Infant Circumcision (RIC). In a related article reprinted from *Time*, a father agonises as to whether to have his baby boy cut.

Incidentally, I am told that the preferred expansion of the R in RIC is now *Requested* rather than *Routine*. I find difficulty with this change. I acknowledge the difference between a circumcision which is performed to resolve a medical problem and one which is requested by parents for cultural or prophylactic reasons. However, surely the argument is that the benefits of circumcision are so great that the procedure should be applied *routinely* to all baby boys. So, for the time being, I shall carry on using *Routine* as my preferred terminology.

Ivan Acorn

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### Routine Infant Circumcision

**B**aby Luke is seven days old. Hanging from his penis is a Plastibell. Its function is to strangulate his foreskin. In a few days time, the Plastibell will fall away together with his necrosed foreskin. Luke will then be fully circumcised.

Routine infant circumcision is a controversial procedure – the more extreme opponents categorise it as genital mutilation. Even people who judge the operation objectively have qualms about removing healthy, natural tissue without any immediate medical need. So is Luke going through an antiquated and obsolete operation, or will his circumcision ultimately be to his benefit?

Three main arguments are put forward in favour of infant circumcision: it protects against urinary tract infection (UTI) in the early years and offers some protection against HIV and other sexually transmitted diseases from puberty onwards; it acts prophylactically to prevent diseases of the foreskin such as phimosis and balanitis; and it improves the sexual function. We will look at each of these arguments in turn.

UTIs are bacterial infections of the urinary tract (kidneys, ureters, bladder and urethra). They can become serious if undetected, and may lead to permanent kidney damage. There is evidence that UTIs are less common in circumcised infants. This has been substantiated in a systematic review of twelve research studies into the matter conducted by D Singh-Grewal et al and published in the *Archives of Diseases of Childhood* 2005. There were three different types of study design within the review but all had a similar result and indicated a large reduction in UTI rates in circumcised over uncircumcised boys. Circumcision substantially reduces the rate of UTIs.

With respect to sexually transmitted infections (STIs), the most recent research has just been published in the *New England Journal of Medicine* in a paper entitled “Male Circumcision for the Prevention of HSV-2 and HPV Infections and Syphilis” by Tobian, Serwadda, Quinn, et al. (See report on page 5.)

The study investigated whether male circumcision prevents certain sexually transmitted infections (STIs) in HIV-negative adolescent boys and men. The STIs included herpes simplex virus type 2 (HSV-2), human papillomavirus (HPV) infections as well as syphilis. 3,393 males were included in this study and randomly allocated to either immediate circumcision (1,684 males) or circumcision after a 24-month wait (after the study had finished).

What were the results of the study? After 24 months, the circumcised men had a 7.8% overall chance of testing positive for the genital herpes virus, compared to a 10.3% chance in the uncircumcised group. In the circumcised group, the prevalence of high-risk HPV genotypes was 18% compared to 27.9% in the uncircumcised group. There was no significant difference between the two study groups in the proportion that developed syphilis.

What interpretations did the researchers draw from these results? The researchers say that “in addition to decreasing the incidence of HIV infection,

male circumcision significantly reduced the incidence of HSV-2 infection and the prevalence of HPV infection". They say that other related research shows that male circumcision decreases the rates of HIV, HSV-2, and HPV infections in men. In their female partners, it reduces infections of trichomoniasis, bacterial vaginosis and other sexually transmitted infections. The researchers conclude that their findings "underscore the potential public health benefits of the procedure".

To the results of this study can be added the results of the three randomised controlled clinical trials conducted in Africa to determine whether circumcision of adult males would reduce their risk for HIV infection. The studies showed that circumcised men had a 60% reduced chance of acquiring the HIV virus over their uncircumcised peers.

Thus the first reason for infant circumcision is justified. It confers substantial protection against UTIs in infancy and STIs in adulthood.

There are three main problems that can occur with foreskins – phimosis, balanitis and frenulum breve. In phimosis, the opening of the foreskin is too narrow to allow the foreskin to be retracted over the glans. A foreskin may retract perfectly during boyhood but nevertheless become phimotic at puberty. This is because, as the glans grows, it becomes too large for the foreskin opening. Frenulum breve is where the frenulum is too short or too tight causing a painful pulling on the glans during sexual activity. In fact, a guy can learn to accommodate frenulum breve by adapting his masturbation technique and the problem then becomes apparent only on intercourse. Thrusting can be extremely painful or, alternatively, the frenulum snaps, again with pain and considerable bleeding. Balanitis, inflammation of the foreskin or glans, can occur at any age.

It is estimated that up to 10% of males have penile problems which require circumcision. If all males were circumcised in infancy, such adult interventions would be obviated. But, it will be argued, 10% is a relatively low rate and does not justify the wholesale slaughter of all foreskins. Let those who suffer have surgical intervention as necessary, as happens with all other medical diseases. The problem is that these penile defects manifest themselves mainly at puberty or during first sexual relations. It can be extremely embarrassing, mortifying even, for a teenage boy to be faced with such difficulties at this age. Men are notoriously reluctant to consult their doctor about any illness. How much more reluctant they will be to consult about a penile problem, especially if their doctor happens to be female. Many men just grin and bear it. Indeed, it is probable that many men have a low quality sex life because of foreskin problems which they live with. They may not even know how the foreskin should function. Many men with phimosis are not aware that their foreskin is meant to retract and they become aware of the problem only when infection occurs because of lack of foreskin hygiene.

Apart from the embarrassment factor, there is the economic. Adult circumcision is much more expensive than infant circumcision. The operation is more complex – sutures are required for an adult, and healing can be complicated by penile erections. Add to this, the GP consultations, the referral process, the initial consultation, the operation itself and the follow up, all involving more medical and administrative resources together with work-time lost for the patient. Infant

circumcision on the other hand is a relatively simple process with few of the concomitant costs which adult circumcision involves. In addition, circumcision at this young age is an insurance policy against future penile problems. Baby Luke will never suffer from phimosis, frenulum breve or balanitis.

Turning to the question of sexual performance, the anti-circumcision lobby argues that circumcision both removes erogenous tissue (the inner foreskin) and blunts the sensitivity of the glans through exposure. The sexual experience of circumcised men is thereby diminished. Studies to confirm or deny these claims are difficult to carry out. The majority of circumcised men were circumcised in infancy or pre-puberty. They therefore have no sexual experience with a foreskin with which to compare their cut experience. Even when men are circumcised as adults, before and after comparisons are difficult because the circumcision may have been carried out for medical reasons; the sexual experience of such males may not be typical of those with problem-free foreskins.

A study, published in the January issue of *BJU International*, sheds more light on the impact of circumcision on male sexual satisfaction and function. The study involved 4,456 sexually experienced Ugandan men (aged 15 to 49) who were HIV negative. All men were scheduled to receive circumcision; however one group was circumcised as soon as the study began and a second group was circumcised two years later. Researchers looked at sexual desire, satisfaction and function in both groups at six, 12, and 24 months. Their findings included:

- 98.6 per cent of the circumcised men reported no problems in penetration, compared with 99.4 per cent of the control group.
- 99.4 per cent of the circumcised men reported no pain on intercourse, compared with 98.8 per cent of the control group.
- Sexual satisfaction was more or less constant in the circumcision group – 98.5 per cent on enrolment and 98.4 per cent after two years – but rose slightly from 98 per cent to 99.9 per cent in the control group. This difference was not felt to be clinically significant.

At the six-month visit there was a small, but statistically significant, difference in problems with penetration and pain among the circumcised group, but this was temporary and was not reported at subsequent follow-up visits.

This study demonstrates that circumcision does not result in any decrease in sexual function or satisfaction. It reinforces other studies which have shown no decrease in sensitivity in circumcised men. Circumcision can therefore be argued as a win-win situation. It does not adversely affect the sexual experience for anyone, but significantly improves that experience for anyone with foreskin problems.

It is fashionable to argue that the foreskin should not be removed before the age of consent; that the foreskin should be left in place until the guy himself is old enough to decide on its removal. But that is to treat circumcision as a cosmetic procedure – a life style choice like a tattoo or a piercing. Circumcision is in a different league from that. If the above evidence is to be believed, it is a minor procedure which confers lifelong benefits. Surely routine infant circumcision is a no-brainer?

*Ivan Acorn*

## Circumcision Is Found to Curb Two S.T.D.'s

[By Nicholas Bakalar, the *New York Times*]

Male circumcision, already shown to reduce the incidence of HIV infection in men, also reduces transmission of both herpes simplex virus Type 2 and human papilloma virus, a study has found.

According to the Centers for Disease Control and Prevention, at least 45 million people in the United States aged 12 and older have had herpes, or HSV-2, the incurable infection that can cause recurrent painful genital lesions. About 20 million are currently infected with human papilloma virus, or HPV, which causes various genital cancers, including most cervical cancers. There is no treatment or cure for HPV, but there is a vaccine now licensed only for girls and women.

The study, a randomized clinical trial published in *The New England Journal of Medicine*, assigned more than 3,000 uncircumcised Ugandan men who were not infected with HSV-2 to undergo immediate circumcision or to be circumcised 24 months from the start of the investigation. A subgroup was similarly evaluated for HPV infection.

At 24 months, 114 men of the men initially circumcised and 153 of the non-circumcised tested positive for HSV-2. After controlling for various health and behavioral factors, the researchers estimated that circumcised men had a 25 percent reduced risk of infection. The results do not apply to their partners. For the types of HPV that cause genital cancer, the results were even more striking. About 18 percent of circumcised men were infected at the end of two years, compared with almost 28 percent in the control group. Even after adjustment for types of sexual practices, symptoms of sexually transmitted infections and other variables, the circumcised men had a 35 percent reduced risk of infection.

The mechanism for the effect is unclear, but the authors suggest that the retraction of the foreskin during intercourse exposes the penis to infection, and that the moist area under the foreskin may then provide a protected environment in which the viruses can flourish.

Asked about the applicability of the African results to men in the United States, the study's senior author, Dr. Ronald H. Gray, a professor of reproductive epidemiology at Johns Hopkins, said, "There is no reason to believe that this is in any way unique to Africa."

The study confirms the results of two previous trials in South Africa, and Dr. Gray believes that taken together the studies have significant implications for public health. "The findings suggest that there are important lifetime health benefits to the procedure," he said. "I think it's important that pediatricians consider the lifelong benefits that might accrue from circumcision when they are advising parents on whether the procedure should be performed in baby boys."

Other experts agreed. Robert C. Bailey, a professor of epidemiology at the University of Illinois, Chicago, who has published widely on the subject, said the *American Academy of Pediatrics* and other professional associations "are not taking

the lead in providing clinicians, nurses and midwives – the people who assist parents in making decisions,” with the information they need. “And so parents are not being fully informed,” he added.

An editorial published with the study said that rates of circumcision in the United States were declining, and that they were lowest among black and Hispanic patients, groups with disproportionately high rates of HIV, herpes infection and cervical cancer. There are 16 states in which Medicaid does not pay for routine circumcision, and this may exacerbate the problem among the poor, the editorial said. The authors acknowledge that both intervention and control subjects were self-selected, and that compliant subjects might be at lower risk for infection to begin with. That could result in an underestimation of the effect. Since the men were evaluated only at 24 months, it also is difficult to determine whether the lower rate of infection was because of a reduced rate of acquisition or an increased rate of infection clearance.

Still, considering the results of their own and previous studies, the researchers conclude that circumcision should now be accepted as an effective intervention for HSV-2 and HPV prevention, even though they emphasize that the procedure is only partly effective and that the promotion of safe sex is still essential.

*Submitted by Californian*

## **No More Smelly Foreskins!**

**A** new cream, NodorO™, is on the market. Its function is to banish genital odour. The blurb from the website is reprinted below. The cream is manufactured in the United States but can be shipped internationally. It can be bought from the website [www.nodoro.com](http://www.nodoro.com) at a cost of \$12.99 per tube.

Have you ever asked yourself

“Why is it that no matter how much time and effort I put into washing my penis in the shower, I still get that awful whiff of a rancid smell throughout the day, or even right after a shower?”

Don't worry, you are not alone. Finally, there is a solution. NodorO™ is a safe and effective OTC (Over The Counter) medicated cream developed in accordance with an FDA approved monograph; NodorO's brand was specifically created to destroy and prevent MGO (Male Genital Odours) and can be obtained right here on this website. Do not get fooled by scented creams and oils. NodorO™ does not mask or cover the smell, it REMOVES, KILLS and PREVENTS ODOURS. You must solve the problem at the source by using NodorO™.

President/CEO and NodorO™ Creator, Dominic Adams suffered from MGO since he was a teenager, until he realized his discovery. Adams personally tested the product for several years, which inspired him to share his discovery with the world and created NodorO™. “I could not imagine my sexual life without NodorO™ anymore. I have no more fears of repulsing my partner due to bad genital odours. For anyone who has ever dealt with MGO, it is a miracle cream. I went from

being embarrassed because of the smell, to being confident,” says Adams without embarrassment or shame anymore.

Typically, MGO occurs with men who are not circumcised. Due to the moist environment between the foreskin against the glans, it is a favourable environment for the growth of fungi cells. NodorO™ targets the micro-fungi called tinea corporis that may be causing your MGO. However, MGO is also common with men who are circumcised.

Sex can offer you some of the best and most intense moments in your life. But unpleasant odours can ruin your sex life and potentially your relationships. Let's be honest, unpleasant smells are a turn off for anyone, and the last thing you want is for a fishy smell to be coming from your own penis. Simply apply NodorO™ for 2 days (see instructions), and you will notice results right away. Use as needed and as directed.

We understand that such a problem is very embarrassing, therefore NodorO™ will be shipped anonymously and will be billed to your card discreetly. Don't wait anymore! Take charge of your hygiene, improve your confidence, and get NodorO™ today. You too, will soon be able to say: "I SMELL PERFECT!"

## An Attention-grabbing Topic

Circumcision seems to dominate Men's Magazines and the internet more than ever. It is a topic or subject that has grabbed people's attention in recent times. Put the case: should all men be circumcised? Some will answer yes and others no.

As a circumcised man I am in favour of circumcision just for the 'cosmetic appearance' – if nothing else. Compulsory or mandatory circumcision is dead against my principles and smacks of the totalitarian state and there would be no equivalent for women. In my opinion, all circumcisions should be voluntarily performed unless some dire medical condition dictates otherwise. As for the proliferation of 'circumcision clinics' for the want of a better term – I believe this is a good trend. It would give a man the opportunity to consult the clinic and if necessary, 'book himself in for the op' without giving away too much information to other people.

My circumcision was performed when I was about three years old in the early years of WW2 at the behest of my mother and due to phimosis. I was duly taken to the Jewish Hospital and appropriately circumcised. A few days later I was taken back and my stitches were removed to reveal a perfect circumcision. However, my frenulum was left intact and over the years gave me some irritation during intercourse despite the sexual position we were adopting at the time. August 06 gave me an answer to this discomfort – a re-circumcision at the Custom House Clinic in London with Dr Zarifa. Arrangements were easy with Sylvia Nicholas the admissions secretary. I had some skin on the shaft of my penis removed which gave a tighter feel and appearance. My frenulum was also removed which makes intercourse much more pleasant.

*R.W. – Manchester*



## Should I Opt For Circumcision?

[An article by Joel Stein from *Time*]

I knew having a child would force me to examine my life, but I didn't expect to have to start with my penis. When my wife and I found out we were having a boy, everyone asked if we were going to circumcise him. All I knew was that circumcision is something the U.S. does and Europe doesn't and is therefore awesome. Our penises are clean and sleek and new like Frank Gehry skyscrapers, while theirs are crumbling, ancient edifices inhabited by fat old men in hats.

But when I thought about it, there was something disturbing about the fact that someone had chopped off part of my penis – a part that not only had nerve endings and a protective function but also could have made me look bigger. When I presented these arguments to my lovely wife Cassandra, she told me to shut up. Her argument was largely based on aesthetics and involved a lot of detailed talk about the surprising number of men she had dated. It's hard to win a debate when you're busy covering your ears and singing to yourself.

I argued that our son would not feel embarrassed either way, since compared with American babies in the 1960s, when 90% got snipped, about half of newborns are now deforeskinned – and only about 30% of California infants. I went on Facebook to ask if being made fun of in the locker room was apocryphal. What I learned is that even Facebook users disapprove of making parental decisions on Facebook. And kids probably don't make fun of one another, since the *Centers for Disease Control and Prevention* found that only 69% of circumcised and 65% of uncircumcised adolescents know which one they are. Also, you don't need to be Don Rickles to respond to someone's mockery of your foreskin with a casual "Dude, why are you staring at my penis?"

All I knew was that this is clearly not a decision I should be making for another human being. What school he attends, what he eats, which bouncy seat he should bounce in – sure. Whether to alter your genitals for aesthetic reasons is a question meant for your mid-20s at Burning Man.

Still, I knew this decision was going to be made now or never, so I started asking every medical professional, woman and gay man what kind of penis they preferred, which, to my shock, got me a lot of dinner invitations. Though there seemed to be a slight aesthetic preference for not wearing a hat and a slight functional preference for keeping one on, no one had a really good argument for giving your baby plastic surgery. A paediatrician told me the sole reason he circumcised his son was so that the kid looked like him. If my son looks at my penis and the biggest difference he notices is foreskin, I have far more serious problems. Plus, if I wanted my son to look like me, I wouldn't have worked so hard to marry someone better-looking than I am.

It turns out, though, that there's an enormous group of people who would argue passionately for my son's foreskin. Francis Crick and Jonas Salk were among the Nobel laureates who signed a petition to the World Court to end circumcision. The last week of March was Genital Integrity Awareness Week, which included a

march from the White House to the Capitol, which, while not far in miles, is an eternity when measured in baby foreskins. This cause is so real, it has its own ribbon. There's even a group called *Jews Against Circumcision*, made up almost exclusively of Jews whose parents no longer talk to them.

The antisnipping crusaders argue that the ancient Greeks rejected this violent tribal custom of the Jews and Muslims; hardly anyone practises it anymore besides those groups and Americans. They argue that the Jews created it as a way either to exclude women from their club or to ritualize the sacrifice of the firstborn male. They say it was brought to the U.S. in Victorian times only as a means of reducing masturbation by limiting sensation, in what has to be the biggest failed medical experiment in history.

Cassandra would not hear any of this. She felt strongly that our son should feel Jewish and that when she bathes him, she shouldn't have to touch his penis too much. And then last month, a study from Africa showed that circumcision greatly reduces the chances of catching a sexually transmitted disease. And I had lost my argument.

So in a few weeks, I'm going to buy some bagels, call a mohel who is also a paediatric surgeon and believes in local anaesthetic, and do something that I'm pretty sure is wrong. I have a horrible feeling that all of parenthood is like this.

## Circumcising Tyler

**[At the end of last year, a father recorded his thoughts as he arranged the circumcision of his adolescent son. The account is being serialised over a number of editions of the newsletter.]**

### Part 2 – Convincing Tyler

**26 October 2008**

Now that I had a good doctor, it was time to sit down with Tyler and tell him what was what. It pretty much boiled down to me knocking on his door and coming in and starting to talk about how he was becoming a man and how his body's changing and how important it is to have safe sex. He sat in his chair clearly embarrassed but nodding and 'uh-huhing' to show he was listening. I finally said: "You're probably wondering where I'm going with all this." He replied that indeed he was. So I, rather undiplomatically, just came out and said: "Well Tyler, I've decided that the best thing for you is to get circumcised." His eyes just widened, his jaw opened slightly, and he looked at me sideways as I had feared. The rest was rough. He didn't cry but I could tell he was close to it despite my reassurances that being circumcised is best not only for health but for sex and hygiene. I told him I found an excellent doctor who will make sure it doesn't hurt at all and that not only would I get him the iTouch for Christmas but he'll get the Wii as well. I then tried to take the long view by saying: "But I think you'll appreciate your circumcision for far longer than any of those things." That bit of wisdom was lost on him.

Right now he's up in his room here at my place being very quiet. He immediately called his mother who stood by me as we discussed though she immediately called me afterwards worried about him. Despite everything between us, she is a good mother and for that I'm thankful. This is one of those times I just feel like, "You're mean daddy!" I'm going to spend time building up his enthusiasm for this once the shock wears off. I gave him a print-out showing an adult penis cut in the low and tight style and the entire page of teen and adult reactions from *Circlist*. He tossed it aside when I gave it to him though I'm sure he'll read it at some point.

I don't think he's so against being circumcised as the idea of having surgery as that was what he talked about most, though he did surprise me when he asked me if it would feel different when he masturbated. I explained that it would but that it would feel better after he had healed. He was, oddly, also concerned how many people would be looking at him and if he would be in the hospital. I think the idea of a lot of people looking at his penis is embarrassing for him. Otherwise he was very concerned how many shots he would have and if he would have an IV. I told him I did not know but would ask the doctor though I assured him the surgery would be painless.

Frankly, I expected more opposition though it wasn't the "I've been dying to ask you about it Dad!" reaction I hoped for. I'm going to play it by ear and gradually introduce him to the idea that this is a positive experience with a lot to look forward to. I am still certain I've made the right choice.

## **28 October 2008**

Tyler turned 13 this summer. We spent a good part of yesterday discussing this entire situation. I apologized for making it sound like an order and went into greater detail about all the benefits of circumcision. He read the print outs I gave him last night and I think that, at this point, he's more worried about having surgery than what the surgery is about. His best friends are circumcised and I believe most kids around here are, so we also talked about looking like other guys. I'm not sure where he is in puberty compared to his friends, but I think he's lagging a bit behind. When I asked the paediatrician about it I got the pre-canned response, "all boys are different, whatever he's at is right for him, etc. etc." OK, but when he goes to high school next year will he be ridiculed or will he fit in? I know many kids these days either don't shower after sports or shower with their underwear on. I think it's a bit ridiculous having lived through the non-trauma of gang showers my entire high school experience. However I do want to encourage Tyler to branch out in other sports. I'm not a rah-rah sports dad by any means. What's important is that he be healthy and look after himself. It's so easy to get fat these days and I think the habits he develops now will last him through his adult life.

I didn't push the issue any more than he seemed willing to talk about but I did emphasize that this decision was made with every regard for his health and that I made it with love for him. I was kind of surprised. Usually when I say things like he bristles or sighs or I get a "Daaad!" This time he just said: "I know."

Tyler has asked me not to tell his brother David about it and I agreed that Tyler should be the one to tell David. This is a private matter though he should speak to his brother about it before the time comes. David is nine and he's in the same situation that Tyler is. I told Tyler that it's very important that he not frighten David because he'll be going through it himself soon enough. I completely expect David to be much easier to handle once Tyler is done. They fight like cats and dogs, have very different personalities and interests, but I do know that David looks up to Tyler the same way I did with my older brother. Once Tyler is done, I expect David to fairly pester me to be circumcised. That's the kind of dynamic they have. What one has, the other wants.

### **1 November 2008**

As an update, I've decided to take my son in early for the initial consult so he can ask the doctor all the questions I can't answer. Tyler's very interested in talking to the doctor and understanding everything about what's going on. I'm happy to say he's gone from shocked to cautious to curious. I admit I also want to meet this doctor so I can get a feel for him before I commit my son's circumcision to him. If he can put Tyler at ease then I think that will greatly relieve the anxiety.

I have apologized to Tyler for sounding like such a jerk when I first spoke to him. I was very nervous speaking to him and I guess that showed in how I raised the whole issue. Now that the whole initial awkwardness of the subject has passed, we've talked more about it more comfortably and I think we're both much happier with how it's all going.

### **25 November 2008**

Tyler had his consult today with the urologist doing his circumcision. As I stated earlier, I wanted to move up the consult so he could have his lingering questions answered that I felt would be answered best by the doctor.

The doctor interviewed us both together asking about why I thought Tyler should be circumcised and I responded with the health, cleanliness, and social reasons which I believe are important. The doctor basically agreed with me though he did warn us quite strictly that circumcision is no substitute for a condom. Poor Tyler turned beet red but then did perk up a bit when the doctor mentioned that condoms are easier to use for circumcised men, something I hadn't thought of.

As the conversation turned to discussing just how things would go, Tyler started asking questions about anaesthesia, pain, how long it would all take, stitches, if he would be awake, and if other people would be able to tell he wasn't circumcised at birth. The doctor spoke frankly and with a reassuring smile on his face the entire time. He talked to Tyler like an adult and that always impresses me. He's board certified, says he's likely done hundreds of circumcisions and as he said: "I've never had one fall off yet!" That got a chuckle from Tyler and that made me happy.

After that, he and Tyler went into the examination room while I read an ancient issue of *Architectural Digest* with Rod Stewart on the cover, but they were out in less than ten minutes, Tyler looking slightly sheepish if none the worse. He then

sent Tyler out to the waiting room while he asked me about medical histories and if I was sure this was what I wanted and did I know that Tyler had a tight frenulum? I replied that I didn't as Tyler had never mentioned it to me. Well guess what? Now that he does, insurance will cover the procedure and so that's less money out of my pocket. That done, I paid and we left.

On the way home I asked Tyler if he felt good about this doctor and if he had all his questions answered. He said he had and when I asked him if he was OK with it, he said he was. Then he asked not to talk about it any more.

And that was that. We're still scheduled for the 26th of next month and we'll see how it all goes. I'm really glad we did this before the surgery itself. It seemed to relieve Tyler's anxiety a great deal and made me feel more confident in my decision on not only circumcision, but the doctor as well.

## Tamás' Story

**[This is the second personal story from the Hungarian website.]**

I am 29 now, and I had no problem whatsoever with my foreskin, as I could easily pull it back even when fully erect. In fact, I was not fully satisfied with it, because it was quite long and thick, and I had problems with using condoms. Plus, if the girl was not tight enough, my skin slipped forward and I was moving back and forth in my own foreskin. Nevertheless, I had never thought of getting circumcised until early 2007, and I thought that voluntary (non-medical) circumcision is a simple nonsense.

On one occasion, my girlfriend at that time started to play with my dick with the foreskin fully pulled back with one hand, and stroking the mushroom head with her other, and I liked it a lot. I also did it when I was alone, and I tried to keep my foreskin pulled back. Unfortunately, it did not work, because as I said it was too long and thick, so my glans could not hold it back. I started to browse the net to get some idea what to do, chatted with lots of guys who were circumcised, and I sort of started thinking about getting it done myself. By then I had a new girlfriend to whom I mentioned the idea and she was very pleased with it. It turned out that she wanted to suggest circumcision herself, as her ex-boyfriends were all circumcised, and she thought that every man is cut in Hungary, just like in the US.

I chose Dr Fekete, who runs a successful private clinic in Budapest, specialises in men's health and does scores of circumcisions. I was circumcised in late June 2007 and I had a very smooth and problem-less healing period. Unfortunately, the doctor did not cut off enough skin and the scar was not too nice either, so I went back to him in April 2008 and had a correction surgery done. My second operation was also very smooth and I healed very quickly. Now I have a new girlfriend who loves my circumcised dick and I am also very pleased with my organ. I have already decided that I will get my future sons circumcised as soon as possible. I am sure the mother will agree, as it is a lot better for the man and for the girlfriends and for the future wife too.

## Picture Gallery

[The images are of Tamás whose story appears opposite.]



## Circumcision In Fiction

[Extracts from *The Young Stud* by Peter Brown]

**(This is taken from fiction about guys being taken into slavery. In this story, Steve has just been sold and is about to be inspected by his new owner.)**

I wondered what my owner would be like, and stood there trembling in anticipation and worry. I was standing there buck naked when I heard a guard snap “Turn around, boy, and stand still!” There in front of me was an older guy and behind him, another guy: tall and very well muscled.

The older man’s eyes raked me up and down as they had before the auction, and he nodded slightly as he said to me “You’re mine now, boy. You will refer to me as ‘Boss.’” I was about to say something when the guard looked at him and said “Included in the price is any other procedures you want... vasectomy, circumcision, even castration... We have a fully trained nurse who’s qualified for all those operations on slaves.”

The man looked at me, and smiled. “Don’t look so worried, Steve! The last thing you’ll be having is a vasectomy, or the loss of your balls, will he Jeff?” The big guy’s faint smile broke into a broad grin as he answered promptly “No, boss!”

“I’m not so sure about the circumcision, though.” My owner peered at my dick as he said this, and went on “He’s not got a horrible long flap overhanging the end, and I quite like the way his piss slit is peeping through even when he’s all shrunk up with the cold. But, on the other hand, especially in your line of business, the traditional ‘high and tight’ is so much sleeker. You’d agree with that, wouldn’t you, Jeff?”

The big guy smiled again. “Well, Boss, it’s true that it’s easier to shower and everything, and I suppose it looks better when you’re not erect... But a young guy like this... Well, it seems a shame to spoil his pleasure as it’s not so much fun jerking off without your ‘skin...” “Oh, come on, Jeff! When’s he going to be jerking off in future?” “Sure, Boss... But mightn’t it be better to wait and see how he works? I mean, if you have to sell him if he’s unsuitable, then you’d get a better price with him still ‘au natural’, especially since, as you say, his ‘skin kind of enhances the general look of his dick. You could always have it done later...”

My owner nodded.

\*\*\*\*\*

In the afternoon of the third day, when I was working out as usual in the gym, a guard came over, and told me to follow him. The guard took me into a kind of first aid room, with one of those treatment chairs in it, and after a few moments a youngish guy in slacks and a pullover entered.

“Right, Steve, take that jockstrap off, and sit in the chair, please.”

The doctor bent over me, and before I could react, had fastened straps from the chair around my forearms and waist. Then he stood there with a stethoscope, and



listened to my heart.” Very good, Steve! Excellent! Not a sign there of any problems, so we can proceed. Now, let me make sure you’re immobile...” As he said this he fastened more straps around my thighs, and a thick one around my chest.

“Sir, please, what...”

“Oh it’s a very simple procedure. I do it all the time, mostly to the newly enslaved. Your owner has decided to have you circumcised.” “No, sir, there must be some mistake... He didn’t have me done when he bought me...” “...and now, evidently, he’s changed his mind. I have the minor procedures order here that he signed when he left you in our charge, and he’s coming back for you tomorrow so there’s no time to be lost...”

He opened a cupboard and laid some stuff out on the top of the low cabinet that lined one side of the room, then came and stood by me holding a black thing, about the size of a fat cigar. “Now, Steve, there will be some... Some, shall we say, ‘discomfort’, I’m afraid. But the whole operation only takes a few minutes. It’s my belief that it’s wrong to anaesthetise a slave during a very minor surgery like this, as it’s better for you to remember how it felt, as an aid to your further understanding of the way that your owner has total control over you. So put this between your teeth and bite down on it – you’ll find it helps to bear the pain. And it stops your screams disturbing everyone else in the building.”

I went to say no, to beg him not to do it, but as I opened my mouth he slipped the rod in. It was hard rubber, and tasted of it. I sat there then, totally unable to move, watching the doctor as he broke open a sterile packet containing a scalpel. He pulled up a low stool and sat on it, between my legs, and said casually “OK, Steve, here we go... The first cut frees everything up...”

I was looking down as he picked up my dick, and ran the scalpel around between my ‘skin and my dick head, at the bottom. Then he ‘skinned me back, showing me that my ‘skin was no longer attached at the base. That lovely sensitive triangle of skin down there was all covered in blood, and it hurt like hell: I was screwing up my face with the effort of trying to remain calm.

“Good”, he muttered to himself. “Now a lot of men find this just a trifle painful, but hang in there...” He took a metal cylinder and slid it down over my dick, pulling the loose ‘skin over the outside. I wanted to shriek as the edge of the cylinder touched the raw part of my dick head underneath, where he’d freed it already, and I could feel sweat breaking out all over me as I heard my muffled screams as I bit down into the rubber as hard as I could. He didn’t say anything then, but teased and stretched my ‘skin along the surface of the cylinder. Then, in one practised, fluid movement, ran the scalpel neatly around, removing a perfect circle of flesh. I could see the blood welling out from the cut ring all around my dick, and I think I was beyond feeling any new pain as my entire dick hurt with a general hurt all over, a hurt that sent stabs of pain through me all the time.

The doctor was smiling at me now: “There, all over... I’ll just spray this with the new miracle stuff... based on spiders’ webs... that seals cuts closed, and stops bleeding: it’s really good in applications like this as there’s a lot less scabbing and almost no residual scarring...” The aerosol was cold against my dick, but I could

tell from the way he was washing his hands that it was all over. "Right, Steve ... That's it! A proper 'high and tight' as we say in the trade, so now you look like a slave all over. Now, no jerking off, no sucking of that cock, and certainly no fucking for a week or two. We don't want the wound opening up, do we? A lot of men think that that's the hardest part – not having any form of sex for a time, and it must be particularly difficult for a young, virile guy like you. But I'll warn your owner, too, and perhaps he'll buy you a chastity device – that's usually best, as so many of you slaves are incapable of avoiding temptation!"

With that, he walked out, leaving the guard to undo the belts holding me to the chair, and lead me back to the cell.

## Circumcision Within Families

I would like to share some matters regarding circumcision within my family. My father was born in Wales in the early part of the 1900's and was circumcised. While I cannot be sure, I presume that he was done soon after birth. My mother's brother, also born in Wales about 5 years later, was also circumcised. This did take place soon after birth, so I gained from overhearing chatter.

My brother and I were both circumcised. My brother was born in England in the 1930's and I in one of the British African colonies in the 1940's. My brother's son was born in England in the 1950's and he was circumcised.

If I had had sons they would most certainly have been circumcised as where we lived it was common for the gynaecologists attending mothers to offer circumcision to baby boys on the 8<sup>th</sup> day. Ten years ago my grandson was born here in Australia and his parents carefully considered the situation and decided to have him 'done'. This was not a problem as there are medical practitioners here who gladly offer this service. The boy's father, uncle and grandfather (all born in Australia) are all circumcised, as is another uncle (born in England in the 1960's).

One wonders what the position will be when my grandson perhaps has a son himself. Will he by then have seen the benefits of circumcision or will he consider himself to be an odd man out in his society and not let his son be the same way? Time will tell.

*From Circlist*

# ACORN

Issue  
N° 4 2009  
Editor  
Ivan Acorn

## Editorial

**A**fter a famine as far as Society meetings are concerned, two come along together! There is an official meeting scheduled for the end of October (see page 9). I do hope that everyone will make an effort to come along – it offers a great opportunity to meet like minded people and discuss the subject that fascinates us all.

A member is also offering to organise an unofficial meeting in Leeds if there is sufficient interest (see page 10). The two meetings are not in competition. Indeed it would be great if we could have more local meetings, even if only a handful can attend each one. So if any other member wants to take the initiative, I shall be happy to give the necessary publicity.

Meanwhile on page 4 we publish an extract from a doctor's column in the *Daily Mail* which is actually pro-circumcision. The medical profession has long been the main stumbling block to a greater circumcision rate in the UK. If doctors (and the media) are starting to be more favourably inclined, perhaps the tide is beginning to turn as far as circumcision in the UK is concerned.

*Ivan Acorn*

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## Editor's Interview

Edward is very proud of his long, thick member. But that very thickness, he believes, caused the phimosis which necessitated him being circumcised as a teenager.

Edward was born before WW2, but unlike many babies of his era, he was not circumcised at birth. He does not know why and he had no brothers to “compare notes”. However, his father was not cut so it may have been a family trait to stay intact. In contrast, he found that most of his school friends had been “done” in babyhood.

Edward was 16 and had just left school when his father told him he had to be circumcised. “I think it was because he was concerned about cleanliness. I couldn't retract my foreskin at all, with or without an erection, but being a man of the world, he must have realised that I had already been wanking for about two years. He once told me that an uncle was unable to father any children because of his over-tight foreskin. My foreskin wasn't very long but it clung closely to the glans at all times. It didn't hurt my glans, even when erect. I can't remember any irritation or infection. So it must just have been tightness and personal cleanliness that persuaded my father.”

Anyway, Edward was sent to hospital, extremely uneasy about the matter, not because it was a circumcision (most of his school friends had been cut) but because he was afraid of an operation of any kind. It was a strange experience. He had local anaesthesia so was “needled” all round the relevant area, making him insensitive from his navel to just above his knees! Then he was given a series of further needles to amplify the anaesthesia before any surgery began.

Edward takes up the story: “I couldn't really feel anything except a curious and rather unpleasant tickling sensation although I knew exactly where the surgeon was snipping. The nurse asked me if I wanted to watch. I gave a definite 'No', so a blanket was placed over my chin to leave me staring at the ceiling.

“When they had finished (i.e. after about 25 minutes), I found they had wrapped miles of bandages around my dick. Their primary concern was to prevent traces of urine soaking into the bandages and possibly infecting the wound, so I was supplied with plenty of anti-bacterial medicine to dab on the bandages. These remained in place, I think, for about five weeks. Curiously, during this time I discovered that they had injected drugs of some kind to maintain an erection, presumably to make the surgery easier for them. (The erection gave me no sexual pleasure!) Eventually I simply found the bandages had dropped off inside my clothing and the revealed dick was painless. I was pleasantly surprised. It was some time before I could enjoy further wanking, solo or otherwise, but of course everything cleared up and eventually I resumed my pleasures.”

Edward was given a tight, low circumcision – the scar, now indistinct, is about half an inch behind the glans. The frenulum was retained. He was quite happy being circumcised and found masturbating (even alone) far more comfortable than when he had a tight foreskin. It was easier for access since he generally wanks

by rubbing the rim of his dick-head, rather than by wanking the shaft and using the foreskin passing over and over the glans to excite.

From that time, Edward has enjoyed his circumcised dick on innumerable occasions. He believes that daily orgasm is very beneficial for health! He describes being circumcised as “great”. All his various partners, both female and male, have thought his circumcision “neat”, enhancing the appearance of his large endowment. “They like my size, too,” adds Edward with a sly smile.

Edward confesses to a preference for wanking in company with others and not solo. “My earliest experiences were, inevitably, with friendly schoolboys. I can wank cut and uncut men equally happily. Not many men have wanked me, but those who have, have done it in a similar manner to me wanking them. I don’t think circumcised and uncircumcised men behave differently at all. We should remember that the peak of excitement is not as we cum, but in the few moments when we have reached the inevitable point where we cannot stop cumming in a few moments.”

Edward did his National service in the RAF, but was never posted overseas. “In spite of sharing space in our billets, I saw very few other cocks. I did, once only, have a mutual wanking session with a regular chap, but we never had the opportunity to repeat it. During the night, it was quite common, if one awoke, to see men in adjoining beds lift their bedclothes and wank (and cum?) in view of their neighbour. Sometimes in the gloom I could see a neighbour’s sheets going up and down as he was solo wanking and thought no-one was watching. His groans when he came made me very hard but I was always too shy to do anything like that myself.”

The whole subject of circumcision fascinates Edward. He didn’t know about the different types until he read the *Acorn* newsletters. To his regret, he finds that more young men today are uncircumcised, “probably because of the costs and NHS unwillingness to perform the operation unnecessarily.”

Edward has ideas about expanding the readership of the newsletter. “A fair proportion of *Acorn* members will be gay or bisexual men and, of the gay men I meet, the larger majority all have quite an interest in whether friends or partners are circumcised. It’s a subject you often discuss in detail and one in which I have a considerable interest. In suitable private circumstances, it’s very helpful and interesting to see other men’s equipment (erect or not), with or without actual contact. I can vouch personally for getting hard very quickly when I am in a group of accompanying exposed erections.

“If the foregoing is true, I’m sure you would greatly expand the readership of your excellent magazine if several readers would agree to write to you to recount their first (or one of their earliest) sexual experiences and add whether their partner at the time and themselves were circumcised. Interesting points to explain are who made the first approaches and how, and what they liked to do best to enjoy themselves. (Readers would doubtlessly compare all this with their own experiences.)”

*Ivan Acorn*

## Daily Mail Supports Circumcision

[From the *Daily Mail* column: Ask the doctor]

By the way: from my first days at medical school I opposed the circumcision of healthy baby boys, seeing it as an unnecessary and primitive ritual mutilation. In any subsequent – often heated – discussion about the rights and wrongs, the fact that the human being concerned neither gives his permission nor has an anaesthetic (on many occasions) usually features high up on my reasons why.

But I might be about to change my views on the basis of an item of good research just published in the *New England Journal of Medicine*. The study was carried out on more than 5,000 adult men, half of whom were circumcised at the beginning of the trial and half of whom were circumcised after two years. The finding from comparing the two groups was that the incidence of the herpes simplex (type 2) human papillomavirus (members of this family cause cancer of the cervix) and HIV were significantly reduced in the circumcised group – by up to 35 per cent and the study is on-going.

Circumcision protects men from disease because removal of the foreskin ‘toughens up’ the previously delicate and sensitive skin covering the glans of the penis. Therefore, it is harder for invading viruses to penetrate the skin. The implication of these findings – that circumcision is an effective measure for reducing infections and significant sexually transmitted viruses – has raised questions about whether it should be encouraged at birth. But ultimately, of course, it is not perfect protection – the only things that are: abstinence, complete monogamy within a relationship or the careful practice of safe sex.

Submitted by W.E.M. – Sussex

## A Reply To Keith

[In issue 2/2009, Keith Price asked members to contact him.  
Anthony shares his reply to Keith with us.]

Your interest in the penile status of others is one that is shared by many, though few will admit to it! Your keeping detailed notes may be less common, but attention to fine points is a feature of the observant. I was curious to read that most boys you saw were circumcised like yourself, so there were obviously very few foreskins at your school. How did you feel when with foreskin, albeit tight, before you were circumcised? For most boys it would have been a fait accompli in infancy.

One acquaintance, circumcised in the 1930’s, found 50% of classmates at school were circumcised like him. Done in 1945, at secondary school I found that in my class, there were 45% in the circumcised group, leaving a slight majority of foreskins (55%). Of a generation 20 years later, one happily circumcised man reported that, in his class, 9% were circumcised and 91% foreskinned. What are the figures 25 years later for those aged 15?

You mentioned the importance of size but no detail other than being circumcised or not. Yet there are many types of circumcision ranging from 'high' to 'low', surgical freehand to forceps guided, clamp or Plastibell, even ritual; and certainly many foreskin types, skin thickness and length particularly with overhang.

My data involved the whole of my class over 3 years from flaccid shower room observations in alphabetical order – size, whether circumcised or not, with glans size, scar and foreskin type with details of overhang. There were 14 of us circumcised, and 17 with foreskins. Like you I found some foreskins not at all attractive, but there were also ugly circumcision scars and threateningly overflared glans! One had a Jewish style circumcision with a beautifully straight scar and a corona overlapped with residual foreskin like the cup of an acorn.

Just after I made the late discovery that I had been circumcised, I took to long trousers on becoming a teenager at 13. Then, of the 50% of the class still in short trousers, 40% were circumcised and 60% intact. A year later only 18% remained bare kneed, but of this minority, 17% were circumcised but 83% had foreskins. By age 14½, all remaining in short trousers were exclusively foreskinned, all with overhang, particularly one who had more overhang than his penis length! Could it be that concerned parents not only had their sons circumcised, but thought them sufficiently mature for an early change into long trousers? Conversely could parents that didn't care so much have left uncircumcised sons in short trousers, prolonging their boyhood appearance?

The two with the smallest penises were circumcised, their glans like tiny button mushrooms. Only one had a neat straight scar (already mentioned) whilst the other 13 circumcisees had irregular scar lines, some lumpy, even ragged, including mine. Some foreskins were noticeably thin, even membranous, whilst others were luxuriously fleshy, even rosetted at the tip.

Looking through my papers recently I came across that list from over 50 years ago. It proved quite nostalgic, and reminded me of 31 wet slippery wriggling bodies in the shower sporting such a variety of penile appearance, a genital gallery indeed! Variety indeed, a real education in itself!

You mention wanking with other circumcisees, but the opportunity did not arise for me. On separate occasions I did see one roundhead and one cavalier masturbating.

### **Addendum as to circumcision types**

In recent decades, the widespread use of the Plastibell in hospital, private clinic and GP surgery for neo-natal and infant circumcision has resulted in neat straight scars, and of the 'high' type with retained frenulum and much mucosa, retaining more erogenous tissue. Neatness has always come from the shield guided ritual of Judaism where the frenulum is always retained and some foreskin, especially underneath.

Things were more radical, less merciful, previously. Surgical circumcision in the first half of the 20<sup>th</sup> century was of the 'low' type, entailing removal of all outer foreskin and inner mucosa together with all the frenulum with only enough tissue



left to approximate and suture the two separate layers. Bleeding from the frenal artery was dealt with by a mattress suture. The scar line was mostly irregular with skin tags, stitch tunnels, sometimes lopsided, lumpy underneath at the mattress suture site. Loss of sensory tissue was maximised, even to the point of resulting in a painfully tight erection which made masturbation less easy.

The devil is in the detail!

*Anthony*

## **Circumcising Tyler**

**[At the end of last year, a father recorded his thoughts as he arranged the circumcision of his adolescent son. The account is being serialised over a number of editions of the newsletter.]**

### **Part 3 – The operation**

**26 December 2008**

**T**he deed is done and I'm happy to say Tyler has just joined the ranks of the circumcised!

So far everything has gone really well. The day began with us getting out the door on time and I advised Tyler to wear his jock and sweatpants. Dr. A had prescribed 2mg of diazepam to be given half an hour before arrival. Diazepam is Valium and this is to calm the nerves so I gave it to Tyler just before we got out the door. Our appointment with Dr. A was for 10:30 am so we were on the road by 9:45 to be sure we got there on time. We spent the drive mostly talking about his Christmas dinner with my ex's relatives (a colourful bunch). The conversation was a little forced and I thought he was nervous so I asked him if he was and he said yes. I asked him what he was nervous about and he said he was worried about how it might hurt and that the stitches seemed to be the thing that caused the most trouble. I've given him access to some circumcision anecdotes so he could get an idea of what it's like and I had noticed that too so I said we'd ask Dr. A when we got there.

We got to the office and the receptionist was very friendly and welcoming, greeting Tyler directly. He was embarrassed and so went over to the waiting area with his Gameboy and zoned out. I filled out a few forms, read a few magazines, and tried to be as nonchalant as possible because I was a little nervous myself. I didn't expect that but I realized I was trusting my son's body to some man I had only met once before. I'd never felt that before taking him to a doctor but this time I did despite the fact I found Dr. A very pleasant and outgoing. We were called about 10 minutes after our 10:30 appointment time so that was good. We were shown into the surgical room where there was a hospital gurney/bed type of thing and right behind us was Dr. A looking doctorish, very friendly to us both. Tyler just said, "Hey," and kept looking around the room searching for anything that looked horribly painful. There wasn't anything so that was good and Dr. A quickly took Tyler's weight, temp, and blood pressure all the while asking Tyler

about school and what he liked to do. It's like Dr. A had a whole interview style to put kids at ease. It really worked well with Tyler as he loosened up the more he talked. This was great. It wasn't like, "Come in, drop your pants, don't look at the giant needle." Dr. A got Tyler to relax by doing other things first. I really appreciated that.

When those things were finished he asked me if I wanted to stay and I said I'd stay if Tyler wanted me to. Tyler shifted a bit and mumbled something to the effect that he didn't care so I elected to stay and give him some reassurance. Then the moment came and Dr. A had Tyler lose everything except his shirt and socks and hop up on the gurney/bed thing. He did so and asked if he could keep his Gameboy and Dr. A said it was cool so long as he kept his arms up near his chest. Dr. A then reclined the bed quite a bit until Tyler's torso was only slightly raised. Dr. A then put a towel across Tyler's midriff and then told Tyler that he'd feel some injection stings and if he relaxed it would be less painful and go quicker. I was sitting up near Tyler's head and put my hand on his arm instinctively. With that, Dr. A made some injections in the base of Tyler's penis. Tyler flinched and closed his eyes, drawing in a sharp breath. It seemed to take a long time. I think there were five in total but I was keeping an eye on Tyler's face and encouraging him to be brave, telling him it'll be over soon.

It was over soon and almost immediately Tyler relaxed when Dr. A said the shots were over. At that point he swabbed Tyler's groin with betadine, draped him, put up a drape curtain, and then tested Tyler for feeling. There was nothing and so he went straight to his business. I was surprised there was no nurse assisting him but kept my mouth shut. The last thing I wanted to do was question Dr. A as it may have made Tyler nervous.

At this point Tyler asked for his Gameboy and started playing something and I just sat back and watched him play Yugioh, asking him about the game and how it worked and what to do. Dr. A also talked a bit, asking about school, what Tyler liked to do, and the games he used to play back in our day. I asked Dr. A what method he was using and he said it was "coronal". I've never heard this term before and can't find any definition for it.

I was half-watching Dr. A, trying not to look over his shoulder. I gather what he did was stretch out the penis to approximate erect length, made a mark on the shaft where the skin met the corona, and then cut a circle around the glans and then cut another line further down the shaft where he had made the mark. He then snipped around the glans, severed the frenulum, and then pulled the remaining shaft skin up to the base of the glans. With that he began suturing the frenulum and then the shaft skin to the base of the glans. It looked really simple to me and the shaft skin didn't seem loose and all the inner mucosa was gone so he really had done what I asked for. There was surprisingly little blood. The suturing took longer than the circumcision itself but even then, the entire thing took less than an hour. Dr. A put a bandage around the penis, half way over the glans and half over the shaft, wiped off the surgical area, removed the drapery, and the towel and pronounced he was done. It looked really neatly done and when Dr. A said he was done, Tyler looked at him in disbelief and asked: "You are??" It was just that

fast and Tyler later told me he felt some tugging now and then but nothing else. He got dressed and I asked him how he felt. He said he was fine and hungry so I paid, thanked Dr. A, got a script for painkillers, made an appointment for next Friday, and we left. It was 11:47! Tyler didn't seem the worse for wear either. So we went to Outback for lunch.

On the way I asked Tyler how he felt about the whole thing and he said it was easier than he thought. By the time lunch was done, Tyler was a bit stiffer and wanted to go home. The anaesthesia was wearing off and so I stopped at the drug store to drop off the script and we went home. Tyler spent the rest of the day on the floor in front of the TV sitting on cushions. He felt better not wearing anything so we setup a sheet tent over his groin and basically we played video games most of the rest of the day after calling his mom to let her know he was still alive. I got the idea of giving him an ice bag to put on his groin if he should feel an erection starting. I think that helped because Tyler asked me to refresh the ice before he went to sleep. I checked the dressing three times on Friday and there was only some spotting under where the frenulum was. That was it. There was remarkably little swelling. I gave Tyler one of the Tylenol 3s that afternoon and another before bed to lessen any pain he might feel from catching sutures on fabric or erections and to help him sleep. Tyler didn't want any blankets so I pulled an electric ceramic heater out of the closet to warm the room so he could sleep without any blankets. All in all not too tough.

## **Circumcision Doesn't Just Remove The Foreskin!**

Congratulations to the Editor on his article promoting RIC (routine infant circumcision). This is a trivial operation which brings enormous benefits and it is a great pity that it has fallen out of fashion. But the Editor only makes half the case. He concentrates on the advantages of removing the foreskin in terms of preventing future foreskin problems and reducing the risk of disease. All this is true. However, to my mind, the biggest benefit of circumcision is the baring of the glans. This is so much the case that, even if the foreskin could be guaranteed always to be problem free, I would still recommend its routine removal.

The bare knob has a lot going for it. First, it reduces over-sensitivity. The glans that is constantly hidden under its skin is just too sensitive to touch when it emerges. Many guys have a hair trigger response as a result. Permanent exposure reduces the immediate sensitivity of the glans without affecting the underlying feelings. Second, the contact of the exposed glans against clothing gives the cut guy constant, if subconscious, stimulation, making him more sexually aware.

Third, if the cut is nice and tight, and especially if the frenulum has gone as well, all the surface area of the glans, especially the sulcus and corona, are fully open to stimulation during sex. This increases the pleasure both of the guy and his partner.

Fourth, the circumcised penis is much more pleasing aesthetically. With its sleek profile and bared glans, the cut penis is stripped, ready for action and consequently looks much more virile and sexy than its intact counterpart. This

look and sense of virility in turn gives a great psychological boost to the cut guy, especially in cultures where circumcision is part of becoming a man.

Let's never forget. The circumcision operation may remove the foreskin but the outcome is a permanently exposed glans, and it's this result which gives so many of circumcision's benefits.

*Mark – Monmouth*

## **Dream Cream?**

**[Anthony vents his anger about an internet ad, reproduced in the last issue, for a cream to banish male genital odour.]**

Issue 3/2009 must be the most biased ever. Never before has the foreskin been more maligned or misrepresented. In 'No more smelly foreskins', a cream to banish genital odour was promoted with vigour. Male genital odour (MGO) "occurs with men who are not circumcised" and "is also common with men who are circumcised". Maybe a matter of degree with poor hygiene, but "a fishy smell to be coming from your own penis?" I would have thought the fishy smell to be from female genitalia, lingering about the labia and the pubic bush! Male muskiness or even cheesiness from the presence of smegma but not fishiness!!

Pheromones are essential for sexual attraction but should not be confused with additional odour due to lack of cleanliness. All senses are involved in close intimacy, including that of smell, which brings pheromones into their own.

As for MGO and FGO too, male and female genital odour of the unpleasant kind, they can be described in lines I wrote long ago:

"When sexual fondling has to pause  
There is a scent that lingers  
With foreskin, fingers are cheese straws  
With pussy, they're fish fingers."

That leads me to advice I gave for the uncircumcised – "unrind at the end of the day!" – and for those shorn – "you need to wash as well!" Deodorant cream is no substitute for good hygiene!

*Anthony*

## **Society Meeting**

A meeting of the *Acorn Society* is being arranged for Saturday 31<sup>st</sup> October. The plan is to have a meeting room hired from approximately 13.30 hrs to 18.00 hrs. Refreshments will be available. We can plan an evening meal together for those who require it. Bed and breakfast accommodation will also be available.

Further details and booking arrangements, via me, will be given in the September edition of the magazine.

*Douglas – Honorary Treasurer*

## Informal Meeting In Leeds

There are all too few opportunities for members of *Acorn* to get together with like-minded men to discuss the many and interesting aspects of circumcision. For those who are able to travel to Leeds, arrangements are being made for a venue here.

A pub called the Viaduct has been identified which is at the bottom of Leeds' main street, Lower Briggate. It is easily accessible on foot from the railway station or the central bus station. The room, for which there is no charge, is available on weekdays, up to 6 pm Monday to Friday and, in addition, on Tuesday and Wednesday evenings. The room is actually just a curtained-off section beyond the main bar. There is accommodation for about 25 to 30 people. Light food (sandwiches etc) and possibly lunches are available.

The idea is that all meet together and discuss our common interest. Anyone wishing to make personal contact should arrange that elsewhere. It is not suggested having a formal meeting with a chairman; people could chat amongst themselves and together.

In the first instance, any members interested in such a meeting should get in touch with the organiser by writing to me via the *Acorn* mailbox enclosing an s.a.e. This will be forwarded to the organiser who will be able to assess the interest and try to arrange a date and time to suit most people.

*Ivan Acorn*

## The Mohelet: Quite A lady!

The mohelet is an exceptional concept, the lady ritual circumciser, the first being Moses' wife Zipporah who "...took a flint and cut off her son's foreskin." There are 29 UK internet mentions of mohelet and 1030 worldwide, mainly from the USA. In the USA, half the Jewish rabbis and cantors are women, but there are very few lady circumcisers. Since 1984 the reform programme has produced 300 trained mohalot (the plural of mohelet). The conservative Brit Kodesh programme trained 50 more.

Dr Lillian Schapiro went through the Brit Kodesh programme for doctors and has since performed 50 circumcisions. Dr Laurie Radovsky circumcised her own son 11 years ago because there was no mohel available and nine years later became a mohelet. After each ceremony, she kisses the baby's head thus welcoming him into the Jewish congregation. Dr Debra Russbaum Cohen provides a bris for sons of lesbian couples (from artificial insemination). Obviously lesbians prefer a lady mohel.

Dr April Rubin has been circumcising for 25 years. She is preferred by many people to the local mohel. (He is rude and arrogant; she is kind and gentle.) Other prominent lady circumcisers are Dr Debra Weiss Islar, Dr Eliza Erber and Dr Dorothy Greenbaum.

Lady circumcisers are more mindful of pain relief. The dorsal block described in 1978 has had 2,000 successful uses. EMLA cream is also used and baby Tylenol. Dr Emily J Black favours the Gomco clamp, but Drs Lillian Schapiro, Rochelle Schwartz and Vivian H Lowenstein the Mogen clamp. It seems all American mohalot use modern clamps and wipe with gauze for metzizah. The Plastibell is not favoured as it is considered an infection risk. Dr Rochelle Schwartz, a Toronto mohelet, uses a clamp that permits a small amount of bleeding (necessary for the traditional bris). Dr Eliza Erber gives a dose of baby Tylenol before circumcising. She uses a Mogen clamp and quotes a 60 second bris out of a 30 minute ceremony. The baby should not be fed in the final hour before surgery. Dr Debra Weiss Islar's site has a selection of baby clothes for the bris!

*Anthony*

## The Knife Man

**[Tales from the Emergency Department; in which a man who wallows in nostalgia, and secretly wishes he were a Victorian Knife Man rants about his work and what passes for a life.]**

**M**y last patient was a painful one. He admirably demonstrated the 'all mouth no trousers' phenomenon, however. He was wheeled into the Department, covered in blood, laughing and shouting. Waving his blood stained hands about he was shouting, mostly at the female staff:

"Darlin'! Oi! Darlin'! Guess what I done! Go on! Guess!"

\*\*Guffaw\*\*

"Nah, I ain't tellin' ya! You don't even wanna know what I done, innit!"

What had he done? Torn his frenulum. This, for those not in the know, is the piece of skin on the underside of the glans penis, attaching it to the foreskin. It is essentially identical to the frenulum in the mouth attaching upper lip to gum. Sometime referred to as the 'banjo string'.

I'll leave it to your imagination how he said he did it. Tearing it is quite painful, and bleeds. A lot. I should know.

His brash, loud exterior changed when I explained what we needed to do. The sentence contained the words 'needle', 'injection', 'penis' and 'stitch' in various order. Also 'local anaesthetic' and 'sting quite a bit'. It wasn't a warm, fuzzy sentence. No champagne and strawbobs here, either.

The repair was a breeze and, re-assured that he hadn't left too much of his blood behind in his bedroom, we sent him packing. On a no-sex embargo. I half expect to see him back before the week is out...

*From the internet*

## Picture Gallery

[This month's photos are all of Emre, who is uncut, although it is hard to tell.]





## More Advantages Of RIC

Many thanks to the Editor for his most interesting article on RIC which I personally would make mandatory for male babies. As a (hairless) nudist who underwent RIC in 1943, I would add the following plus points:

- far more pleasing to look at
- larger glans (through unrestricted growth)
- simple to keep clean (the Editor did touch on better hygiene)
- easier to “last” during intercourse
- better for oral sex
- better for the female partner as an ‘end user’.

*J.H. – Dorset*

## Circumcision In Fiction

**[This story from the internet is about the experiences of a guy during his army induction.]**

Calun had just about had enough of being prodded, poked, measured, weighed, physically tested and checked in every way imaginable, and generally ordered around. He was almost at the end of his army induction and assessment and ached from the days of hard training that his body wasn't used to and which had achieved its aim of driving him to his absolute limit.

This final ordeal, the ‘physical’, had put him in a large PT hall with all his fellow trainees for a thorough physical check of how their bodies had survived the week of torture they had been put through. Right now he had reached the worst part of the physical. All soldiers had to receive a series of vaccinations before they could be considered for active service – even those only serving their period of national service. Calun hated needles and became more and more tense. As he waited in line behind the screen he could hear the recruit in front of him being told, “face the wall, bend forwards over the couch, OK – you're done. Next!” The script was repeated to each man as the line moved forwards, only interspersed with the occasional sharp intake of breath as a needle was pushed into a recruit.

Within a couple of minutes he was called behind the screen and braced himself. His left arm was swabbed and the first shot was ok; not as bad as he'd expected. The second stung. Next came a shot into his butt as he bent over the couch. That was the worst. The needle felt larger and the solution burned slightly. He straightened as the needle was withdrawn and the “OK” was repeated, turned to leave, but was ordered, “lie on the couch”. What had he done wrong? Why did he need more vaccinations than the rest? He felt his cock lifted and swabbed underneath. His foreskin was then popped back and his helmet thoroughly swapped with more, cold, antiseptic. He gulped and felt numb as his heart began to race even faster. Vaccinations weren't given into cocks so what on earth was wrong? A sudden scratch and stinging in the base of his cock made him tense,

and instinctively recoil from the discomfort. The doctor noticed his reaction and reassured him: "Try to relax, you will gradually feel less and less". "What is it?" Calun asked. "It's called Lignocaine, a local anaesthetic" came the reply as Calun felt the needle removed and reinserted into the other side of his cock. The doctor continued: "We don't want you to feel any pain during your circumcision, we're not sadists you know!"

Calun's head swam. This was too much for him to take in. The doctor had stopped pumping anaesthetic into his crotch and was now massaging his penis as if he was rubbing the anaesthetic in. Calun raised his head to see what was happening. The doctor held an almost empty syringe in his right hand and his cock was swollen from the Lignocaine that had been pumped into him. The doctor smiled down at him. "In a few minutes you will be completely numb so you can move on to room 21, just outside the exit of the hall, so the clamp can be fitted on to your penis. I just need to give you one more shot into your frenulum so we can get that sliced off too." "But, but I don't need circumcising!" protested Calun. The doctor retorted: "You have a foreskin. Soldiers around here don't have foreskins; you must have noticed that in the showers and barracks. Of course you need circumcising. Your fellow soldiers who haven't already been sorted out will have their circumcisions done today too. Once you are healed you will be eternally grateful for the upgrade we are giving you. What more could you ask for than the gift of a cock to be really proud of?" At that point the doctor eased the needle into the underside of his helmet while holding his foreskin back tightly. Despite the previous injections of anaesthetic, Calun winced.

The doctor continued to talk. "In any case, your foreskin is a bit on the tight side and far too long to keep clean 24x7. We can trim off a nice big chunk of this skanky foreskin of yours, fold the inner skin back, and leave you with a nice, tight circumcision with a scar line way down your shaft. With a permanently bared glans and nowhere to harbour traces of urine and semen, you will stay constantly clean. So much more healthy for a soldier." Calun nearly protested that he wasn't planning on being a soldier for much longer, but thought better of it and kept quiet. "That's your lot then. Off to room 21. Go straight in so they can get started on you as soon as possible."

As Calun swung his jelly-like legs off the couch he wasn't 100% sure they would support him and he felt dizzy as he stood up. He forced himself to walk and, as he passed beyond the screen, looked back at the line of recruits awaiting their turn. The next guy in line looked terrified while the two soldiers behind him were beaming. Calun glanced down at the first soldier and saw that he too still had a foreskin while the next two men had helmets that were already bared.

He left the hall and, with a shaking hand, turned the handle on the adjacent room, 21. Walking inside he saw two doctors standing either side of a couch on which a naked soldier was lying. They were clearly working on the soldier's circumcision, but Calun's view of the soldier's crotch was blocked by the back of one of the doctors. All three men turned to look at him as he entered allowing Calun to see the blood-stained gloves of the doctors and a swollen, bloody cock on the soldier. "We're nearly finished here" said one doctor "so take a seat and we'll get a

clamp fitted on you while we sort out this soldier". He pointed to a young-looking, skinny and almost hairless soldier sitting next to the door behind Calun. The lad sat there looking rather bored. His legs were apart and, clamped onto his foreskin was a shiny metal device that looked like a metal bell over the lad's helmet with a metal ring clamped tightly around the rim of the bell. His foreskin was bunched up in front of the clamp and his shaft skin was held taught.

Calun sat down next to him aware that he was staring at the guy's penis. The lad grinned at him and spoke. "Don't panic, you don't feel anything. It's great to be getting clipped at last isn't it? My parents refused to pay for me to be cut so this is saving me a fortune. Foreskin is such a nuisance." He was well-hung with a thick cock and a pair of large low-hanging nuts in a shaved scrotum. The lad continued to chat. "My big brother was clipped when he did his national service. According to him it was the best part of being called up and he asked for his circumcision to be done as tight as possible. His cock looks amazing now with a nice dark scar about halfway down his shaft. I've asked for the same and the doc here certainly stretched plenty of skin into the Gomco." "The Gomco?" Calun asked. "Yeah. That's what these circumcision clamps are called. They give a nice neat circumcision and leave a dark scar line. No chance of ever being mistaken for an uncouth uncut ever again." He was clearly very excited by the whole experience and sprang to his feet as the doctor called "next!"

"Hold your horses, lad" the doctor continued. "We will do your trim in a minute but we need to get a clamp on this soldier's foreskin first so it can be completely crushed while we finish your circumcision." The soldier who was leaving looked relieved as he walked to the door with a dressing around his cock, midway between the base and helmet. He grinned at Calun and scratched his nuts. "Enjoy!" he said as he left the circumcision room and nodded to the lad.

"On the couch please soldier. Let's see how much we can trim off you." Calun lay down and tried hard to relax as he felt some strange movement around his crotch. He looked at what was being done to him and realized he had no feeling in his cock as the doctor had pulled his foreskin back, put a metal bell over his helmet and was now pulling his foreskin forwards again but over the outside of the bell. He then took a metal plate with a hole at one end and placed it over the bell to trap his foreskin. A metal bar was then fitted onto the top of the bell and held in place with a knurled nut over a threaded locking post so that, as the nut was tightened, the bar pivoted and pulled the bell tightly up to the metal plate. Before the nut was tightened much the doctor worked his way around the bell, tugging at Calun's foreskin and pulling as much through as possible. "We like to circumcise our soldiers as tightly as possible. No point in only half doing the job" explained the doctor. He checked his work and, seeming satisfied, tightened the metal nut until he was obviously exerting as much force as he possibly could.

"OK, that will kill off your foreskin in a few minutes so take a seat while we trim off this lad's skin and get him sewn up." Calun returned to his seat as the lad wasted no time and swung himself eagerly into position. Calun could feel the weight of the clamp pulling on his cock but felt no pain.

One of the doctors, having changed his gloves once more, grinned in return and immediately picked up a scalpel from a fresh tray of instruments his colleague had prepared. Calun heard a scratching of the blade against the clamp as the lad's foreskin was cut through. "Congratulations soldier. You are now circumcised" the doctor said as he removed the clamp. Calun could see that the lad was still beaming with delight. It took a few minutes for the lad to be stitched up and have his newly bared cock dressed. The doctor gave him some instructions on looking after it and a note of when to report back for a follow-up check.

Calun climbed back on the table knowing that when he got down again, he too would be a tightly circumcised man.

## Marketing Slogans: A Cut Above The Rest

The skills of Scotland's top marketeers were put to the test at an annual awards ceremony: come up with a slogan for a shop specialising in, er, circumcision.

It was a challenge set by compere, *BBC Scotland* presenter, Dougie Vipond, following a gag that began: "This man walks into a shop offering circumcision...". The 440-strong audience, attending the Scottish Marketing Society Excellence Awards, had to then quickly come up with both a name for the shop and a marketing slogan.

And the response was pretty overwhelming from the 440-strong audience, with *The Scotsman* marketing team's table not only producing the most entries, but also that of the winner – from guest, Ali Findlay of PR outfit, *The Lane Agency*. Spike particularly liked the *Scottish Sun* entry:

Reliable Circumcision: If we Slip, we Get the Sack.

Among the many other entries:

4Skins R Us

Circus Cision – Roll up, Roll up, Meet the Ringmaster

The British Army Medical Centre – Go Commando! Lose the Balaclava

Hood Dunit? Solved with a Snip

25 Per Cent Off; Lose Your Head, Keep the Fire

Kwik-Tip: You Can't Get Quicker than a Kwik-Tip Snipper

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# ACORN

Issue  
N° 5 2009  
Editor  
Ivan Acorn

## Editorial

Alex Renton is a freelance journalist who writes for national papers and magazines including the *Observer* and *The Times*. And he is in favour of circumcision. He has written two articles recently, one in the *Observer*, one in the *Mail on Sunday* (reprinted on page 14). He adduces all the arguments in favour of routine circumcision, but then bemoans the difficulty of finding doctors willing to perform RIC. He was rebuffed about his own son (he doesn't say whether he succeeded in getting him cut in the end); more recently he persuaded a cousin of his to have his baby boy circumcised, only to find that there was no-one in Edinburgh willing to perform the procedure either on the NHS or privately. The medical profession should lift this dictatorial ban. It should be for parents to choose whether their son will benefit from circumcision, not doctors.

Meanwhile, don't forget about the *Acorn Society* meeting in October – details on page 10. This is your chance to meet up with like-minded guys and discuss in depth the subject that fascinates us all.

Ivan Acorn

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### Just how many men are circumcised?

Serendipity is the accidental discovery of something pleasant, valuable, or useful. Thus, when looking for an academic article on a totally unrelated topic, I came across "Tonsillectomy and circumcision: a study of two cohorts" by Calnan, Douglas and Goldstein. This article was published in the *International Journal of Epidemiology* in 1978.

Although over 30 years old, the article is still of interest. First, it demonstrates an accurate means of measuring rates of circumcision and their variation over time. Second, it compares the frequency of circumcision (and tonsillectomy) of boys born in 1946 with those born in 1958, thus giving accurate rates of circumcision at those times. It then goes on to analyse the regions and classes in which the rates have fallen over the eleven years.

Rates of circumcision are notoriously difficult to assess. The operation tends to be recorded only when performed in hospital. But most circumcisions at that time were carried out well away from a hospital – in doctors' surgeries, in baby clinics or in the home. Circumcision rates were accessible only by observation after the event i.e. how many of a particular year group or cohort were circumcised. Of course, we all have our own observational memories of what proportion in our class, in our cricket team, or even now in our gym locker rooms, have been divested of their foreskins. But we cannot generalise from such observations because the samples are small and not randomly drawn. To get an accurate picture, we need a large number of observations, randomly drawn from the population as a whole. Fortunately for the researchers mentioned above, this is precisely what they had.

Two longitudinal studies were used – the *National Survey of Health and Development* (1946 cohort) and the *National Child Development Study* (1958 cohort). The former grew out of a national study of the maternity services which covered 13,687 births in Great Britain during the first week of March 1946. A sub-group of 5,362 children from this cohort had been followed up at not less than 2 year intervals to the age of 27.

The 1958 cohort was a continuation of the perinatal survey which covered all children born in Great Britain in the first week of March of that year. These children had been followed up at 7, 11 and 16 years. In order to make the two cohort populations as similar as possible, multiple and illegitimate births and births in families that entered Britain after 1958 were excluded from the 1958 cohort.

Both studies recorded whether the child had had a tonsillectomy and (if male) whether he had been circumcised. By 11 years 22.7% of the boys born in 1946 and 10.9% of those born in 1958 had been circumcised. This considerable reduction had been achieved by a fall in circumcision during the first 4 years of life. At later ages there had been no change – 5.2% were circumcised after 4 years in the earlier study and 5.3% in the later.

In 1946 the major regional peculiarity was a low level of circumcision in Scotland and a high level in Wales. By 1958 circumcision in Wales was much reduced and from having the highest rate it had moved to the second lowest. Only Scotland had a lower rate. In both cohorts the chances of being circumcised were high for the first born and decreased as birth rank increased and in each birth rank the rates recorded in 1958 were substantially lower than those recorded in 1946. Analysis confirmed both the movement away from early circumcision and the significance of the overall decline in circumcision. It also revealed statistically significant interactions between “father’s occupation and birth order” and between “father’s occupation and cohort”. Although the incidence of circumcision dropped considerably in all occupational groups, the largest reduction occurred in the non-manual sector. This change occurred uniformly for each of the regions. In both studies, birth rank made no difference to the risk of circumcision among middle class children. But among the manual working class children, the risk fell off steeply with increasing birth rank in both the 1946 and 1958 cohorts.

The prevalence of circumcision fell from 23% in the 1946 cohort to 11% in 1958. The main fall appears to have been in early life, in the first year in fact. There was growing agreement in the medical profession about the undesirability of circumcision. The researchers noted that this was despite the fact that it had factors to recommend it. It made negligible calls on surgical resources and hospital beds, and complications were rare. Circumcised men rarely got cancer of the penis, were less vulnerable to venereal infection, and their wives might have a reduced risk of cervical cancer.

Infant circumcision at the time was usually performed without anaesthetic. The researchers noted that, in rats, early painful stimuli could have long lasting effects and it had been suggested that human infants also might be similarly affected. However, in the 1946 study, no difference between uncircumcised and circumcised was found for a number of developmental and behavioural indices once birth rank, country of origin, occupational group and religion were allowed for. There was thus no reason to believe that the early pain of circumcision had any long term developmental effect.

The researchers concluded: “That circumcision has been so markedly reduced during these 10 years and more recently is explained by the very early age at which this operation is usually carried out so that refusal to circumcise a child immediately after birth is likely to lead to permanent retention of the foreskin unless there are later medical indications. It is clear that the decline in the operation has been solely owing to the reduction of early circumcisions, i.e. within the first 12 months and probably earlier than this since 71% of the circumcisions during the first year of life in the 1946 study were done in the early weeks after birth. The dramatic fall in the first year of life may therefore be attributed largely to paediatric opinion exerting itself through the hospitals.”

Looking back at the article, thirty years on, a number of factors struck me. I was surprised that only 22.7% of the boys born in 1946 were circumcised. I had thought that circumcision was far more popular immediately after the war. I wondered whether there was a class effect, but although there was a discrepancy



between the children of non-manual workers (29.3%) and non-skilled manual (21.5%), it was less than might be expected. Circumcision after the war was not excessively more prevalent in the middle as opposed to the working classes. Does this mean that circumcision rates fell during the war when scarce medical resources may have had to be prioritised elsewhere? Or was circumcision never applied to a majority of babies? Unfortunately, we do not have pre-war statistics to tell although a paper published in the *BMJ* in 2000 talks of rates of medical circumcisions of 35% in the early 1930's.

The precipitate fall in circumcision rates between 1946 and 1958 was to be expected. Gardiner's infamous but highly influential paper "The Fate of the Foreskin" was published in 1949 and thereafter the medical profession set its face against circumcision. The fall was dramatic, from almost 1 in 5 babies in 1946 to 1 in 20 babies by 1958.

How have the trends gone since? Unfortunately, data about circumcision just does not seem to be collected in the equivalent longitudinal studies today. However, the 2000 *British National Survey of Sexual Attitudes and Lifestyles* found that 15.8% of British males aged 16 to 44 reported being circumcised. The incidence of circumcision was highest in the oldest age group in the sample. 19.6% of men born 1956-60 (aged 40-44 at the time of the study) were circumcised whereas only 11.7% of those in the lowest age group, born 1981-84 and aged 16-19 at the time of the study were cut. Men of ethnic minorities (except black Caribbeans) were significantly more likely to be circumcised than those described as "white". In addition, men born abroad rather than in Britain were significantly more likely to be circumcised.

Thus the original 1978 study found that 11% of those born in the UK in 1958 were circumcised whereas the 2000 study found that 19.6% of the men born at that time but now living in the UK were circumcised. The difference is large. Different sampling methods may be part of the explanation. The remainder must be due to circumcisions which took place after the age of 16 (the last age at which the status of the original cohort was checked) coupled with the effect of immigrants being disproportionately circumcised compared with the indigenous population.

The results of the 2000 study confirm the continuing decline in popularity of circumcision over time – 19.6% of men born in 1956-60 to 11.7% of those born 1981-84. The level of routine infant circumcision may well have fallen even further since then, at least amongst the white population. But the increasing diversity of ethnicity in the population has almost certainly bolstered rates. There are substantial ethnic minorities who will continue to require that their sons be circumcised and this will mean that, on into the future, there will continue to be a significant minority of men who will have been circumcised. It will also mean that circumcision facilities will continue to exist. Such facilities can be accessed by any parents wishing their sons to be circumcised.

At the moment, the medical case for routine infant circumcision is again starting to be heard. If that argument gains ground and parents start to require circumcision for their baby sons, circumcision facilities will need to grow exponentially. Nevertheless, such expansion can make economic sense, even

in these straightened times, in terms of costs saved and benefits gained in the future. But will we ever get back to pre-war or even post-war rates of routine circumcision? That remains to be seen.

*Ivan Acorn*

## **Circumcising Tyler**

**[At the end of last year, a father recorded his thoughts as he arranged the circumcision of his adolescent son. The account has been serialised over a number of editions of the newsletter. The last part is below.]**

### **Part 4 – Recovery**

#### **29 December 2008**

Saturday was fine except there was some more spotting on the bandage. Tyler said he was awakened only a few times, it didn't hurt that much, and I shouldn't worry. OK then! He spent the day essentially freeballing in his sweats and by the afternoon he was pretty much normal.

Yesterday was more of the same. The bandage had to come off last night so Tyler took a warm salt bath to loosen the bandage. He insisted on doing it himself so we compromised and he did it himself in the bath while I watched. It came off with less trouble than I thought though there were some hisses and ouches as he did so. Right after that I took a look at the wound and was really impressed. The scar was right up against the sulcus, no more than a few millimetres. The frenulum was completely gone, and the scar was even. There was some swelling around the sulcus but not much and when he sat down, there was no skin bunching-up behind the glans except where it was swollen and I think that will go away in time. Tyler was upbeat and happy and didn't seem in any pain at all.

I'm following the Gilgal brochure about recovery as the one the office gave me was geared to younger kids. Tyler finds the warm salt 'dips', as we call them, soothing. I also bought some Clinomyn toothpaste for Tyler to apply to his glans to help it keratinize faster. I suggested applying it just before the dips. I don't know if he's used it yet. We haven't tried showering yet. I bought some waterproof surgical tape and some unlubricated condoms to try to make a sheath for showering. We'll see how that goes.

So far, Tyler seems like he always has. This entire thing hasn't phased him and the healing is much faster than I thought it would be. It's really not horrible at all and I'm so far pleased with the apparent cosmetic results as well.

#### **30 December 2008**

Dr. A was fantastic. He's been doing this a while so I'm sure he's had to do this a million times.

David (Tyler's brother) is aware of all this. I don't know if Tyler's shown him his circumcision or not. I haven't asked. So far any time David's asked if he's going to be circumcised too, I've said: "We'll talk about it later." I want Tyler to

be healed completely before Tyler gives a final verdict to David as I know that will influence him enormously and Tyler is aware of my wish in that respect and understands why.

Tyler's doing great. He spent a good part of the afternoon playing pool and fussball with two of his friends. What he's done is wrap some gauze around the wound and his glans to prevent rubbing and catching and then wearing a jock so it doesn't move around. He does this when friends come over or before he goes out. In the morning and this evening he switched to sweats. He's not uncomfortable and agrees completely that the most painful thing is catching a suture on fabric. He did go to bed with another ice bag tonight so I'm assuming the erections aren't too comfortable yet either.

One thing is quite telling. Right after his friends left he was very happy and quite relaxed. My guess is he let them know what's going on and they approved. I know they are both circumcised because I've spoken to their parents about it. The one mom was very supportive because she was worried about him getting teased for not being circumcised so maybe she asked her son to be extra nice or encouraging. I don't know. Whatever it was, it worked.

## **5 January 2009**

Tyler left for school this morning and short of wearing a jock and carrying a medical excuse form, he was just like he always is. It's really amazing how quickly he's recovered. Friday's follow-up went really well. The stitches should be finished dissolving soon but we will have to watch the next few days and remove any undissolved sutures after Wednesday. Friday was also the first day I had seen Tyler's penis since the bandage came off. The stitches were all intact and there was no sign of recent bleeding. Dr. A said boys Tyler's age usually heal more quickly and the low scar helps that process a great deal. The frenulum area looks a little ugly. However Dr. A will see Tyler again next Monday to make sure all the sutures are out (I insisted on this) and then we'll be done! It might sound weird but I think Tyler's penis will look very handsome once it's healed.

I'm really pleased with the result. Dr. A removed the frenulum and had to as Tyler had a short frenulum and his glans has a V-shaped cleft so getting outer skin up to that point required its removal. The scar line looks very neat and even. I decided on a low and tight for a few reasons. I think that the mucosa is a major entry point for STDs. There is evidence that there are cells in the mucosa which make it more susceptible to the entry of viruses. Low cuts heal more quickly and with less swelling. As we only had a week in which to do this, low was more convenient. I think low looks better. It's more masculine and ensures that there is no mucosal tissue to bunch up behind or even over the glans as my circumcision does and I hate my circumcision for being so loose and for leaving the inner skin. In my opinion, if you're going to get circumcised, you should be completely circumcised. This half and half business is for the birds and very uncomfortable in my own experience. I also think that a low cut will help Tyler gain better ejaculatory control and give him deeper orgasms.

On the way back from Dr. A we talked about the whole thing. Tyler admitted that it was uncomfortable and embarrassing for the first day or so. Once he figured

out how to manage underwear and bathing and sleeping, it became much easier. He says his glans is still very sensitive. Dr. A asked him about erections and Tyler reported that at first the pull on the stitches hurt a lot, then they became less painful as time went on. The real pain (not surprisingly) came when the stitches caught on clothing and that really hurt. Tyler explained that he put a gauze (Ace bandages cut-up) lightly around the scar to prevent the stitches from catching on the jock pouch and the glans from rubbing too much. Dr. A said that Tyler was lucky the gauze didn't stick but again Dr. A said, the type of circumcision he had is best for preventing this.

All in all, Tyler's really happy. He says it's a lot easier to keep clean and to urinate and he thinks it looks good too. He has seen pictures of men with scars and uneven cuts and he said he was glad his doesn't have those problems. I asked him if he's taken it for a test run yet and he kind of groaned and said: "Dad that's enough. If I have a problem I'll tell you." It was just then it occurred to me that I should probably get him some decent lube so I'm going to get some and put it in his nightstand drawer and let him find it.

I'm considering having David done this summer. There doesn't seem to be any hurry and I want Tyler completely healed so that he can provide a model for David. David is curious, if cautious and derives great enjoyment from teasing his brother about his circ any way he can. I'll talk to David more about it in the next few months after Tyler's healed and adjusted.

### **13 January 2009**

Tyler is doing really well. Doctor A took out a few stitch remnants that didn't dissolve and the scar area still looks redder than normal. The stitch scars look noticeable too but Dr. A says that all that will fade within a few months. Tyler did have some glans peeling. I was concerned about that and there was a little red ring around his meatus. He says the peeling wasn't painful and Dr. A says the red ring should fade in time as the glans become normalized to being outside the foreskin. I've encouraged Tyler to keep his glans exposed as much as possible so that it desensitizes quickly. All these things are really minor to him and me. The result looks excellent. The scar is very even, right under the corona all the way around, and there is no wrinkling or bunching of the shaft skin. Right now it looks like he was circumcised at birth except for the remaining redness at the scar and on the glans. The rapid healing was something I was told to expect with a low cut but this experience confirms it for me.

I asked Tyler how he likes it and he said, "I don't know. I guess it's good. It looks like the other guys and it's easier to pee. I don't like it's so sensitive." He knows the sensitivity will decrease. He did not mention the bottle of lube I left in his bedstand but he has used some so I guess everything is working OK that way.

When I asked him if he had talked about it with David he said that David thinks it looks weird and like it hurt. That worried me so I told David that we would wait and see how Tyler does before we talk about him getting circumcised and that it would be a while yet. I explained to him that most boys were circumcised and that it was very normal and if he gets it done before puberty that it will be much

easier for him. His response was, “OK, I’ll think about that.” And that was all he said about it! Kids surprise you so much.

## Preparatory School Recommends Circumcision

The following exchange of emails recently took place on the Internet between Carl, a 40 year old London man who was circumcised at birth, and myself:

**Carl:** Hi, my brother has been asked by his son’s school to have him circumcised over the school summer holiday.

**Me:** How old is your nephew?

Did the school give any particular reason to have the boy circumcised?

My own opinion is that it is better for a boy to be circumcised anyway, but if his parents felt differently then that is their right.

**Carl:** He is 8 years old.

The school has a preference for circumcised boys.

My brother-in-law is now looking for a good circumciser. Do you know of any?

**Me:** Where does he live? Is he prepared to travel if necessary?

I know of several good circumcisers in the London area and in Luton. They do often get quite busy during the school holidays.

Is your nephew at a boarding school or an ordinary day school? I think it is very good that the school prefers boys to be circumcised, but this is not usual in the UK.

**Carl:** He lives in London.

The school is an all boys private one.

Which doctors would you recommend?

**Me:** That’s one very progressive school. I wish many more were like that and recommended that all pupils were circumcised. Are you able to say which school this is?

**Carl:** No, they have asked us not to. Circumcision is a tradition there.

Which is the best circumciser in London?

**Me:** It is a great pity that you cannot reveal the name of the prep school that your nephew goes to as other parents might like to know of a school which encourages circumcision for all its pupils.

Doctors whom we would recommend are:

Dr Z. Zarifa, Custom House Surgery, London, E16

Dr. M. Harris, Temple Fortune Health Centre, London, NW11

Dr S. Al-Ali, Queensbury, Edgware

The Circumcision Centre, Luton, Beds.

*Vernon – London*

## Picture Gallery

[In the last issue, the picture gallery model was uncircumcised.  
This issue's model is very definitely cut!]



## The Naked Glans

In issue 4/2009, Mark said: “The bare knob has a lot going for it.” I couldn’t agree more. A circumcised penis is a handsome feature, not just for hygiene reasons, but for appearances alone. According to a fellow female naturist, the sight of the naked glans adds interest to the male physique so that even men who choose not to be circumcised keep their foreskins pulled back. Acuculphiliacs will agree that the circumcised penis is a “turn on”. If one wants to know about acuculphiliacs, get a book called *An Innocent Obsession* by David Catesby. My only criticism of the book is that it concentrates on male hygiene and (as usual) not enough on female hygiene.

*Robert – Manchester*



## Acorn Society Meeting

There will be a meeting of the *Acorn Society* on Saturday 31<sup>st</sup> October at the Ramada Hotel, Granby Street, Leicester, LE1 6ES. All members are welcome, indeed encouraged, to attend. If you have never been to a meeting before, you will be sure of a great welcome from guys with the same interests as yourself.

Attendance is free, but, to help with catering arrangements, please let the Honorary Treasurer, Douglas, know if you intend to come.

A meeting room will be available from 1.00 pm and light refreshments will be served during the afternoon. But why not arrive a little early and have lunch with fellow members in the bar?

For those who wish to make a weekend of it, accommodation is available at the Hotel on both Friday and Saturday nights. – B&B costs £64 per person per night irrespective of dual or single occupancy rooms. This is a specially negotiated rate and access is via Douglas: call him on 07788 126706. To ensure that we have refreshment available for all please let Douglas know if you are visiting for the afternoon.

## In Praise Of The Akroposthion

The ancient Greeks were against the practice of circumcising their males, and possessing a generous foreskin was a significantly important part of their culture. Many pieces of ancient Greek artwork depict scenes of naked men endowed with quite lengthy foreskins. More importantly they practised the cultivation of the prepuce and the longer the foreskin the more desired it seemed to be whilst a mega [Greek: mega = large] prepuce or very large foreskin was the epitome of a desirable penis.

In his publication for *The Bulletin of the history of medicine* entitled 'The Ideal Prepuce in Ancient Greece', Frederick M Hodges documents the preputial aesthetics of the Ancient Greeks, who valued and prized the prepuce on its own merits while simultaneously associating it with other aspects of male beauty. They valued the longer, tapered foreskin as a reflection of a deeper ethos involving cultural identity, morality, propriety, virtue, beauty and health. They also characterized a penis with a short or inadequate foreskin as deficient or defective, especially one that had been surgically removed under their disease concept of lipodermos [Greek = lacking skin].

As would be expected in a culture that valued the prepuce, the Greek language reflected this esteem through precise terminology. The Greeks understood the prepuce to be composed of two distinct structures: the posthe and the 'akroposthion'. Posthe designates that part of the prepuce that covers the glans penis, but Greek writers occasionally used this word in a general sense to designate the entire prepuce or, by extension, the entire penis. 'Akroposthion' designates the tapered, tubular, visually defining portion of the prepuce that extends beyond the glans and terminates at the preputial orifice. When speaking



of the iconographic representation of the long prepuce, we are really speaking of the long 'akroposthion' for the posthe can never be larger than the unchanging surface area of the underlying glans penis.

The association between the longer prepuce and respectability was so strongly felt that Greeks took steps to prevent unwanted exposure of the glans. In this regard, the consistent artistic portrayal of the adult penis with a generously proportioned 'akroposthion' may well represent an anatomical ideal peculiar to Greeks, but, in some cases, it could accurately represent a penis whose 'akroposthion' has been elongated, either deliberately or accidentally through the continuous, long term application of traction. Such traction may have come from the use of the kynodesme (literally a 'dog leash'), a thin leather thong wound around the 'akroposthion' that pulled the penis upward and was tied in a bow, tied around the waist, or secured by some other means.

Preventing unwanted exposure of the glans was a sign of the modesty and decency expected in particular of the older participants in the symposium. The unseemly externalization of the glans in public, that a deficient or loose lipped prepuce was unable to prevent, was seen as a disgrace and was the main reason for wearing a kynodesme. The kynodesme, then, was a means by which any male so affected could maintain his dignity in the nude. For those who continuously wore the kynodesme, the resulting traction on the 'akroposthion' would have the benefit of permanently elongating it. It is conceivable, then, that the lengthening of the prepuce could have been the primary object, at least in some cases as aesthetics would be improved, and morals preserved.

The intensity with which the Greeks esteemed the prepuce was equalled by the intensity with which they deplored its ablation as practised in certain communities scattered throughout the south eastern fringes of the known world. The Greeks were highly sceptical about any of the religious rationales used by certain foreigners in an attempt to justify their blood rites of penile reduction through the practice of genital mutilation of various degrees from circumcision to more severe penile mutilations such as amputating the glans to the even more horrifying amputation of the entire penis. They also highlight the association between the circumcised penis (and, therefore, the exposed glans) and the linked concepts of primitiveness, barbarity, backwardness, superstition, and oppression.

*From akroposthion.com  
Submitted by koteka*

## **Circumcision Techniques – The Tara KLamp**

**T**he Tara KLamp is a plastic circumcision device that comes in all sizes from infant to adult. It was invented in Malaysia and is frequently used for circumcision in countries in the Far East. It works by clamping off the foreskin where it meets the shaft of the penis. The procedure is conducted under local anaesthesia. The tube section of the device is inserted over the glans and the foreskin is pulled up over it. The device is locked in place, crushing a ring of tissue as well as cutting off the blood supply to the foreskin. The foreskin is then

excised. No sutures or dressings are applied, and the Tara KLamp is left on for four to seven days until healing has occurred.

The detailed process is as follows:

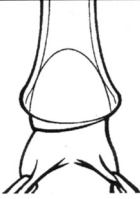
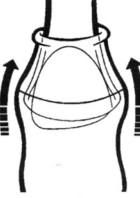


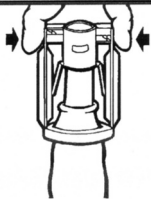

1. The penis is first cleansed with sterilizing fluids. A surgical marking pen is then used to mark the level on the skin of the foreskin where the circumcision is to be performed. The foreskin should be stretched to its full length, placing it under slight tension. The position of the sulcus under the foreskin should be noted and the skin should be marked a little below this. This is the level where the clamp is to be applied and the position will ensure that sufficient foreskin is removed to leave the glans fully exposed.
2. Vaseline is applied to the inner and outer surfaces of the lower end of the tubular part and to the inner and upper part of the ring. This prevents the tissue from sticking to the device over the following days.
3. The foreskin is retracted, any adhesions being removed. The tubular part of the clamp is then placed over the glans, so that the glans is covered by the tube. The foreskin is now pulled over the rim of the tube and is adjusted so that the level which has been marked earlier is just above the rim of the tube.
4. The foreskin is held firmly with the fingers and a grip-like pressure is applied on the two arms of the device. As this pressure is increased, the two arms are brought closer to the locking mechanisms on the tube.
5. Resistance to further movement of the arms is felt when the arms come in contact with the locking mechanisms on the device. Further pressure is applied on the arms until two clicks are heard and felt. This means that the arms are already locked and the necessary occlusion has been obtained.
6. The foreskin above the clamping ring is now cut away with the tissue cutter provided.
7. The tube is cleaned with gauze, and ointment is applied at the cut edge. There should be no bleeding.
8. The device is allowed to remain on the penis for the next few days. Urine is easily voided through the opening of the tube.

### **A firsthand account from a Malaysian boy**

I'm 13 and was just circumcised by the Tara KLamp. After seeing all these circumcision websites I finally decided to go for the operation. Firstly I went to the doctor and asked how much was it. It was only Rm40 (Malaysian currency). Then the doctor retracted my foreskin, then he put Vaseline around my foreskin and penis, then the device (Tara KLamp) was clamped on my foreskin, then after 2 minutes he used some sort of cutting knife and sliced off my foreskin, then he took off the skin and finally he put more Vaseline. The operation was a fast one and there was no blood at all. Unbelievable! I was satisfied with the operation although the device is still on my penis and I can take it off in another two days. I wish that this device could be used all around the world today. It's safe and fast!

*Ivan Acorn*

## The Tara KLamp Procedure

1		<p>Place the tubular part of the clamp over the glans, so that the glans is covered by the tube.</p>
2		<p>The foreskin is now pulled over the rim of the tube. Adjust the foreskin over the tube so that the level which has been marked earlier is just above the rim of the tube.</p>
3		<p>After adjusting the level of the foreskin, hold the foreskin firmly with the fingers.</p>
4		<p>A grip-like pressure is applied on the two arms. As this pressure is increased, the two arms are brought closer to the locking mechanisms on the tube.</p>
5		<p>Resistance to further movement of the arms is felt when the arms come in contact with the locking mechanisms on the device. Apply further pressure on the arms until two clicks are heard and felt. This means that the arms are already locked and the necessary occlusion has been obtained.</p>
6		<p>With the tissue cutter provided, the foreskin that is distal to the clamping ring is cut away at the angle between the tube and the clamping ring.</p>

## **It Protects Men (And Women) Against Fatal Diseases And Sexual Infections. So, Should All Boys Be Circumcised?**

**[An article by Alex Renton in the *Mail on Sunday*]**

**T**here is a simple, 15-minute surgical procedure that will ensure your baby boy is ten times less likely to get urinary tract infections. When he grows up, he'll also be less likely to contract a whole range of sexually transmitted diseases, including syphilis, genital warts, herpes and HIV-AIDS. He'll be much less likely to develop penile cancer or kidney problems (because he didn't suffer those urinary tract infections as a child). Furthermore, his partner is four times less likely to get cervical cancer.

Interested? All the world's Jews and Muslims do it. So do most Americans. You've guessed it, it's circumcision, the trimming of the skin that encloses the top of the penis. Circumcision used to be common in this country but now we do it only for medical reasons to three per cent of boys.

Indeed, the National Health Service advises against it. There's been an extraordinarily fierce debate across the world for some 50 years – with the anti-circumcisers winning. They say the ancient practice, which began 4,000 years ago with the Pharaohs, is an unnecessary mutilation and an infringement of a boy's human rights.

But slowly the evidence of the benefits of circumcision have built up until they are now – as experts from the World Health Organisation agree – undeniable. Large-scale trials of circumcision in AIDS-stricken African countries proved what had long been suspected – that heterosexual men who were circumcised were 60 per cent less likely to become infected with HIV. Now mass circumcision programmes have begun in high AIDS-risk countries, such as Kenya. If all men in Africa are circumcised, it is said, three million lives will be saved over the next 20 years. The reason it works is because there's less of the penis exposed to infections – and the damage caused by sexually transmitted diseases is a route for the HIV virus to enter the blood. Circumcision also means it is easier to keep the penis clean, so men are less likely to pass on the human papilloma virus (HPV), linked to cervical cancer, the disease that kills around 1,000 women in the UK every year.

Links between cervical cancer and circumcision have been known for more than 50 years. So why don't we automatically circumcise baby boys, as still is the case in much of the U.S.? The NHS says that the procedure is necessary only for problems associated with an over-tight foreskin – and its advice is that the evidence on sexually transmitted diseases is not conclusive. As the NHS told the *Mail*: 'We are aware of emerging evidence around potential benefits of circumcision in relation to protection from HIV and AIDS. But our national guidance is clear: circumcision should be carried out by the NHS only for medical reasons.'

But the World Health Organisation, the United States' Center for Disease Control and many other international bodies say the NHS is wrong: the case for circumcision is proven. As Dr Daniel Halperin, a lecturer at Harvard School of

Public Health, explains: “Given what we now know it would not surprise me if, in the next decade, circumcision of male infants does not again become the norm in Canada, the U.S., Australia and parts of Europe.”

But the Europeans, including the British, are more resistant to the idea. We used to circumcise many more British boys: the posher you were, the more likely you were to have it done. In 1948 it was found that 50 per cent of grammar school boys were circumcised – but among public schoolboys the figure was 84 per cent. It is said the operation became fashionable after the British upper classes discovered that Queen Victoria’s German husband, Prince Albert, was circumcised.

But in the Seventies, voices both within and outside the medical profession, started to claim that circumcision was unnecessary – or even a ‘barbaric mutilation’. They claimed children had died during the operation, and that it left men less able to obtain sexual pleasure. This lobby group is still powerful. In this country. Brian Sewell, the art critic, is patron of NORM-UK – a vociferous charity that has recently showered me with ‘proof’ that the new research is wrong. One of NORM-UK’s trustees even produced ‘evidence’ that, she said, showed circumcised men are more likely to get AIDS because they are more likely to have more partners and indulge in unsafe sex.

By 1975 only six per cent of British boys were being circumcised and incidence of sexual disease was rising swiftly – though at the time this was blamed on the looser morals of that era. Yet even though research about sexually transmitted diseases and circumcision was around in the Eighties – some AIDS specialists feel the case was proven as early as 1989 – circumcision was a rarity outside religious groups in Europe. Indeed, when I asked if my newborn son could be circumcised – at a private hospital in London – in 1999, the paediatrician said the operation was completely unnecessary. Nowadays, no NHS GP will recommend the operation – or even help parents find a place where it is possible. A surgeon at a Staffordshire NHS hospital has been suspended since March for suggesting the NHS was failing in its duties of care by not offering a circumcision service. The surgeon, Dr Shiban Ahmed, says that the NHS is effectively forcing parents who want to circumcise their children (for religious reasons) into the hands of private clinics or traditional circumcisers. He claims he has had to operate on small boys to correct problems arising from botched private circumcisions.

It is, in fact, a simple operation, when done on a child under eight weeks of age. The snip can be done with or without anaesthetic (it’s said the local anaesthetic jab is more painful for the child than the procedure), and needs no stitches. For older children and adults the operation becomes more difficult, complex stitching is needed and the healing process will take at least six weeks – and a private urologist will charge £2,500 to circumcise anyone over eight weeks old.

Two months ago my Scottish cousin had a baby boy, Fergus. I’d told his parents about the research on circumcision, and they decided to get it done. But it wasn’t easy. Their GP laughed and the NHS hospitals in Edinburgh said they would not perform the operation as they did not like putting children under six months under general anaesthetic – but all circumcising doctors agree there is no need for the patient to be unconscious. The urologist at Edinburgh’s private hospital

refused to do the job and another private doctor said he did only Jewish babies, and then in the traditional Jewish way.

My cousin realised in the end that if Fergus was to be circumcised he'd have to go to Britain's only dedicated penile surgery clinic in Luton. You have to ask, at a time of increasing worry about sexual disease and cancer, why this simple procedure is still effectively blacklisted. One common objection by sexual health campaigners is that men may be less likely to use 'fiddly' condoms if they know that circumcision is a protection against sexual disease. But men I have interviewed who have been circumcised as adults for medical reasons say that in fact it is much simpler to put on a condom after the operation. They also say – and this is confirmed in medical research – that their sexual pleasure was not altered.

I couldn't find an NHS GP prepared to be quoted in this article, even though many privately acknowledge that policy is now way behind medical research. Dr Michael Barrie, a private GP who works in Kingston upon Thames, Surrey, conducts two or three circumcisions a week, at £320 a go. He sees mainly expatriates from South Africa, an AIDS-struck nation where the benefits of circumcision are acknowledged. He is one of a few non-Jewish or Muslim doctors who is open about what he does. He advertises his clinic on the internet – and NORM-UK has sent him letters demanding that he stop the service. But Dr Barrie believes they, and the Government, have got it wrong. "It's certainly time to look at the evidence again. If there's a clear link between circumcision and HPV and HIV, we are clearly in need of new government policy."

## Phimosis Patients, Regular Visitors

**I**n the past few months we had seen several cases of bona fide phimosis which has not responded to conservative measures. What surprises us is that patients have quietly suffered with this for so long when the remedy is so simple. Often it is their wife or girl friend that pushes them to Dr. Reed's office, and not uncommonly they accompany the patient to Bay Harbor to be present, lend moral support, see our facility and even watch. Hey, that's OK. We love vocal anaesthesia supplements, and tender hand holding.

Important to keep in mind that the phimotic process, read scarification, involves more of the foreskin than just the very tip, and if a substantial amount is not removed back towards healthy skin, a waist banding effect will occur. Or thinking about this another way, the more inner skin removed the lower the circumcision, but patient health is number one. Bye-bye cracking, oozing, bleeding and recurrent micro-trauma and pain.

All in a day's work,

*Harold M. Reed, M.D. on Procircorg*

# ACORN

Issue  
N° 6 2009  
Editor  
Ivan Acorn

## Editorial

Should the *Acorn Society* be wound up? That is the question posed in the article on page 16. The Society is essentially a print based Society. Its newsletter, sixteen pages published six times a year, can provide only a fraction of the information and material that is now available on a daily basis via the internet. In the early years, the core of the newsletter consisted of articles provided by the members. Now contributions from members are few and far between. Meetings of the Society are irregular and relatively poorly attended. And Society membership has been falling over the past two or three years.

All these considerations led the majority of members at the recent *Acorn* meeting to feel that the time had come to wind up the Society. But less than 20% of the members were present. We now need to know what the other 80% think. A questionnaire is enclosed with this newsletter. Please do complete and return it (or email your response) so that the final decision as to whether or not the Society should continue can be based on the views of all members.

*Ivan Acorn*

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



### A Little Bit Off The Top

When a circumcision is performed, just how much foreskin should be removed? Parents in America are increasingly concerned that the job of circumcision is being only half done. According to the article 'Getting the shaft' (reprinted on page 8), many babies are scantily circumcised – a large amount of foreskin is left.

So, are these botched jobs, or are surgeons now quite deliberately taking just a little bit off the top? The original Jewish circumcision may have been just this – the removal of the tip of the foreskin – although this is open to dispute. Perhaps only later in the Hellenic period was the circumcision procedure modified to make it impossible for a Jew to appear to be an uncircumcised Greek. By then, a radical procedure called peri'ah was in place whereby the foreskin was stripped away from the glans and most of the foreskin was removed. Thereafter, no Jewish male could easily pose as an uncircumcised Greek.

Today, for many circumcision enthusiasts, there is only one satisfactory result: a 'tight' finish with enough skin removed to leave the glans completely exposed at all times. Yet surgical text books usually describe only the operation technique for circumcision; they rarely comment on the amount of skin to be removed. Not surprisingly, therefore, results vary. The outcome may be tight, as described above; or it may be loose, whereby the glans is still permanently exposed but some spare skin is left which bunches behind the glans when the penis is flaccid.

But sometimes so little is removed that the remaining skin partially covers the glans when the penis is flaccid. This is described as a partial circumcision and is the focus of our attention today. Is the partial circumcision an error of judgement on the part of the operator; or is it a win-win situation, conferring the advantages of being both circumcised and uncircumcised?

The natural foreskin comes in many different shapes and forms. At one extreme, the foreskin extends well beyond the end of the glans – perhaps by an inch or more. This substantial overhang often ends in the so-called rose-bud tip. At the other extreme the foreskin is short and only partially covers the glans. It may even be so short as to retract naturally behind the glans on a permanent basis, so that the guy has the appearance of having been circumcised loosely. Mr 'Average' is of course somewhere in the middle with a foreskin which extends to the end of the glans or just beyond. A partial circumcision is therefore seeking to emulate the guy born with a short foreskin. Is this wise – or even possible?

There are four broad categories of reasons for performing circumcision: as a religious/tribal rite; for medical reasons; for prophylactic reasons; and for aesthetic/cosmetic reasons. As far as aesthetic circumcision is concerned, the guy being operated on will have his own idea of the perfect finish and will ask the surgeon to cut him accordingly. Since his desire is to lose his foreskin and appear circumcised, it is unlikely that he will opt for a partial cut, so this category need detain us no further. Similarly, the religious/tribal rite is usually undertaken to

provide a distinguishing mark showing that the male is now a full member of the community. Again, it is unlikely that a partial cut will be deemed satisfactory.

A medical circumcision is usually carried out to cure one or other of the two main problems that occur with foreskins – phimosis and balanitis.

Phimosis is tightness of the opening of the foreskin such that it cannot retract behind the glans, particularly when the penis is erect. (In most cases of phimosis, the foreskin will not retract even when flaccid. In a minority of cases, the foreskin may retract in its detumescent state but is too tight to go over the tumescent glans. This type of foreskin is particularly dangerous. When the penis is erect, the foreskin may on occasion get pushed behind the glans where it forms a tight, restrictive band around the base of the glans, causing strangulation of the penis. This is termed paraphimosis and requires urgent treatment if the lack of blood supply to the penis is not to cause permanent damage.)

It is fashionable these days to attempt to treat phimosis by stretching the foreskin, and this procedure perhaps warrants an editor's column of its own. But if stretching is unsuccessful, as it often is, circumcision is the solution. In such cases, the surgeon will not necessarily want to excise the whole foreskin but merely remove sufficient to enable the foreskin to retract effectively. Surely in such cases, a partial circumcision will suffice?

Balanitis is inflammation of the glans and/or foreskin. Often it can be treated with ointments, but some men suffer multiple attacks and the problem becomes chronic. The underlying cause is probably the length of the foreskin and the difficulty of keeping the environment beneath the foreskin dry and bacteria free. Removal of the foreskin is usually an effective treatment. But again, it may not be necessary to remove the whole foreskin. A short foreskin may allow sufficient air to circulate for the foreskin and glans to remain relatively dry. A partial circumcision may therefore be optimal.

So what are the advantages of a partial circumcision?

- Eliminates the danger of phimosis
- Eliminates the risk of balanitis
- Improves hygiene, with cleaner urination and the virtual elimination of smegma build-up
- Leaves the glans largely covered to preserve sensitivity
- Leaves sufficient foreskin to aid masturbation
- Cosmetically, the penis still appears uncircumcised

Are there any disadvantages? The main one is that it is impossible for the surgeon to replicate the closing mechanism at the tip of the natural foreskin. This can leave a wide foreskin opening so that movement of the remaining foreskin is uncontrolled. This may mean that the foreskin does not retract properly during intercourse but remains partially covering the glans: the glans is moving within the foreskin rather than within the vagina (or anus). This reduces the stimulation the glans receives (and gives). But the opposite problem can also occur. Where the natural foreskin is funnel shaped and follows closely the curve of the glans,

removing part may mean that the remaining opening is still too narrow to retract over the glans. Indeed, the operation may exacerbate the problem. Scar tissue formation at the site of the operation may in fact tighten and reduce the elasticity of the foreskin opening. A partial circumcision carried out to eliminate phimosis can still leave a phimotic problem leading to the need for a second operation and a full circumcision.

There can be a further problem. Often a foreskin that has had problems, whether from phimosis or balanitis, can become traumatised. This means that the inner foreskin is delicate and can be subject to further traumatisation even in its shortened state. Certainly Dr Reed of the Reed Centre recommends full circumcision to eliminate this potential difficulty.

So there are hazards with performing a partial circumcision to cure medical problems. Patients are likely to be upset if they have to undergo further surgery because of residual problems. A full circumcision would eliminate such risks.

Finally, let us look at prophylactic circumcision. This is carried out to prevent future foreskin problems. It is the reason for routine infant circumcision, which is where this article began. The argument must be that, if there are arguments against partial circumcisions for adults, those same reasons apply for babies.

Two further factors need to be mentioned. First, evidence is growing that circumcision reduces substantially the risk of contracting HIV and other sexually transmitted diseases. It is thought that the entry point for viruses and infections is the inner foreskin. Partial circumcision is unlikely to give the same measure of protection as a full circumcision. Second, the emphasis above has been on the removal of problematic, or potentially problematic, foreskins. However, many people would argue that an added benefit, indeed perhaps the main benefit, of circumcision, is the full and permanent uncovering of the glans. Since partial circumcision is deliberately designed not to achieve this exposure, the full benefits of circumcision are being denied.

So what should be our conclusion? Where there is a definite desire to retain part of the foreskin, partial circumcision is an option. It is not, however, without its hazards, and could end with an unsatisfactory result. Full circumcision on the other hand eliminates these hazards whilst having the added advantage of fully exposing the glans. Certainly any parent contemplating the routine circumcision of their baby son would be well advised to opt for full circumcision to ensure their child has a low maintenance penis.

Let us end with the experience of a grandfather. He told on the internet of the botched circumcision that his five year old grandson had received at birth:

“The person who did the routine circumcision removed only the very tip of his foreskin and even that was not done with an even cut. The bottom part of his foreskin is longer than the top. He is scheduled to have a revision in November by a paediatric urologist. I went to his consultation visit a couple of weeks ago with my son and his wife. The doctor admitted that the previous circumcision was not done properly. He described and showed us on my grandson’s penis the

complete circumcision he is planning to do with a Gomco clamp. When completed, the glans will be exposed all the time with no bunching of skin.”

Gardeners are encouraged to prune ruthlessly to get the best effect. Circumcisers should operate on the same principle.

*Ivan Acorn*

## **Celebrity Status**

Members' interests about circumcision and the status of various people are clearly very wide. Many public figures, it seems, often from the sporting or theatrical worlds, have made known their personal status. I know of only a few myself, but if members know of others, I am sure that most readers would like to hear about it.

Tim Henman, the tennis player, is, it seems, circumcised.

Andrew Lloyd Webber is reported as 'being very big'. I think that he, too, is circumcised.

The US President, John F Kennedy, and his brother Bobby are both believed to have been 'big' and to have had sex with Marilyn Monroe. Marilyn herself, perhaps boastfully, recorded that she had “spent more time on her hands and knees” during interviews to get the jobs, and you can interpret that to mean what you like. (Being in the US, I'm sure that everyone who had sex with her was circumcised.)

All British monarchs from the time of George IV through Edward VII and George V to George VI and including the present Prince of Wales are recorded as circumcised. It was, it seems, a family custom. Princess Diana, we are told, refused to have her sons William and Harry 'done' but I believe that today only Harry remains uncircumcised. That may have changed recently. (What will be the status of future royal males?)

There are, I am sure, many men in the British theatrical profession, probably gay, who have let us know their circumcised status (and possibly size). If any of our readers know about them, we would all love to read all about it.

*Keith Price – West Yorkshire*

## **Tribute To Peter**

It is with great sadness that I report the death of Peter Unsworth of Edinburgh. Peter was a very long standing member of the Society and a regular attender at the Society meetings. He had hoped to come to Leicester in October but the Fates determined otherwise. He will be greatly missed.

*Ivan Acorn*

## Informal Meeting In Leeds

A Leeds-based *Acorn* member is organising an informal meeting of members in Leeds on Wednesday 24 February 2010 at 12 noon. The get-together will be in the Old Red Lion pub in Meadow Lane and will give members an opportunity to meet and chat. There will be a private room available which is free in return for members buying drinks. Light food will also be available for those who wish.

Anyone who is interested in attending should write to me at the *Acorn* post-box with a stamped addressed envelope. I will forward the letter to the organiser who will then communicate with the member direct.

*Ivan Acorn*

## Life As A Movie

In a new book\*, French film director Claude Lelouch looks back on a 50-year career that started at the age of 16. The famous director's oeuvre is marked by his memories of a childhood under the occupation.

During the war the Lelouch family left Paris for the south of France just one week before Nazi invasion. "My father was a shopkeeper but he was very sharp. He suspected that the Jews would be exterminated," Lelouch told the monthly *Tribune Juive*. "Every time someone knocked at the door I hid in a cupboard. During the war a German officer asked me to drop my trousers. I told him I was circumcised because I peed sideways. I recited a Catholic prayer, which saved my life."

\**Claude Lelouch: mode d'emploi* by Yves Alion and Jean Olle-Laprune is published at the Editions Calmann-Levy.

## I Don't Want My Little Boy Circumcised

**Q:** My six-year-old son has never been able to pee properly. His foreskin is too tight and the surgeon says he should be circumcised. My wife seems to think this is OK but I don't believe in meddling unless it's necessary. I don't want him to resent our decision when he's older.

**A:** I understand your point of view. Nobody should have surgery or agree to an operation on their child unless it's necessary. However, your son's situation is one where a circumcision may be the best option. If a boy has a tight foreskin it can't be pulled back to reveal the head of the penis. This causes an obstacle to passing urine and doesn't allow the skin underneath to be cleaned. As a result debris builds up which encourages infection and can result in the skin becoming tighter still.

Circumcision will solve the problem, and although it's an uncomfortable operation your son is young and should recover very well.

*From a Press Cutting*

## Picture Gallery

The model for the picture gallery this issue is black, very large and very circumcised.





## Picnic Time

On one of the few fine days recently, I was walking along our local stream when I saw a family having a picnic. The mother, finding her infant had soiled his nappy, had started changing him. He, about six months old, was lying flat on the grass waiting for the new nappy. I glanced in their direction and was astonished to see him reach down and grasp a surprisingly large glans for a small baby: the sudden exposure to the air and freedom from the nappy obviously made him want to touch it. Foolishly I walked on, though in retrospect I wished that I had talked to the mother and congratulated her on having overcome all obstacles and getting him cut, as he would always be grateful.

R.W. – Surrey

## Getting The Shaft

[An article by Alexandra Zissu in *Cookie*, the parenting magazine]

Shortly before his first birthday, Alex Socarides and Gabe Fried took their son, Archer, to a pediatric urologist. His circumcision looked funny. Prior to the examination, the doctor reassured them that most babies grow into their circumcisions. Besides, he said, boys with extra skin will have good company in future locker rooms, since these days doctors are removing less and less. “The minute he took Archer’s diaper off, it was clear from his face that our son wasn’t like most babies,” recalls Socarides. “He said it would always look like something was botched.”

During the fortyish weeks of pregnancy, many parents-to-be must make a choice: to circumcise or not to circumcise. Though the non-religious may agonise (is it child abuse or disease protection?), rarely are moms and dads concerned that a circumcision might go wrong. But it does happen. Call them partial, loose, or conservative – there are a growing number of circumcisions that, to quote Charlotte from *Sex and the City*, look “like a shar-pei”. And while no scientific studies confirm the increase, doctors who care for infants are aware of the phenomenon. Moneer K. Hanna, M.D., a clinical professor of urology at New York Presbyterian Hospital/Weill Cornell Medical Center, sees about four babies a week for recircumcisions and estimates the incidence of partial circumcisions at about 20 percent.

In an effort to make sense of what has happened to their sons, parents flock to one another online. One only needs to follow the threads on the Berkeley (California) Parents Network, which has more than 16,000 subscribers (many from out of state), to get up to speed: “Circumcision – recircumcise?”; “Redo 10-month-old’s circumcision?”; “Fixing problem circumcision.” On another online parenting network, an upset mom confides: “I noticed before [my son’s] two-month appointment that his circumcision wasn’t done correctly. I don’t want him to have that ugly worm-in-a-turtleneck look.”

There’s no consensus among doctors as to why those who perform circumcisions are leaving extra foreskin behind, but fear of malpractice may be one reason.



“Circumcision is not an exact procedure,” explains Hanna. “The foreskin is pulled, the instrument is applied, and then you cut. If you pull gently, you can leave a little extra.” He believes obstetricians, fearing litigation, pull more gently today than in the past.

Another explanation for the parents crowding his waiting room is the current fixation on perfection. “The public is obsessed with appearances and with cosmetic surgery,” Hanna says. “They’re more demanding than they used to be.” In today’s climate of parental anxiety and baby one-upmanship (penises and all), what once passed as standard medical deviation may now be viewed as a surgical error, resulting in a trek to the doctor.

Sometimes, though, a little baby fat is all it takes to trigger false alarms. “Many babies accumulate fat around the base of the penis,” says Emily Blake, an ob-gyn and a mohel who performs brises in New York City. “A normal penis is there; it’s just partially buried beneath a pubic fat pad. This can push the foreskin far enough forward to make the penis appear uncircumcised.” These boys will grow into their penises once they start crawling and turning fat to muscle.

Part of the trouble is that circumcision is not a clear-cut surgery like, say, an appendectomy, and there’s no gold standard. The foreskin is part of the same tissue that covers the entire penis shaft, and it’s looser at the tip, like a sausage casing. It’s this floppy head skin that is removed. Blake says the lack of distinction between shaft skin and head skin means it’s not always obvious what to snip: “It’s not like a top eyelid versus a bottom eyelid. It’s more like your eyebrow – all the same thing. You can get in the ballpark, but it’s hard to be exact.”

Whether they perform recircumcisions or not, doctors say there is no medical need to fix a partial circumcision. Jay E. Berkelhamer, M.D., the president of the American Academy of Pediatrics (AAP), recommends that circumcision be done when a baby is first born; as babies get older but are still unable to express themselves, they may have difficulty processing what is happening. “I would hesitate to do a routine cosmetic procedure until the child understands what is going on and why,” he says. So for parents, it comes down to whether fixing a partial circumcision is worth elective surgery. After careful consideration, Socarides and Fried had Archer recircumcised. “How was he going to feel about his penis, his sexuality?” says Socarides. Fried adds, “We worried he was going to be self-conscious about how he looks. In a profound sense. It’s not like, ‘I wish I didn’t have curly hair’ – this is so wound up in sense of self.”

She and other parents in her situation are now spreading the word. Socarides says her pregnant friends now discuss with their obstetricians how much foreskin they want taken off beforehand. Timothy Johnson, M.D., chair of the University of Michigan department of obstetrics and gynecology, applauds them. “Parents should ask, ‘Do you believe in taking a lot or a little off?’” he says. “It should truly be informed consent.” In the whirl of nursery decorating and name picking, it’s easy to back-burner a frank talk about foreskin. But if you’ve decided to circumcise, this is one area where you probably shouldn’t play it loose.

## My Circumcision Experience

I am SERIOUSLY against people fudging the truth about circumcision to make it sound better or worse than it really is. (I think this happens because maybe their fetish with it dictates this sort of response.) Having been on both sides of the fence so to speak, I feel that some of what I read sometimes seems to be a misrepresentation of the truth (but then I only have my own individual experience to go by). So, with that in mind, I have tried to give a brutally honest account of the procedure and recovery, as it was for me.

I was circed for personal preference. I'm not sure what my fascination with it was, but it was just something I wanted to do.

I HAVE found I have lost a noticeable amount of sensitivity following being cut. (I had the frenulum removed too which maybe didn't help with this.) However, I am so turned on by the concept of being cut that I have no problem climaxing etc even with the slightly reduced sensitivity. It is very comfortable.

I got cut last August at 27 years old. Before being cut I did keep the foreskin back for about a month or so, and so got used to rubbing around, but to be honest, it wasn't bad at all even to start with. Regarding the pain during procedure – none. And I mean NONE at all. Not even odd or tingly sensations. I had a local anaesthetic, and that did hurt just a little. The surgeon injected me about 5 times; once in the top, bottom, left and right of the base of my cock and once in the frenular area. I have to say that hurt just a bit – not as bad as you might think, given the area in question – and certainly no worse than any immunisation needle I ever had at school.

Immediately following the operation, you DO have to work a little gingerly, because A) you don't want to move things around too much in fear of disturbing anything and B) you have all this padding which you are walking with! You will work carefully for maybe a week. Or I certainly did anyway. Pain following the operation wasn't bad at all. You do feel a sensation after the local starts to wear off, but not bad – I just kept myself on Paracetamol for a couple of days and to be honest, didn't really feel any pain with that. Each time the Paracetamol starts to wear off you get a dull achy feeling sometimes at first – but that tended to be later in the evening when I was getting tired (you know when you are ill you always feel worse at night?), but again, nothing which I would even go as far as to say felt properly painful and which went away with a couple more Paracetamol. Funnily enough, for me the pain wasn't from the cut line either at all, it was all either from a stitch snagging occasionally or most usually from the bruising caused from the anaesthetic injections (and this did swell a fair bit and turn blue/black for a good few weeks afterwards for the two either side – but not the top and bottom ones for some reason).

What WAS painful was after maybe 4 days or so, in the early morning I would be woken up because I started to get hard – I tried all sorts of things to avoid this, none to any avail. I tried tight underwear, different positioning of my cock, different sleeping positions, etc and came to the conclusion that basically a cock

is going to do what a cock is going to do – especially when it has gotten over the initial shock and is now thinking hey buddy how about some attention? One thing that DID make sleep more comfortable was sleeping on my side, foetal position, with 1 or 2 pillows placed between my knees to keep my legs apart while sleeping and stopping my legs sandwiching my groin and putting pressure there. Being woken up by getting hard was uncomfortable – I wouldn't say unbearably painful (not like toothache for example, but probably like a medium to strong headache). The solution for me was to 1) get out of bed and curl into a ball with my knees under my tummy until it subsided – typically VERY quickly and was conscious and could feel the off-putting pain and then 2) take a leak, to help stop this from causing it again. (I suppose you could try not drinking much prior to bed and taking a long leak before sleeping?)

Finally regarding getting woken up through getting hard, I would say on the plus side, it doesn't happen for long. I was cut medium loose when flaccid (just a bit of gathering below the glans) to become reasonably tight when hard (I'm a grower rather than shower) and so different cuts might feel different? I didn't get it for about 4-5 days ish (because trust me, you won't feel like getting it up before then I doubt! – I was VERY active prior to the op, but still took 4-5 days before it became an issue) and it only bothered me for maybe a week to a week and a half, after which I guess healing was sufficient so that it didn't?

One other thing that bothered me during the healing was the swelling – this isn't something that every guy gets – everybody's body is different, but I got a LOT of like fluidy-under-the-skin type swelling in front of the cut line. It wasn't unclean/septic/bad type swelling, just like watery swelling. That took a GOOD few weeks to go away – like over a month or so, but was obviously worrying as I didn't think it would leave a good result afterwards, but actually it is fine. The result turned out very pleasing for me aesthetically.

Regarding stitches – I left a few stitches longer than maybe I should have. Most of mine dropped out fine, but I had two which didn't and following doctor's orders left them alone for a while. You'll know when they are really doing nothing and it is up to you what you do with them. I left the two I had for quite a while and in the end decided to snip them and pull them out – they came out without pain and very easily. But because I had left them so long I did end up with one of them leaving a stitch tunnel – although this is on the underside and you can't see it unless you know it is there (which I do) – I never mentioned it to my partner and he has never noticed (and he does get to see it close up.)

My last piece of reflection on the whole operation would be that if I did it all again (which I would) I would try to be less shy in the consultation with the surgeon. I am very happy with my result and I mean that, but I would have liked maybe super tight (knowing that with time they stretch slowly) instead of the moderately tight I got. I DIDN'T get this to start with, because I thought the guy might think me a bit weird asking for my cock to be left SUPER TIGHT. However, I've never seen the guy since, so would it matter? Furthermore, I went with Dr. Zarifa in London who I know is accustomed to adult circs for cosmetic appearances and have every confidence it would not have been an issue if I'd asked. I'm just shy

I guess. But my advice would be to be bold and be brave and ask for EXACTLY what you want – it is better to get it right the first time.

I'd like to end, since I know a big part of the decision lies in feeling confident in your surgeon, with a commendation. I went with Dr Zarifa in London (who's point of contact is <http://www.circumcisions.co.uk>). From the website (and not knowing London) I envisaged quite a modern, hospital like surgery in an upmarket area of London. When I arrived at the actual place, I nearly turned back home. This was based purely on the surrounding area, which has the appearance of being quite rough compared to where I live and the surgery just looks like my regular NHS clinic where I see my own GP. However, inside it is nice, the staff are both lovely and professional and inside the actual 'operating theatre' as it were is very nice – looks very high-tech! I seriously can't recommend the guy himself enough though. He was excellent with me – since I wasn't very forthcoming at first he did a lot to settle me (general chit-chat) and then asked plenty of questions in a very approachable manner to ascertain what I wanted. He was very keen to know what I wanted in very fine detail and didn't once try to push me in any particular direction. He did a fine job of going through the procedure and expectations as well as after care. And the end product for me was delightful. This guy is GOOD. I have NO train-track type scarring (which was my main concern), just the scar line in a neat circle (freehand) and everything is balanced and cut as I asked. It was quite a cost (for somebody with my finances – fees are on the website), but worth every penny to me.

All the best to everybody making this decision. I have never regretted it.

*Circumsexual*

## Interesting Conversation

The other day I was with a long time friend in the sauna after a workout. No one else was there and the conversation eventually turned to sex. After a while he asked me if I thought that size really made any difference with the ladies. My reply was that unless you were on the extreme either way, probably not. I then said that the thing that I thought was noticed was rather if you had a foreskin or not.

Before I go further, let me tell you that we are both circumcised, he had an extremely high and tight circ, where even completely soft as we were in the sauna, the shaft skin was stretched tight. I have a moderately tight and very low circ and my shaft skin was loose with some wrinkles, but not bunched up against the glans.

He was completely surprised and asked why I thought so. I told him that I had my foreskin until I got married, then got circumcised at my wife's request. He was full of questions about the operation, how much it hurt, and what was the difference in the way it felt. We talked a while and I tried to answer his questions.

He then brought up the subject of how different guys seemed to have very different circumcisions. I agreed and then told him that I thought he had one of the best looking circumcisions I had seen and I wished that mine had turned

out like his. To my surprise, he said the same thing about mine. He said that he would like to have a little loose skin to play with. I reached down and pushed my loose skin up against the rim and ask if he could do that. He ran his finger down the top side of his dick and there was no movement what so ever. I then took hold of mine and pulled the skin over the rim, covering about ¼ of the glans and ask him to try that. His skin couldn't even be pulled up to touch the rim. I then pushed my glans back onto my skin and pinched it closed over the tip. Now I was completely covered even though my penis was completely retracted back into my body. This he did, but found it very difficult to get it back far enough to pinch it closed though after working at it for a bit was able to succeed. He told me that he had never done that before, that was the first time he had covered his glans.

*From the internet*

## Small Cracks In The End Of The Foreskin

[A question & answers from *Men's Health* website.]

**Question:** Over the past couple of years I've been getting small red cracks in the end of my foreskin. These go away, then keep coming back eventually. Is there anything I can do to rid them permanently? Is it serious?

### Answers:

1. Having a foreskin is a job; you need to keep it extra clean as it is a place bacteria flourish. Keep it clean, put some mineral oil or Vaseline and try to pull back the skin. This sounds like irritation to me. Give this a try and if the problem persists please go to the doctor as a guy's penis is his crown jewels.
2. I had the same problem and it kept returning till there was so much scar tissue I could no longer have sex without a blood bath. Went to my Dr, had a circumcision done within a week: problem gone for ever.
3. The skin is probably just dry. Rub some Vaseline on it.
4. Well this may sound stupid but are you masturbating a lot?
5. It doesn't sound serious, The skin probably just dries up after a while; try putting baby oil or Vaseline on it.
6. My husband had this. What happens is that at some point in time your foreskin has cracked or torn slightly and has healed again. But where it has healed it has formed scar tissue which is less stretchy and thicker than the skin around it. The next time your foreskin is rolled back it will crack or tear in a different place because the opening is now slightly narrower. Each time it happens the problem will get a little worse. If it has only recently started happening, start moisturising your foreskin regularly to keep the skin supple. Try specialist moisturisers designed for scar tissue, but E45 cream will probably do just as well. If this doesn't solve the problem you need to see your doctor for steroid cream. My hubby put off seeing the doctor for some time and ended up having to have a circumcision. It was a big deal for him beforehand, but he got used to it very quickly and it is much easier to keep it fresh and clean. It has not been a complete cure as he still get splits sometimes, but nowhere near as

often and because the foreskin has gone there is no skin stretching involved. I think his skin is just very delicate there. One of my co-worker's husband had the same operation for the same reason a couple of weeks later so I think it is a fairly common problem for men. So there's no reason to be embarrassed to see your doctor about it. Good luck.

7. Sounds similar to the problem I had. I ended up getting circumcised. It's the end of the problem! Foreskins aren't that great... just a place for infections and problems to arise. My advice if you aren't too attached to it... cut it off. Circumcision is not painful, just uncomfortable for a few days/weeks until your glans gets used to being exposed all the time. I'm glad I'm cut. It's only been 3 and a half weeks but it's in use and ok, a bit puffy at times but it will calm.
8. It may be thrush, balanitis, or some other infection. It could be irritation due to shower gel or something. The only way to be sure is to show it to your doctor.

## Swedish Doctors Refuse To Circumcise Boys

Many doctors and several local authorities in Sweden refuse to circumcise boys unless it is medically motivated. Gunnar Göthberg, chairman of the Swedish Pediatric Surgeons Association (Svensk barnkirurgisk förening), compared the procedure to female genital mutilation. A survey done by the Association reported that two out of three paediatric surgeons do not want to perform circumcision. Göthberg regards the operation as an assault since the procedure is done without the child's consent. Twelve of 21 local municipalities also refuse to perform circumcisions for non-medical reasons.

Around 3,000 circumcisions are estimated to be done in Sweden each year. Of these, around 2,000 are performed by people who are not doctors and who do not have a medical licence, which pose risks for the child and lead to complications. Circumcision of boys for non-medical reasons is permitted in Sweden, and the Swedish Board of Health and Welfare (Socialstyrelsen) is of the opinion that a prohibition would be an illegal limitation on religious freedom.

The authority has proposed that the issue should be legally regulated and that all municipalities should offer male circumcision for non-medical reasons. The Swedish Association of Local Authorities and Regions believes that a formal recommendation would be sufficient. Critics claim that non-medical circumcision is in violation of the United Nation's Declaration of the Rights of the Child, reported DN.

*From <http://www.thelocal.se/20900/20090725> Sweden's news in English*

The website allows comments and nearly 200 comments were submitted in less than two days. Here is a flavour of the pro-circ comments:

### **Comment 1**

It is sad that despite the overwhelming evidence supporting circumcision as an effective defence against sexually transmitted diseases, our surgeons act like

cowards when asked to remove the foreskin from a child whose perception of pain is little. Male circumcision is not mutilation as it does not reduce the male libido in anyway. Even when done by non-medical personnel (as is done in most 3rd world countries) I have yet to see a case of major damage to the child.

I am glad my parents circumcised me because I would never have had the guts to do it as an adult.

### **Comment 2**

No matter what, circumcision of boys will continue to be a practice for many for reasons religious or otherwise. Taking away the option of having it done by a professional in sanitary conditions where the boy's well-being can be properly monitored if necessary will just lead to parents approaching non-medical individuals to have it performed instead. Is that really a smart thing to do?

Male circumcision when done properly on a young child who will have no memory of it, in my opinion, leaves no lasting psychological or physical impact on the child. It did not for me. So why does it cause such an uproar here in Europe? Can someone please explain it to me because I am genuinely interested to know.

### **Comment 3**

My son was born in Germany and I had the same issue. I had to wait until I went back to the States to have him circumcised.

## **Acorn Society Meeting Report**

A meeting of the *Acorn Society* took place at the Ramda Jarvis Hotel, Leicester on Saturday 31<sup>st</sup> October 2009. Thirteen subscribing members were present including Frank, Keith and Mick who were attending an *Acorn* meeting for the first time. One former member, now non-subscribing, or doing so under a further alias, was also present.

After the opening of the meeting and presenting apologies for absence, Douglas said that in a recent email, Ivan, Editor of the magazine, had given an assurance that he was willing to produce six editions of the magazine, at intervals, during the coming year.

Vernon informed the group that magazine N° 6 for 2009 was under way and that space was being held for a report on this meeting.

Douglas reflected that over time membership has fallen significantly; there were now 68 subscribing members. After payment of costs and charges and distribution of the magazine by email and by post there was an excess of income over expenditure of about £250 a year. Further, the *Acorn* bank account was in credit.

Douglas gave notice that it was his intention to resign from the office of Treasurer with effect from 31<sup>st</sup> December 2009.



During the following discussion one member asked if *Acorn* should become strictly a magazine as only a small and dwindling number of members were inclined or able to meet. Stuart asked if anyone thought that *Acorn* had reached the end of the road and should be wound up. Members explored this and recognition was made that at the time of its founding *Acorn* was a valuable source of information and support for those curious about the why, when and how's of circumcision. When *Acorn* was founded, few members had access to a personal computer. Over the years computer ownership and access to the internet has become common place giving easy access to a great deal of information on the subject of our interest; in effect *Acorn* has been overtaken!

A member asked that a vote be taken on the question 'Should the *Acorn Society* now be wound up?' The vote was taken and a significant majority voted in favour of closure. It was agreed that the wider membership should now be consulted about this matter.

With the future of the Society in question there is no need to raise a subscription for the year 2010. Anyone seeking membership for the first time would be made aware of the situation and, if they desired to be in membership, would be charged £10 for membership giving them entitlement to all 2009 issues as well as any magazines published in 2010, and access to the purchase of further back numbers.

Recognition was made of the Society's long standing Resolution that if at any time the Society closed the pecuniary assets, if any, would be divided between three charities, London Lighthouse Trust; the Terrence Higgins Trust and Age Concern.

The future of other assets e.g. the internet domain name owned by *Acorn* and the archive e.g. back numbers of the magazines must be considered.

*Douglas – Honorary Treasurer*

## **The Acorn Society – Does It Have A Future?**

**A**t the October meeting of the *Acorn Society* (report above), the future of the Society was discussed. For the reasons given, a significant number of those present voted in favour of winding up the Society.

In recognition of this vote, the views of the wider membership are being sought on this matter. A questionnaire is attached. Please complete this questionnaire and return it to the Society via the mailbox address. Alternatively, email your response to [editor@acornsoc.org.uk](mailto:editor@acornsoc.org.uk). The closing date for the return of questionnaires is 31<sup>st</sup> January 2010.

It is important that everyone responds to this questionnaire. If you do not respond, it will be taken that you are indifferent to the continuation of the Society; your vote will be added to those opting to wind up the Society.

*Ivan Acorn*