

Body and Mind

BY MELVIN KONNER, M.D.

Symbolic Wound

THE RITUAL FRAME-work for circumcision — still traditional in much of the world despite heated medical controversy — is complicated and varied.

But the tradition best known in the United States is the Jewish one, set forth in Genesis. God speaks to Abraham in no uncertain terms: "... and he who is not circumcised in the flesh of his foreskin shall be cut off from his people, for he has broken my covenant." Modern scholarship places the practice in Egypt at least a thousand years before Judaism. But the rabbinical commentaries known as the Midrash have it that Abraham was the very first candidate for this "symbolic wound," as Bruno Bettelheim has called circumcision. Abraham was 99 years old at the time, and the Midrashic exchange, complete with original irony, goes something like this:

Abraham: "To what do I owe such an honor? And if it's so important why didn't you start with Adam?"

God: "You were the first to deserve it."

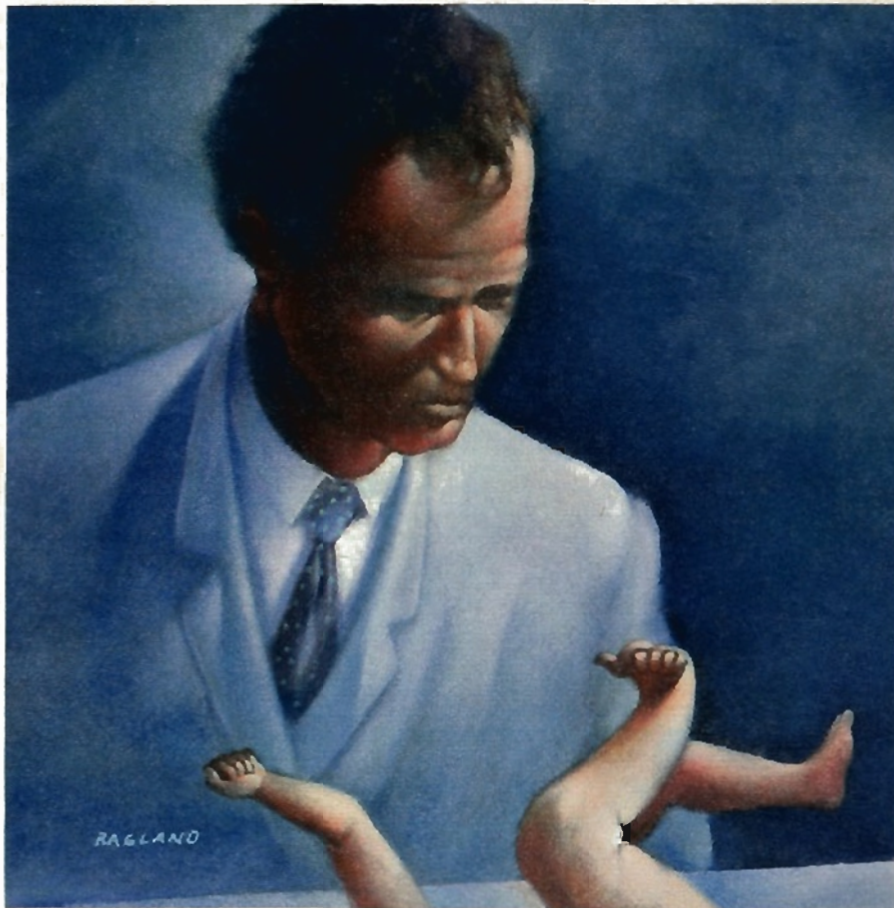
Abraham: "I was just starting to win friends and influence people. Now after I say how great it is to believe in You, I have to add this little qualification."

God: "It'll make you stronger. Give you power over your body. And incidentally, if you refuse, I'll uncreate the universe."

Abraham apparently found this point persuasive, and started a tradition that has stayed with the Jewish people. Some rabbis still say that the blood of circumcision preserves the world, but their usual explanation is that it reminds a man that even in sex, human judgment must constantly assert itself over nature. The practice was widespread not only in the Middle East but also in large portions of modern Western countries. It has, as well, been practiced for centuries among native Australians and the peoples of Africa and Madagascar.

In the late 19th century, circumcision, the surgical removal of the normally present foreskin of the penis, began to be common medical practice in the United States. There arose a culture of confidence in its role in preventing all kinds of ills, real and imagined — from rheumatism and rectal prolapse to enuresis. It is estimated that in 1870 only 5 percent of American men had been circumcised. That figure rose to 25 percent by the turn of the century, and kept on increasing. After a peak of 95 percent in the 1960's, the rate has declined to about 80 percent; yet it remains the most commonly performed operation in the United States today — at a cost of as much as \$200 million a year.

Although it is now done quickly and safely within days of birth, it is still a painful procedure. It remains the center



GREG RAGLAND

Circumcision is still practiced as a religious ritual. But medically, the procedure is costly and accomplishes very little.

of a vigorous debate. Does it prevent penile or cervical carcinoma? Does it at least prevent infection? Or is it simply an instance of medical mythology, a collusion between gullible physicians and their tiny patients' compliant parents — a holdover from a semibarbaric past?

Much lower and declining rates in some countries — 30 percent or less in Canada and Australia, 10 in New Zealand, 1 in Great Britain — together with the difficulty of justifying circumcision medically, have led to an "intact baby movement" in which the National Organization of Circumcision Information Resource Centers (No Circ) has figured. Edward Wallerstein, a urologist, and others have argued that physicians should oppose the procedure or even refuse to do it, as was done in the recent past with the once-popular tonsillectomy. Few if any object to ritual circumcision, but some feel, as Wallerstein said in a leading journal, that "routine newborn nonreligious circumcision will soon pass from the scene to join blood-letting and cupping in medical history."

Some adults seek circumcision for cosmetic reasons. Certain unusual deformities or infections of the uncircumcised penis can constitute a valid reason, in infancy or later. But the overwhelming majority of circumcisions are done as a routine modification of normal anatomy. A physician, usually an obstetrician or pediatrician, after obtaining a standard consent from the parents, performs the procedure in minutes. It is almost without risk. In the most common technique, a circular metal clamp holds the foreskin in place, restricting blood supply; a scalpel cut around the clamped skin severs it; the clamp is removed and the wound dressed. Complications that permanently damage the penis are so rare as to be almost discountable.

The infant certainly feels and shows signs of pain, but these are transient. A recent study in child development, by a team of psychologists led by Megan R. Gunnar, showed that behavioral distress such as crying and agitation had passed within two and a half hours, along with a parallel decline of the stress hormone cortisol, released in response to any injury. The infants' equanimity surprised the researchers — psychologists with no professional stake in circumcision — "providing a striking indication of the coping capacity of the healthy human newborn."

Still, the newborn shouldn't have to cope with unnecessary surgery. Justifications in recent decades have been more reasonable than the 19th-century ones, but all were subject to challenge. Five to 10 percent of males may need circumcision later in life because of problems of the penis, and the pain and expense are so much greater than as to justify, in some minds, universal preventive circumcision. But dealing with such problems when they arise is more consistent with other surgical practices.

Penile cancer is virtually limited to the uncircumcised

Melvin Konner is an anthropologist and nonpracticing physician who teaches at Emory University.

— but it is a matter of 2 cases per 100,000 men, and even those may be preventable with proper hygiene. (No foreskin retraction is necessary to keep the penis clean; it should be washed like the rest of the body, and otherwise left alone.) Claims have been made that sexually transmitted diseases, including the cervical cancers that can arise from venereal viruses, have been prevented by circumcision. There are similar claims about AIDS, but such claims have not been proved.

It is not surprising that a joint statement of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists says, "There is no absolute medical indication for the routine circumcision of the newborn." But critics ask why the statement seems indecisive, and why physicians are not actively opposing the procedure. Venality seems an inadequate explanation. One study shows that parents want sons to resemble fathers, but that didn't prevent millions of uncircumcised fathers from circumcising their sons in an earlier era. Something is at work here psychologically, but no one understands what. Partly under pressure from the critics, the Pediatrics Academy is reviewing the procedure again.

Unfortunately for simplicity, there is new evidence that urinary-tract infections, with their occasional life-threatening prospect of kidney infection, are much more common in uncircumcised infants. In Pediatrics, in 1986, Thomas E. Wiswell and John D. Roscelli described the risks of such infections in more than 200,000 male infants born in United States Army facilities in a decade. Of the 661 hospitalized with urinary-tract infections, 468 were uncircumcised, despite an overall circumcision rate of more than 73 percent. Uncircumcised males had a tenfold greater incidence of these infections. And as the overall circumcision rates declined in the course of the decade, the rate of such infections rose. "Interestingly, I have long been an opponent of routine neonatal circumcision," Wiswell wrote later. "I have actively participated in studies attempting to decrease the circumcision frequency rate. Obviously, the data we have collected have tempered my beliefs."

As with penile cancer, circumcision is a drastic way to prevent a medical complication that affects fewer than 1 percent of the male population. The strictly medical reasoning will, I predict, still seem weak.

CIRCUMCISION HAS BEEN DONE AT VARIOUS times of life for various ritual purposes. Among the Ngatatjara of Australia's Gibson Desert, it was done at puberty, in the setting of an exotic dance around a great bonfire, in homage to the sacred Kangaroo. The boy was laid across a table made up of friends on their hands and knees, and the foreskin was removed with a stone knife, as a test of the boy's willingness to suffer pain calmly; the operation, once endured, proved his new status as a man. Among the Ndembu of Zambia, who did it between ages 8 and 10, the circumciser was likened to a lion — the ritual dance imitated lions — and his role was to sever the child's dependence on his mother. The boys, dramatically painted with white clay, entered manhood not only through circumcision, but through the monthslong period of ritualized healing and instruction. Among the Merina of Madagascar, it was done between one and two years of age — in a sedate, dignified ritual for which many relatives gathered together. The ceremony emphasized continuity with the ancestors, and insured the infant ultimate sexual potency and fertility. Among the Jews, it was and is done on the eighth day of life — also among relatives — with a view toward the control of sexuality, the Jewish people's covenant with God and the ultimate preservation of the world.

In 1981, when our son was born, his circumcision was performed by a man who was not only a Jewish ritual circumciser, or *mohel*, but also a physician doubly certified — in obstetrics and gynecology as well as in pediatrics. We weren't taking any chances. He said what any good doctor would say: "There is no sufficient medical reason to do this." Like most Jews, we did it for religious, or, in our case, ethnic, reasons. Call it pride or stubbornness, but I wanted my son to be physically identified with his past, lest in the chilling words of the biblical injunction, he "be cut off from his people." Thus did a pair of unbelievers keep that most ancient covenant. ■