



### Circumcision Info

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### Anti - Circumcision Lobby Groups

There are several of these and their membership is drawn from a wide spectrum of society. They got started in the late 60s/early 70s after an article by a Dr Foley in a lay alternative magazine, Fact, in 1966. One of the largest is 'NOCIRC', founded in 1979 by Marilyn Milos, in San Rafael, California, with 100 branches having now been spawned worldwide. These minority lobby groups use distortions, anecdotes and testimonials to try to influence professional and legislative bodies and the public.

They attempt to intimidate doctors, even mounting lawsuits that are inevitably thrown out of court. It has even been suggested that anti-circumcision groups should really be regarded as a cult devoted to worship of the foreskin - the parallels are obvious to any observer.

Essential tenets of the cult are that the foreskin is infallible and must be strongly defended. Nature makes no mistakes; therefore all parts of the body are perfect in design. Hence newborn circumcision is inherently wrong.

Moreover, they falsely assert that it is equivalent to female genital mutilation and is a violation of human rights. Unlike science, which is based on a utilitarian, meta-ethical analysis, the arguments of the anti-circs start from a deontological (moral absolutist) position, thus prohibiting any compromise.

Any research that disagrees with their position is deemed flawed. References to support their claims are deceptive and they use statistical games to discredit good peer-reviewed scientific studies. They also claim that doctors who carry out circumcision do so as part of an "industry" with profit as the only motive. Another claim, contrary to scientific data, is that circumcised men are sexually and psychologically damaged and don't realize it or are in denial.

Those who are successfully duped into believing that any sexual problems they might have stem from their circumcision are advised to contact the anti-circ groups, thus perpetuating the cult and increasing its membership.

### Circumcision Brochures



#### Male Circumcision Brochure - Information Guides in various languages

- [Guide for Parents \(Australian\) PDF](#)
- [Guide for Parents \(American version\) PDF](#)
- [Beschneidung Ratgeber Deutsche \(German\) PDF](#)
- [Circumcision: Conseils Parents \(French\) PDF](#)
- [Guide for Parents in \(Traditional Chinese\)](#)
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18. Cancer of the penis.
19. Prostate cancer.
20. Cervical cancer in female partners of uncircumcised men.
21. Breast cancer in female partners of uncircumcised men.
22. Herpes simplex type 2 virus in women.
23. Chlamydia in women.
24. Trichomonas in women.
25. Bacterial vaginosis in women.
26. HIV: the AIDS virus.
27. Circumcision Socio-sexual aspects.
28. Circumcision - sensitivity, sensation & sexual function.
29. Circumcision - societal class distinction.
30. Circumcision prevents infibulation.
31. Circumcision procedure.
32. Circumcision & Anesthesia.
33. Cost of the Circumcision procedure.
34. Cost benefit of Circumcision.
35. Circumcision - how do I find someone to do it?.
36. Circumcision - whose responsibility?...legal
37. Risks in infants.
38. Circumcision - risks in adults & older boys.
39. Circumcision - breastfeeding outcomes and cognitive ability.
40. Circumcision, does it affect penis length?
41. Circumcision - why are human

This is not to say that all claims made by anti-circ groups are invalid. Rather, given the cult-like devotion of anti-circ groups to their cause, any claims made by anti-circ groups should be thoroughly verified by independently examining the empirical research findings. As the scientific evidence documenting benefits has mounted, the campaigning by such groups has become more vitriolic.

They have become increasingly desperate and outrageous as the medical literature has documented the benefits. To say that circumcision is equivalent to female genital mutilation is really saying that it is the same as cutting off the penis! This is clearly absurd. The American people are becoming more and more informed about new medical findings and are responding accordingly. The efforts of NOCIRC are proving increasingly futile in the USA.

One only has to do a search on the World Wide Web to read the statements from this group and others like it and any intelligent person can quickly make up their own mind about the quality of their material and the message they are trying to promulgate.

Some of these people mean well and some are intelligent, but lack a broad perspective. Others have more sinister motives (see below). Dr Schoen also noted that when Chairman of the Task Force his committee was bombarded with inaccurate and misleading communications from these groups.

The Symposia they hold comprise entirely anti-circ activists, except when Dr Wiswell attended a few years ago, and only their anti-circ material is presented. At the international NOCIRC conference in 2000 in Sydney there were in fact very few participants, reflecting the minority they constitute, and they were largely ignored by the news media they clamoured for the attention of.

Nevertheless these few people try to make a big noise to be heard over the consensus of medical opinion and common sense.

Deceptively, the name of one of these organizations, "Doctors Opposing Circumcision", conveys an impression of authority, but in reality membership of this group includes only ONE doctor! - George Denniston, MD, who has co-published with George Hill (no degree), the most vocal representative of this tiny group in Seattle. From what I have been told the mindset and motivation of at least one of the members could have sinister overtones. Beware of this group and their deceit.

In Australia, the president of the local branch of NOCIRC is a Sydney pediatrician, George Williams. I have debated him before medical audiences on two occasions and have found no substance to anything he has had to say. He and I were invited to a be interviewed by Kerri-Ann Kennerly live on Australia's major mid-morning TV show in 2004, but he pulled out at the last minute, so a replacement had to be found to argue the "anti" position.

The fill-in was a doctor who is a regular medical commentator on TV. Despite this, his arguments lacked substance, compared with the case I presented based on medical scientific evidence. Interestingly, every person I spoke to while waiting to appear (from the producer, make-up artist



benefits of circumcision, a guide for men

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[males born with a foreskin?](#)

[42. Circumcision - best not to delay til later.](#)

[43. Circumcision - what caused many cultures to ritually remove the foreskin?](#)

## Summary

### SUMMARY

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### CONCLUSION

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## Anti Circumcision

[Anti-circumcision lobby groups.](#)

and a musical promoter interviewed earlier) had their horror stories about men and boys in their lives (husband, children) who were not circumcised, but had to be later for medical reasons after much anguish and suffering.

The following is a statement from a member of NOCIRC. I give great credit to the honesty and insight of a Californian member of NOCIRC who emailed me to say: \*\*\* "I've come to learn I can't trust [NOCIRC] when it comes to this subject. I think they are causing a tremendous degree of psychological harm with their campaign and I've suffered a lot from their nonsense." \*\*\* (For more of this man's messages click on "Other" in "Testimonials from Men" in the contents at the beginning of this website.)

The anti-circ groups have an array of "literature" and, to try to portray themselves as being credible, even "publish" their own 'journal', named 'Circumcision', an electronic publication that appears only on the internet. The articles included are not subjected to unbiased peer review.

The purpose appears to be more a political one rather than scientific. The 'journal' resembles a propaganda vehicle and might more accurately be titled 'Anti-circumcision'. The Editor of this 'journal', Robert Van Howe is an outspoken critic of circumcision. His writings appear superficially convincing to the naive.

However, in a discussion piece [A-1] he "distorts, misquotes, and misrepresents the bulk of the literature he claims support his opinions" and even misconstrues his own published findings (on balanitis) [A-2]. His application of logic and naive statistical analysis in an article he wrote attempting to discredit the data on lower AIDS rates in circumcised populations [A-3] has been severely criticized on scientific grounds [A-4], and that publication has now fallen into disrepute.

Another paper in 2005 on HIV/AIDS [A-5] is quite dishonest. His statement that the support for circumcision is based on 'observation (sic) studies' is false, since he follows the conference report and then the publication by Auvert et al. of findings from a randomized controlled trial (RCT)

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## Links & Resources

[Circumcision websites & online discussion groups.](#)

[BOOK: "In Favour of Circumcision".](#)

[About the Author - Professor Brian J. Morris.](#)

[Adult circumcision stories - testimonials and more.](#)

## Humor

[Circumcision humor.](#)

that is by definition experimental. If his paper was written prior to release of the Auvert results, his reference to the 'two' ongoing RCTs is evidence of incompetence, since the number of RCTs is well known to be three.

The word 'ongoing' is a hint that he was aware. He states that "the literature was analysed with careful attention to historical perspective". This is perplexing, as one would have thought a medical and/or health-promotion perspective would be far more appropriate.

Far from his statement of "unknown complication rate" this is well documented (as having a low rate). His 'permanent injury to the penis' is nonsense, as it contradicts all research studies and is speculative at best. Van Howe's mentioning 'human rights violations' is predictable (and wrong), and his statement "the potential for veiled colonialism" is such rubbish, given that circumcision probably started in Africa!

All in all, the sort of tripe one is used to seeing from Van Howe, but a paper that just perhaps he might have finally dug his own grave with, owing to his blatant dishonesty and desire for propaganda at the expense of truth. He is not a biostatistician, yet in several of his publications he purportedly uses sophisticated statistics to support his findings.

Unfortunately for readers he uses them incorrectly, although does a good job fooling his readers into thinking he is doing the statistics correctly, which is not the case (personal communication from Dr Tom Wiswell).

His paper attempting to discredit the unequivocal findings on urinary tract infections [A-6] is similarly flawed and had been reviewed by at least 5 other medical journals, which rejected it. Similarly, Van Howe's "cost-utility analysis of neonatal circumcision" [A-7] is limited, erroneous and biased [A-8].

Van Howe calls himself a consultant on circumcision to the American Academy of Pediatrics, a claim denied by the Academy. Interestingly, in his small town in Wisconsin he reports a circumcision rate of 92%. Obviously his impact on the population there appears opposite to what he would like to see.

Another "hero" of the anti movement is Paul Fleiss, a pharmacist and osteopath who obtained an MD without going to medical school as a result of legislation passed in California in 1962 that for a brief time allowed an osteopath to convert their degree to an MD. Fleiss moved from Detroit to take advantage of this by becoming a pediatrician.

The anti-circ. movement quote Dr Fleiss and his writings extensively. Nevertheless, his scientific credibility has always been weak. However, his integrity has also fallen by the wayside owing to involvement in illegal activities, namely laundering the business proceeds of his infamous daughter, Heidi Fleiss, the Hollywood madam who provided prostitutes to celebrities.

In 1995 the Los Angeles Times reported "Last week Fleiss' father, Dr Paul Fleiss, pleaded guilty to three felony counts of conspiring with his daughter to defraud the Internal Revenue Service by hiding her income over three years and making false statements to federal banks. Fleiss, 61, a



alternative Cover Picture

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prominent pediatrician, is expected to be sentenced to four to 10 months jail and be fined \$50,000.

His sentencing is set for September". In the end Fleiss received a suspended sentence as part of a plea bargain for giving evidence in the case. A long article was published on Fleiss by the Los Angeles Times" Sunday April 9 issue in 1995. In it his involvement in holistic health care and breastfeeding is described.

In one of several malpractice complaints "the parents contend that Fleiss was so insistent that they breast feed their infant, despite the mother's difficulty in producing milk, that the child eventually became dehydrated and went into hypertensive cardiac arrest.

The baby ended up losing a kidney ..." "In [another] case, a Burbank couple charged that Fleiss had been too lax when their 3-year-old developed a fever. The doctor, they said, told them it was nothing to worry about. Then the child suffered a seizure resulting in irreversible brain damage".

The reader can make their own mind up about these and other representatives of the anti-circ movement. There are nevertheless some who are probably well-meaning, but misled. Interestingly, in early 2001 the TV program "60 Minutes" in Australia did a story on circumcision [A-9]. As well as an interview with Dr Terry Russell in Brisbane, and visuals of him doing a circumcision in his clinic, a lot of air time was given to anti-circ figures in Australia.

The audience response was overwhelmingly negative towards these people, who, according to extensive viewer responses, appeared to come across as "freaks". It would appear that "60 Minutes" did what they do best in providing enough rope for the interviewee to "hang themselves". Similarly, a group of these Californian anti-circ extremists (from NOCIRC) were recorded philosophizing about circumcision while gathered around the home outdoor entertainment area in a TV documentary by the BBC on circumcision in the prevention of AIDS [A-10].

When I played the tape of this, kindly provided by the BBC, to ~200 of my year 2 medical students raucous laughter broke out during this part of the program. Indeed, from other accounts, when the anti-circ activists are given air-time on TV the public perception of them is unfavorable. The reader might imagine the psychological state of a person who is so fanatically dedicated to the preservation of a piece of skin at the end of the penis, defending it by all means possible in the face of enormous evidence that is contradictory to their view.

In a newspaper column in 2005 in the Pittsburgh Tribune-Review, Mike Seatte rubbishes NOCIRC for a roadside billboard they had erected in Oakland, CA. He interviewed Milos and to her claim that her 3 circumcised sons had lost the most sensitive part of their anatomy he retorted "most men will tell you that if their genitalia were any more sensitive, it would cry during Meryl Streep movies. But that doesn't stop the folks behind nocirc.org." [A-11].

In a follow-up article he further ridiculed the anti-circ lobby, saying "Passionate, driven and convinced they've been wronged in some irreparable way, many of these readers found circumcision to be among society's great injustices, right up there alongside slavery, ethnic discrimination and reality TV ... The group is so aggrieved, it has launched marches on the nation's capital and initiated letter-writing campaigns to politicians and medical officials.



Representatives of the group's radical faction even sent me a device that assists circumcised men in "reclaiming their mutilated foreskins," the description of which you really don't want to read on a full stomach. While I admire their commitment, it seems somebody's throwing the baby out with the post-op bath water here.

Lamenting the loss of parts we discarded as children, whether it be baby teeth, appendixes or even tonsils, is not only misguided, it's downright silly. The anti-circumcision forces claim sex for men is infinitely better for those not subject to the operation, and that millions of us are mentally scarred by the procedure, but who is to say? Did ice cream really taste better before our tonsils came out? Would life be more fulfilling without ever having a haircut? Who cares?

These thin attempts to claim victimhood at the hands of some grand conspiracy sound sad and confused, considering how many genuinely afflicted people - those suffering from war wounds, terminal diseases and physical handicaps - get along without this sort of organized whining. What's worse, while waxing self-righteous about a few millimeters of lost manhood, these guys are forgetting what the opposite sex have to say about the matter. An informal poll of women provoked one response when asked their opinion of uncircumcised men: "Yuck". I think that just about says it all." [A-12].

A psychopathology term that fits the anti-circ's sexual obsession with the prepuce is called "partialism" and is found in the American Psychiatric Association's Diagnostic & Statistical Manual 4th Revision (better known as the "DSM-IV"). It is located under "Paraphilia not Otherwise Specified" in the sexual and gender Identity Disorders Section. The ICD-9 code for Paraphilia NOS is 302.9. The diagnosis is made for paraphilia if "the behavior, sexual urges, or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning". The definition of partialism is "exclusive focus on part of the body".

The anti-circ organizations are a magnet for pedophiles, whose preference is for the uncircumcised appearance of a boy's penis since this arouses in their twisted minds an image of untouched innocence. Such sexual predators then set about robbing the boy of this innocence.

A brief discussion of pedophilia appears in an account of a man with a strong foreskin fetish [A-13]. Some have been arrested, with one report [A-14] stating "Paul J. Zimmer, founder of a anti-circumcision group called The Newborn Rights Society, was caught in the act of fondling an eleven-year-old boy. Zimmer was baby-sitting the boy and had brought him to the [nudist] camp without the mother's knowledge.

This time police were called. Also suspected of sexually abusing that boy were James Joseph O'Boyle and Robert J. Schumann. It turned out that Zimmer had been abusing the boy sexually and psychologically for years. He was charged with "involuntary deviate sexual intercourse," "indecent assault," "sexual abuse of children and corruption of minors" and later pleaded guilty to "endangering the welfare of a child."

"A subsequent report [A-15] stated that "the 11-year-old alleged victim told police he didn't want to

testify. ... the boy was "scared, and had trouble remembering some incidents." ... after more than an hour's consultation with the ... boys and his parents, they decided to withdraw the charges against Paul Zimmer, 42 Coventryville Road and Robert J Schumann, Clarksburg, N.J. The blond-haired boy sat in the back of the tiny courtroom flanked by his parents. He fidgeted in his chair, kicking his feet.

The boy's father sat with his arms crossed tightly as the decision was announced. The two suspects were charged with sexually assaulting the boy in separate incidents in mid-June during a weekend outing at the Sunny Rest Lodge Nudist Camp in Franklin Township near Palmerton.

Zimmer, a family friend hired to tutor the boy, said he was given permission by the boy's parents to take the juvenile to the nudist camp for the weekend. Zimmer [was charged] with involuntary, deviate sexual intercourse; indecent assault; and corruption of minors for allegedly molesting the boy on June 16 and 17. Schumann was charged with molesting the boy at the camp on June 17.

After Judge Steigerwalt dismissed the charges, Schumann turned to Zimmer and said he wanted nothing to do with him or his organization The Newborn Rights Society, a group opposed to circumcision. "This is it," he said. "I'm out of your group, understand? I'm out." .... Zimmer said he was pleased with the outcome of the case. "Obviously I'm happy about it, he said." Besides this I have allegations have been conveyed to me about other spokesmen of the anti-circ cause, apparently backed up by evidence.

I wonder how some of the "do-gooders" in some of these anti-circ organizations would feel knowing that some of their fellow members may be pedophiles? A high profile US case has involved allegations that concern boys of Hispanic (uncircumcised) ethnicity.

The Asian Tsunami of 2004 was reported to have caused an influx of pedophiles to Thailand (a mostly uncircumcised population) where many children were orphaned by the disaster. In 2004 a number of arrests were made in Australia for pedophile related activities involving pornographic images of children.

Interestingly, one of these individuals was a pediatrician from Brisbane. Most pediatricians are well-intentioned. However, clearly this specialty would attract male medical graduates with a sexual predilection for children.

In contrast, the circumcised penis makes it appear more adult, with its exposed glans. As an example of this, when the English (uncircumcised) colonized Australia in 1788 they set up camp and explored Sydney Harbour.

Noticing a group of (naked) aboriginal men on the shores of one part as they sailed past they commented on their "manly" appearance, referring to the circumcised state of their penises. They therefore named this area "Manly", which is today a well-known suburb of the greater Sydney metropolitan area.

I am grateful to a colleague in the USA for the following: "The figures in the USA that show circumcision is 90% for non-Hispanic whites and Blacks must be a bit shocking for the NOCIRC

people.

The problem with an advocacy based on a fixed construct system (e.g., "the foreskin is nature's inerrant product, ergo circumcision is abhorrent and must be stopped") is that one tends to be locked into a psychic box. Imagine holding a set position for years, a good portion of one's life dedicated to that cause, only to find out the effort had little effect.

Moreover, there is the nagging thought "you are wrong in your beliefs". Hostility is often the result. George Kelly, a phenomenological psychologist whom I am currently studying, defines hostility as the "continued effort to extort validational evidence in favor of a type of social prediction which has already proven itself a failure" [A-16].

Further explaining this, psychologists Bannister & Fransella [A-17] state: "There are times when, if his/her construct system is to be preserved, a person simply cannot afford to be wrong.

If s/he acknowledges that some of his/her expectations are ill-founded, this might involve the modification or abandonment of the constructions on which those expectations were based. If, in turn, these constructions are central to the whole of his/her system, s/he might well be faced with chaos, having no alternative way of viewing his/her situation.

In such a situation the person is likely to become hostile, to extort evidence, to bully people behaving in ways which confirm his/her predictions, to cook the information, to refuse to recognize the ultimate significance of what is happening".

For each of these criteria one can easily find examples from the anti-circ world, a world that seems to be increasingly hostile: A good reason why one should select a utilitarian meta-ethical viewpoint in which one's construct system is modifiable by a change in the net evidence. Put more simply: its important to remain objective!.

There are also groups such as 'NORM' (National Organization of Restoring Men) that promote procedures to reverse circumcision, by, for example, stretching the loose skin on the shaft of the retracted penis or the use of surgery.

This has led to genital mutilation [A-18]. Claimed benefits of 'increased sensitivity' in reality appear to be a result of the friction of the foreskin, whether intact or newly created, on the moist or sweaty glans and undersurface of the prepuce in the unaroused state and would obviously in the 're-uncircumcised' penis have nothing to do with an increase in touch receptors.

Indeed, nerves tend not to regenerate. Moreover, the sensitivity during sexual intercourse is in fact identical, according to men circumcised as adults. In the first detailed professional analysis of psychiatric aspects eight patients seeking prepuce restoration were studied and several psychological disorders were noted [A-19].

These included narcissistic and exhibitionistic body image, depressions, major defects in early mothering, and ego pathology. These men had a preoccupation with their absent foreskin and represented a subgroup within the homosexual community [A-19]. Subsequently some "skin-



stretchers" can now be found amongst heterosexuals, representing 10% of the 1,200 members of one 'uncirc.' organization (cf. 80% homosexual and 10% bisexual), with 65% uncircumcised, 30% circumcised, and 5% partially circumcised.

Although many were happy with the result (thus justifying to themselves the decision to undertake this ordeal), others disliked their new genital status, even choosing to undergo re-circumcision [A-20]. The practice was promoted by James Bigelow who claims men mourn their lost foreskin.

The foreskin is an absolute requirement for a mutual masturbation practice amongst homosexual men known as "docking", in which the penis is placed under the foreskin of the male partner.

As mentioned in the section on AIDS, this practice, in contrast to common belief amongst many gay men, represents unsafe sex, exposing as it does the vulnerable inner lining of the foreskin to infected semen. If HIV is present in such semen it can then infect the partner via this route. An academic college at another university sent me booklet advertising X-rated videos in which he circled one in the gay section entitled "Craving Foreskin"!

There are other homosexual men who are pro-circ, no doubt in part because of the superior esthetics of the circumcised penis.

Dr Yehuda Nir, a psychoanalyst who was head of child psychiatry at Memorial Sloan-Kettering Hospital says he has never observed "circumcision trauma", stating "The only thing men are concerned about with regard to the penis is its size".

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### ***COMMON ANTI-CIRCUMCISION ARGUMENTS AND A REBUTTAL TO EACH:***

**Question 1.** When it comes to circumcision there is only one issue and that is whether a doctor should surgically operate on a child's genitals in the absence of a medical indication. All other issues such as safety, historical context, parental wishes or what people do or have done in the name of religion are irrelevant.

**ANSWER:** The unstated premise of this argument is this: In the world of universal ethical principles, there is one and only one law that is relevant to male circumcision: One should never alter to any extent the genitals of a minor. How can it be concluded that this principle -- and only this principle -- applies? There are competing universal principles and, therefore, a utilitarian meta-ethical analysis is appropriate. One such competing ethical principle is this: One should maximize the chances of better health in individuals who are unable to make decisions for themselves. Another might be: One should maximize the chances of health in the population at large. Medical decision making by parents for children is an accepted and universal preserve and applies to a

multitude of preventive measures, in which there is no current illness being treated.

**Question 2.** The first duty of a doctor is to do no harm. The doctor must also act in the best interest of the patient. If you abandon these ethical principles, you have abandoned the core values of the medical profession. All operations carry risk, the outcome of surgery, even in the hands of the most experienced, is unpredictable. The medical literature is littered with such tragedies. It cannot be argued that circumcision is without harm.

**ANSWER:** "It cannot be argued..."? Really? Well, in reality, one can argue that normally circumcision is without harm! Perhaps the dissenter meant to say, "It cannot be argued that circumcision is without the RISK of harm." If that is what they intended to say then, given the evidence that, on occasion, harm is created, this would be a true statement. The unwritten premise is that risk - and only risk - is the outcome of male circumcision. It can be argued that there are also benefits and that these need to be weighed against the risks. Again, the dissenter has taken the position that no foreskin has ever been implicated in any disease state or hindrance of the penis.

**Question 3.** The medical profession must never bow to political, public, religious or other pressure in defending the rights of patients and children. There are some things in life that are absolute. It is shameful and astonishing that any medical body should consider elevating the wishes of parents to a higher status than the rights of a child.

**ANSWER:** The unwritten premise to this argument is that parental wishes and the rights of the child are mutually exclusive. That, however, can be proven false. The dissenter continues the a priori and absolutism of the premise that the intact penis is the best, or in his words, has a higher status.

**Question 4.** Society has a duty to protect children. Doctors should never bow to parental pressure and make a decision to operate on a child where there are no medical reasons. This is not medicine and it must not be described as such. Doctors who circumcise children are no different to the tattoo artist or the skin piercing operator. Their trade should not be sanctioned as medicine or given any respect by a professional medical organization. No guidance offering comfort or ease of conscience should be issued.

**ANSWER:** The unwritten premise to this argument is that CURRENT and ONLY CURRENT medical / health condition is the sole criterion as to whether to perform surgery on a child. That is debatable. See response to #1.

**Question 5.** Doctors should not be asked to carry out a procedure on a child where there are no medical reasons. If there is doubt as to what is in the best interest of the child, this should be decided by the courts. This is established practice and there should be no exception. Let the court decide.

**ANSWER:** In most western countries, certainly those with system of law derived from the British system, case law makes male circumcision permissible. In the US, for example, there is overwhelming evidence that it is not only permissible to circumcise a newborn but this has indeed been sanctioned by the courts, which have dismissed all suits brought to them contending that the child's rights were usurped.

**Question 6.** If you sanction the circumcision of males without consent for non-medical reasons, you have no defence against those who wish to mutilate the genitals of females for similar non-medical reasons. You have lost your moral authority.

**ANSWER:** The unwritten premise here is that male circumcision and female genital mutilation are substantially in the same domain except that one applies to males and the other applies to females. In reality there is substantial evidence to show that they are not in the same domain. The dissenter does not once concede that circumcision has any medical benefits. This rather diminishes his or her argument. It is, as always, an appeal to a principle, and one THAT is flawed, rather than a case based on facts.

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