Circumcision: What Every Parent Should Know
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Birth & Parenting Publications - Earlysville, VA

Chapter 13
Easy Questions/ Hard Answers: Circumcision in American Society

During the time that I have been researching the topic of circumcision, I have been asked many questions about my research. I have had questions from people both in and out of the medical profession. Those asking the questions have ranged from genuinely interested to sarcastic to overtly hostile. Many times I felt that I lost credibility in the eyes of those who asked when I had to answer some questions with a forthright, "I don't know." The fact is that many of the questions involving the real basics of the circumcision question are very easy to ask but extremely hard to answer. Some of these questions are:

#1. If circumcision isn't such a good idea, why are so many doctors still in favor of it?
#2. Who is to "blame" for the continuance of circumcision here?
#3. Does physicians' greed play a factor?
#4. What about the question of informed consent?
#5. What about the question of parents' rights versus children's rights?

All of these questions are relatively easy to think of. No doubt, many readers had one or more of these questions occur to him while reading the book. The fact is, however, that none of these questions has an "easy" or "straightforward" answer.

The circumcision issue, as has been stated many times during the course of this book, is very complex. It touches in many of the different areas which are most important in many of our lives: social, parental, sexual, religious, and medical. In addition, the concept that circumcision is a "good" thing has been believed by probably the majority of physicians in the United States for nearly 100 years and the majority of lay people for at least fifty. Therefore, a subtle positive prejudice concerning circumcision is deep in our collective consciousness.

Conversely, however, for many people the circumcision issue has very little importance. Most parents, while perhaps wondering vaguely whether it is the right thing to do, find that with all the other things new parents need to think about, circumcision is fairly low on the list. The easiest course to take is simply to follow the crowd and the recommendations of the physician. The same goes for most physicians. In my research I discovered that, while a small minority of physicians defend circumcision with a vehemence that verges on the fanatical, many physicians are more or less neutral on the topic. However, since for them also, circumcision is fairly low on the list of the things that demand their attention, they too have found themselves taking the simplest path: they do what most parents seem to want, which is to circumcise. Most people will be able to see the vicious circle which can develop from this thinking: Physicians assume that most parents want circumcision and therefore see little point in doing much against it. Parents assume that since most physicians perform the procedure, it must be a

good idea and see little point in spending any time finding out about it.

As will be shown later in this chapter, this has led to a general apathy on the part of everyone, physicians and lay people, concerning circumcision. It has been the point of this entire book to show that, while the apathy towards circumcision may be *understandable* in terms of everything else parents and physicians must consider during the prenatal and immediate postnatal period, it is neither *wise* nor *justifiable* based on the medical evidence that is available.

The point of this chapter is to look at many of the questions that neonatal circumcision raises. As was pointed out in the chapter on social circumcision, it is much more difficult to consider questions whose answers must be based primarily on opinion and emotion. These questions are very difficult to address because, besides involving issues that are personal and emotional to many parents, they also involve consideration of the interrelationship of parents and physicians, the role of physicians in our society, the responsibilities of physicians both to be informed themselves and to inform lay people, and that of medical ethics. In addition, neonatal circumcision raises a question that is probably the most difficult of all, that of children's rights.

The first question asked in this chapter is "If circumcision isn't such a good idea, why are so many physicians still in favor of it?" This question occurs to many people. However, this question raises another that few people consider. Just because a doctor *does* circumcisions, does that mean he *favors* the procedure? Most people would feel that the answer must be "yes," that a physician who does circumcisions must support the procedure medically, at least to a certain degree. Interestingly, my research has shown something different: the majority of younger physicians, particularly in pediatrics but also in obstetrics, do not particularly favor circumcision. Many, in fact, are strongly opposed to the procedure.

This question could be better worded as:

#1. If circumcision is not such a good idea, why are so many doctors still performing it?

This simple word change puts a different perspective on this question, and makes it easier to answer. There are a variety of reasons why so many circumcisions are still being performed. In the remainer of this chapter, for the sake of clarity, I have arranged the information in an outline form.

A. A major reason why so many circumcisions are still performed in this country is that there exists a series of fundamental misunderstandings between physicians and parents.

What form do these misunderstandings take?

1. There is a strong belief among doctors that parents still desire the procedure strongly, so strongly in fact that physician's attempts to educate parents will almost inevitably fall on deaf ears.

Let's look at some research that addresses this question specifically. When I was writing the first edition of this book, I interviewed 100 parents who had given birth at a local private hospital. All these women were "private" patients; there is no obstetrical clinic at this hospital. Out of these 100 families interviewed, 91 had chosen circumcision. 9 had left their children intact. There were no religious circumcisions, although two of the families were Jewish and stated that a primary reason for choosing in-hospital circumcision was to satisfy their families.

I ASKED:	Yes	No	Unsure
*If your doctor told you he was personally opposed to circumcision but would still perform it if you wished, would you still have had it done?	34	48	9
*If your doctor told you in no uncertain terms that he was strongly opposed to circumcision and that if you wished the procedure performed you would have to ask another physician to do it, would you still have had it done?	8	73	10
*If you had been told that the official policy of the American Academy of Pediatrics is that routine circumcision should not be performed, would you still have had it done?	12	72	7
*Did your insurance pay for the circumcision?	90	1	
*If your insurance would not have paid for the procedure and you had had to pay $75 to $100 for it, would you stil. have had it done?	20	53	18
*If all of the above had been true, that is, that your doctor refused to do the surgery, you knew the offficial policy of the American Academy of Pediatrics, and you had to pay for it yourself, would you still have had it done?	4	79	8

These results do not show a high number of people clamoring eagerly for circumcision over the objections of their weary doctors. Instead, it shows a group who relied on what their obstetricians have told them almost totally.

Other research supports this. When a writer for Manhattan's *Village Voice* interviewed 10% of the obstetricians in Manhattan, she found that more than half stated that they opposed the procedure, yet they felt that parents wanted it so much that there was no point in trying to convince them otherwise. These obstetricians were circumcising more than 90% of the male babies born to their patients. Yet when the mothers were interviewed, two thirds stated that they would probably not have chosen it if their obstetricians had advised against it.[1]

Research done in Canada also shows the same tendency. Dr. H. Patel discovered that physician attitude was a major factor in determining whether circumcision would be performed. He found that doctors who were outspokenly opposed to circumcision (but would still perform the procedure if parents desired) were only circumcising 20% of their patients' male babies, physicians who were neutral were circumcising approximately 50%, and physicians who favored the procedure strongly were circumcising nearly 100%.[2]

This research certainly appears to put into serious doubt the idea that parents desire circumcision so intensely that nothing physicians can do will convince

parents that circumcision is not a good idea. Why this is brings us to the next basic misunderstanding which exists between parents and physicians.

2. There seems to be a major difference between what physicians frequently *think* they are communicating to patients and what the patients perceive. Many physicians feel that they are communicating an "anti-circumcision" stand to their patients, but patients are not interpreting it this way.

This idea was initially made clear to me when I was interviewing parents as part of my research for the first edition of this book. I was talking to one mother, and I was particularly interested in questioning her, as she had the one obstetrician in town whom I knew to be opposed to circumcision fairly strongly. Our conversation went like this:

Q: What did Dr. Smith tell you about circumcision?

A: Well, he told me it wasn't necessary, and that there was a surgical risk, and that caring for an uncircumcised baby was not difficult.

Q: And yet, you still had it done. Do you know why?

A: Well, we thought he should be like his father, you know, but I guess we were feeling that medically it's probably a good idea, too.

Q: Medically? I don't understand. You just said Dr. Smith told you it wasn't necessary.

A: Oh, I guess I just thought that the hospital made him say those things. I mean, my husband had to have an emergency appendectomy once. Everyone was sure it was his appendix. But they still made him sign something that said he knew he could die from the anesthesia.

Q: So you thought that the information Dr. Smith gave you about circumcision was the same -- just some sort of hospital procedure?

A: Yes.

Q: So you did not think that Dr. Smith himself was actually opposed to circumcision?

A: Well, no. I mean, he wouldn't do them if he really didn't think it was a good idea.

Quite frankly, I was stunned at this conversation. It was a perspective on the situation that I had never even considered, but since this time, in talking to others, I have become increasingly convinced that this woman was expressing an idea that many parents share. They honestly believe that no matter what the physician says about circumcision, if he still offers it as a service, "deep inside," he still supports the practice. This is a classic example of a "Do as I do, not as I say," situation.

Other research seems to support this. Several physicians at Johns Hopkins University experimented with detailed consent forms and other methods of patient information in an effort to reduce the circumcision rate from its level there of close to 100%. They reported little success. Similarly, pediatricians at Harris County Hospital near Houston tried a similar program of patient education and succeeded in dropping the circumcision rate only a few percentage points, from around 70% to around 65%. Both of these groups of physicians concluded that parental desire was so great that increased education was useless, so quite curiously, at first glance, it would seem to support the idea supposedly refuted above that parents want circumcision and will continue to choose it no matter what. However, the conversation from this woman sheds a new light on this research. It seems that the

piece of information that has the most sway with parents is the physician's personal opinion. When the "informed consent" talk is couched in carefully neutral phrases, many parents do tend to assume that this information is given out as just another standard hospital procedure and tend to make their decision based at least partially on what they feel is the physician's tacit approval. The parents believe that this approval is manifested by the fact that he still performs the procedure.

In fact, in most places, not only does the physician "agree" to perform the procedure, but in actuality, both the hospital and the doctor provide this service more or less unasked. In other words, not only does the hospital provide circumcision to those who request it, but they actually market it, volunteering the availability of the procedure to those who have not requested it. Although many physicians and hospital administrators bristle at the choice of the verb "market," any close unbiased scrutiny of the procedure at most hospitals will support the idea that that word choice is correct. Examine the evidence.

#1. The procedure is widely acknowledged to have no medical benefits and is performed for reasons that are cosmetic and social.

#2. The procedure provides income for the hospital (in the case of public hospitals) and for the hospital and the doctor (in the case of private hospitals).

#3. In most institutions, consent forms are volunteered to the mother regardless of whether they have been requested. The service of circumcision and the consent forms will be offered even if the parent has expressed no interest in circumcision whatso ver.

Most people would have to agree that when circumcision is considered in this light, the verb "market" is not an inappropriate choice to describe how the service is presented to new parents. The only other service so offered is that of the hospital's baby photographer, definitely a service that is "marketed." If any other cosmetic procedure were routinely offered to parents in precisely the same way (such as ear piercing), critics of medicine would be sure to point out how unethical this was. When considered in this light, it becomes easier to understand what mixed messages parents are getting about circumcision. The hospital supplies the form, unasked, and the doctor volunteers to perform the procedure more or less unasked. In this case, the "actions" are certainly speaking louder than the "words," the words being the physician's brief attempt to explain that it is not medically necessary.

The idea that parents will decide against circumcision when the "mixed messages" stop is supported by the further experience from Harris County Hospital. After seeming to fail in their attempts to reduce the circumcision rate through patient education, the hospital made the rather unorthodox decision to drop circumcision as an offered service. Now, in spite of the fact that numerous pediatricians in that area will perform the procedure in their offices and the fact that a circumcision clinic, convenient to the hospital and moderately priced, has opened, physicians at Harris County estimate that less than 15% of the male babies born there are ultimately circumcised. Dropping circumcision as a provided service was what it took to get the message out as to how the physicians really felt about the procedure. Once this message was "out," it did convince many parents not to have the procedure performed.

Some might argue that this really means no such thing, and that parents just did not want to go to the extra trouble to have their children circumcised. It seems, however, that even if this were true, it would just serve as further evidence that circumcision is not really all that important to most parents. As was mentioned

above, in the Houston area circumcision is available from private pediatricians and from a clinic located near the hospital. If parents truly desired the procedure with the intensity that some physicians claim they do, they would surely be availing themselves of one of these two services, neither one of which is really all that inconvenient. (In fact, the circumcision clinic is less expensive than a standard hospital circumcision.)

Another aspect of this miscommunication is illustrated by the following experience which was related to me by a nursery nurse at a large teaching hospital.

I would say without a doubt that most of the doctors here do not favor circumcision, do not like doing them, wish they didn't have to. But they don't have a choice. The heads of OB and Pediatrics are both two old guys. They both think circumcision is the greatest thing ever to happen to little boys. Every time someone tries to change anything about circumcision (like a better consent form, talking to the parents more, etcetera) these guys have a fit.

(My question: So even though the majority of the doctors at _____ do not agree with the head physicians' circumcision policies, they must continue to do as these two men dictate?)

Yes. There is no choice. A hospital isn't a democracy. There was a case last year where a mother asked a pediatric resident point blank if he had a son if he would have him circumcised. The resident said, 'No.' and he got in a tremendous amount of trouble. They are absolutely forbidden to say anything about circumcision except what's in the hospital protocols.

It probably would never occur to a mother that the physician who comes into her room to obtain her consent for circumcision may be telling her things that he is required to say by his medical superiors and that he may not believe or accept the things that he is saying in any way. (This would apply mostly to residents, etc., at teaching hospitals. Private doctors at private hospitals obviously have much more autonomy and could never be "required" to say certain things about circumcision or to perform circumcisions if they did not wish to.)

#3. There is a basic misunderstanding among physicians about how much parents actually know about circumcision.

Virtually all practicing physicians have some familiarity with the uncircumcised male organ. Virtually all practicing physicians know precisely how circumcisions are performed. It is easy for them to forget how totally lacking in "practical experience" most of today's young parents are when it comes to the physiology and function of the uncircumcised penis. I was present on several occasions at a teaching hospital when young residents were obtaining consent for circumcision from mothers. Their initial comment to the mothers was always just about the same, "I understand that you've indicated that you would like your son circumcised. Now, he is essentially uncircumcised." Obviously, the resident giving the talk (who has performed numerous circumcisions) knew exactly what "essentially uncircumcised" meant. His assumption was that the mother did too. I have found in my research that most young women in today's society have not the vaguest idea of how an uncircumcised penis looks or functions. What the resident is saying (as she interprets it) is "Your baby is now in a state which you regard as totally strange and unusual. Do you want us to leave him that way, or should we

turn him into what you consider 'normal?'" When phrased this way, when viewed this way, is it any wonder that so many women say yes?

As was pointed out in an earlier chapter, young adults of childbearing age in our society (both male and female) tend to have a mental concept of "penis," and the foreskin has absolutely no place in the image. On page 100, a mother was quoted as insisting to me angrily that it was wrong to call the foreskin "a part of the penis;" that, in fact, it was a part of nothing. On another occasion, a father was looking at the illustrations in the first edition to this book with a rather confused look on his face. Then he looked at me and said, "What is that called in Japan where they fold the paper into shapes?"

"Origami," I answered, absolutely puzzled by the question.

"Well," he continued, "I wish someone would make me an origami penis so I could figure out how this foreskin thing works." He simply could not relate to a structure that was so totally different from his concept of what a penis is. The idea of a penis that has an entirely new, different, *functioning* part is very difficult for many to comprehend. As was also mentioned in an earlier chapter, when I interviewed women about circumcision, six out of 91 women who had given birth at a private hospital (and supposedly had received an "informed consent" talk from their private obstetricians) *did not know that something needed to be cut off* to achieve circumcision!

This type of ignorance about circumcision is partially a result of physicians simply losing perspective on how totally ignorant the average new parent is about the "choice of non-circumcision." Physicians must realize that parents need to have more information about the structure, function, and usefulness of the foreskin. Without this information, choosing not to circumcise is not a possibility for most new parents. Without this information, there is absolutely no reason why they *would* want to choose it.

To summarize simply, it can be said with assurance that a lot of the continuing circumcision practice in the United States stems from some very basic misunderstandings and miscommunications between doctors and parents.

There is a final reason, however, which contributes to the very high number of circumcisions still performed in the United States.

B. Among a few physicians, there is a support of circumcision that borders on the fanatical. Although the number of physicians which this involves is small, frequently it seems that physicians who feel this way are in positions of relative power in the medical community and have the ability to influence other, younger physicians. This attachment to circumcision is not based on logic or reason. Sometimes it is based on ignorance, but more frequently it is based on a personal and conscious rejection of what is said in the official medical press.

Let us examine some facts and examples which support this statement. Many American physicians still feel very strongly that circumcision is a good idea, a beneficial procedure, and still continue to encourage parents to have it performed. Different researchers have offered their explanations for the continued popularity of circumcision in America despite the "official" policies opposing it. Edward Wallerstein wrestled with this same problem in his book *Circumcision: An American Health Fallacy,* and he concluded that there was no answer which could b

pinned down as being rooted in fact. He claimed that there is, among American doctors, a certain mystique about circumcision. He commented: "It is not difficult to accept the fact that a century ago American medicine could be influenced by the circumcision mystique of primitive peoples. The profession had relatively little knowledge of the cause of most ailments and less knowledge of their cures. It was convenient therefore to latch on to a circumcision solution to many problems. It is quite another matter to suggest that the circumcision mystique still exists in American medicine. This is a serious charge and is not made lightly."[3]

After three years of research, I do agree with Mr. Wallerstein. I have spoken with more than one doctor who defends the circumcision procedure with zeal and seems totally unconcerned by the fact that he does this without a shred of fact to support his position. In spite of the fact that circumcision is undeniably a medical procedure, some physicians feel no obligation to justify their support of the practice with medical research. A circumcision "mystique" definitely exists. How many doctors this involves is a different question. I think it is safe to say, however, that even though the number of physicians who support circumcision strongly are in the minority, their influence is clearly greater than their minority numbers would indicate. The nurse quoted above made this quite clear. At the hospital where she worked, in spite of the fact that the large majority of physicians did not support the current circumcision policies, "two old guys" had the power to require an adherence to those policies.

Analyzing the evidence shows quite clearly a way that this circumcision "mystique" has manifested itself. As has been pointed out elsewhere in this book, there is no new research whatsoever supporting circumcision. Virtually all the major pro-circumcision research is from the 1930's through the 1950's. Yet many doctors seem quite unaware of this fact. In addition, the doctors who do seem actively familiar with the research supporting circumcision (i.e., have used the research in their own writings) have done so with no comment whatsoever concerning the problems with the research, even though the glaring statistical errors, racism and sexism in much of the research are clearly evident. In some of the research, one even finds outright deception. A good example of this is found in an article by a physician named Charles Schlosburg.[4] The article favored circumcision strongly. At one point in the paper, Dr. Schlosburg mentions the research of Dr. Gairdner (see page 39). Dr. Gairdner had attempted to show that a less than fully retractable foreskin was totally normal in the young child. Dr. Schlosburg quoted Dr. Gairdner's statistics that only 4% of children have a totally retractable foreskin at birth and at the end of the third year, 10% still have a non-retractable foreskin. However, instead of discussing the purpose of Dr. Gairdner's research and his conclusions, Dr. Schlosburg claimed that Dr. Gairdner's work *supported* his (Dr. Schlosburg's) feelings that "phimotic predisposition as well as congenital phimosis [are] indication[s] for routine circumcision." This obviously constitutes total misrepresentation of Dr. Gairdner's work. We can either assume that Dr. Schlosburg pulled Dr. Gairdner's statistic out of an abstract and never actually read the research, which is only irresponsible, or that he read the research and consciously chose to misrepresent it, which is extremely unethical.

My own research among private obstetricians supports this. Not one physician I spoke with showed any level of knowledge concerning the procedure he was advocating and performing. All insisted that new research existed to support neonatal circumcision, yet not one could provide me with a reference from any

medical journal showing where that new research could be found. I also found these eight obstetricians to be fairly ignorant concerning circumcision policy in other countries. For example, when I asked them to estimate the circumcision frequency in Great Britain, only two out of the eight answered correctly that the rate was practically zero. One claimed that the rate "must be about the same as here," and since this physician had previously estimated the U.S. rate correctly (at 80%), this man genuinely thought that circumcision was still extremely commonplace in Great Britain. The rest (five doctors) thought the rate was between 20% and 60%.

In addition, these physicians tended to be unaware of circumcision policy in the United States. Although all admitted a vague awareness of the official policy of the American Academy of Pediatrics recommending against neonatal circumcision, not one was aware that their own professional group, the American College of Obstetricians- Gynecologists (ACOG) had concurred with this position.[5] Neither were they aware that the Board of the ACOG had warned that any board-certified obstetricians who routinely do circumcisions "will not be regarded as specialists in obstetrics-gynecology,"[6] in other words, they could "lose" their accreditation as obstetricians-gynecologists. To put it more bluntly, the official policy of the Board of their own professional organization is that they, the obstetricians, *should not be doing* circumcisions. Several of the eight doctors became openly defensive and slightly hostile when I informed them of this, and implied that my information simply had to be incorrect. Other research supports this. One study showed that in 1981, six years after the American Academy of Pediatrics major statement opposing circumcision, 62% of pediatricians practicing in the Chicago area who were interviewed stated that they were unaware of the statement.[7]

Many researchers have found that simply ignoring new information is a typical reaction among physicians who strongly support circumcision. However, there are other responses. Other researchers have found that open hostility is not an uncommon reaction among physicians when faced with a challenge to circumcision thinking. Their hostility is further proof that circumcision is an emotional issue for them. Angry reactions have always been an inevitable response whenever an American medical journal has published an article recommending against circumcision. For example, in 1965 when the *Journal of the American Medical Association* published a strongly anti-circumcision article entitled "The Rape of the Phallus"[8] many response letters were received from physicians. Virtually all disagreed with the article sharply, but few offered an alternative position based on research or reason. Most were instead based on emotion. One critic suggested that the author should be taken before the House Un-American Activities Committee.[9] Other anti-circumcision research published in American medical journals has met with similar responses, the letters full of angry emotion. In many cases, the letters' authors were outraged at the conclusions the researchers had published. However, in no case did these outraged physicians offer to repeat the studies, which would seem the logical response to research whose conclusions one questions.

Typically, when new or alternative ideas are presented in medicine, several things happen. The new idea is questioned, perhaps not believed by many, then researched further. If the idea still appears to have merit, it is discussed more frequently, and eventually becomes widely accepted. A good example of the way things usually work can be taken from the experience with tonsillectomy. During the 1960's, articles began appearing in the medical press that were critical of th

number of tonsillectomies being performed. These articles first sparked criticism, then debate, and then further research. New articles appeared supporting the earlier ones. Slowly, more physicians read the research, were convinced by it, and the number of tonsillectomies dropped. Compare this to the experience with circumcision. In the early 1960's, articles which were strongly critical of circumcision began to appear. But instead of sparking debate and further research, these articles caused the great majority of doctors to respond with hostility and emotion or simply to ignore the articles. Now, in spite of the fact that the majority of medical articles since 1963 have been openly critical of the procedure; in spite of the fact that four major American medical groups have accepted this research in policy statements recommending against routine circumcision; in spite of the fact that the overwhelming majority of world medical personnel are highly critical of American circumcision practice, *the frequency of the operation in the United States has increased.* Simply, this defies rational explanation.

Therefore, to summarize why so many physicians still perform circumcisions in the United States, two main reasons can be cited.

#1. There is a series of basic and fundamental misunderstandings about many facets of the circumcision question between physicians and American parents. These misunderstandings contribute substantially to the continuation of circumcision practice.

#2. There are some physicians who still encourage circumcision strongly, in spite of all medical evidence to the contrary.

#2. Who is to blame for the continuance of circumcision in the United States?

Although I would not have chosen to phrase this question quite this way, I have been asked it in precisely this format so many times that it seemed best to discuss it in this way.

It is very hard to apply blame when it comes to the circumcision question, simply because the issue is so enormously complex. Several things can be said, however. It is impossible to apply blame historically. Although throughout this book I repeatedly state that physicians have encouraged circumcision in the United States from the very beginning (although the original seeds here were planted mostly by lay people.) However, that does not mean that they can be blamed. As twisted and strange as the reasoning of 75-100 years ago seems now, most physicians at that time genuinely thought that circumcision was a beneficial thing: they were not introducing it to intentionally hurt or harm people. In addition, there were many medical treatments and policies which were advocated by physicians historically which have not persisted down to the present, not because physicians decided they were unfounded, but because consumers rejected them.

In other words, consumer acceptance of the concept of circumcision was just as crucial to its establishment in the United States as physician acceptance. This really gives us a fascinating historical situation, for, as was pointed out earlier, circumcision was accepted by the medical consumers only in the United States and Great Britain. Interestingly, the physicians in other European countries (for example, France, Switzerland, and Germany) did advocate circumcision, but the concept was thoroughly rejected by the lay people. Why circumcision was

attractive to Americans and the English and totally unattractive to medical consumers in other European nations is certainly an intriguing historical and psychological question, one which is unfortunately beyond the scope of this book. The point, however, is *historically* no blame can be assigned. Doctors recommended but lay people accepted for reasons that now, to us, seem totally wrong, but at the time, there was a genuine belief on the part of both groups that what was being done was positive and beneficial.

This brings us to the present day, and the question of who is *now* "to blame." The fact is that both lay people (the parents) and physicians must share the responsibility for the continuance of a practice that does not benefit the person to whom it is being done. One writer said, "Mothers blame the doctors for advising them to circumcise. Doctors complained that the mothers insisted on having the operation done! To the reader it may sound like a pair of criminals caught red-handed, each one accusing the other of coercion. It would seem most probable that both groups share equal responsibility. Point of fact: No doctor is obligated to perform an operation that he deems unnecessary. He is at liberty to refuse to operate and have the parents go to another doctor. Point of fact: Virtually all hospitals require the written permission of at least one parent in order to circumcise the child. The buck must stop right here."[10] (Although this quote is very appropriate, it must be clarified, as was discussed above, that in many cases there are doctors (residents, etc.) at public hospitals who *are* required to perform circumcisions even though they deem them unnecessary.)

Let's look at individual responsibilities a little more carefully.

A. Physicians:

Circumcision is a medical procedure. Therefore, by definition a major responsibility for the practice's continuing must lie with physicians. From my research, I have learned that most physicians do not feel that responsibility for three reasons.

1. There is a prejudice, frequently unconscious, among American physicians that still recognizes the circumcised penis as the "norm."

Even among most physicians who do not accept the social rationales as valid reasons for circumcision, there is still a certain, very strong pro-circumcision prejudice, even though many of these physicians are totally unaware that it is present. Most physicians still think of the circumcised penis as the "standard model." The uncircumcised penis is a medically acceptable alternative, but it is still an alternative. If any physicians reading this deny that this is true, they should test their own reaction to the following scenario. This experience is from a letter received by Rosemary Romberg and published in her book, *Circumcision: The Painful Dilemma*. This man had been circumcised as a baby and, in his own words, it was a "real hack job." His penile shaft was almost 3/4ths scar tissue. In addition, he had painful bumps on his circumcision scar. As an adult, he began researching circumcision, looking into the possibility of a foreskin restoration. He was rebuffed critically and with ridicule by physician after physician, many of whom implied that anyone who want such a thing must be in serious need of psychologic help. He comments: "The inequity of the whole thing really depressed me. Here I found it acceptable, even encouraged, for any man to walk in off the

street to any doctor and have a circumcision performed and be considered to have made an appropriate and laudable choice. On the other hand, let someone come along who wishes to be uncircumcised and he is immediately psychologically suspect! (One head of a psychiatric clinic once told me that all men who had a wish to be uncircumcised were paranoid, schizophrenic personalities!)"[11]

It is likely that this little scenario will ring a note of uncomfortable truth with most physicians, for what he says is undeniably true. Any uncircumcised man in the United States today can choose to have a circumcision performed, and even a physician who states that he is medically opposed to the procedure would still not find that curious or object to someone's having it done strongly. But most physicians would be very uncomfortable if faced with the opposite situation, that of a circumcised man who sincerely wished to be uncircumcised. Virtually all physicians, even those who consider themselves to be progressive thinkers when it comes to the matter of circumcision, would probably have some doubts about the individual's psychological soundness.

Until physicians in the United States can bring their thinking to what it is in all the rest of Western medicine and accept the uncircumcised penis as the medical "norm," there is still going to be much confusion in the American medical community about the "right way" to handle the circumcision situation.

2. Physicians have, like lay people, been convinced (at least partially) by the "social circumcision" arguments. They have come to accept that conformity is important enough to the child to warrant a medical procedure being performed on him.

As was mentioned earlier, it is not possible to "blame" physicians for circumcising when they sincerely believed that it was medically indicated and beneficial. This applies to 75 years ago as well as twenty years ago. Although we can analyze the research and philosophies on which they were basing their practices and we can criticize them, we cannot criticize the physicians personally. Their motivations were sincere. It is unrealistic to assert that young physicians should have questioned totally what they were taught about circumcision (quite honestly, a fairly insignificant topic when considered with everything physicians must learn) and should have spent time researching the topic to "prove" their professors wrong.

However, it has been acknowledged in the medical community for many years now that circumcision lacks any real medical benefit. The American Academy of Pediatrics' first statement to this effect was released in 1971 (although most articles in medical journals had been critical of the practice for eight or ten years before this.) The AAP released another, longer, more forceful statement in 1975. The American College of Obstetricians and Gynecologists followed suit supporting this statement in 1978. By 1980, the American Board of Family Practitioners and the American Pediatric Urologic Society had also joined the support. Every physician who was involved with circumcision should have known about these statements by the late 1970's, and any physician who was conscientious about reading medical journals should have known of the debate much sooner. However, in the 1960's (corresponding almost exactly to when the first articles began appearing in the medical press critical of the medical reasons for circumcision), lay child care literature and physicians began mentioning the social acceptance factors.

As was pointed out earlier, this also corresponded to the point in time when, for the first time, the majority of fathers were themselves circumcised.

The illogical and very inconsistent component of the acceptance of social rationales is this: when medical circumcision was first advocated, the medical benefits of circumcision were considered so valuable, that any social ostracism a child might feel at being different from his father or his peers was totally unimportant in comparison; *the medical benefits were felt to outweigh totally whatever psychological disadvantages might exist.* Since the mid 1960's, however, both the medical community and the lay child care press has undergone a 180 degree turnaround in thinking. *Now, the psychological benefits are felt to outweigh totally whatever medical disadvantages might exist.* Clearly, in this area, neither lay people nor physicians can be said to have exsercised much logical thinking or common sense.

Although it would be nice to assume that everyone would function on a logical level, this is unrealistic. To be perfectly frank, lay people are not expected to have enough understanding of medical procedures to be able to decide on their own whether or not they are appropriate. However, physicians are supposed to have both the knowledge and the ability to make decisions about medical procedures based on medical research. When it became obvious that the upper echelon of medicine was moving towards the concept that neonatal circumcision did not make medical sense, it was the responsibility of individual physicians to see to it that that message made it to the American people. This was done in other countries. Britain was the first and most direct. The directors of the National Health Service simply decided to stop paying for it. Physicians in Australia, Canada, and New Zealand, although not as direct or quick as those in Great Britain, have certainly done more than American physicians. In all three of those countries, circumcision rates have dropped from levels which were only slightly lower than the United States' in the 1960's to below 30% as of 1981. Many physicians and hospitals in those countries refuse to perform the procedure, considering it cosmetic surgery on newborns, something only rarely seen in the United States.

The first reason for this is that American physicians, much more than their counterparts in these other countries, have been convinced by and even advocate the social acceptance philosophies. In virtually every "informed consent" talk that I heard in a public hospital, it was the physician who first mentioned conformity and social factors, not the mother. (And the odd thing about this is these were physicians whom I knew to be opposed to the procedure!) Why they have accepted this reasoning when their counterparts in other nations rejected it is difficult to say. I feel quite strongly that one reason is that most American physicians are themselves circumcised and share those same feelings of emotional discomfort that many young fathers have when faced with the possibility of admitting that circumcision is no longer medically or socially necessary. This was never the case in the other United Kingdom countries. Circumcision had only been very popular in England for ten to twenty years when coverage for it was dropped. Therefore, the majority of British physicians were uncircumcised when coverage was dropped; the decision was not personally threatening to them. The same is true in Australia, New Zealand, and Canada. Circumcision was never as popular in the 1920's, 1930's and 1940's there as it was here. Therefore, in those countries, there has always been a larger reservoir of uncircumcised physicians 'who were able to speak out for the choice of non-circumcision based on personal experience.

However, in the United States, the majority of boys from upper social class families (the ones who are certainly most likely to have become physicians) have been circumcised since before 1920. Discounting foreign born doctors, it would not be at all unreasonable to assert that well in excess of 90% of our currently practicing physicians are circumcised. As was asserted earlier in Chapter 7, it is not difficult to accept that the medical rationales for circumcising have been shown to be without merit, something that the majority of physicians have done. However, then to accept that the social rationales are also without merit involves accepting that circumcision is no longer necessary for any reason. This is no easier for some male physicians than it is for some young fathers.

This is not meant to suggest that many physicians (or young fathers, for that matter) are some sort of psychological or emotional cripples because of their circumcision status. However, as was discussed in detail in Chapter 7, admitting that unnecessary surgery was performed on one's own penis is more than a little difficult for many people. However, even among physicians who do not accept the social rationales as valid reasons for circumcision, there is another factor that contributes to this situation.

#3. Because physicians have come to believe that circumcision is not a medical decision but a social option, they (as a group) have also come to believe that choosing circumcision is not a medical decision but a private decision of the parents (almost analogous to a religious decision) and one that they have no real right to involve themselves in.

Whether parents actually do have the right to choose circumcision for their sons will be considered in a later section of this chapter. For now it is sufficient to say that most physicians do believe that they do. From this belief comes the further attitude that it is a decision which does not differ all that much from the decision to circumcise for religious reasons, and from this comes the attitude that the physician has an obligation to provide the service but does not have the right (or even the privilege) to provide parents with either an accurate medical assessment of circumcision or his own personal opinion about it. Many physicians feel that it is unethical to try to "talk parents out of" the procedure or to refuse to provide it. Briefly, here is a summary of how physicians feel about circumcision.

1. Those who openly advocate the surgery.
2. Those who state that they are neither for nor against the surgery; they are neutral: the decision is up to the parents.
3. Those who claim to be against the surgery, but still perform the procedure because such an overwhelming number of parents "demand" it.
4. Those who openly criticize the practice and will not perform it (or who perform it only under duress, i.e., because they are required to perform it.)

The majority of physicians are in groups #2 or #3. It is only because circumcision occupies a unique place in American medicine that we could have the existence of groups #2 and #3. Doing the procedure is either the correct medical decision or the incorrect medical decision: it is either good for the child or not good. These physicians conveniently "forget" that circumcision *is* surgery. What other surgery do physicians leave up to the patients? Regarding what other surgery could a physician claim to be "neutral"? Cesareans? Appendectomies? This criticism goes double for the physicians who are in Group #3 who claim to be

against the surgery but will still perform it if parents request. What other surgery would a physician perform after he has stated that he does not feel it is necessary? In any other area this would certainly contradict medical ethics. The fact is that there is no other surgery in American medicine (with the possible exception of abortion, an issue obviously too complex to consider here) that physicians feel any obligation to provide for social reasons, knowing that it is unnecessary. It is to be assumed that any parent who asked a pediatrician to remove the foreskin of a daughter's clitoris would be sent packing without delay. A parent who requested one of the more radical female operations performed in other cultures (such as total removal of the clitoris) might even be reported to child welfare agencies. Physicians do not routinely provide ear piercing, foot binding, head molding, or tattooing. Circumcision is provided solely because it occupies a unique place in American medical and social thinking and the other procedures do not.

Again, how or why American physicians have come to believe collectively that parents do have the right to choose and physicians have an obligation to provide a medically contraindicated procedure is uncertain. The fact is that many do believe it. Recent articles in medical journals discuss physicians' ambivalence openly. One writer commented, "One source of this ambivalence may be the uncertainty surrounding the proper role of the pediatrician in the decisions regarding circumcision. Should we act simply as purveyors of medical information, leaving the decision entirely to parents? Or are we obligated to assume a position of advocacy, actively arguing for or against circumcision?"[12]

Another physician commented, "If circumcision practices are ever to stop, such changes will likely result from organized advocacy of lay groups... rather than the effort of the medical profession."[13] The incredulous researcher can only ask, "Why?" When medical groups and medical research began criticizing routine tonsillectomy, did parents need to form lay advocacy groups to pressure physicians into accepting the research? The answer is, of course, "No!" Why circumcision should persist in being *so* different continues to defy explanation.

How American physicians have come to be in such a position of ambivalence is unclear. However, they must understand, in terms of what was discussed earlier in this chapter, that acting "simply as purveyors of medical information" may be neither what parents expect, want or need, due to parents' widespread misunderstandings about circumcision itself.

B. Lay persons.

The blame for the continuance of circumcision in the United States cannot fall entirely on the physicians. I have talked (or tried to talk) to too many parents who were so vehemently and hysterically supportive of the procedure not to know how intensely some parents do desire circumcision. But because circumcision is a medical procedure, provided within our medical system, the impetus for real change must come initially from the physicians.

#3. Do physicians have monetary motives for desiring to continue the practice of circumcision?

The question of whether greed is a motivating factor in the continuance of

circumcision has been asked many times. The average obstetrician makes several thousand dollars (at least) each year doing circumcisions, so it would seem likely that greed may be the motivating force in some instances. But I must say, based on personal research, that most physicians who support and do circumcisions, genuinely believe wholeheartedly that it is either a beneficial thing to do, or that they have an obligation to provide the procedure even if they do not agree with it. Although no one minds extra income, I do not feel that it is a primary motive for the continuing of the practice. Other researchers have pointed out that in situations where money is not actually exchanged for circumcision (i.e., in military hospitals where physicians are on salaries and care is free to patients) rates are comparable to or even higher than elsewhere.

However, another researcher wrote to me and explained why he had to take a pen name in his writings about neonatal circumcision. The main reason was that a relative of his wife's (a physician) was bitter about this individual's work opposing circumcision and had caused trouble within the family. The physician's main statement of complaint was that the researcher was "depriving him of his livlihood." (One has to wonder how many circumcisions this person was doing!)

There is another, clear cut instance of circumcision being performed solely for profit. In 1983, Harris County hospital near Houston stopped providing circumcisions. Within a year, a circumcision clinic had opened across the street from the hospital. In an article[14] discussing the clinic, neither the author nor the physicians interviewed ever assert that the clinic was opened due to the physicians' feeling that circumcision was an essential medical service that was being unfairly denied to parents and babies by a misguided hospital. The clinic is described as a "for-profit venture launched last August [which] was conceived by professional marketers..." The entire tone of the article makes it very clear that this was conceived as and is being carried out as a money-making enterprise. On one occasion, the author discusses how the clinic is "marketed." On another occasion, the head physician is asked about the possibility of "franchises." (Also, it can not be claimed that these word choices and implications are the product of an author who is trying to prejudice the reader against this venture, as the whole tone of the article is very positive and implies that these physicians had a really wonderful idea.) In short, money making is the primary (if not the only) basis for these physicians performing the procedure.

However, in conclusion, although some physicians do clearly see circumcision as a potential money-maker, the majority of physicians do not. Based on my research, greed cannot be considered a primary motivating factor in most instances.

#4. What about the question of informed consent?

Another issue which must be discussed under the topic of circumcision as it relates to the American medical profession is that of informed consent. In the United States, we have laws that state that a sane adult must be told of the risks and benefits of any medical procedure recommended and must give his informed consent before the physician may perform the procedure. If a procedure is performed without consent, theoretically the physician has committed a "battery," and could be

prosecuted. The question of informed consent as it relates to circumcision is a complex one. First, it could be claimed that many physicians are incapable of obtaining informed consent because they themselves are so entirely misinformed about the subject. For example, there are physicians who still assert that circumcision prevents cancer and premature ejaculation and that babies do not "feel" the procedure in any meaningful way. Although most physicians do not take quite so extreme an approach, recent research shows that many physicians are extremely uninformed when it comes to circumcision. Consider the following:

1. (1982, San Diego) Pediatricians, family practitioners, general practitioners, and obstetricians were queried as to opinions about circumcision. 67% of responding physicians did not know that an infant's foreskin is normally not retractable. 47% said that they felt a non-retracting foreskin in the newborn was an indication for circumcision. Pediatricians were most often correct, general practitioners and obstetricians most often incorrect in their responses.[16]

2. (1982, Chicago) Only 62% of pediatricians and obstetricians in the sample were aware of the American Academy of Pediatrics' position opposing circumcision.[17]

3. (1981, Utah) 67% of the sample of pediatricians felt that the foreskin should retract "easily" by the age of one year.[18]

The training of physicians in medical school in general does not contribute to an understanding of the normal uncircumcised penis. As part of my research, I looked in scores of anatomy books to find a clear picture of an uncircumcised penis. When I finally ran across a good, clear illustration of the uncircumcised penis of a young baby, I was astounded to see that the caption under the picture was "Phimosis."![19] In other words, this illustration of the totally normal penis was being presented to these medical students as an illustration of a problem. As was stated above, practicing obstetricians which I interviewed showed virtually no knowledge about circumcision practice in other countries.

How can a parent counseled by most doctors give "informed" consent when it is obvious that a majority of physicians do not have themselves a basic, rudimentary knowledge of the facts about circumcision themselves?

When I interviewed mothers, I found an absolutely glaring lack of information. As has been mentioned before, several did not know that something was cut off. Most had been told nothing about the care of the intact child and did not have the most elementary concept that hygiene of the uncircumcised child was easy. Most, basing their opinion on what they had heard from friends or relatives had a strong impression that daily retraction was necessary and very difficult. None knew about the American Academy of Pediatrics' statement opposing circumcision. Most believed that the chances of requiring the operation later in life were high, but only a few felt confident in quoting a figure (and those that did cited figures that were almost comically high -- one mother estimated the chances of requiring circumcision in adulthood at 90%.)

It defies understanding how anyone could say that any of these mothers had given "informed consent," yet the process in this hospital (a private hospital) is better than it is in many (perhaps most) hospitals in this country. Each mother had an opportunity to discuss the question with her own private obstetrician, someone whom she knew and, presumably, was comfortable with. In response to my question "Did you feel like the doctor was willing to answer your questions?" the vast majority answered "Yes." In most public hospitals, most women get a brief

talk from either the nurse who brings the form or a resident or an intern whom they have never before met. In a series of ten such talks that I observed, not one mother asked one question. Yet all these mothers are considered by the medical community to have given "informed consent."

Many informed consent discussions are so inadequate because of poor information on the part of the physicians. There are, however, other factors. One takes us back to what was discussed in a previous section. Many physicians are so convinced that parents have an absolute "right" to choose this procedure that they have come to believe that it would be actually *wrong* for them to include any information that could remotely be considered anti-circumcision in the discussion at all. It is simply inexplicable how many American physicians have come to believe this, but they have. I asked one physician why he did not tell patients about the American Academy of Pediatrics Statement on circumcision, why he did not tell patients about his own, strong, personal opposition to the procedure, why he did not hand out the AAP publication "Care of the Uncircumcised Penis," which emphasizes strongly how simple it is to care for an uncircumcised baby, and his response was, "Well, people might think I was trying to talk them out of it." My interviews with mothers, however, clearly showed me that they desired the precise opposite of what their physicians assumed. A large number of mothers stated flatly, "If I had known that there was *anything* that said it shouldn't be done, I wouldn't have had it done."

The question of informed consent is like much of the rest of the circumcision issue: very complex. Physicians are both uninformed about circumcision and unsure of what their obligations are to parents in this area. Parents are extremely uninformed about circumcision, but seem to believe that their physicians have given them "complete" information when they obviously have not. Many parents I have talked to have expressed shock and dismay that physicians are "allowed" to omit information like the AAP Statement from informed consent discussions. Again, misunderstanding perpetuates misunderstanding, which, in this case, simply serves to perpetuate the practice of circumcision.

#5. What about the question of parents' rights versus children's rights?

This question, left for last, is one of the most difficult in the circumcision issue. Virtually every circumcision article printed in a popular magazine within the last five years that I have seen (with the exception of Mothering Magazine) will cite the medical reasons not to circumcise but then conclude with the "pros" of circumcision, the social acceptance factors, and will conclude that "parents must make up their own minds." A recently published pamphlet by the American College of Obstetricians and Gynecologists is entitled, "A Personal Choice." The message given to parents by the medical community and the lay child care press is clear: medically, circumcision may not be necessary, but you can still choose it if you feel like it. There's no need to feel guilty if you want it. It's your right to choose.

Parents obviously have the right to choose necessary medical treatment for their children: they may give consent for surgery, they may administer medication to their children, they may give consent for vaccinations. Circumcision, according to many people, does not fall under any known category of needed medical

procedures. Many critics of circumcision assert that it is an outmoded ritual performed for social reasons only. Many parents I talked with acknowledged this: they had circumcision performed solely because of social reasons.

This raises a difficult ethical question: Do parents in our society have the right to choose medically unnecessary cosmetic surgery for their sons? At first thought, most parents bristle at the suggestion that they do not have the "right" to choose circumcision. But that is because of the really unique position circumcision holds. About 80 years ago in the U.S., many doctors advocated circumcision of the female clitoral foreskin for reasons identical to the reasons for advocating male circumcision: it was cleaner, and the children were less likely to masturbate or to have other sexual diseases. It did not "catch on" like male circumcision. However, there are still a few physicians in the U.S. who believe that female circumcision is sexually beneficial. Let us suppose that a couple would decide to have their newborn girl circumcised for future sexual benefits. Most physicians and parents in the U.S. would assert that parents do not have the right to impose this sort of surgery on their daughter. Most of us would shudder at the strangeness of these parents, yet this is only because female circumcision is culturally unacceptable; male circumcision is culturally acceptable.

Or, let us say hypothetically, that a child was born with a nose that could possibly identify him as a member of an ethnic group (i.e, a nose that was somewhat large). Even if it were medically possible to do a "nose job" on a baby, (which it is not) most people would be horrified at the idea of unnecessary cosmetic surgery performed on a newborn. As another example, many cultures (primarily in Africa) still perform extensive tatooing as a social or religious custom, and they begin with tiny babies. Again, most American parents would assert that parents do not have the right to choose tatooing for their children.

What are the primary reasons we would object to female circumcision, tatooing of newborns, or nose alterations on newborns? We would object because these procedures are painful, they carry a physical risk, and the body is the child's. Most people would feel that parents do not have the right to alter their children's bodies for cosmetic reasons. Yet when anyone says these precise things about circumcision, American parents become affronted and offended.

A similar situation has arisen recently in Great Britain and France. Many groups of people in Africa, including those from Mali, still practice excision of the clitoris in young females as a religious/social ritual. This means literally that the entire clitoris is removed. (This is called Pharonic circumcision.) As "cheap labor" from Africa has been imported to Great Britain, France and other European nations, excision has come along. Although in Africa this operation is usually performed under dangerous circumstances, parents who have chosen it in France and Great Britain insist that as long as they have it done under aseptic conditions with anesthesia it is their right as parents to chose this for their daughters. Most people in these two countries do not agree and laws have been passed against the practice. The controversy rages and has been the topic of articles in major U.S. publications, including *Newsweek*. [20] But it is interesting to note that these parents say many of the same things about this procedure as are said here about circumcision. A woman can function sexually without her clitoris: a man can function sexually without his foreskin. Our daughter would be a social outcast if she retained her clitoris: our son would be laughed at in the locker room if he retained his foreskin. It's cleaner if girls are clitoridectomized. It's cleaner if boys are circumcised.

Regardless of whether it is beneficial for our daughter, it is our right to choose this: regardless of whether it is good for our son, it is our right to choose this.

Most of us recoil in horror and say that parents do not have the right to mutilate their children for social reasons. However, here in America we assert that we do have the right to alter a child's penis for reasons that are really no more sound, and many people react with defensive anger when verbs like "mutilate" and "amputate" are used in connection with circumcision. (How can you mutilate and amputate a piece of tissue that is a part of nothing?) Parents should know that medical writers in other developed countries *have* referred to American circumcision practice as "mutilation" and regard it with a disgust equal to the way we regard clitoral surgery. Wallerstein comments: "The simple fact is that the world medical profession rejects American circumcision thinking and practices as unsound. This point was made very sharply to me in personal visits and correspondence with health authorities in the Scandinavian countries."[21]

Another thing that parents should keep in mind is that there are adult men who do wish for a variety of reasons that they had not been circumcised as children. I have found this repeatedly in my own research. Some have sexual difficulties related to circumcision and others are simply bothered in a indefinable, vague way that a part of their body was removed without their permission. Another thing that parents must remember is that any man who wishes to be circumcised in adulthood can be. Under these circumstances, he is making his decision about his own body. But any man who in adulthood regrets being circumcised cannot change his body back.

Another perspective on this can be gained by looking at a simple statistic. Here in the United States, a country where the vast majority are circumcised and many physicians still encourage adult circumcision, the vast majority of uncircumcised men choose to remain that way. Every year in the United States, approximately two or three uncircumcised men in 1000 will choose to be circumcised. This is in spite of what would be considerable social and medical acceptance if a man makes the decision to conform. From this, we can extrapolate that the vast majority of newborns who are currently being circumcised, if given the choice, would certainly choose not to be circumcised. As one circumcision researcher has put it, "One of the best reasons not to circumcise your baby is that he will almost certainly be glad you didn't."[22]

Considered from this point of view, the title of the American College of Obstetricians and Gynecologists' pamphlet on circumcision, "A Personal Choice," becomes quite ironic. The only person in the whole scenario who apparently has no choice at all is the person whose body is going to be changed: the baby.

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