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**(Re)Possessing Beauty:  
Politics, Poetics, Change**

**Edited by**

Sallie McNamara

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# Constructing Phallic Beauty: Foreskin Restoration, Genital Cutting and Circumcisionism

*Travis Wisdom*

## **Abstract**

The unnecessary procedure of male circumcision is largely performed for secular reasons in the Western world, which is sustained by a variety of rationalisations. Among these reasons is aesthetic value, which is one of the dominant discourses that propagate circumcisionism. Circumcisionism is defined as the hegemonic view that genital cutting is a normative and acceptable practice. Amputation of the foreskin is a way for a cutting culture to express hegemonic conceptions of masculinity and male beauty. Increased awareness about the benefits of the foreskin and the effects of circumcision has led many men to engage in foreskin restoration. Restoration entails non-surgical gradual tissue expansion over a period of time. Foreskin restoration can be therapeutic and psychologically empowering. As an act of bodily reclamation, restoration serves as a way to resist and to challenge circumcisionism. This chapter presents the ways in which men disrupt circumcisionism and construct non-majoritarian conceptions of masculine beauty by engaging in foreskin restoration. It offers the testimonies of those who are currently or have undergone restoration and provides a collective experience of restoring men. The men's journey to healing is symbolic to establishing a new, whole body image. Foreskin restoration is a way to challenge hegemonic standards of male beauty by constructing a masculine aesthetic that validates and embraces the restored male body alongside the normal, intact (not circumcised) penis, as opposed to the circumcised male body.

**Key Words:** Foreskin restoration, circumcision, circumcisionism, male genital cutting, medicalisation, reclamation, empowerment.

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Genital cutting is accepted in the societies that justify and practice circumcision of children. These societies rationalise the amputation of genital tissue within a variety of ideologies, which is called 'circumcisionism'. Circumcisionism is defined as the hegemonic view that genital cutting is a normative and acceptable practice.<sup>1</sup> It proliferates throughout dominant discourses, and is profoundly embedded within ideologies that shape consciousness of sexuality, health, and beauty. This chapter turns the focus on circumcisionism in relation to genital cutting of males, within a Western framework, and analyses the discourses of medicine and aesthetics. Male circumcision has become medicalised, which in part is responsible for the normalcy surrounding the perfunctory procedure in the United States. The ideology has resulted in the eroticisation of the circumcised

penis, and a denigration of the normal, intact (not circumcised) penis. A challenge to circumcisionism and dominant constructions of beauty includes foreskin restoration, which can be physically and psychologically advantageous for the circumcised men who choose to undergo the procedure. The problems that adherence to hegemonic ideas of beauty can cause are also discussed by Lisa Hodge, in this volume, where she discusses the relationship between eating disorders and dominant ideals.<sup>2</sup> She argues that the women in her study used an eating disorder in order to reach beauty and regain lost power and control. This is in contrast to the men in this study who challenge dominant expectations with foreskin restoration as means of empowerment.

### **1. Medicalisation of Circumcision**

Although circumcision has been religiously and culturally justified for over four thousand years,<sup>3</sup> circumcision became medicalised over the last two hundred years.<sup>4</sup> Circumcision in the West became marketable as a method to stop masturbation<sup>5</sup> for both males and females, which was thought to cause disease and mental illness.<sup>6</sup> Many physicians in the nineteenth century claimed circumcision prevented various diseases, including: nocturnal emissions,<sup>7</sup> syphilis,<sup>8</sup> epilepsy,<sup>9</sup> spinal paralysis,<sup>10</sup> incontinence,<sup>11</sup> paralysis of the bladder,<sup>12</sup> curvature of the spine,<sup>13</sup> clubfoot,<sup>14</sup> crossed eyes,<sup>15</sup> blindness,<sup>16</sup> alcoholism,<sup>17</sup> gout,<sup>18</sup> asthma,<sup>19</sup> rheumatism,<sup>20</sup> headaches<sup>21</sup> and hernia.<sup>22</sup>

The critical factor in the emergence and acceptance of circumcision as a valid medical intervention was the pathologising of the foreskin as a source of disease.<sup>23</sup> Medicalisation occurred against the backdrop of opposition to masturbation,<sup>24</sup> conceptualisation of healthy infants born with congenital pathology, and the belief in excessive and accidental ejaculation.<sup>25</sup> This created an

Atmosphere of sexual Puritanism in which non-procreative sex was regarded as Immoral and sexual pleasure feared, and the emergence of a new professional elite keen to assert its social authority by providing such pleasures were dangerous as well.<sup>26</sup>

Hegemonic sexual normalcy offered a method by which medical attitudes developed and changed through an effort to control men's sexuality by constructing the natural male body as iniquitous.<sup>27</sup>

By the twentieth century, circumcision was propagated as a routine preventative measure of disease.<sup>28</sup> Circumcision was said to alleviate tuberculosis,<sup>29</sup> nervousness,<sup>30</sup> penile<sup>31</sup> and prostate<sup>32</sup> cancers, venereal disease,<sup>33</sup> cervical cancer,<sup>34</sup> bladder and rectal cancers,<sup>35</sup> and urinary tract infections.<sup>36</sup> Many physicians advocated the permanent desensitisation of male genitals, for which circumcision was deemed suitable.<sup>37</sup>

During the nineteenth and early twentieth centuries, genital cutting became practised in all Anglophonic countries including England, Canada, Australia, New Zealand, and the United States. Presently, the United States is the only country in the world that practices routine infant circumcision without medical exigency. Many Americans remain ignorant about the functions of the foreskin, and continue to hold mistaken beliefs and ill-founded fears about hygiene, disease, appearance, and the denial of the pain experienced by the infant.<sup>38</sup>

### 1.1 Misconceptions of Circumcision

The medicalisation of circumcision has led to the proliferation of inaccurate and misleading information about the intact penis and genital cutting. Parents can rely on their physicians for healthcare information, many of whom often do not provide resources about the functions of the foreskin or the effects of circumcision. Some physicians may forcibly retract the foreskin of intact boys, causing avoidable complications, and then later advise circumcision to alleviate these problems.<sup>39</sup> The fallacies and cultural myths used to justify circumcision could be described as ‘tactics of silence’, which sustain the normalcy of circumcisionism.<sup>40</sup>

The foreskin is a specialised organ necessary for optimum sexual health, and is not ‘redundant’ or ‘unnecessary’ skin.<sup>41</sup> The foreskin protects the glans (head of the penis) against dryness and abrasion,<sup>42</sup> and acts as a protective sheath, which allows for more comfortable intercourse for both partners.<sup>43</sup> The foreskin is an essential part of male anatomy, which comprises over half of the double-layered mobile skin system in the penis, and is heavily innervated.<sup>44</sup> Circumcision removes at least 10,000-20,000 specialised erotogenic nerve endings and 33-50% of mucosal tissue.<sup>45</sup> The frenulum is a highly erogenous structure on the underside of the glans that tethers the foreskin, which allows the foreskin to glide over the glans and back, and remain in its forward position when not aroused.<sup>46</sup> Circumcision either partially or completely excises the frenulum, which destroys sexual and physiological functions.<sup>47</sup> The foreskin is a complex sensory organ and circumcision ‘ablates junctional mucosa that appears to be an important component of the overall sensory mechanism of the human penis’.<sup>48</sup> The ridged band is a collection of soft ridges near the junction of the inner and outer foreskin and is the primary erogenous zone of the penis. Circumcision amputates the ridged band, which diminishes fullness and intensity of sexual response.<sup>49</sup>

While it may be true that circumcision prevents foreskin infection, concern of potential infection does not justify unnecessary medical procedures.<sup>50</sup> Breast bud removal in females would prevent the possibility of breast cancer and performing labiectomies would prevent vulvar cancer. However, these procedures as well as circumcision are unnecessary and invasive, and can be avoided. Many Americans justify circumcision to prevent urinary tract infections in males, but provide antibiotics to treat these infections in females. Amputation of any body part should be considered a method of treatment *only* after all conservative methods of

intervention have failed. Treatment with *Acidophilus* culture for inflammations and antibiotics for infections are effective. Many foreskin diagnoses can be treated without surgical intervention,<sup>51</sup> and when surgery is necessary in cases of apparent medical exigency, the foreskin can often be left intact.<sup>52</sup>

Genital hygiene is a common justification for circumcision.<sup>53</sup> However, the foreskin protects the glans from invading pathogens and covers the mucosal membrane.<sup>54</sup> If the foreskin is not naturally retractable, ‘clean only what is seen’, by using warm water, and *without* forceful retraction.<sup>55</sup> After foreskin retraction is naturally possible, the boy can clean his penis by retracting, rinsing, and replacing the foreskin to its forward position. Soap dries the sensitive mucosal tissue, and should not be used to clean the vulva, vagina, or the foreskin.<sup>56</sup> Genital hygiene, like prevention of infection, does not justify routine amputation of genital tissue in non-consenting healthy children. This is superfluous and invasive. Regular bathing and the use of running water can be sufficient to ensure genital hygiene in boys and men.

Infant circumcision is believed to cause little to no pain.<sup>57</sup> However, circumcision is excruciatingly painful<sup>58</sup> and causes greater intensity in infants than in adults.<sup>59</sup> The synechial membrane connecting the foreskin and glans must be torn prior to amputation of the foreskin. This damages the inner lining of the foreskin and glans, and can cause scarring and shrinkage.<sup>60</sup> The foreskin is then cut longitudinally to widen the opening, and the circumcision clamp is inserted under the foreskin to protect the glans. The foreskin is crushed against the clamp and then amputated.<sup>61</sup> The infant can withdraw into neurogenic shock caused by the sudden massive pain, a state that might lead parents to believe that their child has ‘slept through it’.<sup>62</sup> Analgesia is not always effective to alleviate pain. The dorsal nerve block requires two injections at the base of the penis and only partially relieves pain,<sup>63</sup> and Eutectic Mixture of Local Anaesthetics (EMLA) cream is contraindicated after birth because it can cause a blood disease.<sup>64</sup> Albeit the inevitability of pain<sup>65</sup> circumcision would be no more justifiable if partially or completely painless due to the effects on the body in addition to the ethical implications of cutting into a healthy child who is unable to consent.

## 2. Aesthetics

Circumcisionism proliferates throughout culture in a myriad of ways. Medicalisation has helped to normalise male genital cutting, which is sustained through misconceptions about the intact penis, infection, hygiene, and pain. Medicine is only one socialising influence amongst discourses that propagate circumcisionism. However

The central idea of cutting part of a baby’s or child’s penis off is always embedded in culture, tradition, religion, and/or medicine. That is why it is so dangerous to draw any conclusions from



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correlations between circumcision and any of the other accoutrements of a society, such as the incidence of some disease.<sup>66</sup>

Aesthetics is also an example of dominant discourses that participates in the ideological system of circumcisionism. American culture is saturated in messages of beauty, which encourage conformity with dominant expectations.<sup>67 68 69</sup> Cosmetogynecology attempts to beautify female genitals with the hope of acquiring ‘designer’ vulvas and vaginas, which in turn, help women to conform to hegemonic ideals, and to gain male ‘approval’.<sup>70</sup>

This specific body modification industry offers reduction in labial, vaginal, and clitoral tissue, which might be recognised as the medicalisation of female genital cutting,<sup>71</sup> a practice that has been unanimously deplored around the world.<sup>72</sup> But, *male* genital cutting has been medicalised as well, and even more so, with a much longer historical record of normalisation in the West.

Although circumcision attempts to beautify male genitals in part to gain female ‘approval’,<sup>73</sup> the fundamental difference between cosmetogynecology and male circumcision is consent. Adults can consent to genital cutting but children cannot, and consequently, they are forced to succumb to the dominant expectations of beauty.<sup>74</sup> Medicalisation has normalised circumcision, and the eroticisation of the circumcised penis perpetuates the normalcy of the cultural ritual. The aesthetics of the phallus embodies the practice of circumcision, which endorses the ideology of circumcisionism.<sup>75</sup>

### 3. Foreskin Restoration

Foreskin restoration involves the renewal of the prepuce (foreskin), and can be achieved non-surgically by tissue expansion, or by surgical reconstruction. Restoration has been performed since antiquity and has been particularly important in which the majority of men are intact while a minority group suffered intolerance for their practice of ritual circumcision.<sup>76</sup> The most widespread group was the Jews, who experienced various periods of persecution for the ritual.<sup>77</sup>

Jewish ritual circumcision consisted of the *milah*, which calls for the amputation of the distal end of the foreskin. The ritual leaves the inner lining of the infant foreskin attached to the glans, which then partially protects the penis in the circumcised male.<sup>78</sup> Once the foreskin becomes naturally retractable sometime during adolescence, the male is able to glide it over the glans and back, resembling the anatomically normal intact male.

During the hellenisation of Palestine, minority groups were soon pressured to surrender individual traditions for a universal culture.<sup>79</sup> This led to the suppression of Judaism, and it became critical to conceal circumcised genitals in order to improve social and economic standing.<sup>80</sup> Restoration via pulling and stretching of the residual genital tissue soon became widespread.<sup>81</sup> The later introduction of

Roman values, including legal decrees forbidding all genital cutting, led to an increase in Jewish restoration.<sup>82</sup> The legal mandates were not discriminatory to Jews specifically, and after providing an exemption for ritual circumcision, Jewish authorities radicalised circumcision by implementing the *per'iah*.<sup>83</sup> For the first time, Jewish circumcision completely denuded the glans by ablating the entire foreskin as opposed to only the tapered distal end, as it was originally practiced.<sup>84</sup> This made restoration extremely difficult so that the mark of the covenant could not be concealed.<sup>85</sup>

Restoration still occurred among Jewish males. Various methods of stretching and pulling were enacted, and the use of a weight made of bronze, copper, or leather became popular. This weight could be affixed to the preputial tissue and pulled downward. If used long enough, the tissue naturally lengthened and covered the glans as desired.<sup>86</sup>

Between the late Hellenic and early Roman periods, several surgical procedures were developed for intact men with congenitally short foreskins and for circumcised men whose foreskins were amputated in religious rituals.<sup>87</sup> Surgical restoration offered immediate results unlike non-surgical methods, but was not without substantial side effects. Many cultures during these periods strongly favoured a natural intact male, with a very formed tapered foreskin, and those who did not have meet this standard were considered disfigured.<sup>88</sup>

Surgical interventions were repeated and revised throughout the centuries, and many physicians believed that restoration was only aesthetically desirable, dismissing the possibility of physical, sexual, and psychological justifications or benefits.<sup>89</sup>

Historical record of restoration does not resurface until the rise of the Nazi regime.<sup>90</sup> Any man living in Germany or a German-occupied territory during this period risked denouncement as a Jew, regardless of the reason for his circumcised status. Consequently, these men were forced to hide their genital condition or to seek surgical restoration.<sup>91</sup> No medical literature from the Nazi era discussing surgical restoration has been found, however various anecdotal accounts discuss restoration and the physicians who performed it.<sup>92</sup> However, Feriz<sup>93</sup> reported no complications from performing several reconstructive surgeries in occupied Holland.<sup>94</sup> His patients were satisfied and none requested post-war surgical reversals.

During the last two hundred years, male circumcision has become medicalised as a healthcare intervention. This is important because it provides the historical backdrop for the contemporary reasons and justifications for undergoing non-surgical foreskin restoration today. Many men find themselves negotiating whether restoration is feasible for them, largely due to the routine institutionalisation of circumcision in contemporary society. While some of these men may have suffered legitimate medical conditions that may *or may not* have required circumcision, it is

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plausible that the majority of these men were involuntarily circumcised due to cultural acceptance, medical coercion, or both.

Foreskin restoration once benefitted the circumcised minority of intact cultures, but the medicalisation of circumcision positioned restoration to benefit circumcised males now living in cutting cultures. The desire for foreskin restoration has shifted from escape from persecution to a primary focus on body ownership and informed consent.

After the institutionalisation of routine infant circumcision in the United States, many men are dismayed that their bodies were surgically altered without their consent. Soon, an increasing number of unhappy circumcised men began to pressure physicians to perform surgical restoration.<sup>95</sup> In the 1960s, several physicians reported surgical restoration and acknowledged the aesthetic justification, but these interventions included high failure rates due to extruded sutures and infection.<sup>96</sup>

Between 1977 and 1990, several surgical methods were devised,<sup>97</sup> and advocates of child circumcision criticised the physicians who performed foreskin restoration.<sup>98</sup> Some physicians were dismissive and trivialised the desire to restore. The first psychological analysis of men seeking surgical restoration was published in the early 1980s based on the participation of eleven men, of whom nine were identified as homosexual, and two as heterosexual.<sup>99</sup> The report concludes, 'a team experienced and comfortable in dealing with sexual identity problems is necessary if these patients are to be dealt with effectively and safely'.<sup>100</sup> Presently, surgical foreskin restoration is less common, and non-surgical methods are much more popular.

### 3.1 Methods of Restoration

Modern techniques of non-surgical restoration have become widespread only since the 1980s.<sup>101</sup> Many of these methods involve the use of surgical adhesive tape to extend the residual shaft skin over the glans to hold it in place for an extended period of time. This induces skin cell growth, and if conducted long enough, the process will approximate a foreskin.<sup>102</sup> Some methods apply mechanical devices instead of surgical tape, and weighted devices can also be used to hasten the skin cell growth.

Manual stretching is another method, which does not require the use of any artificial products. It depends solely on digital manipulation, and for severely circumcised men, manual stretching can induce a differential increase in shaft skin in order to displace scrotal tissue to resemble a more natural appearance.<sup>103</sup>

Although tissue expansion does not cause pain it is an arduous task, which requires patience and perseverance.<sup>104</sup> The time required to complete restoration varies 'from about half a year to several years, depending on how much skin was left after circumcision, how persistent one is in stretching, and what length of foreskin one desires'.<sup>105</sup>

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Surgical restoration is not advised, and ‘no satisfactory outcomes from surgical reconstruction... are known’.<sup>106</sup> These procedures are usually expensive and require grafted skin tissue from elsewhere on the body. The greatest disadvantage to surgical reconstructions is the ‘difference in colour and texture between the original penile skin and the graft tissue’.<sup>107</sup> Instead, non-surgical methods of restoration are advocated, because they are the least intrusive and are ‘effective, painless, and permanent’.<sup>108</sup>

### **3.2 Physical Effects of Restoration**

The physical effects of foreskin restoration are related to the effects of circumcision, which removes several critical components of male sexual anatomy. Restoration does not undo all of the effects of circumcision, but does physically and sexually benefit the penis.

Circumcision keratinises the glans and converts it into an external organ. In the intact male, the glans ‘is an internal structure only exposed briefly... Its surface is moist, and is not keratinised’.<sup>109</sup> But in the circumcised male, the glans becomes dried out as skin cells overlap on each other and an abundance of sensitivity is lost beneath the thickened layers of skin.<sup>110</sup> The natural colour of the glans and inner foreskin is considerably more intense in the intact male than in the circumcised male, in whom the glans appears less opulent.<sup>111</sup> Restoration reduces the effects of keratinisation by reverting the glans to an internal structure, becoming softer, moist, and more sensitive. Glanular colour also reverts to a more natural appearance with restoration.

The circumcised penis lacks the double-layered foreskin, and in effect, is slightly reduced and truncated in size, and can lack sufficient penile skin to permit a full erection.<sup>112</sup> The foreskin allows for the unique gliding action in and out of which the penis is intended to glide, which facilitates penetration and the motions of sexual intercourse.<sup>113</sup> Circumcision damages this mechanical function of the penis resulting in the loss of the gliding mechanism and reciprocal stimulation of the foreskin and the glans.<sup>114</sup> Restoration can enhance the length and width of the penis by manufacturing a facsimile double-layered foreskin, and reconstructs the mechanical function of the gliding action, which increases erogeneity.

Circumcision permanently amputates the principal erogenous zones of the penis in addition to specialised erotogenic nerve endings, muscle sheath, and mucosal tissue. Without the foreskin, protective capabilities, operating mechanics, and sexual response become adversely affected and greatly diminished.<sup>115</sup> However, restoration can improve the physical appearance as well as sexual response by undoing the effects of keratinisation and reconstructing sufficient skin mobility for mechanical function.

### 3.3 Psychological Effects of Restoration

Restoration also has psychological effects, and many men who are distressed over their genital status turn to restoration for overall increased outlook. Some circumcised men suffer various body image disturbances, many of whom hold ‘deeply felt shame over the appearance of their circumcised penis’ and ‘feel separated from other males, self-conscious about their unnatural appearance, and alienated by the loss of a defining part of normal male anatomy’.<sup>116</sup> In a 1993 survey of 313 circumcised men, 96.2% believed that ‘circumcision had resulted in a reduction of the normal male capacity for sexual response and pleasure’.<sup>117</sup> 83.1% of the surveyed men reported emotional harm, 75.1% reported psychological harm, and over 60% reported general dissatisfaction with their circumcised status.<sup>118</sup> Some circumcised men feel ‘indignant that they were mutilated in infancy without being allowed any choice over their genital status’.<sup>119</sup> Others hold deep resentment against their parents, physicians, and society for what they feel is a violation of human rights and individual sovereignty.<sup>120</sup>

Restoration can provide solace for circumcised men, which helps to assuage feelings of psychological distress.<sup>121</sup> Men can become prideful of their bodies and of their genitals, and feel empowered through restoring their penises to a more natural and preferred condition. However, restoration can also have a ‘shock’ period, during which restoring men may experience conflicting emotions, recognising ‘fully the injury of circumcision for the first time’.<sup>122</sup> As restoring men gain glanular sensitivity and become aware of the physical effects of restoration, they can become angered or saddened knowing what was lost and what will never be recoverable. Some restoring men ‘report transient depressive symptoms and insomnia’.<sup>123</sup> Overall, restoration can be a useful method by which to undo some of the physical and psychological effects of circumcision.

## 4. Highlights of a Current Research Project

The discourse of medicine dominates discussions of male circumcision, which consequently underestimates the psychological paradigms. Research is limited,<sup>124 125</sup> and more so with respect to foreskin restoration.<sup>126</sup> This current research project, which emphasises restorer testimony, investigates the reasons and justifications for, and the effects of, non-surgical foreskin restoration.

### 4.1 Methods of Research

The restoration project seeks an understanding of the experiences, beliefs, and practices of men engaging in foreskin restoration, and to examine this phenomenon more closely at an individual level. The goals of the research are:

- (1) To investigate why men choose to undergo restoration;
- (2) To identify the physical process(es) of undergoing restoration;

- 
- (3) To explore the relationship between body image and restoration;
  - (4) To examine the physical and psychological outcomes of undergoing restoration.

The research utilises a mixed methods approach. Qualitative research is the primary mode of inquiry in order to apply an interpretative approach to studying the restoration phenomenon from the perspective of the restoring men.<sup>127</sup> Quantitative data including demographics supplement the research to grasp a ‘snapshot’ view of several core themes and patterns as well as the diversity of the restoring men.

The research is based on the semi-structured approach to interviewing to permit flexibility for a more unique and useful analysis. This allowed the men to respond using their own words without any restrictions to fixed or predetermined responses.<sup>128</sup> The restoration project investigates the following research questions:

- (1) What are the results and justifications to undergo restoration?
- (2) What are the physical mechanics of restoration?
- (3) What is the relationship between body image and restoration?
- (4) What are the physical and psychological effects of restoration?

‘Calls for interviews’ were placed online throughout social media, groups, and webpage forums related to circumcision and foreskin restoration. Between June 2011-June 2012, 87 semi-structured online interviews were completed in order to examine non-surgical foreskin restoration, justifications for, and the effects of, the procedure. This selection of interviews constitutes the convenience sample for this research, which includes the most accessible restoring men. In each interview, the men were asked to discuss: (1) when and why they decided to undergo restoration, (2) how they restore, their routine and technique(s), (3) feelings about overall body image, self-esteem, and genitals before and after restoration, and (4) physical and psychological effects of restoration.

*Dedoose*<sup>TM</sup>, a qualitative and mixed methods research computer software system, assisted with content analysis by coding, sorting, and organising data presented in the convenience sample. The primary variables of this research are: (1) reason and justification, (2) method, (3) body image, and (4) outcome. These variables correlate with the larger research questions. The personal narratives and the discussion of the men’s experiences provide a way of understanding why men might wish to undergo restoration, their outlook of self-esteem, body image, and their genitals before restoration, and the physical and psychological effects during and after the procedure.

## 4.2 Demographics

Collected demographics (Tables 1-6) include age, sexual orientation, ethnicity, country of origin, age range at time of circumcision, and time length of restoration. Demographics were collected to obtain a sense of the diversity of the convenience sample. Although the convenience sample demonstrates diversity, the sample is overwhelmingly comprised of Caucasian men born in the United States, circumcised within the first year of life. Few men declined to provide demographical information.

**Table 1:** Age Range

	N	%
21-30	15	17.2
31-40	13	14.9
41-50	17	19.5
51-60	20	22.9
61-70	13	14.9
71-80	7	8.0
Unanswered	2	2.3
Totals (N=87)	87	99.7

Tables 2 and 3 illustrate the demographics of sexual orientation and ethnicity for which the men self-identified. For the purposes of organisation, analogous responses have been grouped under one category. Tables 4 and 5 illustrate the demographics of country of origin and age range of circumcision.

**Table 2:** Sexual Orientation

	N	%
Heterosexual	43	49.4
Homosexual	26	29.9
Bisexual	13	14.9
Queer	1	1.1
Other	2	2.2
Unanswered	2	2.3
Totals (N=87)	87	99.8

**Table 3:** Ethnicity

	N	%
European / Caucasian	78	89.7
Asian	3	3.4
Hispanic / Latino	2	2.3
Mixed	3	3.4
Unanswered	1	1.1
Totals (N=87)	87	99.9

**Table 4:** Country of Origin

	N	%
United States	67	77.0
England	5	5.7
Belgium	2	2.3
Australia	2	2.3
Canada	2	2.3
Other	8	8.8
Unanswered	1	1.1
Totals (N=87)	87	99.5

**Table 5:** Age Range of Circumcision

	N	%
<1 yr.	69	79.3
1-3 yrs.	2	2.3
4-6 yrs.	6	6.9
7-9 yrs.	2	2.3
10-12 yrs.	1	1.1
13-15 yrs.	2	2.3
16-18 yrs.	2	2.3
>19 yrs.	2	2.3
Unanswered	1	1.1
Totals (N=87)	87	99.9

Table 6 illustrates the time length of restoration. The data does not account for gaps in the consistency of the restoration trajectory although offers a general sense of how long the men have been undergoing foreskin restoration.



**Table 6:** Time Length of Restoration

	N	%
<1 mo.	2	2.3
1-6 mos.	9	10.3
7-11 mos.	4	4.6
1-2 yrs.	17	19.5
3-4 yrs.	17	19.5
5-6 yrs.	8	9.2
7-8 yrs.	6	6.9
9-10 yrs.	5	5.7
>11 yrs.	19	21.8
Totals (N=87)	87	99.8

### 4.3 Reasons to Restore

One definitive motivation for restoration was reported in 47 men (54%), and the breakdown of this selection illustrates that sexual reasons were of primary concern (31.9%), followed by psychological (27.7%), physical (19.1%), aesthetics (12.8%), and general interest (8.5%). 37 men (42.5%) reported more than one reason to undergo restoration. The justifications demonstrate the complexity of the restoration phenomenon. 3.4% of the findings were not scored.

A significant number of restoring men reported desires to enhance pleasure and sensitivity. GP wants ‘to increase sexual pleasure and regain some of what was lost’, and Sergio restores for ‘more glans sensitivity’. Some men are hopeful that restoration can offer greater sexual experiences to increase the quality of their intimate lives. ‘I chose to undergo foreskin restoration for several reasons’, says Brad, ‘including in order to restore not only my foreskin back to as normal and natural as possible, but also my penis and my sex life’. Many men reported noticeable reduction in their sexual sensation and pleasure during intimacy. Joel says:

I am restoring because I want all the function, pleasure, and protection that come from having a foreskin, and this is the best I can do. I had a girl swirl her tongue around the head of my penis and ask, ‘Can you feel this?’ Pressure yes, sensation, no. And the fact I couldn’t at twenty-two scared me. I worry that without restoration, I’ll be impotent by thirty.

Other men confirmed the gradual, yet significant, loss in sensation and pleasure. Rex says, ‘in my mid-to-late 30s, I progressively lost more and more sensitivity in my glans, causing increasing frustration with sexual performance with both myself and my...wife’. Some men reported periods of uncomfortable or painful

intercourse. Joshua reported ‘tight shaft skin causing pain [and] tearing’ as well as a ‘desensitised glans’. Alfred says, ‘a very uneven circumcision made intimacy very difficult when we were married in 1957’.

Many men reported feelings of anger, resentment, and inferiority. ‘I felt less of a man when comparing to an intact man’, laments GP. ‘I felt cheated, betrayed, controlled. I was angry and frustrated this was done to me’. Others reported sentiments of injustice and loss. ‘I felt cheated by the doctor who performed the circumcision’, says Gary. Some men undergo restoration to increase their individual strength. Trevor, circumcised around age six, says:

I feel disfigured and I don’t look at myself the same way. I want to take control of my image and return to what I’m supposed to look like. I remember being 11 and ejaculating for the first time. I was proud and happy. I think getting my foreskin back will make me proud again.

Some feel circumcision is an infringement on their human rights and sovereignty. ‘[I restore] to get back what was taken from me,’ says Spencer. ‘...To make me whole again although knowing what I get back will never totally function as original equipment does’. Windigo laments:

[I] hated it so much, simple things like showering and going to the bathroom would cause me fits of depression ... I used to pray ... that I would wake up one morning and I would be whole, I never wanted something so badly in my entire life and it wasn’t even about sex. It really felt as though I had been raped. I may as well have been kidnapped by some stranger, tied down, and tortured.

Several men reported a desire to achieve a sense of bodily and genital completeness. Carlos says:

I grew up in a mostly non-circumcised peer group. I was painfully aware from about age five that something had been cut off my penis. I also had an innate awareness of my body map that told me what was supposed to be there. I felt a longing for what was missing.

Feelings of inferiority and possible jealousy or envy of the intact male were also reported. ‘I have always felt I was robbed and mutilated’, says Wolf. ‘I want a natural looking penis. I’ve always envied intact men (including my dad) and want back what was stolen from me’.

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Many men desire increased genital function and undergo restoration in order to gain skin mobility and later, the gliding action of the foreskin. 'I'm looking forward to having the head of my penis become mucosal again and feeling the gliding of the foreskin', says Joel. Chad restores 'to increase sensitivity and function...rolling, gliding action'. For others, genital function came as a side effect to restoration benefits. 'Initially, [I restored] to regain control over my lost body parts', says Blake. '... But I stuck with it due to increased pleasure and function. I can now masturbate with my newly grown slack skin in lieu of endless amounts of lubrication'. Many men desire genital normalcy, which is achieved with the presence of a foreskin. 'I have always known I was circumcised', says Craig, 'but as I learned more about the anatomy of the penis, and the purpose of the foreskin, I wanted to have mine back, and restoration was the option'. Leonard says, 'I want my glans to be covered all [or] most of the time'. John says, '[I want] to get back what I am suppose to have as a man'. Several men reported discomfort, chafing, and rawness of the genitals, which affected their daily living routines. 'I had had some irritation of the glans rubbing against my clothes for a few years and finally decided to figure out how to prevent it', says Bill. 'I tried some ways to cover but finally decided restoring my foreskin was the best alternative'.

The modification of the genitals for a desirable appearance is an important reason for some restoring men. Carlos restores 'to improve cosmetic appearance' of his penis and Bryson restores because he 'like[s] the way [an intact penis] looks'. Adam wants 'to regain the natural look and feel of an uncircumcised penis'. Many men prefer the body in its natural and purest form, unmodified. 'I want mine to look natural', says Norman. 'I regard my penis, a most personal organ, as having been mutilated', says Kirk. Reclaiming the beauty of the intact penis helps to challenge the eroticisation of the circumcised penis. 'I find circumcised penises very unattractive', says Connor. Avosacsca says, 'I'd like a longer foreskin even though I have always looked intact'.

For some men, an interest in foreskin restoration emerged via social activism, research, and media exposure about circumcision. '[A friend] gave me a copy he had of the 'Joy of Uncircumcising'', says Denton. 'I read it in parts and was struck by the personal testimonies along the margins ... I determined that I needed to ... see what I was missing without a foreskin'. Without any specific reason to restore, some men became aware of restoration by general interest. Vincent demonstrated rebellious curiosity: 'I was educating my friends on [male genital mutilation] and they blew me off saying, 'well, you can't get it back'. I decided to see if I could'.

#### **4.4 Methods of Restoration**

Non-surgical foreskin restoration applies any number of techniques to induce tissue expansion, which can be achieved via manual stretching, the use of adhesive tape, tapeless devices, and the application of weights. The restoration devices can

be purchased or privately manufactured. The majority of men reported experimentation with more than one method and device.

Manual stretching applies gentle tension to the residual shaft skin using fingers or a handheld restoration device. 'I do manual tug 15 minutes at a time at least twice a day, and more times a day if at all possible', says Ezra. Other non-surgical methods require the use of adhesive tape to grasp the foreskin and can include the use of backing paper, elastic bands, packing, or weights to provide additional tension. Dwayne first used 'a 35mm film canister and 10oz brass weight attached with Micropore tape', and soon acquired sufficient skin mobility '... to use a narrow strip of Nexcare tape wrapped tightly around at the original scar line and ease [the] glans through it so that the glans is enclosed'.

Tapeless devices produce tension without the use of adhesive tape, and can be worn while in the nude, or under one's clothing. 'After tugging for a while, I realized that no one except me ever noticed that I had a slight bump in my pants', says Cookied. 'Also, I got in the habit of wearing looser, pleated pants'. Some devices are advanced and self-contained, and provide double tension. These techniques, however, can be limiting to the restoration routine. 'I wear my [restoration device] ... only for 30 minutes at a time because of the pinching sensation that comes from wearing it (it can get very painful)', says Ezra. Many men employ techniques combining various devices. Jake says, 'in the beginning, I used two methods of employing tape ... I then graduated to using commercial devices as well as film canisters'. Several men also included various homemade devices to their restoration routine. Trevor restores by 'manual tugging for 20-60 minutes a day and wearing a canister tape device for 8-10 hours'. The canister is homemade and 'functions a little like a dual tension device, so sitting, laying down to read, etc. don't prevent it from working'. Weights can also be added to maximise skin tension. Sythétique uses a restoration device '... with weights 2 hours in the morning, the [device] as retainer the rest of the day, and baby bottle nipple as retainer at night'.

#### **4.5 Self-Outlook and Body Image Before Restoration**

Consciousness of circumcision, and specifically one's own circumcision, often leads men to various psychological considerations. While some men do not experience mental effects and continue having an unchanged self-outlook, others become greatly affected, experiencing various degrees of psychological distress. When asked to discuss their mental outlook before undergoing restoration, 45 men (51.7%) described their outlook negatively, while 20 men (23%) reported neutral and 20 men (23%) reported positive. 2.3% of the findings were not scored.

Several men reported feelings of inferiority to the intact male. Cookied experienced severe scrotal stretching during erection, which placed pressure on his testicles, and reported a gradual decrease in sensitivity. 'I was very angry when I discovered that I had all these problems from my neo-natal mutilation', he says. 'I

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grew to envy and love the look of an intact penis, with penis envy for those that had all of their original organ'. Amadeus also experienced intact inferiority:

[I was] always conscious that I had something missing—felt inferior sexually to intact men and thought my penis looked a mess underneath because in place of my frenulum I had a small fleshy lump, and I had an irregular scar from a freehand circumcision.

Feelings of inferiority can lead to feelings of inadequacy and incompleteness. Leonard says, 'I have always hated the fact that I was circumcised. I hate the way it looks and the lack of feeling and sensations. It makes me feel incomplete and less of a man'. For some men, their circumcised genitals are a source of great insecurity. Llewellyn says, 'I have always been proud of my body ... However, I have been less than satisfied with my penis even though I am well endowed'. Sonic says

Sometimes I think that mentally I was/am not able to accept the fact that I was strapped down, and violently mutilated. That's what circumcision is to me, and even though I see the proof of that injustice everyday deep down I guess I can't accept it.

Some men hold great resentment toward their parents for having circumcised them. Chaz felt outraged over his child circumcision:

... I've always hated the way my penis was mutilated, not for any medical reason, but because somebody else thought it was a 'good idea' ... I was circumcised at birth, something for which, incidentally, I will never forgive my parents, or the medical profession for that matter.

Some men reported having positive or neutral self-outlook prior to undergoing restoration. Darren says, 'I have always been very confident about my body image and had positive self esteem and have been happy with my penis'. Daniel restores to improve his erections and says

I'm extremely positive about my body image, especially since I exercise and stay in shape a lot. I'm always a little nervous around most people, but usually it's totally fine. I feel pretty good about myself ... I am extremely attached to my penis, and love that I have it.

Other men, although preferring to be intact, felt content with their body image prior to restoring. ‘Strange as it may seem, I accepted it as I wasn’t the only man with a denuded glans’, says Dwayne. ‘I was never ashamed to show my body ever, I knew there were a lot of men who were cut, mostly older than me’. Barry says,

I don’t like the fact that I was circumcised and feel it was criminal, but I also don’t feel burdened by it in a way that has impeded my ability to enjoy my pursuits.

Geno, circumcised at age 17, says ‘I absolutely regret having gone ahead with the circumcision when I was a sexually active teenager. I’ve always regretted having it done’. However, he is ‘generally ... happy’ with his body image. Norman says, ‘I have never liked my body, specifically my weight and my face. However, my penis was never something that bothered me’. Greg also believes that his genital status has had no effect on his self-outlook or body image. ‘I just accepted that I was in that state’, he says.

#### **4.6 Physical Benefits and Limitations to Restoration**

Foreskin restoration offers a variety of physical benefits to circumcised men. 74 men (85.1%) reported improvements to their genitals after undergoing restoration, while 11 (12.6%) reported little to no physical changes, at time of interview. 2.3% of the findings were not scored.

The majority of men reported increase in sexual responsiveness and pleasure. ‘When I was about forty’, says Jake, ‘the sensitivity had decreased so much that I could not orgasm during intercourse. That has changed dramatically since my glans is now covered most of the time’. Tally says

The sexual pleasure is different. Before, upon ejaculation I had to stop physical stimulation because it was painful. Now I have whole body orgasms and I can keep on going through my orgasm until I finish spent ... There is no pain like before.

Masturbation has become easier and more enjoyable for several men. ‘... I never knew it was possible to masturbate slowly’, says Steve. ‘... I often used lubrication but that is hardly necessary nowadays as my restoration has given me quite a lot of slack skin so masturbation is much more comfortable’.

Many men reported that restoration has positively changed the appearance of the glans, remarking on colour transformation, increased wetness, moisture, and sensitivity. ‘The most notable [effect] would be the shiny, smooth, moist, and sensitive glans that is returning’, says Kenneth. ‘I look more like an intact man’, says GP. ‘The colour of my glans has changed from skin colour to more of a pink-purple’. Fred says restoration ‘... caused years of calloused skin to slough off my

glans leaving it all shiny and new ... like a virgin, it became sensitive again like when I was a little boy’.

Several men reported the increase in mobility of shaft skin. ‘I have noticed an immediate slightly increased mobility from the looseness that happened from beginning to tug’, says Daniel. Avosacsca believes ‘the gliding action is better’ and ‘easier’. Tally says, ‘I now have the gliding action, which is something I never knew existed before I started restoring’. Sythétique says, ‘The feeling of discovering a smooth glans and having loose skin to play with is great’.

Some men reported that restoration also helps to alleviate chafing or friction. ‘I feel better without the constant chafing of the glans’, says Matthew. ‘I do not feel the constant rubbing of the denuded parts on clothing’, says Carlos.

Several men reported an increase in the aesthetic liking of their genitals after restoration. ‘... I am now able to hide the scar at most times, since the growing foreskin covers about [half] of my glans’, says Chad. Mac says his penis ‘now looks and functions much like a normal, natural penis’.

A few men reported an absence of, or insignificant, physical changes at the time of interview. ‘[Restoration] has enabled me to see something of what I should have had all along’, says Dwayne. ‘I have not yet achieved coverage so my glans is still dry, but I now have some looseness in the shaft area which I did not have before’. Christopher says, ‘you’ll never regain what you’ve lost, but I do appreciate the ‘normal’ or uncut aspect of my penis when covered’.

#### **4.7 Psychological Benefits and Limitations to Restoration**

Foreskin restoration can offer a variety of psychological benefits to circumcised men. 63 men (72.4%) reported psychological improvements after undergoing restoration, while 19 (21.8%) reported either moderately plaintive or insignificant results, 2 (2.3%) reported detrimental effects. 3.4% of the findings were not scored.

A majority of men reported an improvement in their overall self-outlook and body image, including an increase in confidence, empowerment, and pride. Andrew says, ‘[restoration] made me feel better about my condition and that something can be done to make it better’. Chaz says, ‘seeing my penis slowly returning to its natural state is a pure joy, almost euphoric even. I can’t describe it any other way’. Denton says

This is perhaps the best part—the sense of triumph, a feeling of having overcome the indignity and violation of my body after my birth... I can show you, you bastard butcher doctors.

For others, restoration has allowed for a stronger bond with other men and provides them with safety and protection. Ardee feels more ‘complete and normal.’ He says, ‘I feel more protected and connected with the other 85% of males on this planet who are intact’.

Restoration has motivated some men to promote awareness about restoration in addition to advocate against unnecessary genital cutting in children. 'I am now strongly committed to helping other men who wish to restore', says Greg. 'Since we are all victims of a society that does this, I feel strongly that I can offer help and advice on how to recover from their amputation'. Rood spends much of his efforts on helping men with restoration. '... Every two months I drive 100 miles to meet with men interested in restoration ... Few things give me more pleasure', he says.

While several men spoke of their realisation of loss and their difficulties overcoming the sombre reality of permanent damage, others also spoke of their realisation of the patience and persistence required in order to successfully achieve their individual restoration goals. 'It is frustrating that I am only partially complete', says Marc, who has been restoring for about three years. Connor was initially optimistic during his restoration period, but soon experienced occasional frustration. 'I sometimes wonder if it is really possible'.

Although restoration can offer solace, for some men it does not completely alleviate psychological distress and trauma. Kelly says, 'the benefits from restoration are always tempered by the reality of the trauma, and the fact that it still is being inflicted upon children'. Eddy, encouraged by his progress, says

[I am] still *very* angry I was subjected to genital mutilation. I was there, but I did *not* consent as you may imagine. I will likely *never* know how I would be had I been left intact... but I would have preferred to have the option.

#### 4.8 Self-Outlook and Body Image During and After Restoration

All of the restoring men were in various points in their restoration trajectory at the time of interview, which affected the collected data on the relationship between outlook and restoration. Because some men were newer in the process than others, it is possible that their responses would likely change as they arrive closer to their desired restoration goal. 51 men (58.6%) reported an improvement in their self-outlook after beginning restoration, while 30 men (34.5%) reported an unchanged or neutral effect, and only one man (1.1%) reported a disadvantageous effect to his self-outlook. 5.7% of the findings were not scored.

Restoration has helped several men achieve their goal of genital normalcy. The presence of a foreskin with improved genital function has increased their self-outlook and body image. 'I do have a better body image', says Carlos. 'I feel like what's supposed to be there is there'. Scott reported an increase in self-confidence in his appearance. 'I'm a nudist and also never wear clothes at home. It feels so good to know my penis is approaching a more natural look'. Bryson also feels 'more confident' during periods of 'undressing, using urinals, public showers, [and] locker rooms'.



For some men, restoration decreased feelings of shyness, shame, and embarrassment about their genitals. 'I did not have a bad body image', says Alfred, 'but I am less shy in places such as public showers'. Anthony says he is 'no longer ashamed' about his body and 'loves [his] new skin and how it feels'. Kirk says, 'I feel much more confident and happy with myself and even proud of my penis rather than embarrassed by it'.

Some men reported an increase in pride, about themselves and their bodies, after beginning restoration. 'I'm not far enough along to have the image I want but I do show my wife the coverage that I have and am proud of it', says Bill. Andy says, 'I can enter a public locker room without being ashamed to be naked. In fact, I am really proud'.

Several men reported feelings of empowerment since restoring. Craig says, 'living in a country where circumcision is as routine as a hair cut, knowing ... I have something that most men don't have, I feel somewhat empowered'. Andrew says restoration has made him feel 'powerful'. 'I can partially reverse the circumcision related damage that was done to me without my approval', he says. Howard says, 'I feel that I am able to change what I don't like about myself and don't feel guilty about it either'.

Some restoring men did not report that restoration had an overwhelmingly positive effect on their self-outlook, some of whom reported an insignificant change. For some men restoration provided a plaintive realisation of the amount of tissue, sensitivity, and function lost to circumcision. '... My foreskin was intact until I was in my middle-twenties ... so I know the difference ...' says Rood. 'I don't believe I'll ever quite get over [the] loss [of] highly specialized features of the intact penis'. Matt says, 'it is obvious that I was gravely wounded immediately after birth and will never be able to recover'.

## 5. Circumcisionism and Hegemonic Masculine Beauty

Circumcision operates within the hegemonic ideology of circumcisionism, which overlooks and ignores the functions of intact genitals and, most importantly, the ethical complications of rendering any child a recipient of surgeries for which s/he is unable to consent.<sup>129</sup> The foreskin was once valued as a characteristic embodying masculinity and beauty,<sup>130</sup> but through the medicalisation of circumcision, the foreskin has become 'a piece of prehistoric human culture that now only exists as a reservoir of infection'.<sup>131</sup> Medicalisation has resulted in misconceptions about the foreskin, and the practice of circumcision has become an unquestioned dominant expression of cultural identity.<sup>132</sup> All efforts should be made to correct legitimate medical complications conservatively, effectively, and proportionately. Amputation of tissue should be the last resort, reserved only for cases in which medical exigency exists; and in these situations, efforts should also be made to preserve as much tissue as possible. Medical treatment should occur within a framework of intact normalcy, not pathology.

Circumcisionism eroticises the circumcised penis as desirable and masculine, which constructs phallic beauty against the backdrop of medicalisation. Amputation of the foreskin is a way for a circumcising culture to express hegemonic conceptions of masculinity and beauty. For men dismayed by their genital status, foreskin restoration may offer solace in efforts to undo some of the effects of circumcision. By transforming the physical and psychological, foreskin restoration can be a therapeutic measure by which to challenge the ideology of circumcisionism. This allows men to take control over their own bodies, in spite of socio-cultural norms. Although not all men benefit, for many who engage in restoration, a common experience of reclamation and empowerment is established. The process of ‘self-making,’ improves self-esteem and social wellbeing, a concept that Allison Vandenberg discusses in this volume.<sup>133</sup> Restoration, then, establishes a whole body image, and constructs non-majoritarian conceptions of masculine beauty. This disrupts circumcisionism, and produces a masculine aesthetic that validates and embraces the restored and intact male bodies.

### Notes

<sup>1</sup> Travis Wisdom, ‘Questioning Circumcisionism: Feminism, Gender Equity, and Human Rights,’ *Righting Wrongs* 2.1 (2012): 1-32.

<sup>2</sup> Lisa Hodge, in this volume.

<sup>3</sup> W. D. Dunsmuir and E. M. Gordon, ‘The History of Circumcision,’ *BJU International* 83.1 (1999): 1-12; Marilyn Fayre Milos and Donna Macris, ‘Circumcision: A Medical or a Human Rights Issue?’ *Journal of Nurse-Midwifery* 37.2 (1992): 87S-96S.

<sup>4</sup> Jim Bigelow, ‘Uncircumcising: Undoing the Effects of an Ancient Practice in a Modern World,’ *Mothering*, Summer 1994, 56-61; Joseph Lewis, *In the Name of Humanity* (New York: Eugenics Publishing, Co., 1949).

<sup>5</sup> Edward Wallerstein, ‘Circumcision: The Uniquely American Medical Enigma,’ *Urology Clinic of North America* 12.1 (1985): 123-32. Edward Wallerstein, *Circumcision: An American Health Fallacy* (New York: Springer, 1980). D. L. Gollaher, ‘From Ritual to Science: The Medical Transformation of Circumcision in America,’ *Journal of Social History* 28.1 (1994): 5-36.

<sup>6</sup> J. H. Kellogg, *Treatment for Self-Abuse and its Effects* (Plain Fact for Old and Young, 1888), 295. Jonathan Hutchinson, ‘On Circumcision as Preventative of Masturbation,’ *Archives of Surgery* 2.7 (January, 1891), 267-269. E. J. Spratling, ‘Masturbation in the Adult,’ *Medical Record* 48.13 (1895): 442-443. M. D. Melendy, *The Ideal Woman: For Maidens, Wives and Mothers* (Chicago: Monarch Book Company, 1903).

<sup>7</sup> Claude-François Lallemand, *Des pertes séminales involontaires*, Vol 1. (Paris: Bechét Jeune, 1836): 463- 467; Claude-François Lallemand, *Des pertes séminales involontaires*, Vol 2. (Paris: Bechét Jeune, 1839): 70-162; Claude-François

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<sup>8</sup> Jonathan Hutchinson, 'On the Influence of Circumcision in Preventing Syphilis,' *Medical Times and Gazette* 32.844 (1855): 542-543.

<sup>9</sup> N. Heckford, 'Circumcision as a Remedial Measure in Certain Cases of Epilepsy and Chorea,' *Clinical Lectures and Reports by the Medical and Surgical Staff of the London Hospital* 2 (1865): 58-64. Lewis A. Sayre, J. C. Detmold and Rogers Hutchinson, 'Circumcision versus Epilepsy, etc. Transcription of the New York Pathological Society meeting of June 8, 1870,' *Medical Record* 5.10 (1870, July 15): 231-234; Roswell Park, 'The Surgical Treatment of Epilepsy,' *American Medicine* 4.21 (1902, November 22): 807-809.

<sup>10</sup> Lewis A. Sayre, 'Partial Paralysis from Reflex Irritation, Caused by Congenital Phimosi and Adherent Prepuce,' *Transactions of the American Medical Association* 21 (1870): 205-211; Lewis A. Sayre, 'Spinal Anaemia with Partial Paralysis and Want of Coordination, from Irritation of the Genital Organs.' *Transactions of the American Medical Association* 26 (1875): 255-74.

<sup>11</sup> J. Bell, 'Nocturnal Incontinence of Urine Cured by Circumcision,' *Edinburgh Medical Journal* 1.9 (1873, May): 1034. H. L. Rosenberry, 'Incontinence of Urine and Faeces, Cured by Circumcision,' *Medical Record* 4.6 (1894, August 11): 173.

<sup>12</sup> Lewis, 'Spinal Anaemia with Partial Paralysis,' 255-274.

<sup>13</sup> *Ibid.*

<sup>14</sup> *Ibid.*

<sup>15</sup> William G. Eggleston, 'Two Cases of Reflex Paraplegia (One with Aphasia) from Tape-Worm and Phimosi,' *Journal of the American Medical Association* 6.19 (1886, May 8): 511-515.

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<sup>19</sup> *Ibid.*

<sup>20</sup> *Ibid.*

<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*

<sup>23</sup> Robert Darby, 'A Source of Serious Mischief: The Demonisation of the Foreskin and the Rise of Preventative Circumcision in Australia,' *Understanding Circumcision: A Multidisciplinary Approach to a Multi-Dimensional Problem*, ed. George C. Denniston, Frederick M. Hodges and Marilyn Fayre Milos (New York: Kluwer Academic/Plenum Press, 2001); Robert Darby, *A Surgical Temptation:*

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<sup>26</sup> Ibid.

<sup>27</sup> Travis Wisdom, 'Questioning Circumcisionism', 4.

<sup>28</sup> Milos and Macris, 'Circumcision,' 1992.

<sup>29</sup> Abraham L. Wolbarst, 'Universal Circumcision as a Sanitary Measure,' *Journal of the American Medical Association* 62.2 (1914, January): 92-97.

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<sup>32</sup> Abraham Ravich, 'The Relationship of Circumcision to Cancer of the Prostate,' *Journal of Urology* 48.3 (1942): 298-299.

<sup>33</sup> Eugene A. Hand, 'Circumcision and Venereal Disease,' *Arch Derm Syphilol* 60.3 (1949): 341-346.

<sup>34</sup> Earnest L. Wynder, J. Cornfield, P. D. Schroff and K. R. Doraiswami, 'A Study of Environmental Factors in Carcinoma of the Cervix,' *American Journal of Obstetrics and Gynecology* 68.84 (1954): 1016-1046; Abraham Ravich, 'Prophylaxis of Cancer of the Prostate, Penis, and Cervix by Circumcision,' *New York State Journal of Medicine* 51.12 (1951, June): 1519-1520.

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<sup>36</sup> Thomas E. Wiswell, F. R. Smith and J. W. Bass, 'Decreased Incidence of Urinary Tract Infections in Circumcised Male Infants,' *Pediatrics* 75.5 (1985): 901-903; Edgar J. Schoen, 'Circumcision for Preventing Urinary Tract Infections in Boys: North American View,' *Archives of Disease in Childhood* 90 (2005): 772-773.

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