

“IF INTACT: DON’T RETRACT. ONLY CLEAN WHAT IS SEEN.”

With many of today’s parents choosing not to circumcise their baby boys, it is important for doctors and medical professionals to be educated on the proper care of the intact penis. This information pack was put together to provide the medical community with this much-needed information.

As a medical professional, it is important to provide your patients with accurate, up-to-date information. Many of your questions will be answered in the medical literature provided.

Section 1: Proper Intact Care

- 1) *Ten Things You Should Know About the Foreskin* (2011) Intact America
- 2) *Foreskin Care: A Guide for Parents* (2009) Intact America
- 3) *Only Clean What is Seen: Reversing the Epidemic of Forcible Foreskin Retractions* (2008) by John Geisheker, J.D., LL.M., Executive Director and General Counsel at Doctors Opposing Circumcision & John W. Travis M.D
- 4) *Newborns: Care of the Uncircumcised Penis* (1990) American Academy of Pediatrics
- 4) *The Development of Retractable Foreskin in the Child and Adolescent* (2008) George Hill, Bioethicist, Vice President for Bioethics and Medical Science at Doctors Opposing Circumcision
- 5) *The penis and foreskin: Preputial anatomy and sexual function* (2007) Circumcision Information and Resource Pages (CIRP.org)

Section 2: Circumcision

- 1) Circumcision Position Statements of Medical Societies
- 2) *10 Reasons Why You Should Stop Circumcising Baby Boys* (2010) Intact America
- 3) *Global Survey of Circumcision Harm* (2011) Intact America
- 5) Organizations and Websites for More Information



**TEN THINGS YOU
SHOULD KNOW ABOUT**

www.intactamerica.org

THE FORESKIN

After practicing circumcision for decades, the American medical profession has lost sight of the functions, development, and care of the normal intact penis. Here are the simple facts.

- 1. The prepuce is a normal part of genital anatomy.** In boys and men, the prepuce (also called the *foreskin*) covers the glans (head) of the penis. In girls and women, the prepuce (commonly called the *preputial hood* or *clitoral hood*) covers the clitoris.
- 2. The foreskin is not “extra skin” or “just a flap of skin.”** The foreskin is a double-layered, highly innervated (nerve-laden) and vascularized structure that is an integral part of the penis. The amount of skin removed in a circumcision varies, but on average amounts to the equivalent of 15 square inches – the size of a 3” x 5” index card – in a man.
- 3. The foreskin is normally and naturally attached to the head (glans) of the penis in male babies and children,** much as the fingernail is attached to the nail bed. As the boy develops, and almost always by the end of puberty (18-25 years), the foreskin will separate and become retractable. In a small percentage of men, the foreskin never fully retracts; if the man is comfortable, this is not a problem.
- 4. The foreskin helps to protect the penis.** In babies, the foreskin protects the glans from abrasions and keeps bacteria from entering the urinary tract. Throughout a man’s life, it protects the glans from cold and injury, and from drying out.
- 5. The foreskin has an important role in sexual activity.** In adult men, the foreskin provides the ample skin needed for a full erection. Because the foreskin has thousands of nerve endings, it enhances an intact man’s sexual sensations. The gliding action produced by the foreskin and the glans working together gives pleasure to both the intact man and his sex partner.
- 6. The foreskin should NEVER be forcibly retracted.** Premature and forced retraction of the foreskin tears the membrane between the foreskin and the glans. It causes pain and bleeding, serves as an entry point for bacteria, and can lead to infection, the formation of adhesions, skin bridges, and scarring. The boy should be the first person to retract his own foreskin. No physician, other health care professional, or parent should ever forcibly retract a boy’s foreskin.
- 7. Foreskin “ballooning” during urination is normal.** If a boy is not in pain, and the urine is free-flowing, “ballooning” indicates that the foreskin and glans are in the process of separation. As the foreskin opening becomes looser over time, the ballooning will cease.
- 8. Circumcision is painful and risky.** Because the foreskin is laden with nerves, blood vessels, and muscle, cutting it off causes extreme pain. Even if anesthetics are used, when these wear off the baby will have a painful open wound, prone to irritation and infection, for up to two weeks. Circumcision complications can include hemorrhage, infection, closing of the urinary opening (meatal stenosis), skin bridges, painful erections, loss of all or part of the glans, and even death.
- 9. Circumcision is *almost never* medically indicated in babies or children.** A tight foreskin is normal in a baby or child, and – so long as the child is able to urinate normally and is in no pain – should never be used as an excuse for circumcision. Yeast infections (probably the most common penile problem, caused by antibiotics, soap, or chlorine) can be treated with liquid Acidophilus. Paraphimosis, a rare condition in which the foreskin gets “stuck” behind the glans, can almost always be treated by gently squeezing the engorged glans or reducing the swelling with ice, and pressing the glans to “pop” the foreskin back into place. If your son has a foreskin-related medical problem, consult a doctor and tell him or her that you wish to discuss medical treatments that will spare your child’s foreskin.
- 10. The foreskin needs no special care or cleaning.** Until the foreskin retracts normally (again, usually by the end of puberty), no attempt should be made to forcibly retract or clean under it. Plain bath water and gentle wiping with fingertips are sufficient to remove any urine or smegma (white matter) that may accumulate. Once the foreskin becomes retractable, a boy can be taught to gently pull it back, rinse it, and return the foreskin to its forward position.



FORESKIN CARE:

A GUIDE FOR PARENTS

HEALTH HINTS

Soreness and Infection

Stop bathing with soaps and bubble-baths if the foreskin becomes red and itching, a common cause is fungus, easily treated with an anti-fungal cream, or liquid acidophilus culture (available in health food stores) applied 6 times daily for 6 days. If diagnosed with a urinary tract infection, use prescribed antibiotics. Seek medical help any time there is pain, oozing, fever, change in coloration, or bleeding.

Ballooning While Peeing

This is normal, though it can be alarming to parents seeing it for the first time. If the boy is not in pain and his urine is free flowing, don't worry.

Foreskin Won't Go Back Down

Put your first and second fingers on either side of the retracted foreskin (like holding a syringe) and push the glans back into it with the thumb (like depressing the plunger on a syringe). If unsuccessful, seek medical assistance immediately.

Circumcision Referral

If your physician recommends circumcision without first considering less invasive treatments, get a second opinion. There are many alternative treatments for various penile problems such as stretching, taking prescribed antibiotics, or applying topical steroid creams, which might help your son avoid surgery.

Parents can relax, knowing they can now care for their natural son easily using this basic information, and that he will be healthy, safe, and happy. Physicians now agree that you no longer have to retract his foreskin, which makes washing his penis easier than a circumcised one

Bathing and Hygiene

Use warm, clear water to bathe him. Soaps and bubble baths can cause skin irritation. When he's ready, he can be taught to keep himself clean. As his foreskin begins to naturally retract, he should be encouraged to gently pull his foreskin back, rinse himself, and return it to its forward position. Talk with him about germs and proper hygiene, and caution him about touching his bottom—his fingers might transfer germs to his penis.

Normal Growth

Before birth, the foreskin and penis grow as a single structure. After birth, the foreskin slowly begins to loosen over a period of years. As the inner layer dissolves, excess skin cells slough off and appear as small, white lumps. Few foreskins retract in the first year, most take many years, while some never retract—this is all normal.

Foreskin Retraction Danger

Forced foreskin retraction by an un-informed adult is the greatest penile risk boys face. It causes severe pain, bleeding, scarring, and may lead to infection and adhesions. The foreskin should be retracted by the boy himself, and only when he is ready to do so. **Caution:** *Stay with your boy during all medical examinations.* Some healthcare professionals might forcibly retract his foreskin. Before every examination say, "Please, do not retract his foreskin."

Diaper Changing

Clean only what is seen. Change his diapers often. Make sure that the whole diaper area is clean before putting a new diaper on.

www.intactamerica.org

'Only Clean What Is Seen'

reversing the epidemic of forcible foreskin retractions

By John V. Geisheker, JD, LL.M., and John W. Travis, MD, MPH

Care of the intact penis is a simple task—leave it alone—so why all the confusion?

Doctors Opposing Circumcision (D. O. C.), an international physicians' charity, fields around three anguished complaints each week from parents of intact (not circumcised) boys whose foreskins were retracted by ignorant medical practitioners.¹ Sadly, premature, forcible foreskin retraction (PFFR) is a much more painful, serious, and potentially permanent injury than most parents imagine. It is also epidemic in Anglo-American medicine and, as the number of intact boys grows, the situation is worsening.

We speculate that only one in a thousand cases in the USA comes to our attention, and this could mean as many as 150,000 cases each year. Likely there are many similar incidents in other English-speaking countries (possibly an even higher percentage than the US because so many more boys outside the US are intact). Most parents have no idea that their child was injured or why.

Here is a typical complaint we receive:

Dear Doctors,

I have read on a mothering website that you handle complaints about retracting the foreskins of little boys. We kept our boy, Ethan, now six months old, uncircumcised because we know it is unnecessary, painful, and risky. Last week during a routine doctor visit, and before I could stop him,

our paediatrician peeled Ethan's foreskin back all the way. It happened so fast there was nothing I could do.

Ethan screamed instantly, cried for hours, and has been restless and fussy ever since. There are now small circles, like cracks, around his foreskin, which ooze blood. His penis is red and swollen. Ethan is now unusually fussy as soon as his diaper is wet, so we think it must sting when he urinates. He screams when we change him or the diaper touches his penis. It just breaks my heart to hear him. He had no problems at all before this doctor visit.

The doctor told us that we must pull Ethan's foreskin back this way every day or at least at every bath, to prevent what he called 'adhesions' and to clean out the smegma that builds up there. He said that if we don't, our boy would need to be circumcised for sure.

Is all this necessary? I can't believe you need to hurt a boy to keep him clean. It makes no sense to me. I am very angry at what happened to Ethan. He was a very happy baby before this. Please help us.

What happened to Ethan is a clinically unnecessary injury and utterly inexcusable. Ethan's parents have exactly the right instincts, and with good reason. But to understand why, the reader needs some background.

The history of forcible foreskin retraction

In the mid-19th century, many British and American doctors were hoping to convert childbirth and infancy into medical opportunities, thereby marginalising their ancient competitors – midwives and doulas. Thus the medicalisation of childbirth and infancy began in earnest.

Around the same time, other physicians promoted the notion that irritation or stimulation of sensitive tissue, like genital mucosa, caused disease to appear in a distant part of the body. They invented, for instance, the old locker-room myth that masturbation causes blindness. They called their pre-germ disease theory 'reflex neurosis'.

Of course, this theory was false, but as well as conveniently blaming and shaming the patient for causing his own

health problems, reflex neurosis spawned a whole breed of pseudo-medical interventions for children, including circumcision, clitoridectomy, and forced foreskin retraction. Aggressive cleaning, drying—even amputation—of sensitive, erogenous, genital tissue was, according to this theory, a way to discourage bodily exploration, thwart disease, and simultaneously promote 'moral hygiene'.

Especially widely publicised was the notion that a build-up of smegma, a protective secretion both boys' and girls' genitalia naturally produce, might cause unwanted stimulation, then termed 'irritation'. This stimulation might draw a child's attention to his penis (or her clitoris)—so goes the theory—which he or she might then touch. Even casual genital exploration by the child was thought to cause tuberculosis, insanity, blindness, idiocy, hip malformation, unusual hair growth, and dozens of other conditions.² As late as the 1930s, some doctors advised parents to tie scratchy muslin bags, especially made for the purpose, on the hands of boys and girls, to prevent even inadvertent genital contact during sleep.

Parents were also advised to retract their boy's foreskin and scrub out any 'dangerous' secretions regularly, or have the boy circumcised so these could not possibly accumulate. Throughout the 20th century in all English-speaking countries, forced retraction for genital cleaning became standard medical practice. Millions of living, intact Anglo-men, it is safe to say, were forcibly—and painfully—retracted as children.

An Australian medical historian recently published the following observation about the invented and erroneous myth of the need for rigorous infant male hygiene: He notes the irony that females only narrowly escaped similar treatment:

To appreciate the scale of the error, consider its equivalent in women: it would be as if doctors had decided that the intact hymen in infant girls was a congenital defect known as 'imperfornate hymen' arising from arrested development and hence needed to be artificially broken in order to allow the interior of the vagina to be washed out

regularly to ensure hygiene.

—Dr. Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain*

Lingering myths

Surprisingly, this paranoid version of male infant hygiene has not yet died out. It still lingers, in various watered-down versions, passed around among generations of physicians and nurses folklorically, who then teach it to parents.³ While you read this, likely a professional at your local well-baby clinic is forcibly retracting a hapless little boy or advising the parents to do so at each bath. And we will see later that even the Royal Australasian College of Physicians website, Paediatrics and Child Health Division, offers young parents antique and even potentially harmful advice on this subject.

Care of the foreskin

Proper infant hygiene, for both girls and boys, is actually astonishingly simple:

Only Clean What Is Seen.⁴

This means the boy (or girl) needs only warm water, gently applied to the outer, visible, portions of his or her genitalia. No soap is needed. No intrusive or interior cleaning of the genitalia of either gender is ever needed or desirable. Aggressive interior hygiene is destructive of developing tissue and natural flora, and is harmful as well as painful.

At birth the penis is anatomically immature. The foreskin is connected to the glans by a natural membrane, the balano-preputial lamina (translation: glans-foreskin layer). This membrane is apparently nature's method of protecting the highly nerve-supplied and erogenous foreskin of the developing penis from irritation by faeces, the ammonia in urine, and invading pathogens.⁵ Although very different in structure, it can reasonably be thought of as the male hymen, protecting the sexual organs during the years when they are not needed for sexual purposes. This

membrane may take as long as 18 years or more to disappear naturally, allowing retraction.

Numerous studies have shown that the mean age for natural foreskin retraction without pain or trauma is around 10 years.⁵ Some men never see their glans until they are in their 20s. Any age is normal; there is no need to see the glans prematurely. Indeed, pre-adolescent boys, like pre-adolescent girls, need no internal cleaning whatsoever, and to suggest toddlers need to be retracted at each bath, or should be taught to do so themselves, is antique, 19th-century, medical superstition.

Evolutionary biology

Let us think like evolutionary biologists for a moment. If such cleaning were actually necessary, would any of us exist? Surely our forefathers would have died of infection in childhood, long before they could reproduce. Our primate predecessors were unlikely to head down to a nearby river every day to scrub their children's genitals. Nature would quickly eliminate those who needed such care. Only those tough enough to *not* require genital cleansing would have survived. *We are those survivors.*

In reality, urine, in the absence of a urinary tract infection, is sterile. The foreskins of infants, toddlers, pre-school and primary school-age boys are

flushed out with this sterile liquid at every urination. No further cleaning is necessary. Mid-19th century English-speaking boys and girls did not suddenly require aggressive genital hygiene when their ancestors, for hundreds of generations, survived nicely on benign neglect.

Indeed the mucosal genitalia, like the eyes and mouth, are self-cleaning and self-defending. In evolutionary terms, it could not possibly be otherwise.

Culture influences medical training

Male doctors born in America from the 1930s to the 1980s were almost invariably circumcised at birth. Consequently, they have no personal knowledge of the foreskin—a normal and highly specialised component of male anatomy. They are dependent upon whatever information they received in their medical training—from circumcised professors. Many American medical textbooks exported to Australia were written by circumcised doctors and lack even an illustration of normal male anatomy.⁶ Medical practitioners so minimally trained are unlikely to provide accurate information on proper care of a body part they do not possess and attend only occasionally.

(Anecdotal we at D.O.C. know there is an element of psychological compulsion attending the foreskin.

Intact boys are a novelty to Anglo doctors who, in the USA especially, are mostly circumcised themselves or partnered with someone who is. The impulse to examine the child to explore what the doctor himself lost, or sees only rarely, seems irresistible even when there is no evidence of disease or infection.)

Better medicine vs hygiene hysteria

A few modern English-language medical books correctly describe normal penile anatomy as Europeans understand it, and warn against tampering. Unfortunately, of the 40-odd medical, nursing, and parent-advice books the staff of D.O.C. has surveyed, only four give the proper advice. Mostly they parrot 19th-century pre-germ hygiene hysteria.

To understand the brief quotes from the best of these texts, it is helpful to know several medical definitions:

- Prepuce—the foreskin of the male or the hood of the clitoris of the female.
- Phimosis—Greek for 'muzzling': a narrowness of the opening of the foreskin, preventing its being drawn back over the glans, and usually due to infection or trauma. This is different from the normal attachment of the foreskin to the glans found at birth. Some clinicians use the term interchangeably to describe both conditions, but this is erroneous.

Unfortunately, the Royal Australasian College of Physicians (RACP) website regurgitates old myths about foreskin retraction and the imaginary vulnerability of the intact child.



- Paraphimosis—a tendency of an inelastic foreskin, once retracted, to become trapped behind the wide ridge of the glans.
- Retractable—retractable, as an adult foreskin.
- Pathologic—diseased, as opposed to normal physiology.

One reference text, *Pediatrics*,⁷ notes the correct timetable for foreskin retraction:

‘The prepuce is normally not retractile at birth. The ventral [lower] surface of the foreskin is naturally fused to the glans of the penis. At age 6 years, 80 percent of boys still do not have a fully retractile foreskin. By age 17 years, however, 97 to 99 percent of uncircumcised males have a fully retractile foreskin.’

And *Robertson's Textbook of Neonatology*⁸ warns:

‘Forcible retraction in infancy tears the tissues of the tip of the foreskin causing scarring, and is the commonest cause of genuine phimosis later in life.’

Avery's Neonatology,⁹ issues an identical warning:

‘Forcible retraction of the foreskin tends to produce tears in the preputial orifice resulting in scarring that may lead to pathologic phimosis.’

Similarly, *Pediatrics*¹⁰ notes that phimosis or paraphimosis is ‘...usually secondary to infection or trauma from trying to reduce a tight foreskin...’ And they add, ‘circumferential scarring of the foreskin is not a normal condition and will generally not resolve’.

And even the American Academy of Pediatrics (who formerly discouraged breastfeeding and encouraged regular forced retraction of intact boys) has now changed its policy:

‘Caring for your son's uncircumcised penis requires no special action. Remember, foreskin retraction will occur naturally and should never be forced. Once boys begin to bathe themselves, they will need to wash their penis just as they do any other body part.’¹¹

The RACP—hygiene hysteria + dangerous medical advice?

Unfortunately, the Royal Australasian College of Physicians (RACP) website regurgitates old myths about foreskin retraction and the imaginary vulnerability of the intact child. The RACP also grossly misstate the timetable for natural retraction as well as imply the internal structure of the penis needs to be seen prematurely. They also imply that if a boy is not retractable at age four he may need medical intervention or surgery. This is unfortunately errant nonsense and fear-mongering, apparently intended to market genital surgeries including circumcision. They assert:

Physiological phimosis (normal narrowing of the foreskin that may make visualisation of the glans difficult during infancy) will normally resolve by the age of three to four years and requires no treatment. If pathological (ie, non-physiological) phimosis fails to respond to steroid cream/ointment applied to the tight part of the foreskin two to four times a day for two to six weeks, there is a reasonable probability that it will cause problems in the future and the child may well benefit from circumcision.

This notion is patently false, misleading, and suggests pathology after age four where none exists—unless created by prior forced retraction. Unfortunately, it reflects the training of Australasian medical professionals currently in practice.¹² At four years of age, very few boys can retract their foreskins. Moreover, there is no need for them to do so, and like the hundreds of generations of their ancestors with natural genitalia, intact boys are at no unusual risk.

The RACP has been unduly influenced by what knowledgeable practitioners call the ‘Gairdner Error’. In 1949, Douglas Gairdner, a UK paediatrician, published an influential article asserting that by age three, 90 percent of boys should be fully retractable.¹³ He based this guess on his limited clinical experience and, like other

physicians of his generation, forcibly retracted, for hygiene reasons, boys who did not meet his timetable. He almost certainly examined boys whom others had forcibly retracted.

Though Gairdner's condemnation of infant circumcision almost single-handedly ended that practice in the UK, his erroneous timetable for natural foreskin retraction was widely publicised. Through the years, this error of anatomy has been carried over, unquestioned, from medical text to medical text and thence to parental advice books, without appropriate clinical proof. Since 1968, four European and Asian studies have proven Gairdner wrong.¹⁴ The RACP, however, mired in the medicine of 1949 and footnoting only Gairdner, has apparently yet to catch up with this accepted research.

So what will happen to little Ethan?

Ethan's parents have every reason to be angry and concerned. Ethan's unnecessary forcible retraction risks, or has created, one or more fully avoidable outcomes, some of which may not become obvious for years. All will remain a worry:

- Premature forcible foreskin retraction is uniquely painful because the foreskin is among the most densely nerve-supplied structures of the male body. Research shows that pain alone holds later psychological consequences.¹⁵

- Likely the child now has an ‘iatrogenic’ (physician-induced) infection, caused by unnecessary tampering. Invariably forcible retractions are performed without surgical gloves or proper antisepsis, and the open wound becomes an immediate portal for disease.

- His infection may worsen, leading to urethral ulceration, and, perhaps to urinary stenosis (blockage). Indeed, septic genital tampering is the likely cause of many avoidable urinary tract infections, themselves then used to justify post-neonatal circumcision.

- The raw, bleeding surfaces, formerly separated by a natural membrane, might now grow together, causing unnatural adhesions or skin bridges that may, or

may not, eventually dissolve.

- * His infection may leave scar tissue, which renders the foreskin inelastic, complicating adult hygiene and normal sexual functioning.
- * This inelasticity may create pathologic phimosis, an unnatural tightness of the foreskin opening, which might not fade with time and, ironically, may require medical intervention.¹⁶
- * The child with an inelastic foreskin may suffer periodic paraphimosis emergencies, or trapping of the foreskin behind the glans' corona when retracted. His glans may become strangled, trapping blood and causing swelling, which then must be released by hand.
- * The child may now endure painful nocturnal erections because of his compromised foreskin (four or five involuntary nightly erections are normal at all ages for both genders). This may interfere with necessary REM sleep and might even create sexual dysfunction in adulthood.
- * The child may become understandably reluctant to have any adult touch his genitals or bathe him.

Forcible retraction and circumcision

You might already have sensed the connection between the historical marketing of circumcision and forcible foreskin retraction. Teaching youthful and trusting parents that an intact boy needs thoroughgoing internal hygiene at each bath helped to market circumcision, as it implied amputation might free the parents of this burden, unpleasant for them; painful for their son. Better—goes the argument—the immediate acute pain of circumcision than the periodic pain inflicted by parents over the years. And when the forcible retraction by parents *did* cause infection, or scar tissue, or adhesions, phimosis, or other problems, it was easy to blame the parents for inadequate hygiene or failing to choose circumcision, the 'sensible' option, to begin with.

Indeed, there is much anecdotal evidence that forcible retraction in the 20th century became a sort of

retribution for non-compliant Anglo parents who declined circumcision for their newborn. The two, circumcision and forced retraction, have always been closely allied, and both create work for medical professionals, while leaving the intact boy alone to develop normally holds no economic benefit whatsoever. The false 'either-or' choice presented to parents for over 140 years has always been retraction and cleaning—or circumcision. The easy and more ethical European or Asian solution—leaving the child's genitals entirely alone—has only rarely been recommended in Anglo medical practice.

Post-neonatal circumcision

A tendency to misidentify the normal connective foreskin membrane of toddlers and young boys as an abnormal 'adhesion' also leads to unnecessary post-neonatal circumcisions. Millions of older toddlers in the US, UK, Canada, Australia, and New Zealand have endured painful, unnecessary, and psychologically challenging post-neonatal circumcision, with or without anaesthesia, based on this ignorance.

Misdiagnosis of the child's normal connective membrane is also the origin of the circumcision marketing mantra that 'he'll only need it later'. It is the direct source of many a family's story of their Uncle Bruce's painful circumcision at age six, of which he is only too happy to remind everyone. The implication is that circumcision is best done at birth, when, in truth, normal genitalia do not need fixing at any age, and never did.

Foreskin retraction for catheterisation

...is *never* necessary. Sometimes, when a child has a fever of unknown origin, urinary tract infection (UTI) is suspected, though these are routinely over-diagnosed. (And ironically, many genuine UTIs are the direct result of unnecessary genital tampering by or on the advice of medical professionals—forced foreskin retraction being a prime example.)

The doctor might order the child catheterised to test for infection.

Catheterisation itself poses a risk of pushing surface bacteria into the bladder causing a UTI, which always runs the risk of going further up into the kidneys. Better and less risky methods of testing for UTIs are available. Even when absolutely necessary, catheterisation can be done *without* retracting the foreskin. After threading the catheter through the preputial opening, the physician or nurse need only gently probe to find the inner *urethral* opening by 'feel'. Even partial retraction should not be needed. But especially in the US, where so many are circumcised and normal male genitalia get minimal respect, this conservative protocol has become a lost art.

Immediate first-aid for forcibly retracted intact boys

Not all forcibly retracted boys develop the problems we detail, and millions have eventually recovered from the physical results of forcible retraction by the doctor or on doctors' orders. Of course, millions did *not* fully recover and bear permanent, lifelong problems that they may not even recognise as an injury. Moreover, the medical community has only a limited understanding of the psychological effect of unjustified pain imposed on a boy's genitalia by his caregivers.¹⁷

If your child has been forcibly retracted, some experts suggest creating a barrier between the raw surfaces by gentle separation and the use of an oil-based cream to prevent the surfaces from adhering abnormally. But this is also very painful for the child, psychologically challenging, and holds no guarantee of success.

Other experts suggest that it is better, physically and psychologically, to leave the boy alone and allow his natural healing powers to take over. Studies do show that adhesions from circumcision, for instance, tend to resolve spontaneously.¹⁸ This theory holds that the psychological effect of further, repeated, painful, and traumatic handling of the boy's genitalia may not be worth the effort or risk.

Unfortunately, there are no easy answers, and no studies show which method is best, as the extent of this

unique injury has not been admitted, let alone widely recognised.

Certainly the parents of a forcibly retracted boy are now obliged initially to monitor the child for infection. Additionally, the parents must be prepared in advance for paraphimosis emergencies for which the older forcibly retracted child is at unique risk. After puberty begins, the boy himself must determine his ability to retract his foreskin or whether he has adhesions that have not receded as he matured.

The best medicine is, of course, *prevention*. Parents should absolutely forbid any retraction *before* it occurs by making their wishes known in advance, in no uncertain terms, in writing, perhaps with a copy of this article in hand. Make your wishes a formal part of your child's chart. Ask yourself: if my medical professional does not grasp this fundamental anatomy, what else does he or she not understand?

D. O. C. offers colourful nappy stickers for parents to use that read 'I'm Intact; Don't Retract'. This prompts a non-threatening discussion with your child's provider. Better to momentarily irritate—or educate—your family physician or nurse than to injure your son for life.

And, if you are ignored and your child is forcibly retracted despite your warning—it can happen in seconds—you should report the offending physician or nurse to your medical licensing authorities, supplying all the details. Or contact our physicians' group to help you. There is no charge for our intercession, though donations are appreciated.

If your provider understands and respects your child's natural anatomy, please share his or her name with us. We are always on the lookout for well-educated, ethical, 'foreskin-friendly' physicians and nurses, worldwide, to whom we can refer, with confidence, when parents of intact children of any country inquire.

Remember—you have no duty to massage the ego of a poorly educated medical practitioner. Protect your child instead! ■

John V. Geisheker, JD, LLM, a native of New Zealand, is currently the Executive Director of Doctors Opposing Circumcision (DOC), based in Seattle, Washington. A law professor by education, he has been a litigator, law lecturer, arbitrator, and mediator, specialising in medical disputes, for 27 years. Most recently he helped to defend 'Misha', a 13-year-old facing an involuntary, non-therapeutic, religious circumcision, a cause now headed to the United States Supreme Court.

Mr. Geisheker is married and the father of two grown children. He is proud that his native New Zealand fully abandoned medicalised infant circumcision in the 1960s as unethical and unnecessary.

John W. Travis, MD, MPH, completed his medical degree in Boston and a residency in general preventive medicine at Johns Hopkins University. He subsequently founded the first wellness centre in the US, developed the first Wellness Inventory (now available online), and co-authored the Wellness Workbook.

Realising, in 1991, that how children are raised has far more influence on their later wellness than other any factors in our lives, he expanded the focus of his work to Full-Spectrum Wellness to include infant wellness, along with co-founding The Alliance for Transforming the Lives of Children (aTLC.org), and authoring Why Men Leave, The Epidemic of Disappearing Dads, first published in byronchild (now Kindred) in 2004, which is now becoming a book. He now lives in Mullumbimby, New South Wales.

Resources:
Doctors Opposing Circumcision, Seattle, Washington:
www.DoctorsOpposingCircumcision.org

(Endnotes)

1 D.O.C. follows up all such complaints with a scientifically referenced 10-page letter to the physician or nurse, detailing the correct medical protocol, and if the parents agree, files a formal complaint with the relevant licensing authority.
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Newborns: Care of the Uncircumcised Penis

Guidelines for Parents

American Academy
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At birth, the penis consists of a cylindrical shaft with a rounded end called the glans. The shaft and glans are separated by a groove called the sulcus. The entire penis - shaft and glans - is covered by a continuous layer of skin. The section of the penile skin that covers the glans is called the foreskin or prepuce. The foreskin consists of two layers, the outer foreskin and an inner lining similar to a mucous membrane.

Before birth, the foreskin and glans develop as one tissue. The foreskin is firmly attached - really fused - to the glans. Over time, this fusion of the inner surface of the prepuce with the glans skin begins to separate by shedding the cells from the surface of each layer. Epithelial layers of the glans and the inner foreskin lining are regularly replaced, not only in infancy but throughout life. The discarded cells accumulate as whitish, cheesy "pearls" which gradually work their way out via the tip of the foreskin.

Eventually, sometimes as long as 5, 10, or more years after birth, full separation occurs and the foreskin may then be pushed back away from the glans toward the abdomen. This is called foreskin retraction. The foreskin may retract spontaneously with erections which occur normally from birth on and even occur in fetal life. Also, all children "discover" their genitals as they become more aware of their bodies and may retract the foreskin themselves. If the foreskin does not seem to retract easily early in life, it is important to realize that this is not abnormal and that it should eventually do so.

Infant Smegma: Skin cells from the glans of the penis and the inner foreskin are shed throughout life. This is especially true in childhood; natural skin shedding serves to separate the foreskin from the glans. Since this shedding takes place in a relatively closed space - with the foreskin covering the glans - the shed skin cells cannot escape in the usual manner. They escape by working their way to the tip of the foreskin. These escaping discarded skin cells constitute infant smegma, which may appear as white "pearls" under the skin.

Adult Smegma: Specialized sebaceous glands - Tyson's Glands - which are located on the glans under the foreskin, are largely inactive in childhood. At puberty, Tyson's Glands produce an oily substance, which, when mixed with shed skin cells, constitute adult smegma. Adult smegma serves a protective, lubricating function for the glans. [Editor's note: The "glands" identified by Tyson are, in fact, neurovascular end-organs.]

Foreskin Hygiene: The foreskin is easy to care for. The infant should be bathed or sponged frequently, and all parts should be washed including the genitals. The uncircumcised penis is easy to keep clean. No special care is required! No attempt should be made to forceably retract the foreskin. No manipulation is necessary. There is no need for special cleansing with Qtips, irrigation, or antiseptics; soap and water externally will suffice.

Foreskin Retraction: As noted, the foreskin and glans develop as one tissue. Separation will evolve over time. It should not be forced. When will separation occur? Each child is different. Separation may occur before birth; this is rare. It may take a few days, weeks, months, or even years. *This is normal.* Although many foreskins will retract by age 5, there is no need for concern even after a longer period. Some boys do not attain full retractability of the foreskin until adolescence.

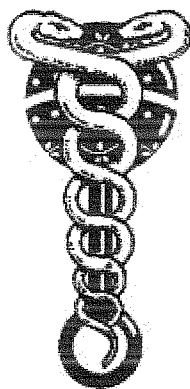
Hygiene of the Fully Retracted Foreskin: For the first few years, an occasional retraction with cleansing beneath is sufficient.

Penile hygiene will later become a part of a child's total body hygiene, including hair shampooing, cleansing the folds of the ear, and brushing teeth. At puberty, the male should be taught the importance of retracting the foreskin and cleaning beneath during his daily bath.

Summary: Care of the uncircumcised boy is quite easy. "Leave it alone" is good advice. External washing and rinsing on a daily basis is all that is required. Do not retract the foreskin in an infant, as it is almost always attached to the glans. Forcing the foreskin back may harm the penis, causing pain, bleeding, and possibly adhesions. The natural separation of the foreskin from the glans may take many years. After puberty, the adult male learns to retract the foreskin and cleanse under it on a daily basis.

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Development of Retractable Foreskin



The Development of Retractable Foreskin in the Child and Adolescent

A guidance for healthcare providers from Doctors Opposing Circumcision

Introduction. There is much uncertainty among health care workers about when the foreskin of a boy should become retractable.¹ This has caused many false diagnoses of phimosis, followed by unnecessary circumcision, when, in fact, the foreskin is developmentally normal.

History. The first data on development of retractile foreskin were provided in 1949 by the famous British paediatrician, Douglas Gairdner.² His data have been incorporated into many textbooks and still is repeated in the medical literature today. Gairdner said that 80 percent of boys should have a retractable foreskin by the age of two years, and 90 percent of boys should have a retractable prepuce by the age of three years.²

Unfortunately, Gairdner's data are inaccurate,³⁻⁴ so most healthcare providers have been taught inaccurate data.⁴ Retractability usually occurs much later than previously believed.³ This page provides accurate data, derived from newer and better studies, for healthcare providers.

Current View

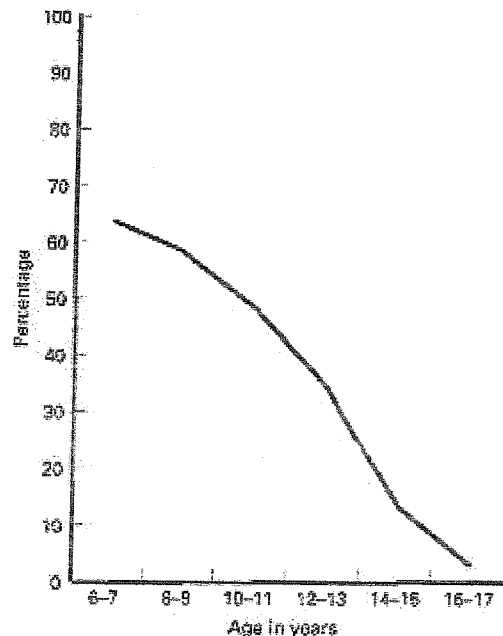
Almost all boys are born with the foreskin fused with the underlying glans penis. Most also have a narrow foreskin that cannot retract. Non-retractile foreskin is normal at birth and remains common until after puberty (age 18). Some boys develop retractile foreskin earlier, and about 2 percent of males have a non-retractile foreskin throughout life. Non-retractile foreskin is not a disease and does not require treatment.

There are three possible conditions that cause non-retractile foreskin:

- Fusion of the foreskin with the glans penis
- Tightness of the foreskin orifice
- Frenulum breve (which is rare and cannot be diagnosed until the previous two reasons have been eliminated)

The first two reasons are normal in childhood and are *not* pathological in children. The third can be treated conservatively, retaining the foreskin.

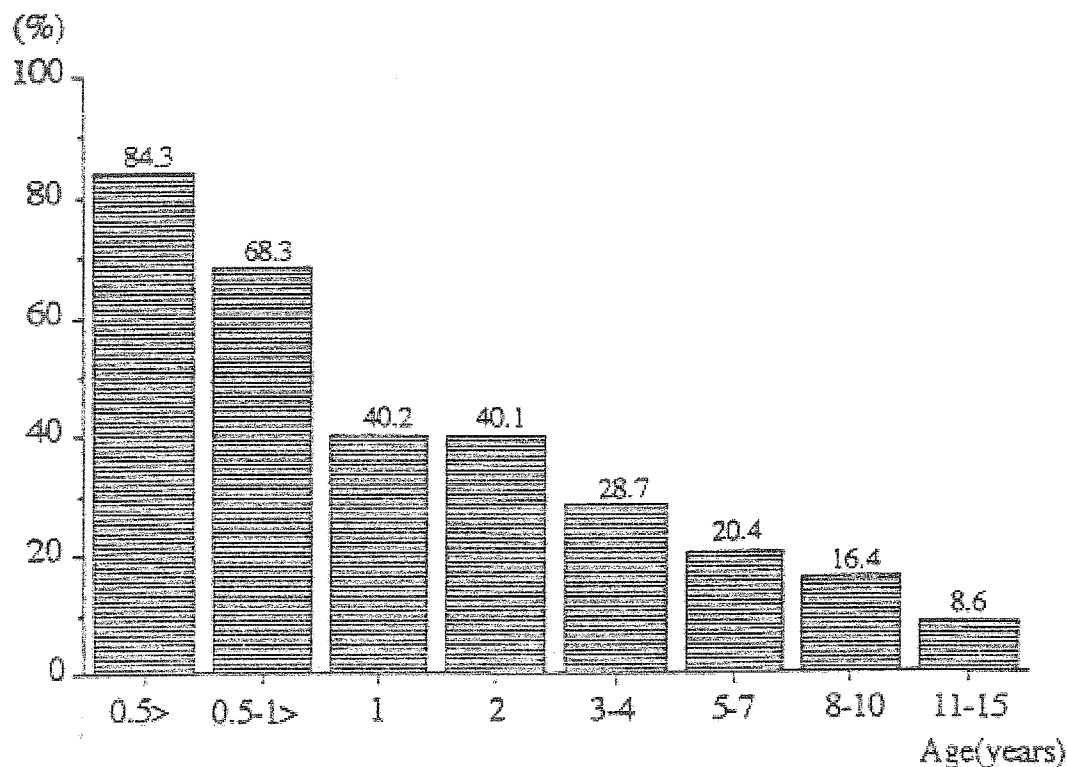
Infants and pre-school. Kayaba *et al.* (1996) reported that before six months of age, no boy had a retractable prepuce; 16.5 percent of boys aged 3-4 had a fully retractable prepuce.⁵ Imamura (1997) examined 4521 infants and young boys. He re-ported that the foreskin is retractile in 3 percent of infants aged one to three months, 19.9 percent of those aged ten to twelve months, and 38.4 percent of three-year-old boys.⁶ Ishikawa & Kawakita (2004) reported no retractability at age one, (but increasing to 77 percent at age 11-15).⁷ Non-retractile foreskin is the more common condition in this age group. *Compare these data with Gairdner's data!*



Percentage of boys with fused foreskin by age according to Øster

School-age and adolescence. Jakob Øster, a Danish physician who conducted school examinations, reported his findings on the examination of school-boys in Denmark, where circumcision is rare.⁸ Øster (1968) found that the incidence of fusion of the foreskin with the glans penis steadily declines with increasing age and foreskin retractability increases with age.⁸ Kayaba *et al.* (1996) also investigated the development of foreskin retraction in boys from age 0 to age 15.⁵ Kayaba *et al.* also reported increasing retractability with increasing age. Kayaba *et al.* reported that about only 42 percent of boys aged 8-10 have fully retractile foreskin, but the percentage increases to 62.9 percent in boys aged 11-15.⁵ Imamura

(1997) reported that 77 percent of boys aged 11-15 had retractile foreskin.⁶ Thorvaldsen & Meyhoff (2005) conducted a survey of 4000 young men in Denmark.⁹ They report that the mean age of first foreskin retraction is 10.4 years in Denmark.⁹ Non-retractile foreskin is the more common condition until about 10-11 years of age.



Percentage of boys with tight ring totally non-retractile foreskin according to Kayaba et al.

Discussion. Boys usually are born with a non-retractile foreskin. The foreskin gradually becomes retractable over a variable period of time ranging from birth to 18 years or more.^{8,9} There is no “right” age for the foreskin to become retractable. Non-retractile foreskin does not threaten health in childhood and no intervention is necessary. Many boys only develop a retractable foreskin after puberty. Education of concerned parents usually is the only action required.¹⁰

Avoidance of premature retraction. Care-givers and healthcare providers must be careful to avoid premature retraction of the foreskin, which is contrary to medical recommendations, painful, traumatic, tears the attachment points (synechiae), may cause infection, is likely to generate medico-legal problems, and may cause paraphimosis, with the tight foreskin acting like a tourniquet. The first person to retract the boy’s foreskin should be the boy himself.³

Making the foreskin retractable. Occasionally a male reaches adulthood with a non-retractile foreskin. Some men with a non-retractile foreskin happily go through life and father children. Other men, however, may want to make their foreskin retractile.

The foreskin can be made retractable by:

- Manual stretching¹¹⁻¹²
- Application of topical steroid ointment¹³⁻¹⁴

Male circumcision is outmoded as a treatment for non-retractile foreskin, but it is still recommended by many urologists because of lack of adequate information, and perhaps because of the fees associated with circumcision. Nevertheless, circumcision should be avoided because of pain, trauma, cost,^{15,16} complications,¹⁵ difficult recovery, permanent injury to the appearance of the penis, loss of pleasurable erogenous sensation,¹⁷ and impairment of erectile and ejaculatory functions.¹⁸⁻²⁰

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This file contains the same material as the leaflet, but arranged in a conventional presentation.



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-CIRP-

The penis and foreskin: Preputial anatomy and sexual function

This directory contains academic articles and discussions about preputial anatomy, dimensions, immunological functions, innervation, vascularity, sexual function, and the effects of circumcision. The articles are indexed in chronological order of publication.

In extensive reviews of the world medical literature, medical historian Frederick M. Hodges, D. Phil. (Oxon), revealed long forgotten European and American research starting from 1860, confirming that this information is not new, but simply has been forgotten in circumcising countries.^{1-7,9,10,12-18}

See also [Anatomy of the Penis and Mechanics of Intercourse](#) (Circumcision Information Pages).

Introduction

Musculature. The prepuce has a sheath of smooth muscle tissue inside the skin which is called the peripenic muscle.^{8,22,41} The muscle fibers are arranged in a whorl at the end of the foreskin to form a sphincter.⁸ The muscle fibers keep the foreskin snugly against the glans penis.²²

Skin and mucosa. The outer surface of the prepuce is skin, however the inner surface is mucosal membrane although it resembles skin in appearance. There is a muco-cutaneous boundary just inside the tip of the prepuce. The prepuce normally covers the glans penis and protects it from foreign matter, friction, drying, and injury.

Sub-preputial moisture. The sub-preputial area is normally slightly moist. Taylor *et al.* reported finding no sweat or sebaceous glands;³⁴ however, Fleiss *et al.* reported apocrine glands that produce cathepsin B, lysosyme chymotrypsin, neutrophil elastase, cytokine, and pheromones such as androsterone.³⁹ Prostatic, vesicular, and urethral secretions also contribute moisture.²³ Moisture may also be exuded through the mucosa of the foreskin.³⁹ Indian scientists reported that the sub-preputial moisture contains lytic material.²³ Lytic material has an

anti-bacterial and anti-viral action.³⁹ The natural oils lubricate, moisturize, and protect the mucosal covering of the glans penis and inner foreskin.⁴¹

Dimensions. The foreskin tissue of an infant male may appear to be quite small, but that tissue grows in the adult to be a substantial area. The prepuce is a folded double layer of skin and mucosa so it must be unfolded to determine its true size. The average size of the adult prepuce has been stated to be about 15 square inches *or more* or the size of a 3 x 5-inch index card. Taylor studied 22 prepuces taken from adult cadavers. Taylor reported a range of length from 4.8 to 9.3 cm with a mean length of 6.4 cm.³⁴ Recently, Werker and colleagues evaluated the prepuce for use in reconstructive surgery.³⁸ Werker studied prepuces taken from 8 cadavers. Werker reported a mean surface area of 46.7 square cm of the combined inner and outer layers with a range of 18.1 sq. cm to 67.5 sq. cm. The pedicle length ranged from 11.9 cm to 20 cm with a mean of 15.4 cm.³⁸ He also reported two cases in which the prepuce was used in reconstructive surgery. In the first case a 65-year-old man had a prepuce measuring 8.5 x 7.5 cm. or 64 sq. cm. In the second case a 62-year-old man had a prepuce measuring 10 x 9 cm or 90 sq. cm.³⁸ Werker's findings suggest that the dimensions of the prepuce may be somewhat greater than previously believed since Werker's living specimens were larger than those taken from cadavers.

Frenulum. The prepuce is usually tethered at the bottom by the *frenulum*. The frenulum's function is to provide pleasure by stretching during sexual intercourse. In fact, the frenulum is colloquially known as the "sex nerve" in France and perhaps throughout Europe. By destroying this stretching action, circumcision completely destroys this fundamental means of sexual pleasure in the human male. Taylor hypothesizes that stretching of the frenulum during coitus is provides a stimulus for ejaculation.⁴⁷

Vascularization. As with other neurologic structures such as the brain, the tip of the prepuce is richly supplied with blood by important vascular structures.³⁴ The glans penis receives blood through the frenular artery.³³ The prepuce serves as a conduit for several important veins. Circumcision may contribute to erectile dysfunction by destroying these blood conduits.

Immunology. The prepuce is naturally equipped with several defenses against infection.^{23,39,41} The infant prepuce has a pronounced tight tip with a sphincter^{8,39,41} formed by the whorl of muscle tissue that stays closed to keep out foreign matter but opens to allow the outflow of urine. The sub-preputial wetness contains lyzosome, a secretion that acts to destroy harmful microorganisms.²³ The prepuce contains Langerhans cells which may provide resistance to HIV infection.^{39,41}, Fleiss, Hodges, and Van Howe discuss the immunological functions of the prepuce in detail,³⁹ as do Cold and Taylor.⁴¹

Innervation. The prepuce is profusely innervated especially near the tip in the ridged band area where the mucocutaneous boundary occurs. It is now understood that this junction is the most sensitive and erogenous part of the

penis.^{17,18,26,31,32,34,39,41} Winkelmann explains the importance of the mucocutaneous boundary in human sexual response.¹⁸ He explains, "All biologic phenomena, including sensation, are the result of a certain statistical events. It is logical to anticipate that some individuals will have cutaneous hyperneuria, and also to expect eventually to find some individuals with actual diminution in organization of the cutaneous nerves for sensation. Certain pathologic states may be explicable on the basis of diminished or augmented cutaneous nerve supply."¹⁸ Thus, the accumulation of sensation triggers the ejaculation reflex.¹⁸ Diminution of the available nerve supply would make achievement of orgasm more difficult. The penile erection and ejaculation require the integration and proper sequencing of somatic, sympathetic, and parasympathetic innervation.²⁶

Taylor's ridged band is located near the tip of the prepuce on the inner layer of the foreskin near the muco-cutaneous boundary.³³ The ridged band merges smoothly with the frenulum.³² Taylor states that the ridged band is sensitive to motion.⁴² The foreskin slides back and forth over the glans during foreplay and intercourse.^{30, 31} Typically, the ridged band area of the prepuce is stretched when it passes over the glans penis and, by this stretching action, the multitude of pleasure sensors in Taylor's ridged band are stimulated.

The ridged band area, which is stimulated by motion,⁴² is the most highly innervated^{18, 32} and pleasure producing²¹ region of the prepuce. They clearly have an important, but not yet well understood, function in human sexual response.^{18,32} Cold and Taylor (1999) confirmed the structure and innervation of the prepuce, and explained its importance in more detail.⁴¹

In comparison to the prepuce, the glans penis is much less innervated and sensitive.^{25,27} The corona (rim) is the most highly innervated part of the glans penis.²⁵ Stimulation of the coronal area of the glans penis may trigger ejaculation.³⁷ The prepuce of the typical complete male may protect the corona from direct stimulation during intercourse and so tends to prevent premature and unwanted ejaculation.

Erogeny and Sexual Function. Winkelmann states, "It is apparent in our material that all the bodies [nerve endings] present have coiled or serpentine form ... Such a form lends itself admirably to the perception of changes in pressure and tension in the tissue, as the coils are oriented in three dimensions."¹⁷ The prepuce of the human male is an elastic platform for the nerve endings composed of muscle fibers embedded within the skin, so the whole prepuce may be regarded as the principal organ for perceiving the sixth sense of *erogeny*.^{18,32,38} Milos and Macris³¹, and Warren and Bigelow³² have described sexual functions of the prepuce.

See Foreskin Sexual Function for a fuller discussion.

Changes in behavior associated with a missing prepuce. Laumann et al. report that men who have lost their prepuce to circumcision tend to exhibit a "more elaborated set of sexual practices than do men who are not circumcised."³⁵ Some have improperly interpreted this statement to mean that "circumcised men have more fun." However, Van Howe and Cold explain that circumcised men may have more difficulty in obtaining sexual satisfaction from intercourse—due to the loss of the fine-touch neuroreceptors in the prepuce—and so turn to other sexual practices.³⁶

Effects on sexual and marital relations associated with a missing prepuce: Hughes reports a study in which intact (uncircumcised) males appear to enjoy better sexual compatibility in marriage which apparently contributes to marital happiness.²⁹ Zwang states that it is more difficult for the partner to manually stimulate the circumcised male during foreplay.³⁷ Depending on the individual, the permanently exposed glans may experience an excess of stimulation, or the wrong kind of stimulation, during intercourse which can lead to premature ejaculation (lack of "staying power") in the circumcised male.³⁷ The tight foreshortened immobilized skin of the circumcised penis is more vulnerable to laceration, bleeding and pain during intercourse.^{37 39}

Erectile dysfunction (impotence) is now known to be usually caused by circulatory problems. As noted above, circumcision interferes with penile circulation by destroying several important blood vessels that provide circulation to the penis. Circumcision may also contribute to erectile dysfunction by destroying some of the erogenous sensory tissue in the prepuce that participates in the erectile response.

O'Hara and O'Hara surveyed 138 women who had experience with both circumcised male partners and intact complete male partners.⁴² 20 of the 138 preferred circumcised male partners while 118 (85.5%) preferred intact male partners with anatomically complete penises over circumcised males. The respondents reported that circumcised partners tended to ejaculate prematurely more frequently than intact male partners.⁴² Some respondents commented that unaltered male partners appeared to enjoy coitus more than their circumcised counterparts.⁴²

Other primates. Cold and McGrath described the variations in the prepuce between human males and females and other primate species, concluding from an evolutionary perspective that the prepuce is highly evolved and has a specialized function in each species.⁴³

In summary, the prepuce is a unique specialized structure with important immunological, protective, mechanical, erogenous, and sexual functions. The prepuce is essential to normal copulation.⁴¹

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51. Some preliminary notes about various penile structures:
- [meatus](#) 01-Jun-96 10:02 4K
 - [preputial-sphincter](#)
-

Anatomical Animated Graphics and Photographs

There is an [animated anatomical drawing](#) which graphically depicts in animation the deployment of Taylor's ridged bands by retraction of the prepuce. This is located off-site. (Link to www.circumstitions.com)

There is a collection of [graphic close-up photographs of the adult prepuce](#) which depict various anatomical features of the prepuce at another website. (Link to www.foreskin.org)

(Last revised 19 March 2007)



[back to Circumcision Reference Library](#)

<http://www.cirp.org/library/anatomy/>

Circumcision Position Statements of Medical Societies in English-Speaking Countries

***No national medical organization in the world recommends
routine circumcision of male infants.***

2010 Royal Australasian College of Physicians

- "Ethical and human rights concerns have been raised regarding elective infant male circumcision because it is recognized that the foreskin has a functional role, the operation is non-therapeutic and the infant is unable to consent. After reviewing the currently available evidence, the RACP believes that the frequency of diseases modifiable by circumcision, the level of protection offered by circumcision and the complication rates of circumcision do not warrant routine infant circumcision in Australia and New Zealand."
- "The foreskin has two main functions. Firstly it exists to protect the glans penis. Secondly the foreskin is a primary sensory part of the penis, containing some of the most sensitive areas of the penis."
- "The potential harms include contravention of individual rights, loss of choice, loss of function, procedural and psychological complications. . . . A boy circumcised as an infant may deeply resent this when he grows older; he may want what he cannot have – not to have been circumcised. . . . The option of leaving circumcision until later, when the boy is old enough to make a decision for himself does need to be raised with parents and considered. . . . The ethical merit of this option is that it seeks to respect the child's physical integrity and capacity for autonomy by leaving the options open for him to make his own autonomous choice in the future."

2008 Doctors Opposing Circumcision:

- "We recommend that the genital integrity of boys be preserved. Parental request for non-therapeutic circumcision of a son appears to exceed the powers granted to parents by law. We further recommend that doctors refuse to perform non-therapeutic circumcision at parental request."

2006 British Medical Association:

- "The BMA does not believe that parental preference alone constitutes sufficient grounds for performing a surgical procedure on a child unable to express his own view. Parental preference must be weighed in terms of the child's interests. . . . The BMA considers that the evidence concerning health benefit from non-therapeutic circumcision is insufficient for this alone to be a justification for doing it. . . . Some doctors may wish to not perform circumcisions for reasons of conscience. Doctors are under no obligation to comply with a request to circumcise a child."

2004 College of Physicians and Surgeons of British Columbia, *Infant Male Circumcision:*

- "Current understanding of the benefits, risks and potential harm of this procedure no longer supports this practice for prophylactic health benefit. Routine infant male circumcision performed on a healthy infant is now considered a non-therapeutic and medically unnecessary intervention."

2003 British Medical Association, *The Law and Ethics of Male Circumcision: Guidance for Doctors:*

- "The medical benefits previously claimed have not been convincingly proven... The British Medical Association considers that the evidence concerning health benefits from non-therapeutic circumcision is insufficient for this alone to be a justification for doing it."

2002 Royal Australian College of Physicians, *Policy Statement on Circumcision:*

- "There is no medical indication for routine male circumcision."

2002 Canadian Paediatric Society (Reaffirmed 1996 Position):

- "Circumcision of newborns should not be routinely performed."

2002 American Academy of Family Physicians, *Position Paper on Neonatal Circumcision:*

- "Evidence from the literature is often conflicting or inconclusive... A physician performing a procedure for other than medical reasons on a nonconsenting patient raises ethical concerns."

2000 American Medical Association (AMA), *Report 10 of the Council on Scientific Affairs:*

- "Virtually all current policy statements from specialty societies and medical organizations do not recommend routine infant circumcision...The AMA supports the general principles of the 1999 Circumcision Policy Statement of the American Academy of Pediatrics."

1999 American Academy of Pediatrics, *Circumcision Policy Statement:*

- "Existing scientific evidence ... [is] not sufficient to recommend routine neonatal circumcision."

1996 Australian Medical Association, *Circumcision Deterred:*

- "The Australian College of Paediatrics should continue to discourage the practice of circumcision in newborns."

1996 British Medical Association, *Circumcision of Male Infants: Guidance for Doctors:*

- “To circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate.”

1996 Australasian Association of Paediatric Surgeons, *Guidelines for Circumcision:*

- “The Australasian Association of Paediatric Surgeons does not support the routine circumcision of male neonates, infants, or children in Australia. It is considered to be inappropriate and unnecessary as a routine to remove the prepuce [foreskin], based on the current evidence available... We do not support the removal of a normal part of the body, unless there are definite indications to justify the complications and risks which may arise. In particular, we are opposed to male children being subjected to a procedure, which had they been old enough to consider the advantages and disadvantages, may well have opted to reject the operation and retain their prepuce.”



10 Reasons

Why YOU Should **STOP CIRCUMCISING** **BABY BOYS**

www.intactamerica.org

1. ***Because the foreskin is a normal, useful body part, and you don't need to cut it off.***
There is no medical reason for you to perform "routine" neonatal circumcisions. No professional medical association in the United States or the rest of the world recommends it; the American Medical Association calls it "non-therapeutic."
2. ***Because boys deserve the same protection from you as girls.***
In the United States, girls of all ages are protected by Federal and state laws from genital surgery to which they cannot consent, whether practiced in medical or non-medical settings, and regardless of the religious or cultural preferences of their parents. There is no ethical rationale for you to distinguish between female and male genital alteration.
3. ***Because your patient is the baby, not the parent, and your patient has not consented.***
Circumcision painfully and permanently alters a baby boy's genitals, removing healthy, protective, functional tissue from the penis and exposing the child to unnecessary pain and medical risks. No baby boy can consent for himself; thus, "routine" circumcision violates a basic premise of bioethics, which says it is unethical for doctors like yourself to perform an intervention unless the child's health or life is at risk.
4. ***Because times and attitudes have changed.***
While circumcision rates vary across the country, overall today more than 60% of all baby boys in the United States leave the hospital intact. More and more of your colleagues are educating themselves about the benefits of the natural foreskin, and are telling parents that circumcision is risky, harmful, unethical, painful, and medically unnecessary.
5. ***Because removing part of a baby's penis is painful, risky, and harmful.***
Babies are sensitive to pain. Yet many circumcisions in the U.S. are performed with little or no pain control. As with any surgery, complications can and do occur with circumcision, including infection, abnormal bleeding, removal of too much skin, removal of all or part of the glans or penile shaft, life-threatening infections, urinary problems, and even death. ALL circumcisions, even the "uncomplicated" ones, result in the loss of the foreskin and its important functions, and leave a permanent penile scar.
6. ***Because doctors in other medically advanced countries don't circumcise baby boys.***
Physicians in Europe, Asia, and Latin America are often appalled to hear that American doctors and hospitals routinely remove part of a boy's penis shortly after birth. Approximately 75% of the men in the world are not circumcised and remain intact throughout their lives.
7. ***Because you have better things to do with your time.***
As you know, health care costs are skyrocketing. You have less time to spend with patients, and fewer dollars to allocate towards necessary services. Why, then, should you spend your time consuming finite resources to carry out a medically unnecessary and ethically problematic procedure?
8. ***Because you took an oath to heal the sick and do no harm.***
The foreskin is a healthy, normal, sensitive, and useful body part. In infant boys, the foreskin is attached to the head of the glans penis, and protects it from urine, feces, and irritation. It also protects the sterile urinary tract from contaminants. Throughout life, the foreskin keeps the glans moist and shields it from injury; its erogenous nerve endings and lubricating function aid sexual pleasure. By crushing and then severing the foreskin during a "routine" circumcision, you damage the healthy penis, create unnecessary risks to the boy's health, and diminish the adult male's ability to experience full sexual pleasure for his lifetime.
9. ***Because circumcision doesn't prevent HIV or other diseases.***
Despite common misinformation, studies show NO conclusive link between circumcision and STD prevention. Claims that circumcision prevents disease have repeatedly proven to be exaggerated or false; a report in The Lancet last year showed that it actually *increases* HIV transmission rates for women in Africa, and a recent CDC study shows that circumcision does *not* protect gay men from HIV. Most men in the United States are circumcised, yet our STD rates are as high as or higher than those in countries where circumcision is rare. Clearly, circumcision does not protect against STDs; only abstinence or safe sex practices, including the use of condoms, can do that.
10. ***Because children should be protected from permanent bodily alteration inflicted on them without their consent in the name of culture, religion, profit, or parental preference.***
Every child – male and female – has an inherent right to a complete body. No individual – physician, parent, or anyone else – has the right to take away another individual's choice for bodily self-determination.



The Global Survey of Circumcision Harm is a groundbreaking exploration into the effects of infant circumcision on adult men.

OVERVIEW

The Global Survey of Circumcision Harm (GSCH), open to men 18 years of age and older, was launched to redress the information gap regarding long-term physical, sexual, emotional and psychological consequences of childhood circumcision on adult men. The survey (which is ongoing) seeks to determine:

- men's knowledge of penile anatomy;
- men's understanding of how to identify circumcision damage;
- any adverse consequences (physical or other) related to circumcision.

This survey is a grassroots, all-volunteer effort to provide a self-report and documentation method for any male who considers himself harmed by childhood genital cutting imposed on him without his informed consent. Find out more at <http://www.circumcisionharm.org>.

RESULTS*

Sexual symptoms: 76% reported dry, keratinized glans requiring supplemental lubrication; 24% suffer from erectile dysfunction; and 16% reported painful erections. One respondent reported "chafing/bleeding during sex due to remaining skin being too tight and unmovable."

Psychological effects: Many respondents reported deep sorrow, a sense of loss and inferiority, feelings of abandonment, inadequacy, anger at being mutilated, and mistrust of doctors. 78% feel "less whole," 68% feel "inferior" to men who are intact, and 68% feel "not normal" or "unnatural." 13% of respondents report having suicidal thoughts; 5% have attempted suicide.

Relationships: 63% reported adverse effects on their sexual relationships. 32% reported adverse effects on their relationship with their mother, and 30% with their father; when sharing their feelings about their circumcision with their fathers, 61% of men said their fathers were dismissive or trivializing. Says one respondent, "It adversely affects my fatherhood, I feel so different to my intact sons and I feel like I can't advise them on sexuality."

Behavioral effects: Compulsive sexual practices (e.g., by men who "never feel satisfied") were reported by 26% of men.

MOVING FORWARD

One of the goals of this study is to foster communication with the medical profession as well as in one's personal life. It is hoped that documenting such consequences and making the results publicly accessible will provide a starting point for dialogue about the long-term consequences of infant or childhood circumcision.

I believe circumcising a healthy, unconsenting child creates harm by violating			
Response	Chart	Percentage	Count
The prime dictum of medicine "First, Do No Harm"		86%	321
His basic human right to bodily integrity		91%	341
His right to eventual self-determination over his genitals and sexual experience		93%	346
His religious freedom		61%	228
None of the above		2%	9
Total Responses			374

For more information:

Doctors Opposing Circumcision	www.DoctorsOpposingCircumcision.org
National Organization of Circumcision Information Resource Centers	www.NOCIRC.org
Intact America	www.IntactAmerica.org
Nurses for the Rights of the Child	www.Nurses.CIRP.org
Circumcision Information and Resource Pages	www.CIRP.org
The WHOLE Network	www.theWHOLEnetwork.org
Jews Against Circumcision	www.JewsAgainstCircumcision.org

