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THE MOST COMMON SURGICAL PROCEDURE IN THE UNITED STATES

We are all aware that there is much surgery, both necessary and unnecessary, performed on the bodies of human beings in this country each year. But most of us are probably not aware which of these surgical procedures is the most common one performed in the United States. If we were called upon to make a guess, I suspect that most of us would name tonsillectomies or appendectomies as the operation performed most often. However, we would guess incorrectly if we did, for the championship among surgical procedures in this country belongs to that so-called simple operation, male circumcision. Americans are horrified at the Arunta practice of subincision (slitting the penis on the ventral side) and at the Sudanese tradition of infibulation (cutting out most of the female genitals and sewing up the vagina), but we still stand with a few other modern nations in clinging to a ritual that is no less "barbaric" and no more "hygienic", routine circumcision.

Unlike coronary by-passes and the implantation of pacemakers, circumcision is not a recently developed surgical procedure. All of us know that the practice existed at or shortly after the time of Abraham - that is, about 1800-2000 B.C. Many of us probably believe that the ancient Hebrews invented the practice. However, it had existed for at least two millennia before the time of Abraham. Bas-reliefs found on the walls of tombs in Egypt dating from 4000 B.C. show young men being circumcised. As might be expected, they don't look too happy about it.

Why did those ancient peoples practice male circumcision? It is probably impossible to ascertain beyond all doubt the reason or reasons that caused them to do so, but the study

of some of the tribal societies today who follow this practice may give us some clues. A study of a world-wide sample of 114 tribal societies revealed that 23 of them practice circumcision, and these 23 tend to share a particular economy and form of social organization. These societies are all advanced horticulturists or nomadic pastoralists who share a common political structure. They are composed of what anthropologists call strong fraternal-interest groups, related males who are united to pursue common political objectives. Because of the strength of these groups, kinsmen are especially successful in defending property, allocating resources, and negotiating explicit agreements over women and wealth. Women are pawns in such societies, exchanged in kinship bargains and marriages.

The next question whose answer was sought in this study was: For whom is the circumcision ceremony performed? Not for the child, certainly. The child is a passive participant, according to most ethnographic accounts. The most common pattern is for a village elder or chief to command a reluctant father to have his sons circumcised. So it is not performed for the fathers either. Among one tribe the chief orders the ceremony for all boys between 10 and 16, and if necessary he will use force to carry out the command. One wily old chief of a tribe in Zambia revived his failing power over factions within his tribe by ordering the circumcision of the warring factions' sons, at which ceremony he personally presided. But because the timing of the ritual varies from infancy to adolescence, both across and within various cultures, kinsmen continually fight over who should do the operation and when. Sometimes the scheduling of a circumcision settles a brewing feud, and sometimes it escalates

one.

Such evidence persuades most anthropologists that male circumcisions are a public demonstration by fathers to elder kinsmen of their loyalty to the fraternal-interest group. The greatest sign of loyalty is to entrust one's son's reproductive ability to someone else, and because of this it is an extremely powerful emotional symbol. This is the real reason that these societies perform ritual mutilation on the penis, the organ of procreation and power, rather than upon the ear, or finger or lips, as other primitive (and not so primitive) societies do. In such societies that practice circumcission, the obedience of fathers and sons is of particular economic and political importance. A father who leaves the fraternal-interest group, taking with him the reproductive power of his sons and his son's sons, represents an immense threat to the continuing ability of the group to defend itself and its resources. Among tribes that lack fraternal-interest groups, such as the Mbuti hunter-gatherers, individuals break off from their kin groups frequently; but the departure of a son's family is no loss of power or wealth of the fathers since they control nothing of great value in the first place. Only when military and political power depends on continued expansion of males in the father's line does the departure of a son and his reproductive assets represent a major crisis.

The ancient Hebrews had the exact form of economic and political organization in which male circumcision is most likely to occur today. Indeed, the story of Genesis is a story of fissions and feuds, of a growing tribe that needed unity and the strength of its male defenders to survive in a hostile human and ecological environment. In Genesis 17

is described the bargain between God and Abraham: "This is my covenant, which ye shall keep, between me and you and thy seed after thee; Every man child among you shall be circumcised... And the uncircumcised man child whose flesh of his foreskin is not circumcised, that soul shall be cut off from his people; he hath broken my covenant." The ancient Jews knew exactly what circumcision was: a loyalty oath, a political deal. Any Jew, even today, who does not circumcise his sons is announcing the limitations of his loyalty to the tribe.

But since Jews compose only a small proportion of the population of the United States today, why is it that some 87% of all males born in this country are circumcised? In the U. S., the current rationale for circumcision developed after the operation was in wide practice. Here, the original reason for the surgical removal of the foreskin or prepuce, was to control "masturbatory insanity" - the range of mental disorders that people believed were caused by the "polluting" practice of "self-abuse". But this surgical procedure warrants none of its 19th or 20th Century justifications. It has not stopped masturbation. It has not cured mental illness, neurotic behavior, adolescent rebellion, epilepsy, warts or frigidity. It does not prevent penile or cervical cancer. It does not make a man more (or less) sexually sensitive. It is more risky and has far more hazardous side effects than most people realize. And, despite all of these medical reasons which have been given to justify circumcision, it is no less a ritual for all of the scientific trappings.

Although masturbation has been regarded as a religious sin since Biblical times, science took over in Europe and American in the 18th Century. A book entitled Onania, or the Heinous Sin of Self-Pollution, And All Its Frightful Conse-

quences, in Both Sexes, Considered was published in 19 editions and sold 38,000 copies before 1750. In this book, probably for the first time, masturbation was considered to be not only a religious sin but also a medical problem that caused physical and mental disease. A few years later, Samuel Tissot, a Swiss doctor, wrote a book which was still in print in 1905 and took the exclusively medical view that the unnatural loss of semen weakened mind and body and led to masturbatory insanity. From that time until late in the 19th Century, there was a steady increase in worry about this so-called "unnatural practice" in England and the United States.

Naturally, parents looked to physicians for answers; and just as naturally, physicians responded with alacrity. Their recommended solutions ranged from diet, moral exhortations, hydrotherapy and marriage to such drastic measures as surgery, physical restraints, frights and punishments. Some doctors recommended covering the penis with plaster of Paris, rubber, or leather; cauterization; making boys wear chastity belts or spiked rings; and, in extreme cases, castration.

Considering the alternatives, circumcision as a technique to prevent, or to cure masturbatory insanity was merciful. In the 1890s, it became popular for that purpose. According to a British doctor of that time, the foreskin could cause "nocturnal incontinence", hysteria, epilepsy, and irritation that might give rise to erotic stimulation and, consequently, masturbation. Another physician added that "circumcision is like a substantial and well-secured life annuity...it insures better health, greater capacity for labor, longer life, less nervousness, sickness, loss of time and doctor bills". No wonder it became such a popular remedy.

Such severe medical treatments for masturbation apparently

reached their heyday in the United States between 1870 and 1900, but they continued to be recommended in medical textbooks and by practitioners until the 1930s. The United States and England were especially fond of circumcision, restraints and punishments during this period. But after 1925, the number of physicians in these countries who favored the more drastic methods to control masturbation dropped quite rapidly. However, circumcision for that purpose lasted until about the time of World War II.

One social historian, R. P. Neuman, argues that the rise of masturbation mania was an attempt to defend the trinity of work, family and paternal authority against the internal tensions of the family and the external threats of a rapidly changing economy. Parental authority was most threatened among the rising urban middle class, where the work ethic was strongest and sons were most likely to delay marriage. By the end of the 1930s about three-fourths of all middle-class families in the U. S. were having their sons circumcised, compared to one-fourth of the lower-class families, based on hospital statistics on ward and private patients. But during and after World War II, as more and more women from all social classes began to enter hospitals to give birth, circumcision made its way across class and ethnic lines. By the 1950s, the great majority of baby boys, from rich and poor families alike, were routinely circumcised in hospitals. And in the United States, this high percentage has continued to this day. Except in countries such as Israel and the Arab nations where it exists as a result of religious and cultural tradition, the only other country in the world today which reports nearly as high a frequency of circumcisions is Australia, and even there the custom

circumcision of baby boys was essential to prevent cancer in men. As time went on, other rationales were added. Some doctors recommended circumcision for purely aesthetic reasons: A penis without a foreskin, they said, is more pleasing to the eye, neater and less likely to produce bad odors. One physician wrote that "circumcision is a beautification comparable to rhinoplasty (a nose job)", and that "the circumcised penis appears in its flaccid state as an erect uncircumcised organ - a beautiful instrument of precise intent".

Clearly, medical and personal motives were getting confused. The 1957 and 1968 editions of Dr. Benjamin Spock's Baby and Child Care advised circumcision because it makes a boy feel "regular". In his latest edition, Dr. Spock changed his mind and added that circumcision is not medically necessary. But parents continue to have their sons circumcised so that the boys would conform to their fathers and brothers. Once established, circumcision survived on its own momentum. The fact that the doctor who performs this procedure receives an extra fee for this service may also account for part of this momentum.

A review of studies done on circumcision and cancer in 1970 showed, however, that Wolbarst's smegma theory of penile cancer was erroneous. It showed that the "debris" that accumulates below the foreskin is not carcinogenic. In one study, human smegma was injected into monkey vaginas once or twice a week for three years; no cancers of the cervix or vagina developed. A similar experiment with mice got the same results, but this time a control group was injected with known carcinogens that did produce vaginal cancers.

A short while later, researchers matched 172 women

with cervical cancer with a control group of healthy women. Contrary to current belief, the cancer patients and the healthy women were equally likely to be married to circumcised men. Nor were there any differences in cervical cancer rates between Jewish and non-Jewish women, and no differences between women married to circumcised men and those married to uncircumcised men. One study even compared women whose uncircumcised husbands used a condom as a contraceptive (thereby preventing smegma or semen from entering the vagina and cervix) with women whose husbands never used condoms; again, no differences in cervical cancer rates.

All of this research has pretty well blasted to pieces the cancer-prevention rationale for circumcision. And, as we have seen, the use of circumcision to prevent "masturbatory insanity" is no longer a believable rationale. Why, then, do Americans continue with almost universal male circumcision? Is it merely due to custom? Has it become for us, like it was for the ancient Jews, a ritual to prove our loyalty? Or is it really just for cosmetic purposes?