Circumcision Facts Trump Anti-circ Fiction

A medical perspective on a contentious issue

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Rarely in my life have I read such unscholarly poppycock (a good word, given the subject matter) as the article by David Vernon in the Spring issue of *the Skeptic* (pp 28-31). Vernon, a freelance writer and former public servant with degrees in political science, economics and law, is hardly well-placed to write on circumcision. He seems to have scoured the internet and been duped by the propaganda of various anti-circumcision organizations found therein, rather than attempting to get a grasp of the abundant medical evidence arising from good research studies published in reputable international journals. He presents anecdotes rather than science and tries to draw a connection between quotes from ancient religious texts and erroneous statements about circumcision. Vernon is either quite gullible or a representative of the anti-circumcision movement. His words do not belong in a magazine that purports to present rational argument, logic and factual information. Not surprisingly he confesses to being uncircumcised!

So what are the facts? It is now well established by hundreds of research studies, many of which are referenced in my large peer-reviewed review article published in the major international journal *BioEssays*[1] and in my internet review (www.circinfo.net) that, over the lifetime, circumcision represents a surgical 'vaccine' against a wide variety of adverse medical conditions in males. These include physical problems such as phimosis that affects 10% of uncircumcised men, dermatological problems that are also common, urinary tract infections (seen in 2–5% of uncircumcised infants), sexually transmitted infections (human immunodeficiency virus [HIV], human papillomavirus [HPV], syphilis and chancroid that are all many-fold higher in uncircumcised men), sexual problems, especially with age, problems in geriatric patients, and killer diseases such as cancer of the prostate and penis (these affecting, respectively, 1 in 4 and 1 in 600 uncircumcised men).

Circumcision also protects a man's sexual partners from HPV infection that causes cervical cancer[2], another disease that kills. Genital herpes is twice as high for women with uncircumcised partner(s)[3], and Chlamydia infection is 5.6 times higher. The latter can lead to pelvic inflammatory disease, infertility and pelvic pain.[4]

This is all a high price to pay for retention of the foreskin and not considered often enough when a baby boy is born.

Condoms

Vernon reckons condoms provide 99% protection against HIV. He is wrong. The protection is 80–90% if

always used.[5] Condoms are not infallible, nor used universally, especially amongst the most sexually active and promiscuous groups, the young, in whom risk-taking is part of their psyche. Condoms do not, moreover, protect during foreplay when the inner prepuce (the site of entry of HIV into the male during heterosexual sex) may come into contact with infected fluids In contrast, circumcision is once only, so needs no application for each sexual encounter, is permanent, and when *coupled with condom use* should virtually guarantee complete protection against HIV infection. Alarmingly, however, 10 studies in Africa found no association between condom use and reduced HIV infection. In fact, in one, condom use was associated with higher HIV infection![6] Moreover, condoms offer little protection against transmission of HPV to a woman. In one study, published in the world's top medical journal, monogamous women were at 5.6-fold increased risk of HPV infection if they had an uncircumcised, as opposed to a circumcised male partner, who in each case had had six or more previous partners.[2] Since the typical Australian man is reported to have approximately 20 sexual partners before 'settling down' the risk to women posed by lack of circumcision is enormous.

Hygiene

Vernon seems to think that hygiene under the foreskin can be maintained by soap and water. This is not supported by the evidence. Bacterial counts show that in uncircumcised schoolboys hygiene is difficult to achieve.[7,8] Of course, in uncircumcised men failure to wash under the foreskin after intercourse, rather than dozing off, means an increase in risk of infection by various STIs. Under the foreskin one finds foul-smelling smegma, a whitish film that consists of sweat, shed skin cells, dirt and bacteria that together form aggregates. Smegma increases through adolescence to a peak at age 20–40.[9] It is hardly surprising then that women vastly prefer the circumcised penis for oral sex.[10] In fact improved penile hygiene is a major reason for circumcision, the uncircumcised penis being regarded by 88% as unclean and infected with micro-organisms.[11] Not only is it difficult to achieve penile hygiene in uncircumcised men, attempting to do so can result in dermatological problems. Parents, moreover, will obviously find it easier to keep their son's penis clean if it is circumcised.

In men in London, where circumcision rate is much higher than the figures Vernon quotes for the entire UK, 26% of uncircumcised, but only 4% of circumcised men, exhibited inferior genital hygiene behaviour.[12] It is likely that a contributing factor was medical conditions that impeded retraction of the prepuce for washing. Thirty seven percent of the circumcised men, but only 19% of the uncircumcised men, washed more than once per day.

My calculations (published in *Aus NZ J Publ Hlth*[13] and *BioEssays*[1]) show that the lifetime risk of a male having an adverse condition requiring medical attention is 1 in 3. This represents an enormous number of males. Many die because of having a foreskin. Such a high risk really does mandate circumcision for all newborns, and is something that should be seriously considered by men of all ages.

In contrast to the figures Vernon quotes, the true rate of circumcision in the USA was shown in a recent representative study by the US Centers for Disease Control (CDC) to be 88% in whites, 73% in blacks, 42% in Mexican-Americans and 50% in others (79% overall).[14] A recent large survey of Australian-born men found a circumcision rate of 69%, although was only 32% in those aged 16–20.[15] The rate is rising worldwide in line with the messages from research findings.

Low-risk procedure

It should be realized that circumcision is a simple, low-risk procedure in experienced hands. Vernon tries to whip up an emotional reaction by his use of highly emotive nonsensical comparisons in his opening statements. However, the reality is that circumcision can be almost completely pain-free by, for example, the use of the technique developed by Dr Terry Russell, AOM, in Brisbane, who has performed 20,000 circumcisions using his 'no scalpel' (Plastibell) procedure after application of an anaesthetic cream (EMLA) (www.circumcision.com.au). Adverse events occur in only 1 in 500 infant circumcisions; these are virtually all minor and easily and immediately treatable. In Russells' experience, the only potentially serious complication was a reaction to the anaesthetic in one boy, but this resolved overnight without medical intervention.

A circumcised penis is not only cleaner and easier to take care of, women find it cosmetically preferable according to reputable research study by Williamson & Williamson.[10] This included women who had only ever had uncircumcised partners. Vernon tries to discredit this study, but then praises another by the lay anti-circ activists O'Hare & O'Hare, who stated in their paper that it was a "preliminary" survey of women "recruited through … an announcement in an anti-circumcision newsletter".[16] O'Hare & O'Hare acknowledged this "shortcoming". They also state "this study has some obvious methodological flaws" and that "it is important that these findings be confirmed by a prospective study of a randomly selected population of women." Thus bias arising from the seriously flawed study design causes O'Hare & O'Hare's work to lack credibility, meaning it should be ignored. Moreover, others as well have obtained findings that are the complete opposite, eg, in one study that found a preference by women for the circumcised man the respondents remarked that circumcised men enter the woman more easily and cause less trauma.[17]

To illustrate this lack of credibility, when Waskett and I reanalysed the data from 'research' by anti-circ

activists of penile sensitivity we found that their claim of higher sensitivity of the tip of the foreskin of the flaccid penis could not be supported.[18] There have been quite a number of mainstream research studies of penile sensitivity and the like over the years and if one reads these they will come to the conclusion that there is really no difference in sensitivity between each type of penis (for refs see: www.circinfo.net). In fact the much more important issue of *sensation during sexual arousal* was thoroughly examined for the first time and reported on this year.[19] The authors found sensation was the same for each category of penis. This study also found, not surprisingly, that sensitivity *decreases* during arousal. This is a necessary requisite for intercourse to occur. Interestingly, in contrast to speculative ramblings of anti-circ proponents, the unaroused penis of uncircumcised men had a lower temperature measured by the thermal imaging utilized in this study, ie, appeared *less sensitive*.

Sexual dysfunction

Erectile function scores were unchanged after circumcision of adult men.[20] And, in a study of 500 couples in the USA, UK, Netherlands, Spain and Turkey, time from insertion to ejaculation were no different (6.7 vs 6.0 min in circumcised vs uncircumcised men, respectively).[21] In fact there is no association between circumcision status and failure to enjoy sex.[22,23]

Vernon has dredged up the most awful research to support his claims. His reference to the Korean study by Kim & Pang[24] is a case in point. This is perhaps the worst article to ever find its way into print in a medical journal. Even the title is wrong, confusing 'sexuality' with sexual activity or pleasure. It has been castigated by Dr Robin Willcourt, an obstetrican from Adelaide whose critique was published in the same journal.[25]

That uncircumcised men are more likely to experience sexual dysfunctions was shown in both The US National Health and Social Life Survey, involving over 1400 men,[26] and in an Australian survey of 16–60 year-olds.[15] The problems in the uncircumcised included pain at any age and erectile dysfunction in 27% aged > 50.[15] In contrast, the research found that circumcised men had more liberal attitudes[15] and enjoyed a more elaborate sexual lifestyle.[26] One reason no doubt relates to women's preference for the circumcised penis for sexual activity, appearance and hygiene.[10,20,26]

Males in higher socio-economic-educational categories have higher rates of circumcision.[10,26] This class divide will further escalate after recent decisions by governments in the southern states of Australia to no longer permit elective circumcision in the public hospital system.

Religious issues

I have no problem with Vernon's attacks on religion, and, like most readers of *the Skeptic* am with Richard Dawkins when it comes to this topic.[27] It is easy to use religious quotes as Vernon does to dismiss religion. But perhaps some deeper thought should have gone into the matter of circumcision. One should ask why circumcision of boys is practiced by virtually all cultures from hot and equatorial regions — not just the Middle east, but aboriginal Australia, the Pacific Islands, various Asian countries (both Muslim and Christian), most African tribes, central America, etc. It would appear that the health benefit derived from removal of the foreskin became known through practical experience of foreskin-related problems in diverse peoples and then became ritualised as part of their culture, and thence various religions. So the edict to circumcise conferred an advantage to these people. Today, we know well the enormous public health benefits and can leave religion out of it! Especially in *the Skeptic* one needs to stick to scientific arguments.

In attempting to ridicule the notion that circumcision arose in the Middle East to solve problems caused by 'sand and dust', Vernon cites an article by Robert Darby, an anti-circ activist. Darby's claims stemming from 'medical records' 'he analyzed' are false. Infections, initiated by the aggravation of dirt and sand, are not uncommon under desert conditions, and have even crippled whole armies of uncircumcised soldiers. It is difficult to achieve sanitation during prolonged battle. To contradict Darby, and thus Vernon, a US Army report by General Patton stated that in World War II 150,000 soldiers were hospitalized for foreskin problems due to inadequate hygiene.[28] To quote: "Time and money could have been saved had prophylactic circumcision been performed before the men were shipped overseas" and "Because keeping the foreskin clean was very difficult in the field, many soldiers with only a minimal tendency toward phimosis were likely to develop balanoposthitis".[28] The story was similar in Iraq during 'Desert Storm' in the early 1990s.[29,30] In the Vietnam War men requested circumcision to avoid "jungle rot".

Another myth used by Vernon is one promoted by anti-circ groups, namely that circumcision was popular in the Victorian era as a cure for masturbation. In reality this was *not* a common belief in those days. Yes, masturbation was regarded as 'bad' back then and occupies much of the early 20th Century book *Youth and Sex*.[31] However, despite circumcision being quite common in Victorian times, this book does not mention the use of circumcision as a 'cure' for masturbation at all![31] A well-known book on circumcision written by Felix Bryke completely discounts any notion of circumcision as a cure for masturbation.[32] Whitla's *Dictionary of Treatment* does not list 'circumcision', and, under 'masturbation, one finds a suggestion about performing circumcision only if the cause is irritation from a tight prepuce.[33] But, consistent with current medical knowledge, the Victorians recognized that circumcision was able to

prevent phimosis, penile cancer, syphilis and other STIs.

Emotion v science

The sort of emotive arguments prevalent on anti-circumcision internet sites, are not supported by current scientific evidence. What remains is nebulous, convoluted legalistic discourses such as consent or 'human rights' issues, which can be similarly levelled against vaccination (also the target of extremist nonsense) and other interventions that are in the best interests of infants and children.

The anti-circumcision movement is itself more like a religious cult in its devotion to the preservation of the foreskin at any cost and its rejection of scientific evidence concerning the benefits of circumcision. Essential tenets of the cult are that the foreskin is infallible and must be vigorously defended. They emphasize that it is best to leave the foreskin alone 'as nature intended', believing that Nature makes no mistakes. (Of course, cancer and infectious diseases are also natural!) They say that since all parts of the body are perfect in design, newborn circumcision must be inherently wrong. Another false assertion is that it is equivalent to female genital mutilation. (In reality the latter is the equivalent of cutting off the penis!)

The anti-circs also say, as Vernon parrots, that circumcision is a violation of human rights. This is rubbish. In western countries, a parent has the legal right to decide in favour of the circumcision of their baby boy, just as parents have the right to choose to have their children vaccinated, educated, disciplined, etc. Vernon suggests, as do some anti-circs, that circumcision be delayed until 'he is an adult', neglecting to mention that the higher cost (beyond the budget of most young men), a cosmetic outcome that includes a visible scar from stitches needed at that time, the inconvenience, higher risk (minor complications in 1–3% compared with the 0.2% in infants) and loss of many of the early health benefits. Given that there is no long-term downside, yet massive benefits to be had from circumcision in infancy, failure to circumcise at this time might easily be deemed child neglect. Just as failure to immunize.

Unlike science, which is based on a utilitarian, meta-ethical analysis, the anti-circ arguments start from a deontological (moral absolutionist) position, meaning that, just as religion, they prohibit any compromise. Thus the abundant, high quality research that disagrees with their position is deemed by them to be flawed. One finds that the references the anti-circs use to support their claims are deceptive. One of the most published of the anti-circs, Robert Van Howe, from Michigan, uses statistical games to discredit good peer-reviewed scientific studies. Every one of his publications has been discredited in follow-up critiques published in the same journals — as a few recent examples see.[18, 34-36]

Another false claim is that doctors who do circumcisions are part of an "industry" with profit as the only motive. (If true, this charge could be levelled at all health professionals!) Another ridiculous claim is that circumcised men are sexually and psychologically damaged, but don't realize it, or are in denial. Men successfully duped into believing that their sexual problems stem from their circumcision are advised to contact the group, so serving to promote the cult and increase its membership.

One well-known anti-circ activist, Paul Fleiss, MD, from Los Angeles, is a felon convicted of money laundering for a prostitution racket. Although foreskin fetishism and paedophilia are the motivating factors for some of the anti-circs, certain others are naïve 'do-gooders' of the 'politically-correct' *latté* set, whilst certain subgroups in the gay community desire the foreskin for a sexual practise known as 'docking'. Their vigorous opposition to circumcision helps ensure a continuous supply of foreskinned males in the community for this source of sexual pleasure for them. Thus we find there *is* a use for the foreskin! Parents take note!

Unlike the anti-circ movement, scientists generally adopt a utilitarian meta-ethical viewpoint, in which the construct system is modifiable by change in the net evidence, ie, they remain objective.

For an exposé of the anti-circumcision movement and psychiatric aspects associated with many in it see www.circinfo.net/anti_circumcision_lobby_groups.html

Therefore, to conclude, David Vernon's article is utter twaddle. Circumcision is now mandated by a massive body of epidemiological and biological evidence. In fact, the poorly researched, highly biased and nonsensical article by Vernon, metaphorically speaking, takes us backwards in time to the 11th Century (the Dark Ages) and should be disregarded for the tripe that it is.

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