

Dear Reader:

The attached article on circumcision was written by the late Dr. John M. Foley, of Frankford, West Virginia. It appeared in the July-August 1966 issue of FACT magazine.

Dr. Foley was born in 1918 and died in 1968 of a heart attack. He graduated from the medical college of Virginia in Richmond in 1950 and received his license to practice medicine in 1951. He was in general practice in the Frankford area and had a secondary specialty in internal medicine.

Dr. Foley waged a life-long battle against the medical practice of routinely circumcising all newborn male infants. In this matter he stood virtually alone against the combined forces of the powerful American Medical Association. A close friend writes of him:

“He worked himself to death – literally. He had two clinics, and worked at both of them many hours per day. He wrote far into the night. He told a friend that he could not go out and lecture against r.c. (routine circumcision) as he would really like to do, because there was no one to care for the sick in his area that needed him so badly. He wrote letters to people all over the country, he answered all the letters himself, and told people the TRUTH, and the facts as they are.”

According to all who knew him, Dr. Foley was a dedicated and much respected human being. He chose to spend his life working in an area where he was the only physician for miles around. He was an inspired healer of the old school, unselfish and untiring. Yet another friend speaks of him as “our greatly loved Dr. John, as we all called him. ...”

I believe “Dr. John’s” article on circumcision will speak for itself.

Dear reader, if you agree with Dr. Foley after you have read this article, please do the following: Print up five copies of it at your own expense, including this cover letter, and pass them on to five friends. Hopefully they in turn will do the same. In this way we can keep costs to a minimum while still carrying on Dr. Foley’s great work of trying to educate an uninformed and misinformed public about this very serious problem.

I sincerely hope this letter and Dr. Foley’s article will be of some benefit to you, your family and friends and, most especially, to all your as yet unborn male children.

Best of luck,
J. Michael Mahoney
[July, 1971]
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THE UNKINDEST CUT OF ALL

By John M. Foley, M.D.

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Ralph Ginzburg, Publisher

On July 20, 1964, the Medical Tribune published a letter from a Baltimore physician who called for the compulsory circumcision of all men seeking to get married. Indeed, he went on to demand Federal legislation requiring the circumcision of *every* male infant within the first 8 days of life.

Now, just why anyone would want circumcision made compulsory may seem puzzling. After all, circumcision is already a routine operation in this country. What need for legislation when 98% of all newborn boys, before leaving hospitals, are circumcised? When *Sexology Magazine* can maintain that circumcision has become a "status symbol," and when a physician can lament that "one has to lop it off along with the Joneses"? When just about everyone, including physicians who should know better, has bought the myth that circumcision in some mysterious way prevents certain forms of cancer?

One answer, of course, is that if circumcision were made compulsory, the circumciser would be protected whenever he happens to cripple or kill the little boy he operates on -- "complication" that is not so very uncommon. Another answer, I think, must be sought in the darker regions of the human mind, because circumcision is simply an unmitigated fraud. It is nothing but wanton and unnecessary mutilation. The annual 2 million assembly-line circumcisions in this country are a monument to the gullibility and stupidity of the American public.

For 60 years, a powerful and articulate minority in our profession has tried to enforce a tabu against any objective discussion of the merits or demerits of circumcision. Over in Great Britain the climate of opinion is decidedly against routine circumcision, but here the operation has become a sacrament: To question its value has become all but unthinkable. The medical literature is virtually closed except to those who drool over the operation's alleged advantages.

Still, once in a while dissident voices manage to be heard. William Keith C. Morgan, M.D., of the University of Maryland School of Medicine has written in the *Journal of the American Medical Association* that "98 times out of 100 there is no valid indication for this mutilation other than religion. ... Why is the operation of circumcision practiced? One might as well attempt to explain the rites of voodoo!" Peter Van Zante, M.D., of Iowa writes in the *Medical Tribune*: "Circumcision is cruel and mutilating and actually should be outlawed." In 1920, a British physician named G.S. Thompson, who had once circumcised himself, later concluded that circumcision was nothing more nor less than "a barbarous and unnecessary mutilation" (*British Medical Journal*, 1920).

At this point, the reader may do well to examine his own conscience. If he has been circumcised, either ritually or surgically, and is chagrined that anyone would dare question the advisability of circumcising every single male infant, let him read no further. He has about as much chance of being objective as he has of growing himself a new foreskin.

Efforts to justify circumcision have been made since the very beginnings of history. The desire to mutilate came first; the "reasons" came later, and run the gamut from spiritual through cultural, esthetic, and finally medical.

This process of rationalization has culminated in the supposed relationship between the husband's foreskin and cancer of the genitals -- one of the greatest hoaxes in the history of medicine. The theory is that the uncircumcised penis, because it may generate a waxy substance called smegma, can produce cancer of the penis and cancer of the cervix (neck of the womb).

The only widespread evidence in support of this theory is that Jewish men and Jewish women rarely get cancer of their sexual organs.

But granting that genital cancer is rare among Jews, circumcision is almost certainly not the

reason. As Dr. Van Zante has observed, Jews in general seem to be more resistant to certain diseases than gentiles and to have a greater longevity: Genetic and cultural factors are probably at work. Thus, Paul Sherlock, M.D., of the Cornell University Medical College, is convinced that ulcerative colitis and regional enteritis are *more* common among Jews because these diseases have a genetic basis (*Medical Tribune*, 3/9/66).

That the lower incidence of penile and cervical cancer in Jews is genetic or cultural seems perfectly clear when one examines the incidence of genital cancer in other ethnic groups.

In Finland, fewer than one man in a thousand is circumcised, yet the incidence of penile cancer in Finnish men is less than in Americans. Finnish women also have less cancer of the cervix than American women.

In Java, the Moslems are ritually circumcised, yet Java has one of the highest incidences of cancer of the penis in the world.

In Ethiopia, Coptic women have a high incidence of cervical cancer, although 90% of Coptic men are circumcised in infancy.

In India, the Parsees are not circumcised. Yet the Parsees have one of the lowest incidences of penile and cervical cancer in the world.

Further evidence that circumcision is not linked with cancer comes from tests of human smegma. In 1942, the National Cancer Institute conducted careful experiments and found that smegma had no carcinogenic effect whatsoever. This test was duplicated in 1953 on a more extensive scale by Dr. D. G. Reddy and others, with the same conclusions. Negative results have also been obtained in a number of other experiments ("Circumcision in Infancy," Charles Weiss, M.D., *Clinical Pediatrics*, 1964). In addition, if smegma *were* carcinogenic, the use of a contraceptive sheath would lower the incidence of cervical cancer in women. Studies have shown that it doesn't (*Journal of the American Medical Women's Association*, 1962).

Finally, control groups of circumcised and uncircumcised gentiles have been studied, and cervical cancer has not been correlated with the presence or absence of the foreskin in male sexual partners (*American Journal of Obstetrics and Gynecology*, 1958).

Yet even if circumcision and penile cancer "were" connected, this might not be justification enough to warrant circumcision. As Dr. Morgan points out, "this is an uncommon form of cancer and generally has a fairly good prognosis. Appendicitis causes many more deaths every year in the United States than does cancer of the penis, but nobody yet recommends routine appendectomy." Dr. Van Zante gives a more graphic analogy: "Why not amputate all female breasts to avoid mammary cancer?"

Well, does circumcision at least prevent venereal disease? Thirty years ago, routine circumcision was being urged for just this reason. Today, our circumcised teen-agers have the highest V.D. rates in history. Dr. Morgan adds: "Any U.S. or British physician with experience in North America or the Levant [where circumcision is common] knows that the Middle East has a venereal disease rate which is second to none."

Does circumcision prevent phimosis, the constriction of the foreskin? The answer is yes, but the fact is that true phimosis, as every physician knows, is extremely rare.

Does circumcision lead to a more hygienic penis? The answer, again, is yes. Except that the ears also collect dirt. Should they also be lopped off? "Soap and water," writes Dr. Morgan, "work wonders with the body's other orifices and appendages, and there would seem to be no reason to doubt their efficacy with respect to the foreskin." And while it is true that genital cancer may someday be linked with lack of cleanliness, Dr. Van Zante points out: "The male should be taught cleanliness, and if he follows this, I doubt that the uncircumcised male will contribute any greater percentage of penile and cervical cancer than the circumcised male."

Dr. Morgan's conclusion is the only conclusion possible: "There are a variety of reasons advanced in favor of circumcision, most of which are unconvincing when critically examined."

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Since circumcision has practically nothing to recommend it, an important question is: Why has it become a routine operation? A few physicians go so far as to suggest that money may have something to do it. Dr. Van Zante asks rhetorically: "Don't you think that the doctor delivering the baby thinks more about the \$10 or \$15 surgical fee he'll get than the possible after-effects?"

My own view is: Circumcision provides a convenient and socially acceptable outlet for the

perverted component of the circumciser's libido. I have had personal experience with the psychopathology that underlies the wish to circumcise. The pitiful wails of the suffering infant are all too often the background for lewd and obscene commentary by the obstetrician to his audience of nurses. Several years ago I saw an infant born with multiple deformities. He could not live more than a few months at most, but to add to his miseries, this unfortunate bit of humanity had to undergo a thorough circumcision.

I have seen two medical students fight over the privilege of doing circumcision on the newborn, although these same students showed neither interest nor aptitude for opening boils or doing other surgical tasks.

In 1951, I witnessed an autopsy on an infant who had died from an infected circumcision -- a death rendered even more tragic because the mother had tried to persuade the obstetrician to spare her infant this ordeal.

Dr. Alexander Schaffer, a noted pediatrician, tells with horror the case in which an infant was being delivered as a frank breech (buttocks first). Before delivering the baby, and just as the penis came into view, the obstetrician seized it and circumcised it. That obstetrician, I would say, may be capable. He may be an all-round fine fellow. But sexually I say he is a monster. And I say that one of the reasons why circumcision is so common in this country stems from the sadism of the crypto-pervert.

My viewpoint is not very novel, though, for psychiatrists have long agreed that circumcision is basically a punitive act. According to Dr. Menninger, for instance, the original and basic purpose of circumcision was to serve as a symbol of castration, and the practice was initiated by fathers -- to punish their sons for whatever incestuous feelings they might have for their mothers.

Another explanation for the prevalence of circumcision: latent female antagonism toward the penis. To quote Dr. Morgan: "Perhaps not the least of the reasons why American mothers seem to endorse the operation with such enthusiasm is the fact that it is one way an intensely matriarchal society can permanently influence the physical characteristics of its males." I myself do not doubt that among the biggest boosters of circumcision are neurotic females, whose unhappy sex lives prompt them to injure a man where he feels it the most.

One could go further and consider the obstetrician: Perhaps the same stimulus that drove him into the traditionally feminine role of midwife is also responsible for his attack upon the penis. However, in all fairness, it should be pointed out that these male midwives know very little about the penis and, of all physicians, are surely the least competent to decide about circumcision. Besides, the obstetricians rarely sees the hemorrhage, the infection, and the deformities that sometimes result from his handiwork -- these are the lot of the emergency-room staff, the pediatrician, the urologist, and the plastic surgeon.

Others who can be counted on the side of the circumcisers are:

- A. Certain Christian clergymen, who are quick to point out that Jesus Christ submitted to circumcision. (They are not so quick to point out that Jesus also submitted to crucifixion.) The Roman Catholic Church solemnly celebrates the Feast of the Circumcision on January 1.
- B. Homosexuals, who -- according to psychiatrists -- are in dire fear of being castrated. No doubt it pleases them when others, instead of themselves, submit to an operation that is similar.
- C. Anti-Semitic Jews, ashamed of their mark and eager to make it universal.
- D. All men, including physicians, who have already been circumcised. To paraphrase an expression, they suffer from "foreskin envy." Cut off a man's tonsils and it does not affect his feelings toward his neighbor's tonsils, but cut off his foreskin and his neighbor's foreskin becomes an object of envy and hatred. The circumcised have always behaved as if their circumcision were a stigma of inferiority. Jew, Moor, and Turk forced circumcision on servants, slaves, and whole nations of conquered people.

Because the motivations of the foreskin-phobes are so irrational, these people are hard to combat. The introduction of routine circumcision as a "medical" measure at the turn of the century aroused vigorous opposition within the profession. Dr. Warren Stone Bickham, an eminent surgeon, declared that circumcision was a disgrace and a discredit to the surgeon responsible. Nonetheless by 1930 the opposition had dwindled, and the fanatical circumcisers were in possession of the field. The opponents of circumcision failed because they did not understand the motives of the circumcisers and therefore could not grapple with them.

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So far I have considered the "medical benefits" of circumcision and explored the possible motives of those who favor circumcision. Now I want to consider the harmful consequences of the operation.

The circumcision of a newborn boy is a spectacle so appalling and revolting in its cruelty that, on their first encounter with the ordeal, many robust medical students faint. The infant is tied down securely to a circumcision board, with his genitals exposed. Next, the entire foreskin and much of the penile skin is pulled through a clamp, and as the clamp's screw is tightened, the skin is crushed off. As much as 80% of the total penile skin is removed. In this country anesthetics are rarely used. The infant struggles and screams, and often vomits and defecates, before lapsing into unconsciousness.

As a result of circumcision, some infants die. Countless others are doomed to become sexual cripples. In 1958 a 4-year-old boy underwent surgery for an undescended testicle. The surgeon, noticing that the child still had his foreskin, just couldn't pass up this tidbit. The circumcision failed to heal, and 5 days later the penis sloughed off. The parents sued for \$150,000 and settled for \$80,000. In a similar case last year, the parents asked for \$4,500,000. These are two cases that have come to public attention because of lawsuits. In England and Wales, however, it is known that an average of 16 children died annually from 1942 to 1947 as a direct result of circumcision.

Dr. Van Zante has this to say: "Proponents of circumcision do not mention any of the ill-effects of circumcision. Duf and Ware state, 'Major losses of penile skin are fairly common as a complication of circumcision.' The child may get a meatal ulcer. The sensitive, exposed glans [the head of the penis] sometimes becomes infected with diaper rash. Occasionally a babe, especially of hemophiliac parents, bleeds to death."

Dr. Weiss mentions these other possible complications: sepsis, eczema of the glans and meatus, meatal stenosis, surgical adhesions, interference with nutrition, edema of local tissue, seepage of blood with resulting anemia, and injuries of the glans or scrotal skin.

Dr. John Van Duyn of Georgia, a plastic surgeon, has complained that often circumcisions are performed by young interns, and after they perform a few circumcisions, they are left unsupervised. "Unless the operator is competent and care is exercised," he writes, "there is always the possibility of damage from poor technique."

Dr. Can Duyn goes on: "A short time ago, I was called upon to split-graft the penis of a newborn where too much skin had been inadvertently removed, and in reporting this case found that this error had occurred in a number of other instances. "In another case, involving incorrect use of a circumcision clamp in an infant, the glans was found gangrenous on removal of the clamp and was subsequently lost."

"There is also the danger from hemorrhage, especially if the baby is placed in a prone position and supervision is minimal. In a near fatality from this cause, of which I have firsthand knowledge . . . a growing puddle of blood beneath the baby was not discovered for a considerable time.

* * *

Another hazard of circumcision is the possible diminution of sexual pleasure. Only the circumcised refer to the foreskin as a "useless appendage." The intact penis is an instrument admirably suited for its natural purpose -- which is *not* simply to serve as a waterspout.

During a boy's growth, the foreskin protects the sensitive glans. Normally the surface of the glans is composed of a smooth, glistening membrane only a few cells in thickness. The surface cells are alive, and naked nerve-endings are distributed among these cells. After circumcision, this membrane becomes 10 times thicker, and the free nerve-endings disappear. The surface becomes covered with an adherent layer of dead cells, rough, dry, and insensitive.

For the mature man, the foreskin provides a covering during erection, and the organ increases in bulk from six to eight times. In coitus, it rolls back to expose the sensitive glans. And especially when the vagina is snug, this elastic covering promotes sexual satisfaction: It enables the penis to penetrate smoothly and without friction.

A number of students have confirmed that the uncircumcised man has a sexual advantage over the circumcised. For instance, Martin L. Edwards Sr., M.D., a Texas physician, writes: "I have counselled with many married men who are circumcised, and this alone has been a great drawback between man and wife."

On the other hand, Dr. William H. Masters and Virginia E. Johnson, in their recent book *Human*

Sexual Response, call it a "phallic fallacy" to believe that the man who is circumcised is at a sexual disadvantage. But a close reading of their book makes their conclusion seem erroneous.

To begin with, they maintain that it is a widespread belief that the uncircumcised man has better ejaculatory control than the man who is circumcised -- because his glans is *less* sensitive than the circumcised man's. Medical opinion, actually, is the opposite: The man with his original foreskin has a glans that is *particularly* sensitive.

In their book they also state: "A limited number of the male study-subject population was exposed to a brief clinical experiment designed to prove the false premise of excessive sensitivity of the circumcised glans." Experiments on 35 men in each category demonstrated no "clinically significant difference" in sensitivity of the glans.

Let me suggest that when an experiment "is designed to prove the false premise" of some belief or other, even if it uses a "limited" number of subject in a "brief" experiment, its outcome is really not in doubt.

Aside from its lack of objectivity, the basic fault of the experiment Dr. Masters and Mrs. Johnson describe is that no mention is made of when the circumcised men were circumcised. The fact is that if circumcision is delayed until adult life, degenerative changes are minimal. The glans does not suffer such a profound loss of sensitivity, and the penis gets a "tailored fit." But even if there is no sexual advantage to having one's original foreskin, and even were complications not so numerous, there would still be other dangers attendant upon circumcision -- psychological dangers.

The reason that anesthetics are rarely used on infants undergoing circumcision is that -- in addition to the possible danger -- it has been taken for granted that infants are not sensitive to pain. Recent experiments, and contemporary opinion, however, flatly contradict this.

Charles Weiss, M.D., of the Albert Einstein Medical Center in Philadelphia, states: "Experimental psychologists and psychologists who employed the techniques of pin-pricking or applied medical electric shock to different part of the body have demonstrated that sensitivity in neonates increases sharply within the first four days of life."

A Leipzig pediatrician, Prof. A Peiper, states: "I have not the slightest doubt that a newborn infant is definitely sensitive to pain."

A London physician, A. W. Wilkinson, M.D., states: "I do not think there is any doubt that infants in the first week of life are sensitive to pain because, when inadequately anesthetized, they respond very sharply to incision with a knife."

Since infants apparently do feel the pain of circumcision, no wonder that a number of psychiatrists -- including Freud -- have held that circumcision must leave scars on the personality. Recently, Dr. Rene A. Spitz observed: "I find it difficult to believe that circumcision, as practiced in our hospitals, would not represent stress and shock of some kind. Nobody who has witnessed the way these infants are operated on without anesthesia, the infant screaming in manifest pain, can reasonably deny that such treatment is likely to leave traces of some kind on the personality. This is one of the cruelties the medical profession thoughtlessly inflicts on infants, just because these cannot tell what they suffer."

One possible result of circumcision is impotence: Impotence seems to be frequent in circumcised men, but rare among the uncircumcised. Problem-masturbation is also as common among the circumcised as it is rare among the uncircumcised -- the exposed glans explains it.

Then too, homosexuals, who had been circumcised. In one of them, "The resentment and fear of his mother associated with circumcision was an important factor in the development of his homosexuality." More recently, a study was made of admissions to a large Naval hospital. Of all admissions, 32% had been circumcised. Of all admission with the diagnosis of "overt homosexuality," *100% had been circumcised*. Before he died, Dr. Alfred Kinsey intended to investigate the relationship between circumcision and homosexuality.

Unfortunately, one cannot be sure about all the possible psychological illnesses that can be traced back to circumcision. As Dr. Spitz has observed, "Characteristically, no research seems ever to have been done on developmental and personality differences between a group of circumcised and one of uncircumcised infants."

Finally, in addition to the physical and psychological harm done by circumcision, there is the social harm. It is a truism in psychoanalytic literature that circumcision is a major cause of anti-Semitism.

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Circumcision, in the unconscious, is confused with castration. Thus, in *Man Against Himself*, Dr. Menninger writes: "I could cite many illustrations from psychiatric practice to show how, in the

unconscious, circumcision and castration are equated. Because the fear of cutting in connection with the genitals is so widespread, and apparently so basic in the formation of character, any surgery in connection with the genitals is apt to be associated with strong emotional feeling which psychoanalysts, on the basis of their daily experiences with the language of the unconscious, ascribe to the 'castration threat,' i.e., the fear that the genitals are to be irremediably injured."

How do the Jews fit in? To impressionable Christian children, circumcision is considered mutilation of the genitals -- and Jews are identified with the practice. Freud himself thought that the castration complex was "the deepest unconscious root of anti-Semitism; for even in the nursery little boys hear that a Jew has something cut off his penis."

Not surprisingly, in-depth interviews with antisemites have revealed that many of them have a deep fear of being castrated. Some 100 anti-Semitic students studied by Else Frenkel-Brunswik and Social Disease, (1946) betrayed "unconscious inferiority feelings centering mainly about the castration complex." To them, the Jews, the symbol of the circumciser-castrator, automatically became an object of hate and fear. Dr. Nathan W. Ackerman, and *Anti-Semitism and Emotional Disorder* (1950), cites a patient who told him: "I can't understand why so many gentiles are circumcised. That's what the Jews did to America. Their mission is to circumcise every single Christian in the country." Asked by a staffer if he had been circumcised, Nazi leader George Lincoln Rockwell became upset: "I won't answer any such degrading question as that." Rockwell evinced his ready confusion of circumcision and castration by adding: "As far as the Jews are concerned, it isn't thorough enough. They should cut about 5 inches more off."

Many psychiatrists, Jews among them, are therefore eager that Jews give up the practice of circumcision. C.G. Schoenfeld, writing in *Psychoanalytic Review* (1966), acknowledges that because circumcision is a "fundamental tenet of Judaism Jews can hardly be expected to renounce circumcision readily -- or indeed at all." But he goes on:

Nevertheless, the tenets of religion do change (consider, for example, the results of the recent Ecumenical Council of the Catholic Church). Hence, it is conceivable that knowing that circumcision helps engender anti-Semitism will have an effect upon Jews, and as a result, upon Judaism -- especially if Jews also familiarize themselves with certain anthropological and psychoanalytic studies and discoveries regarding circumcision.

For one thing, Jews ought to be aware that circumcision, far from being a uniquely Jewish custom, was once a common practice in ancient Egypt and, in addition, that circumcision is to this very day a common practice among many of the world's primitive peoples.

To recapitulate: Circumcision has few if any medical benefits. Any link between circumcision and the prevention of genital cancer is at best unproved. Circumcision is not only unnecessary but barbaric. It can cripple children, both physically and mentally, for their whole lives. And as for the motives behind circumcision, psychiatrists are agreed that they are irrational and punitive.

What can be done?

One possible course is to wait until the physicians in this country become well-informed on the subject. However, a fascinating survey conducted a few years ago (*American Journal of Diseases in Children*, 1963) and 126 physicians in Ohio revealed that 69% favored routine circumcision, 20% opposed it, and 11% were of the opinion that circumcision was not a "medical" decision and should rest with the parents.

The men who conducted the survey -- Robert A Shaw and W. O. Robertson, M.D. -- were quick to point out that none of the reasons given were firmly established, and many were imaginary. "The results," they concluded, "cast reasonable doubt on the belief that the decision -- 'pro' or 'con' -- is reached in any scientific manner."

The authors also were skeptical that the medical men will, in the near future, make themselves better informed on the subject One would hope," they write, "the situation might change in the next century -- but do not bet on it!"

Another survey the authors conducted was of parents who let their children be circumcised. What were their reasons? I quote a few: "Thought it was a mandatory hospital procedure"; "Because it 'looks better'"; "Thought all males were circumcised"; "Everyone in our family is circumcised"; "I thought it was a law"; and "The doctor just did it."

Still, at the present time I think that it is parents who are our best hope. It is they who can campaign for a more open discussion of the problem. It is they who can prevent their sons from being circumcised. And it is, therefore, to parents that I appeal:

Let us be honest and fair enough to let our sons grow up to decide for themselves if they want to

exchange their foreskins for the very dubious advantages of circumcision.

And I would like to remind parents of that perceptive remark of the great historian Henry Thomas Buckle: "Every great reform which has been effected has consisted, not in doing something new, but in undoing something old."
