

It is only in the last decade that doctors began to meticulously study the anatomy of the foreskin. Canadian Dr. John R. Taylor published "The Prepuce: Specialized Mucosa of the Penis and Its Loss to Circumcision" in the British Journal of Urology in 1996. In that paper, and in further studies, he describes the foreskin as the primary sensory tissue of the penis, and hypothesizes that the "ridged band" of corrugated mucous membrane lining the inner tip of the foreskin triggers deep erogenous sensation, erection and ejaculation.

"Every man and his dog presumes they already know how everything works, and it's a burr under the saddle if they're told anything different. But this is sexual tissue," says Taylor. "Most people look at the child and the prepuce and say that the prepuce isn't much use for a child. Well, the prepuce isn't designed for a child, it's designed for an adult and you can't look at it in childish terms." His studies explain why women who are familiar with both the cut and uncut versions of the penis often describe the circumcised organ as devoid of subtlety, thrusting hard to achieve its aim.

"If a man comes to me for advice on restoring the foreskin, I always tell him he's nuts," says Dr. Richard Casey, director of the Male Health Centres' four Ontario clinics, specializing in erectile dysfunction and prostate disease. "It's a non-issue." Irreverent, direct and with the timing of a stand-up comic, Casey has spent more than 20 years dealing with thousands of penises and witnessing a host of anxiety disorders. "Wanting to get the foreskin back is actually a body dysmorphic issue. It's an obsession with the genitalia. Get over it! It's mostly skin. It's like losing a tooth."

It is easy to be seduced by Casey's argument, especially after watching a full-frontal demonstration of T-taping, the beleaguered penis stretched across the stomach, as if by Torquemada. But evidence shows that involuntary male circumcision can have physical, sexual and psychological consequences.

The Canadian Paediatric Society notes that approximately 25 infant boys of every thousand circumcised have surgical complications. Two or three suffer serious side effects. But these figures relate only to complications apparent immediately after surgery. There have been no detailed studies done on problems that don't manifest until later in life. If too much tissue is removed, erections become tight and uncomfortable; the shaft may even buckle within its own sheath. Hair-bearing skin, invisible in the infant, may be pulled up from the base and scrotum and cause irritation to both partners during intercourse. The raw wound, caused when the infant foreskin is forcibly separated from the glans, can scar and form a skin bridge between the head and shaft that pulls the penis to one side.

Surgical reconstruction of the foreskin is still a relatively unrefined procedure. Dr. Robert Stubbs, an internationally known cosmetic surgeon famed for his penile lengthening and fattening techniques, was alarmed by the flawed methodology of other surgeons who attempt the fashioning of a faux-foreskin by means of a skin graft or by everting a cylindrical flap of penile skin over the glans. And so Stubbs recently invented his own approach. To date he has performed only three procedures, turning away more than 90 per cent of applicants on physical or psychological grounds (a large scrotum and a healthy attitude are required). He advises newly divorced, melancholy males to buy a Porsche instead.

A specialist in penile enhancement with the name Stubbs is well used to the taunting of colleagues. Sitting on the edge of his desk, surgical cap perched rakishly aslant his greying hair, he laughs at Dr. Casey's comments. "He's a urologist! He's spouting the cop-out diagnosis of if it ain't broke, don't fix it. I'm a plastic surgeon, and therefore I look at quality of life. If a woman has to have a breast removed and opts for reconstruction, there are still doctors who will say 'Why would she bother?' I'm fixing heads—no pun intended." He excuses himself to check on his next patient, a young man who'd undergone the first stage of his operation a few days before and who might be available for an interview. Earlier, I had spotted him, lean and dark-eyed, as he shuffled into the subdued lighting of the waiting room like an arthritic octogenarian. Suddenly a piercing scream emanates from the exam room, followed by the plaintive sob, "It hurts, it hurts, it hurts." When Stubbs returns, he smiles gently, saying, "I don't think he's ready

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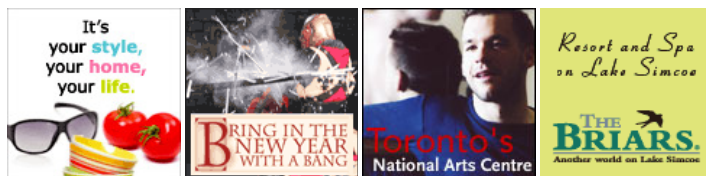
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Paul Tinari is another of
Stubbs' patients. An
extreme example ...

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