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Objections of a Sentimental Character:
The Subjective Dimensions of Foreskin Loss

ABSTRACT

Proponents of routine circumcision of male minors tend to downplay or ignore the adverse effects of circumcision on male sexual experience and to assert that only an insignificant minority of circumcised men are unhappy about their condition. We present evidence dating back to the nineteenth century that significant numbers of men have been sufficiently concerned to complain, and we particularly consider three attitude surveys carried out in Britain, the USA and Australia in the 1990s. We argue for the relevance of ethical, biological and subjective factors in decision-making about routine circumcision of minors, and conclude with a discussion of the implications of these considerations for medical policy.

Horace [the local coroner doing a post-mortem on a fisherman] felt a familiar envy stirring and despite himself noted the girth and heft of Carl Hein's sexual organs. The fisherman had not been circumcised ...

— David Guterson, *Snow Falling on Cedars*

The things that other men do – and get away with! And with never a second thought! To inflict a wound upon a defenceless person makes them smile ... gives a little lift to their day! ... The indifference! The total moral indifference!

— Philip Roth, *Portnoy's Complaint*

An objection to circumcision of wholly sentimental character [is] not the less worthy of practical consideration.

— Herbert Snow, *The Barbarity of Circumcision*

FOR MUCH OF THE TWENTIETH CENTURY, enthusiasts for routine circumcision have echoed the sentiments of William Acton:

Although it is possible that it [the foreskin] may increase the pleasure derived from the act of sexual congress, there is no evidence that Jews, and those who have undergone circumcision, do not enjoy as much pleasure in the copulatory act as the uncircumcised; – at any rate, the former do not complain.¹

The claims are clear: first, that circumcision makes no difference to a male's experience of sex; second, that even if it did men do not complain about what they are missing. An obvious point to note is that Acton's first assertion directly contradicts the medical knowledge of his own day; throughout history and up to the end of the nineteenth century it was generally held by authorities on medical and sexual matters that the foreskin made a significant contribution to the sexual pleasure of both men and their partners. Far from there being "no evidence," there is so much that the problem becomes one of selection: from many possible sources we may cite the early-eighteenth-century surgeon John Marten, as representing the orthodox position:

This Nut is [...] cover'd with the preputium or Fore-skin, which is of a loose texture, for the better covering of the Nut, and furling itself up behind the Ring or Hoop, to uncover it; therefore serves as a Cap to the Nut, and to enlarge the pleasure that attends Enjoyment, for in the act of Coition it flips backwards and forwards, being tied together with a membranous String call'd the Fraenum or Bridle, and causes the greater pleasure thereby, both to the Man and the Woman [...]. The cutting of this Preputium or Fore-skin, is done by the Jews, and call'd Circumcision; by having of which taken away, 'tis said those People lose much of the pleasure in the act of Copulation.²

Acton's statement is even inconsistent with the medical wisdom of the Victorian period, since it was precisely the erotic significance of the foreskin that

¹ William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life* (Philadelphia PA: Lindsay & Blakiston, 3rd ed. 1865): 22.

² J. Marten, *Gonosologium Novum: Or, a New System of All the Secret Infirmities and Diseases Natural, Accidental and Venereal in Men and Women* (1709; New York: Garland, 1985): 12.

led the physicians of that “anti-sensual age” to urge its removal.³ As the prominent surgeon Jonathan Hutchinson expressed it,

The only function which the prepuce can be supposed to have is that of maintaining the penis in a condition susceptible of more acute sensation than would otherwise exist. It may be supposed to increase the pleasure of coition and the impulse to it. These are advantages, however, which in the present state of society can well be spared, and if in their loss some degree of increased sexual control should result, one should be thankful.⁴

Acton himself acknowledged the contribution of the foreskin to sexual pleasure when he denounced it as “a source of serious mischief” and a constant threat to the strict continence he regarded as essential to both morals and health.⁵

In the twentieth century, the Puritanism of the Victorians gradually softened, and sexual pleasure came to be seen as a good thing, even a human right, rather than a menace to health and virtue.⁶ Advocates of routine circumcision thus found it necessary to minimize the adverse effects of such surgery on sexuality and to focus strictly on its benefits for health. Accordingly, we find numerous statements to the effect that circumcision “makes no difference” to sexual performance or experience, a claim often backed up by a deeply flawed (and entirely irrelevant) piece of research by Masters and Johnson in the 1960s.⁷

³ Ornella Moscucci, “Clitoridectomy, Circumcision and the Politics of Sexual Pleasure in Mid-Victorian Britain,” in *Sexualities in Victorian Britain*, ed. Andrew H. Miller & James Eli Adams (Bloomington: Indiana UP, 1996): 60–78.

⁴ J. Hutchinson, “The Advantages of Circumcision,” *Medical Review* 3 (1900): 642.

⁵ Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago: U of Chicago P, 2005): ch. 6.

⁶ See Hera Cook, *The Long Sexual Revolution: English Women, Sex and Contraception, 1800–1975* (London: Oxford UP, 2004).

⁷ W.E. Masters & V.E. Johnson, *Human Sexual Response* (Boston MA: Little, Brown, 1966): 190. For critiques, see: John M. Foley, *The Practice of Circumcision: A Reevaluation* (New York: Materia Medica, 1966): 8; Frederick M. Hodges & Paul Fleiss, “Letter,” *Pediatrics* 105.3, Part 1 (2000): 683–84; the searching demolition by Hugh Young at <http://www.circumstitions.com/Sexuality.html> (accessed 6 December 2007); and Morris L. Sorrells, James L. Snyder, Mark D. Reiss et al., “Fine-Touch Pressure Thresholds in the Adult Penis,” *BJU International* 99 (2007): 864–69.

In his own discussion of this question, Brian Morris, Australia's leading intellectual champion of routine neonatal circumcision, also relies heavily on a survey of 79 men and 101 women carried out by "James Badger" (pen-name of Guy Cox, another tireless champion of routine circumcision),⁸ and published in *Australian Forum*, a somewhat racy women's magazine, in 1989. On the basis of Badger's results, Morris claimed that circumcision made no difference to sexual performance or pleasure, or maybe made sex better, and that women "generally preferred" circumcised partners. He noted with satisfaction that a fifth of the uncircumcised men reported that they would prefer to be circumcised, but also admitted that an equal number of the circumcised men wished they had not been. Morris also cites what he describes as "independent clinical and neurological testing" to affirm that circumcision makes no difference to "penile sensitivity," though when his references are checked this "independent testing" turns out to be two articles by his friend Thomas Wiswell on urinary-tract infections that have nothing to do with sexual function at all.⁹ Even though Professor Morris has declared that the Victorians "were right" about the evils of the foreskin, it comes as a shock to find him describing the genital fondling in which infants and children naturally engage as "excessive attention to a penis," and even more surprising to find him agreeing with Acton et al. that such deplorable behaviour was a response to the "irritation" provoked by the build-up of smegma¹⁰ (a much vilified but entirely innocent substance).¹¹ In a later article, Morris and colleagues dismiss the issue of sexual function as largely irrelevant to the circumcision debate, yet make the bizarre comment that one desirable effect of circumcision was to prevent "docking," a form of (fairly safe) sexual pleasure in which one man places the glans of his penis inside the foreskin of another. Although this contradicts their claim that circumcision makes no difference to a man's capacity for sexual enjoyment, they regard such denial as yet another advantage of

⁸ G. Cox, "Circumcision for Phimosis and Other Medical Indications in Western Australian Boys," *Medical Journal of Australia* 178.11 (2003): 588.

⁹ Brian J. Morris, *In Favour of Circumcision* (Sydney: New South Wales UP, 1999): 52–53.

¹⁰ Morris, *In Favour of Circumcision*, 57.

¹¹ A recent paper on sub-preputial moisture establishes that smegma is an entirely harmless (and probably beneficial) substance that does not cause irritation. See Robert S. Van Howe & Frederick M. Hodges, "The Carcinogenicity of Smegma: Debunking a Myth," *Journal of the European Academy of Dermatology and Venereology* 20 (2006): 1046–54.

circumcision; it is certainly one of which the Victorians would have approved.¹²

Sexual pleasure is a highly subjective thing, and it is doubtful whether it will ever be possible to measure it scientifically. The numerous attempts of the last few years have left such a confusing picture that it is unlikely that a consensus will ever emerge, and inconceivable that the pro- and anti-circumcision forces will ever reach agreement on what are naively called “the facts.”¹³ What is clear, however, is that the second of Acton’s claims has been vigorously challenged by circumcised men, many of whom have complained loudly about what was done to them. The protests began in Acton’s own lifetime; when A.E. Housman and his brothers were circumcised in the 1870s, their sister recalled that they were not happy about it:

¹² Brian J. Morris, S.A. Bailis, X. Castellsague, T.E. Wiswell & D.T. Halperin, “RACP’s Policy Statement on Male Circumcision is Ill-Conceived,” *Australia and New Zealand Journal of Public Health* 30 (2006): 16–22.

¹³ A recent sample might include: Kenneth S. Fink, Culley C. Carson & Robert F. DeVellis, “Adult Circumcision Outcomes Study: Effect on Erectile Function, Penile Sensitivity, Sexual Activity and Satisfaction,” *Journal of Urology* 167.5 (2002): 2113–16; Gregory J. Boyle, Ronald Goldman, J. Steven Svoboda & Ephrem Fernandez, “Male Circumcision: Pain, Trauma and Psychosexual Sequelae,” *Journal of Health Psychology* 7.3 (2002): 329–43; Clifford B. Bleustein, Haftan Eckholdt, Joseph C. Arezzo & Arnold Melman, “Quantitative Somatosensory Testing of the Penis: Optimizing the Clinical Neurological Examination,” *Journal of Urology* 169.6 (2003): 2266–69; and Shikohe Masood, H.R.H. Patel, R.C. Himpson et al., “Penile Sensitivity and Sexual Satisfaction after Circumcision: Are We Informing Men Correctly?” *Urologia Internationalis* 75.1 (2005): 62–65. A Korean-based prospective study found circumcised men significantly more dissatisfied with their condition: “There was a decrease in masturbatory pleasure and sexual enjoyment after circumcision, indicating that adult circumcision adversely affects sexual function in many men”; Dai Sik Kim & Myung-Geol Pang, “The Effect of Male Circumcision on Sexuality,” *BJU International* 99.3 (March 2007): 619–22. In the USA, Sorrells et al., using a light-touch test, concluded that a circumcised penis is markedly less sensitive than one with its foreskin in place. See Morris L. Sorrells, James L. Snyder, Mark D. Reiss et al., “Fine-Touch Pressure Thresholds in the Adult Penis,” *BJU International* 99 (2007): 864–69. Jon Willis reports that the extreme penile mutilations (entailing subincision as well as circumcision) practised by the Pitjantjatjara people of the central Australian desert have severely inhibiting effects on the men’s sex lives. See Willis, “Heteronormativity and the Deflection of Male Same-Sex Attraction among the Pitjantjatjara people of Australia’s Western Desert,” *Culture, Health and Sexuality* 5.2 (2003): 137–51.

It was severe treatment, mentally and physically, for well-grown boys, and a great mystery at the time to the younger ones who made open complaint, with a mixture of importance and resentment, of the ill-treatment which had befallen them.¹⁴

Whatever Mr Acton might claim, it is evident that some men have voiced objections to their circumcised condition, including such prominent figures as the poet W.H. Auden and the surgeon Sir Geoffrey Keynes, who told the biographer of his brother Maynard that he could never forgive his parents for what they did to him.¹⁵ An early critic of circumcision from within the medical profession commented that there could be “little doubt what would be the verdict – could they only give it utterance – upon the immediate results of the operation returned by these inarticulate (if far from mute) victims of hygienic orthodoxy.”¹⁶

In more recent times, the disappearance of routine circumcision in Britain and its decline in the USA and Australia has increased the opportunities for circumcised men to compare their penises with those of their natural peers; resentment has flared to the point where significant protest movements have emerged, and numbers have sought to recover what was taken. In 1996, the *British Medical Journal* published a letter from twenty men who believed that “we have been harmed by circumcision carried out in childhood.” They argued that it “cannot be ethical for a doctor to amputate normal tissue from a normal child” and suggested that circumcision without informed consent was a violation of agreed principles of human rights:

The European charter for children in hospital states that every child must be protected from unnecessary medical treatment. The United Nations Convention on the Rights of the Child states that children have rights to self-determination, dignity, respect, integrity, and non-interference and the right to make informed personal decisions. Unnecessary circumcision of boys violates these rights.

¹⁴ Richard Perceval Graves, *A.E. Housman: The Scholar Poet* (London: Routledge & Kegan Paul, 1979): 21–22.

¹⁵ See Robert Darby, *A Surgical Temptation*, 298–99.

¹⁶ See Herbert Snow, *The Barbarity of Circumcision as a Remedy for Congenital Abnormality* (London: Churchill, 1890): 22.

The authors emphasize that, if circumcision is to be a personal choice, it must be the decision of the person who is to bear the lifelong consequences: "The possible future wishes of the patient should be considered."¹⁷

In the USA, the persistence of widespread neonatal circumcision has produced correspondingly more vigorous protest movements. One such organization distributed questionnaires on the effects of circumcision to some 546 men between 1993 and 1996 and published the findings from the first 313 respondents.¹⁸ Among the most significant physical consequences reported were prominent scarring (33%), insufficient penile skin for comfortable erection (27%), erectile curvature from uneven skin loss (16%), pain and bleeding upon erection/manipulation (17%), painful skin bridges (12%), and others such as bevelling deformities of the glans, meatal stenosis, and recurrent non-specific urethritis (20%).

Reported consequences for sexual function included progressive sensory deficit in the preputial remnant and glans (61%), causing sexual dysfunction (erectile problems, ejaculatory difficulties, and/or anorgasmia); extraordinary stimulation required for orgasm (40%), with many respondents reporting that vaginal sex offered inadequate stimulation for pleasure and/or orgasm; and sexual dysfunction resulting from emotional distress. These findings concur with those of Money and Davidson about the erotogenic consequences of adult circumcision, including loss of proprioceptive stretch receptors of the prepuce and frenulum, diminished eroto-sexual response, increased penile pain, and changes in masturbatory technique.¹⁹

Psychological consequences included emotional distress, manifesting as intrusive thoughts about one's circumcision, included feelings of mutilation (60%), low self-esteem/inferiority to intact men (50%), genital dysmorphism (55%), rage (52%), resentment/depression (59%), violation (46%), or parental betrayal (30%). Many respondents (41%) reported that their physical/emotional suffering impeded emotional intimacy with partner(s), resulting in sexual dysfunction. For some, lack of compassion from parents, siblings or friends fostered bitter interpersonal conflict or alienation. Almost a third of respondents (29%) reported dependence on substances or behaviours to relieve their suffering (tobacco, alcohol, drugs, food and/or sexual compul-

¹⁷ John Warren et al., "Circumcision of Children," *British Medical Journal* 312 (1996): 377.

¹⁸ Tim Hammond, "A Preliminary Poll of Men Circumcised in Infancy or Childhood," *BJU International* 83 (Supplement 1; 1999): 85–92.

¹⁹ John Money & Jackie Davison, "Adult Penile Circumcision: Erotosexual and Cosmetic Sequelae," *Journal of Sex Research* 19 (1983): 289–92.

sivity). Few men were able to find an acceptable outlet for serious feelings about circumcision, and 54% of respondents had not sought help. The reasons given included: thinking no recourse was available (43%); embarrassment (19%); fear of ridicule (17%); and mistrust of doctors (11%).

Nor is evidence lacking from Australia. In the mid-1990s, as news of this increasingly anti-circumcision mood reached our shores, Laurence Cox (using the pen name Peter Lawrence) established an informal foreskin-restoration support group in Sydney. His aim was to assist circumcised men undertake the various non-surgical foreskin restoration methods that had been devised in the USA and Britain; to help men deal with the anger and distress that many of them felt; and to compile data on the physically and emotionally harmful effects of routine (i.e. medically unnecessary and non-elective) circumcision. To these ends, he placed several small advertisements in the Community Notices section of the *Sydney Morning Herald* Metro supplement (Fridays) in March–June 1994:

Foreskin Restoration Program (Non-surgical). Volunteer organization for circumcised men. Approved in principle by the NSW Men's Movement. Meetings and telephone support. Details: P.O. Box 938, Lane Cove, 2066.

In addition, Cox was able to get small articles published in several men's magazines, and on 24 December 1994 he was interviewed on the ABC's "Health Matters" programme by Norman Swan.

In response to this publicity, Cox received approximately a hundred letters from men either eager to restore their foreskin or interested enough to want information about the methods involved. Some of these were bare expressions of interest, but quite a few volunteered details about the writer's experience and feelings (when circumcised, why he hated it, etc.), and some could be described as explosions of rage and misery. In addition to instructions about foreskin-restoration procedures, respondents were sent a questionnaire seeking their views on various aspects of circumcision, particularly their perceptions of how it had affected their life. Fifty of these were returned. The small number of responses suggests that relatively few circumcised men are unhappy enough about their condition to be interested in taking action to reverse the procedure, and perhaps confirms William Acton's cynical remark that lack of complaint signifies acquiescence. On the other hand, the comments in some of the letters and questionnaires show that a significant minority are bitterly angry about their situation and consider themselves either physically injured (mutilated) or psychologically/emotionally damaged, or both.

While the numerical paucity of the responses means that the survey results do not lend themselves to quantitative analysis, the comments volunteered in many of the letters offer a fascinating and disturbing glimpse into the qualitative and subjective dimensions of the issue, revealing just how strongly some men feel about what was done to them, and confirming the results of larger surveys conducted in the USA. Of particular interest are letters from two men who had voluntarily sought circumcision as adults but found themselves so displeased with the results that they wanted their foreskins back. One of these (born 1958, Australia) was circumcised at age twenty-six for “phimosis,” but was still keen to restore his foreskin because he disliked the resulting scars and “loss of sensitivity”. The other had himself circumcised as an adult because he believed that the procedure would cause his glans to enlarge. It did not get significantly bigger, however, and he found that he missed his foreskin (Kingswood, NSW, letter n.d.)

The questionnaires were analyzed to bring out the following information:

1. Age and year of birth
2. Place of birth
3. Age at circumcision:
 - under 6 months
 - 6 months to 3 years
 - 3 years to 6 years
 - over 6 years
4. Whether restoration attempted.
5. Type of adverse effect experienced:
 - 5.1 Physical damage
 - appearance of body
 - pain/discomfort
 - loss of sexual performance/satisfaction
 - 5.2 Psychological/emotional damage
 - poor body image and self-esteem
 - resentment at violation of autonomy
 - difficulty with relationships
 - psychological problems

Illustrative comments from questionnaires and letters sent to Dr Cox (including some letters originally sent to Dr George Williams, who had founded NOCIRC Australia in 1993 as an anti-routine circumcision lobby group) are included in the Appendix.

Summary of Results

1. Year of birth

The ages of the respondents pretty much spanned the history of routine circumcision in Australia, the eldest being born in 1923 and the youngest in 1978, some seven years after the Australian Paediatric Association had stated that boys should not be routinely circumcised. Grouped by decade, the years of birth were as follows:

1921–30	2
1931–40	8
1941–50	15
1951–60	13
1961–70	9
1970 and after	3

2. Place of birth

Most of the respondents were born in Australia, with five in the UK, three in South Africa, and one each in Singapore and New Zealand.

3. Age at circumcision

The vast majority were circumcised aged under 6 months, mostly at or soon after birth:

under 6 months	42
6 months to 3 years	2
3 to 6 years	4
over 6 years	2

4. Whether restoration attempted

Although 29 men reported that they had attempted restoration and 21 that they had not, most of the Noes commented that they were very interested and wanted to try it. One respondent said that he had no faith in restoration and wanted to focus his energies on protecting others from his fate.

5. 1 Physical damage

All respondents reported some physical damage: appearance of the body was mentioned by 27; pain/discomfort by 10; and loss of sexual performance or diminished sexual satisfaction by 41. Many made revealing comments, a selection of which is printed in the appendix.

Note that these figures are our interpretation of comments and responses. References to mutilation, incompleteness, lack of wholeness or integrity, or to

an unusual or ugly appearance of the penis were included in “Appearance.” References to discomfort or abrasion from clothing, especially pain arising from chafing on the exposed glans, were included in “Pain.” References to lack of sensitivity, problems obtaining sexual satisfaction, excessive tightness of erections, and difficulty manipulating penis or reaching orgasm were included in “Loss of sexual performance.”

5.2 Psychological/emotional damage

Interestingly, there were as many reports of psychological/emotional problems as of physical damage, with 20 mentioning poor body image and self-esteem; 18 resentment at the violation of personal autonomy; 34 difficulty with relationships; and 5 psychological problems (some severe enough to have persuaded them to seek counselling or psychiatric help).

The response to these developments from committed advocates of routine circumcision, such as Brian Morris, has been to deny that they constitute any evidence that men have been harmed by circumcision, to dismiss people involved in or sympathetic to organizations such as NOHARMM or NOCIRC as deluded cranks and sickos,²⁰ and to label anybody doubting that circumcision was a necessary measure of public health as “anti-circumcision activists”²¹ – pests who, by definition, are not entitled to be heard. Morris, who also urges circumcision as a cosmetic beautification of the penis,²² has even condemned foreskin restoration as “a form of genital mutilation.”²³ Yet, by insisting on *neonatal* circumcision, even he acknowledges that boys might prefer to keep their foreskin, for he admits that if the choice were left to them, many of them would make the “wrong” decision. “Parental responsibility must override arguments based on the rights of the child,” he writes: “parents have the legal right to authorize surgical procedures in the best interests of their children.” When they are old enough to give legal consent, males “are reluctant to confront such issues” and are neither “mature nor well-informed enough” to make the right decision for themselves. In other words, Morris concedes that if doctors waited until boys were old enough to make up their own mind, most would not consent to the operation.²⁴

²⁰ Brian Morris, *In Favour of Circumcision*, 62–72.

²¹ As Professor Basil Donovan ruefully complained in his critical review of Morris’s book in *Venereology* 12 (1999): 68–69.

²² Morris, *In Favour of Circumcision*, 87–88.

²³ As quoted in A. Turner, “The Unkindest Cut,” *Men’s Health* (North Sydney; July 2001).

²⁴ Morris, *In Favour of Circumcision*, 61–62.

The reaction of responsible medical authorities has been far more positive, though not entirely consistent. In 1996 the Australian Association of Paediatric Surgeons issued a position statement in which it declared its opposition to routine circumcision of neonates: not only was there no medical justification for such an intervention, but there was also the distinct possibility that the boy would regret losing his foreskin:

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.²⁵

In other words, in the absence of any urgent medical necessity, it was unethical and cruel to deprive a boy of a normal body part he might later appreciate. The argument, it will be noted, was quite independent of any “health” considerations, since it assumed that an individual has the right to manage his own health and to make his own decisions about the appropriate balance of risks and pleasures.

The AAPS’s position was in line with modern thinking about medical ethics and the rights of minors,²⁶ and one might have expected the principles it embodies to have been developed further when the Royal Australasian College of Physicians issued its own lengthy position statement in 2002. This document does indeed state that there is “no medical indication” for circumcision in the neonatal period, but it reaches this conclusion on the basis of a very narrow calculus of benefits and complications: since the danger of harm balances the promise of reduced risk of (rare, curable or avoidable) diseases, it is better not to perform the operation. The statement does raise the question of ethics, but Section 7, “Legal and Bioethical Issues,” is too brief to give serious attention to these problems, collapses ethical into legal issues, and seems to be tailored more to reassure adult members of religious/cultural

²⁵ The Australasian Association of Paediatric Surgeons, *Guidelines for Circumcision* (1996), text available at www.circinfo.org/previous_statements.html

²⁶ J.P.H. Shield & J.D. Baum, “Children’s Consent to Treatment,” *British Medical Journal* 308 (1994): 1182–83; Jacqueline Smith, “Male Circumcision and the Rights of the Child,” in *To Baehr In Our Minds: Essays in Human Rights from the Heart of the Netherlands*, ed. Mielle Bulterman, Aart Hendriks & Jacqueline Smith (SIM Special No. 21; Netherlands Institute of Human Rights, University of Utrecht, 1998): 465–98.

minorities than to protect the “best interests” of the vast majority of the Australian and New Zealand population.

Completely absent from the policy is any awareness of the functions of the foreskin itself, and thus of the possibility that any medical benefit must be set against the disadvantages of not having one, as well as the preferences of the boy himself. By narrowly focusing their survey on Pub-Med data, the RACP sought to tread warily in this contentious area and produce a document that they could claim as objective, but the sad truth is that, on a question so deeply influenced by emotion and cultural commitment,²⁷ objectivity is not attained that easily. Quite apart from the American bias of Pub-Med and the problem that a great deal of what gets published in medical journals turns out to be exaggerated or wrong,²⁸ the problem with confining one’s perspective to narrowly conceived studies of “health benefits” vs. “complications” is that it leaves out equally important dimensions of the issue. These include: medical ethics (what a doctor may legitimately do); human rights (the sort of respect and consideration to which an individual is entitled); the physiological and biological (the role of the foreskin in the bodily system, both physical and mental); and the purely subjective (the feelings and preferences of the boy). Objectivity on such a contentious question as circumcision is difficult, but achieving it will not be made easier by refusal to consider relevant evidence. Bias can emerge from omission as much as inclusion, and unless the four

²⁷ Sarah Waldeck, “Using Circumcision to Understand Social Norms as Multipliers,” *University of Cincinnati Law Review* 72 (2003): 455–526.

²⁸ See J.P.A. Ioannidis, “Why Most Published Research Findings Are False,” *Plos Medicine* 8 (2005): online at <http://medicine.plosjournals.org/perlserv/?request=getdocument&doi=10.1371/journal.pmed.0020124>. The American journal *Pediatrics*, for many years a safe haven for the pro-circumcision forces within the American Association of Pediatrics (whose moderately anti-circumcision policy the journal has consistently sought to undermine), published an article by David Fergusson et al. purporting to show that circumcision reduced the risk of STIs by 50 percent and suggesting that neonatal circumcision was thus a wise measure of public policy. Following a number of critical responses posted on the *Pediatrics* website, Fergusson was forced to retract his claims. The news services which picked up his breathless media release have not reported the backdown, however, and *Pediatrics* has neither published the responses in its print edition nor formally withdrawn the original article. David M. Fergusson, Joseph M. Boden & L. John Horwood, “Circumcision Status and Risk of Sexually Transmitted Infection in Young Adult Males: An Analysis of a Longitudinal Birth Cohort,” *Pediatrics* 118 (2006): 1971–77. For the critiques and Fergusson’s response, see: <http://pediatrics.aappublications.org/cgi/eletters/118/5/1971>

areas just mentioned receive due weight, no policy on routine circumcision can claim to be either objective or comprehensive.

The point of publicizing the reactions and feelings of circumcised men is to emphasize the need to focus on more than just the medical evidence. It is significant that although most of the men in Laurence Cox's survey grew up in a society where most of their peers were also circumcised, they still came to resent their condition and to envy those boys who had been left alone. It might be expected that in a closed, monocultural society, where all boys were circumcised before they had become aware of their body (and thus where nobody had any knowledge of an uncut penis), the likelihood of dissatisfaction with the result would be minimized. This is certainly one reason why advocates of routine circumcision are so insistent that the procedure be done neonatally and universally. But in our multicultural, diverse and increasingly interdependent world, such a tribalist–totalitarian outcome is unlikely.

Despite Acton's cynical assurance that men cannot miss what they have never known, the human population will always consist of a mixture of natural and circumcised men (to the great benefit of researchers eager to conduct comparative studies, as well as people seeking acceptable sexual partners), so the potential for members of one group to envy those of the other will not disappear. The situation is not, however, symmetrical: an uncircumcised man can always have the operation if that is what he wants, but (the efforts of foreskin restorers notwithstanding) once the foreskin is excised there is no putting it back. Since penile preference is so tied up with personal aesthetics and body image, it seems both logical and fair to leave the choice of cavalier or roundhead to the owner of the organ, thus avoiding the sort of life-long pain expressed in a comment like this:

I remember waking up, after the general anaesthetic had worn off, and looking down. My beloved penis had been replaced with wrinkled skin, a collar of thorns – the black stitches – and an ugly great dome on top. I experienced shock at first, later deep anger and resentment. The stitches disappeared, but the mutilation did not. My father said, "I didn't think it would look like that."²⁹

If even an American urologist can warn that routine circumcision is "a cosmetic procedure," and agree that "the health 'benefits' and risks of circumcision

²⁹ D. John, quoted in Richard Johnson, "Sore Point," *Guardian* (29 October 2005), online: www.circinfo.org/GuardianSore%20point.htm

are evenly balanced by the advantages and ‘risks’ of being uncircumcised,”³⁰ then the decision about whether to undergo such emotionally significant and irreversible surgery will be based on non-medical considerations, such as ethics and sexual biology, and on subjective considerations, such as aesthetic taste and personal preference. If these are to be the deciding factors (assuming normal anatomy and no urgent medical problem), the appropriate person to make the choice must be the owner of the penis, and the case against routine circumcision of infants and boys (i.e. circumcision without the subject’s informed consent) becomes overwhelming.



Appendix

Comments from the questionnaires and letters

Appearance of Body

I am upset man because I don’t have a foreskin, so if you please help me by sending me any information on restoring my foreskin I will be very happy man.
(Osborne Park, Western Australia)

I was very severely upset emotionally as a boy by my infancy circumcision (this turned into extreme lifelong anger). I so envied boys who had been “left alone.” I felt it a gross insult not to have been given any choice.
(No details)

Pain, Discomfort

I had a first-timer perform my circumcision (according to my father). So there is nothing left of my foreskin. It was completely removed, not the fold-back method etc. This doctor also managed to remove and leave a nasty scar in place of the frenulum. Several days after this my parents found me in a cot full of blood, that is, I nearly died, and was appropriately rushed to hospital.
(Age 31, circumcised at 8 months, letter to George Williams, 16 February 1995)

³⁰ J.S. Elder, “Circumcision: Are You With Us Or Against Us,” editorial, *Journal of Urology* 176 (2006): 1911.

Physical problems included: premature ejaculation, irritation of glans from soap and condoms.

(Toowong, Queensland, letter, 23 August 1994)

I was circumcised at the age of three [years] and have been left with no more than 2 cm of hairless skin proximal to the glans on the underside of an erect penis. I reckon it must have been done by a medical student distantly related to Lorena Bobbit!

Each of my few sexual partners was understanding, but said that my hair in their vagina is irritant. I think this is because of the sheer amount of hair on my penis, plus the circumcision scarring and resultant acute angles that the hair grows. With that high in my mind, I tended to uncouple quickly after her orgasm, often whether or not I had come too. Condoms were a painful alternative because they invariably rolled back, catching the hairs. And I think that because of so little sensitive skin left anyway I very rarely came inside my partner when wearing a condom.

(Ivanhoe, Victoria, letter n.d. [1996])

As to why some men are restoring: Most I think just want to have normal sex organs. Sex IS better with a foreskin. [...] I am qualified to comment, having experienced both sides of the coin. COMFORT is another big plus (no constant rubbing of glans on clothes). This aspect I used to find really annoying.

(Malanda, Queensland, letter, 19 February 1999, successfully restored)

I am 35 years old and was circumcised back in the good old bad days. Ever since I was a teenager with normal development I became aware that something was wrong and not quite right with my penis. (It was not until I was 22 that I saw a foreskin.) The skin on the shaft cracks, and as I get older the discomfort and irritation caused by clothes abrasion can be extremely uncomfortable. There is also some loss of sensitivity of the glans caused by keratinisation. [...] I approached doctors but did not find suitable help or a sympathetic ear.

(No details)

Loss of sexual performance/satisfaction

Sexual mutilation and child abuse. Denies complete sexual functions (and sensitivity) as nature intended.

(Born 1947, Australia)

I have very little sensitivity, can't masturbate without ample lubricant, can't even wear loose clothing without feeling abrasion etc. The damage done to

me is disruptive to sex and makes sex difficult (it takes ages to come to orgasm, for example).

(Born 1969, South Africa)

Disadvantages of circumcision: Very great – physical dulling and mental dismay at being less than whole.

(Born 1938, Australia)

And I think that because of so little sensitive skin left anyway I very rarely came inside my partner when wearing a condom.

(Ivanhoe, Victoria, letter n.d. [1996])

Poor Body Image and Self-Esteem

I was circumcised as an infant and have felt uncomplete [sic] to the extent of being distressed and angry all my sexually active life. [At school experienced] curiosity and envy of those boys that had something extra that I didn't.

(Middle Park, Victoria, letter, 25 January 1995)

My father was not circumcised, and as a child when I saw my father's penis I thought that something was wrong with me. My father brushed off my concerns gently, but nevertheless I wondered why I had to be different. Similarly, I always thought I was missing out on something when I saw other boys who were not circumcised. I didn't know what I was missing out on, but felt cheated. Later I considered that I had been violated, and still resent the assumption of someone who thought that this was a good thing for me.

(Born 1951, Australia)

Also, there is a sense of inferiority. I'm mutilated, while partners are usually intact and really enjoy sex.

(Born 1969, South Africa)

I remember seeing my father when I was a youngster and wondering why the hell I wasn't the same – before I found out that most of my generation were done – one schoolmate I recall we teased because he looked so rough we reckoned he'd been done by pinking shears that women use in dress-making! I still feel mutilated, exposed, vulnerable, raw and wounded, and I've often thought that if it had happened by accident people would say it's a terrible injury to undergo.

(Annandale, New South Wales, letter, 12 May 1994)

Resentment at violation of autonomy

I have always considered the procedure of my circumcision to be an unauthorized mutilation and intrusion of my person, as well as a total violation of human rights.

(Age 26, Darlinghurst, New South Wales, letter to NOCIRC Australia, 10 June 1994)

I was adopted at the age of 6 months, and was circumcised at the age of 8 months. I am not very comfortable with the term, as it invokes quite horrendous feelings, ranging from unworthiness through to a sick feeling in the stomach. [...] I think it is the indignation of someone else making decisions for my body that pisses me off the most.

(Age 31, Cottesloe, Western Australia, letter to George Williams, 16 February 1995)

I always find it incredibly difficult to even think about it – a kind of denial or something; similar to when I have heard interviews with people who have been abused. [...] I feel a victim's role – a kind of commodity or chattel to be done with whatever they felt like – complete loss of respect for me – don't even bother to ask if I want the end of my penis cut off or not. Difficult to trust people – if a person's body is not theirs to control, what is?

(Born June 1953, Australia)

I am keen and eager to eventually reclaim what was forcibly and brutally taken from my very important organ without my knowledge or consent.

(Bomaderry New South Wales, letter, 31 December 1997)

I'm 24 and was circumcised at birth. I only recently had a sudden rage and bitterness at the thought of having been circumcised. [...] More and more I read and hear of sexual and manipulative differences, and have become highly concerned. [...] I'm finding myself jealous of other men and boys at the thought of them being uncut. [...] I'm very concerned and still very upset and a bit starved of information. It may sound over-dramatic, but I suddenly feel violated, deformed and deadened since my recent deep consideration of the topic.

(Age 24, Duncraig Western Australia, letter to NOCIRC Australia, 14 September 1993)

Having been a child born after the Second World War I am unnecessarily scarred with a circumcision of my penis. I have always remained angry and

frustrated that this procedure was done to me without my consent and done for the only reason of “to look like your dad,” and “to be one of the many.”

(Age 40, Caulfield, East Victoria, letter, 11 March 1995)

Feel I’m missing an important part of me. I felt that God gave us a complete penis for a reason, and men have no right to cut a boy because they feel like it, and it should be made law not to cut before the youth can say yes or no.

(Age 62, Heywood, Victoria, letter, 13 November 1995)

I am 75 years old and was circumcised in 1926 at 3 years old. [...] I came to Australia 40 years ago. Circumcision is the worst thing that has ever been done to me in my life. [...] My childhood was shocking. A horrible aunt, “a real bitch,” told my parents to have me circumcised. So at 3 years of age I became a victim of this barbaric amputation. Words can’t tell of how much I hate being circumcised. [...] The skin hardens and about 60 per cent of the thrill is lost.

(Born 1923, UK, letter, n.d. [c. April 1998])

Circumcision has harmed my performance as a whole man. I feel so disgusted that it was done, an incredible invasion of a baby boy’s body. I was 5 years old when done, the memory is vivid.

(Born 1955, Australia)

I feel a great loss of both choice and control in relation to my circumcision, as I was circumcised as a baby.

(Born 1963, Australia)

I can’t talk about the emotional side of how I feel affected by my circumcision. It’s like a block, a secret – an atrocity. I’ve lost the right to self-direction and decision.

(Toowong, Queensland, letter, 23 August 1994)

When I found out what damage circumcision had done to me and others I was shocked. A part of my body was stolen from me without my knowledge or consent in the past and against my will now. It grieves me to think that a healthy part of my body was discarded and is now dirt somewhere.

(No details)

Circumcision, my damage and mutilation continually fuel anger.

(Born 1969, South Africa)

Difficulty with relationships

Really never trusted or respected adoptive parents or medicos.

(Born 1953)

[Had experienced some success with restoration and as a result] feel much more relaxed, feel less threatened with my glans covered. And yes it has changed the whole way I carry myself – how close I get to people (closer) and how close I let them get to me (closer). I somehow don't feel exposed, more natural, clothed, covered, protected.

(Annandale, New South Wales, letter, n.d. [c. February 1996])

Psychological problems

I was feeling violated and raped. [Experienced disadvantages of circumcision as] psycho-active sexual desire disorder, sexual pain disorder, chronic pain disorder, male orgasmic disorder, paranoia, outrage, erection disorder, penile erectile dysfunction, interpersonal sexual development disorder, sexual aversion disorder, penile disfigurement, physiological dysfunction.

(King's Cross, New South Wales, letter, 1 March 1998)

Undergoing therapy with a psychologist. During recent sessions a great deal of subconscious trauma has been uncovered, concerning me being circumcised, soon after birth. As this seemingly harmless occurrence is significant in relation to other issues I am dealing with, I will defer from going into too much detail in relation to my treatment. I should indicate that it is connected with anger towards my parents (for authorizing the procedure) and the doctor who performed it.

(Age 26, Darlinghurst, New South Wales, letter to NOCIRC Australia, 10 June 1994)

General comments

I have emerging impotence problems at age 51, despite being healthy and fairly fit according to a recent gym assessment. I have had recent medicals, including blood pressure, blood tests for diabetes, thyroid, liver function, hormonal balance and cholesterol, penis Doppler blood flow and vein valve leakage, and ultrasound. All tests came within range for my age or better, and I have no reason to believe that I have contributory physical or mental problems for the impotence.

I took a short injection therapy course which allowed me to study my arousal sources without the stress of trying to keep erect. I discovered that only

traces of feeling remained in my penis, no matter its state, my arousal level, foreplay or other. [...] The doctor claimed my problems were psychological! Fantasy and foreplay are nice, but you must have coital feelings to keep it going and achieve a climax. I believe I had only lasted this long because I was able to fantasize enough to cover low penis sensitivity.

As other factors were eliminated it left insensitivity as the end result of circumcision as my problem. [...]

I approached an impotence clinic as my local doctor seemed out of his depth, but also asked a couple of my intact friends of my age about their arousal sources. One proved a good choice, as he knew impotence but overcame it, so was very helpful. His problem was basically late nights, grog, cigarettes, no caressing or real love to generate arousal. He came good once he established a real relationship. I don't believe I ever had any of those problems. Penis sensitivity was never an issue with him.

I asked questions, being careful not to beg answers, and found it curious they didn't know their sensation origins. (I always have, as I had to concentrate hard on each just to get and keep aroused.) I asked them to experiment and report back in a few weeks. Their answers were a confirmation of my suspicions and were rather upsetting for me.

They never thought about penis sensations, as they were always strong and available. They cannot use soap or have a shower play on their exposed glans, and they were adamant that their glans is not as sensitive as their inner foreskin. Glans sensitivity increases with arousal and cannot be touched. They were not sure whether that increase applied to foreskin feelings. Their pleasure and orgasm was mainly derived from foreskin rolling sensations during thrusting, rather than from any glans sensitivity. [...] To them, orgasm means arousal such that they may yell with pleasure, is involuntary, involves rigidity, spasms and nearly unbearable pressure and supreme pleasure. Both have full foreskin coverage when not erect. [...]

It seems that few understand an intact penis, most especially those who are cut. Even my wife who for years was the charge sister at Queen Victoria Hospital maternity section and saw hundreds of circumcisions did not realize the mechanism of a foreskin, how it inverts to form the bulk of the shaft skin when [the penis is] erect, or how inches of sensitive inside tissue are exposed and allowed thrusting without stress.

(Wheeler's Hill, Victoria, letter, 23 March 1997)

I get angry that people knew and still know so little about the foreskin and its normal functions and are prepared to sacrifice them. There is no reason why any child at all should be damaged or killed by circumcision or its effects. You cannot weigh the fact that this occurs against any of the supposed bene-

fits. The thought that boys in future may feel as I do makes me firmly anti this destructive and harmful procedure. We rightly condemn the “circumcision” of girls and yet encourage it for boys. It is carried out on helpless infants and is one situation where boys and men really are victims.

(No details)

It was awful! The effects of anaesthesia and the after-effects – urinating out of a wound in the side of the penis, plus PAIN. I have felt inferior sexually inadequate ever since – felt withdrawn and have been afraid of sex ever since. I can’t feel anything and have trouble ejaculating. I sank into despair and tried suicide at age 18 years old. It has caused me depression, and I have avoided relationships. I thought I was homosexual because of my difficulties – the women I have had relationship with get frustrated and eventually leave for someone else. I can’t tell them or anyone about the problem. No-one understands. I am now 44 years old and have never married or had children.

(Age 44, Mt Stuart, Tasmania, letter, 30 December 1994; circumcised at age 12, on account of “my mother’s fears about male puberty”)

If this is what sex is like with a surrogate foreskin, what must sex be like with the real thing, I ask you?

(Age 51, Sydney, following successful foreskin restoration using techniques developed by Jim Bigelow)

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