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## Why Continue to Harm Boys from Ignorance of Male Anatomy?

by Darcia Narvaez, Ph.D. Created Oct 30 2011 - 6:19pm



*\*Written by John Geisheker, J.D., LL.M.*

### WHY DO FORCED RETRACTION INJURIES CONTINUE TODAY?

Simplest answer: Folklore -as well as a recognized failure of U.S. medical schools to teach fundamental gross anatomy of male infants. One medical text, *Avery's Neonatology* (2005), candidly suggests a feeble excuse:

*"Because circumcision is so common in the United States, the natural history of the preputial development has been lost, and one must depend on observations made in countries in which circumcision is usually not practiced."*

There are, indeed, excellent foreign resources which describe the correct infant anatomy: (*Øster*, 1968; *Kayaba*, 1996; *Cold & Taylor*, 1999; *Concepción-Morales*, 2002; *Ishikawa*, 2004; *Thorvaldsen and Meyhoff*, 2005; *Agawal, Mohta, and Anand*, 2005.)

...but U.S. medical providers continue to cling to and circulate Victorian myths among themselves.

A recent survey of U.S. medical books, for instance, revealed that only *two* out of 42 pediatric, nursing, neonatology, and urology texts as well as family health encyclopedias, detailed the correct (minimal) hygiene needs for male infants. The rest featured obsolete, misleading, and potentially injurious advice directly traceable to 19<sup>th</sup>-century sources. Many medical texts even depict males as naturally circumcised, thus eliminating a normal body part as if it never existed, and quashing any need to discuss the slow timetable for natural, unaided, foreskin-glans detachment. (*Harryman*, 2004).

At a national convention of family practice doctors in 2009, for example, only two out of 113 doctors and med students we polled understood the proper, minimal, hygiene needs of a male infant. This is very likely due to the fact that the doctors themselves are circumcised and so inherently see the foreskin as abnormal.

## **WHAT DOES FORCED RETRACTION HAVE TO DO WITH CIRCUMCISION?**

The claimed necessity for foreskin retraction and cleaning is used to 'market' circumcision. Circumcision is touted as a one-time method for parents to avoid the (imaginary) chore of regular genital cleaning. Leaving the genitals of both boys and girls to develop naturally, as is the case in Europe, has not yet fully arrived in American medical training or clinical practice. Many U.S. families have an anecdote of their Uncle Charlie's distressing circumcision as a young boy. Very likely, though, his circumcision was claimed to 'cure' a normal condition -the natural fusion of glans and foreskin. Or possibly, Uncle Charlie was forcibly retracted as an infant and developed true secondary *phimosis* due to inelastic scarring. For over a century such cases were used as a scare tactic to convince parents to choose infant circumcision. Doctors claimed, "He'll only need it later when it is more painful." In truth, *phimosis* is both over-diagnosed and easily treated without circumcision, with topical steroids and stretching exercises. And in any case, a boy, even one with the rare true but mild *phimosis*, does not need to see his glans, nor does his penis need internal cleaning, until adolescence.

## **WHAT ABOUT THE CONCERN FOR UTI, URINARY TRACT INFECTIONS?**

Proponents of circumcision claim that intact boys have a higher incidence of UTI, (Wiswell, 1985-86) but even the absolute incidence is only 1%, one infant in 100, if that. And that 1% can be easily explained by 'septic genital tampering' of which forcible foreskin retraction is a glaring example. In several years of investigating parent complaints of forcible retraction, we have not found even a *single case* involving a physician wearing surgical gloves -not one. Many parents claimed that the practitioner was not even seen to wash his or her hands beforehand. Such failures of simple antisepsis, -100,000 or more times each year- easily explain the entire claimed higher incidence of UTI in intact boys.

## **WHAT IF MY SON'S FORESKIN 'BALLOONS' WHEN HE PEES?**

While the errant sprinkles might be annoying, ballooning is harmless and easily explained. Unfortunately, it often leads to poor medical advice to either circumcise or forcibly retract the boy. The inflation of the foreskin by urine is due to a simple fact of flow dynamics -if it is easier for the urine to inflate the partially detached but elastic foreskin than to flow outward, it will flow sideways. Intact boys sometimes pinch their outer opening closed so the urine inflates their foreskin. Because the sensitive nerve receptors of the erogenous foreskin like being stretched, boys no doubt enjoy the sensation, (as well as the reaction they get out of their parents.) This ballooning phase is transient, as eventually the outer opening will be wide enough to allow unimpeded flow, or the boy can be taught to pull his foreskin back gently to encourage the stream outward.

## **WHY NOT JUST LEAVE THE BOY'S PENIS TO DEVELOP ON ITS OWN?**

Why not, indeed! Evolution has apparently provided a useful protection for boys, at a time when they are still developing. Penises, like vulvas, do not need internal cleaning in childhood. The *balano-preputial lamina* is very much like the female hymen, protecting the child's genitals from feces and other infection or injury at a time when the child does not need to procreate.

It cannot be the case that our primate ancestors bothered to scrub their offspring's genitalia when their time was better spent foraging for food. We are the evolutionary survivors who needed no such intrusive care -or none of us would be here.

A medical historian notes the following about the erroneous and invented English-language urge to scrub the genitals of young males:

"To appreciate the scale of the error, consider its equivalent in women: it would be as if doctors had decided that the intact hymen in infant girls was a congenital defect known as 'imperforate hymen' arising from 'arrested development' and hence needed to be artificially broken in order to allow the interior of the vagina to be washed out regularly to ensure hygiene." (Dr. Robert Darby, ***A Surgical Temptation, The Demonization of the Foreskin and the Rise of Circumcision in Britain***, Univ. of Chicago Press, 2005:235.)

## WHAT CAN BE DONE TO DISCOURAGE THIS INJURY?

Our child-hygiene advice to parents is amazingly simple: "Only Clean What is Seen!" The first person to ever retract the boy's foreskin should be the boy himself, as he will stop when it hurts. Our simple advice to medical practitioners may be found on a diaper/nappy sticker we supply parents. It warns, "I'm Intact! Don't Retract!" This prompts an exam-table discussion well worth having in advance of any injury.

The developing penis of a child, like his sister's vulva, is self-cleaning and self-defending, as it has been for tens of thousands of years. In evolutionary terms, it could hardly be otherwise. The most sensible parents are those who instinctively practice 'benign neglect,' largely ignoring their child's penis (and antique medical advice) and who insist that their son's medical providers observe a 'hands-off' policy.

Unfortunately, until this injury is fully abandoned, forever banished by reform from within U.S. medical education, parents will need to be on constant guard. They should NEVER leave their intact child's side during any medical exam. They should simply forbid, in advance, any retraction in unequivocal terms, and compose a signed letter to be inserted in the child's medical chart explaining their wish to protect their son. Parents must remain on guard to any medical professional's request or insistence to "just see the urethra" or any other manipulation of the foreskin.

It may be a pity to admit it -but until today's generation of intact boys grows up to be doctors, the education of medical practitioners must now come from observant parents with good natural instincts.

John V. Geisheker, J.D., LL.M.  
George C. Denniston, M.D., M.P.H.

Mark D. Reiss, M.D.  
Morris R. Sorrels, M.D.

of Doctors Opposing Circumcision, Seattle, Washington, U.S.A.  
*Pediatric consultant:* Robert S. Van Howe, M.D., M.S.

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