



C I R C U M C I S I O N

"At last, the definitive history of
not only the world's most
controversial but unfortunately
its most common surgery."

—Dr. Dean Edell

A HISTORY
OF THE
WORLD'S MOST
CONTROVERSIAL
SURGERY

DAVID L.
GOLLAHER

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A H I S T O R Y O F T H E

W O R L D ' S M O S T

C O N T R O V E R S I A L S U R G E R Y



D A V I D L . G O L L A H E R



A M E M B E R O F T H E P E R S E U S B O O K S G R O U P

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FOR MY PARENTS

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ACKNOWLEDGMENTS



Circumcision, persisting for thousands of years, flowing from tribal rituals through the world's great religions into modern medicine, presents the historian with an unusual array of challenges. In trying to manage them, I've incurred a variety of fortunate debts.

First, I had a chance to develop and present in a preliminary way the idea that medical circumcision in the United States was a product of profound social and cultural forces. I published "From Ritual to Science: The Medical Transformation of Circumcision in America" in the *Journal of Social History*, and I benefited greatly from editor Peter N. Stearns's comments and questions. Subsequently, over the course of the next few years, I engaged in extended, wide-ranging discussions with historians Ronald L. Numbers, Donald Fleming, William R. Hutchison, Howard Kushner, Andrew Scull, and with John Seely Brown, the polymath director of Xerox Palo Alto Research Center.

As I became more intrigued with the continuing controversy surrounding neonatal circumcision, and began to wade through the immense body of medical research on the subject, I enjoyed help from a distinguished group of physicians and surgeons. These include my former colleagues at Scripps Clinic, Roger Cornell, Ruben Gittes, Peter Walther, and the late Tony Moore. George W. Kaplan, a pediatric urologist who served on the American Academy of Pediatrics Task Force on Circumcision, was generous with his time and suggestions, helping balance my account.

Activists opposing what they consider genital mutilation are integral to the story told here. Among them, Marilyn Milos and Tim Hammond were especially helpful in explaining their cause and providing source materials.

Of the many libraries and archives I visited in search of evidence, I recall with special gratitude the staffs at Harvard Medical School's Countway Library, the National Library of Medicine, the Biomedical Library at the University of California, San Diego, and the Centro Internazionale per la Storia delle Università e della Scienza at the Università di Bologna.

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Any attempt to describe the contributions of my wife Moya Gollaher would be partial and inadequate. Suffice it to say that she inspires the world of her husband and children with energy, intellectual curiosity, humor, and common sense. These are qualities that improve an author's life and, I hope, have found their way into this book.

D.G.

La Jolla, California

September 1999

P R E F A C E



Circumcision is the oldest enigma in the history of surgery. It is far easier to imagine the impulse behind Neolithic cave painting than to guess what inspired the ancients to cut their genitals or the genitals of their young. Yet millennia ago, long before medicine and religion branched into separate streams of wisdom — indeed, long before history itself — cutting the foreskin of the penis was invented as a symbolic wound; thus circumcision became a ritual of extraordinary power.

Some groups adopted circumcision as a divine injunction, a mark of the gods, or of God. To outsiders the practice seemed inexplicable. Why, Greeks wondered derisively of Jews, would any people routinely mutilate their young? In time the mystery lessened, though not because the surgery disappeared. It merely became familiar, an essential feature of Judaism and Islam, and then in modern times, of Anglo-American medicine.

Still, familiarity scarcely resolved the riddle of circumcision. Down through the ages, the operation's ritual and religious meanings remained cloaked in obscurity. As for medical circumcision, which swept America and Britain around the turn of the twentieth century, physicians and laypeople alike remain ferociously divided about the risks, benefits, and ethics of the procedure. Mountains of research have produced no general agreement about the medical evidence. Indeed, the ongoing battle between advocates and opponents of circumcision bears out William Osler's dictum that in such disputes, "the greater the ignorance, the greater the dogmatism."

This book is a history, not a polemic nor a tract for the times. Throughout, I've endeavored to write a balanced account that accurately reflects what people, at different times, thought and did. The historian Carl Becker once described history quite elegantly as providing "the artificial extension of social memory." In this instance, I'm interested in reaching deep into the past, to the very limits of social memory, and, at the same time, exploring the history of the present to chronicle the patterns of thought and behavior that characterize circumcision in the present age.

Historians typically strive to make the strange familiar. But I hope also to make the familiar strange. What people take for granted is not necessarily natural. In the United States, circumcision of newborns is so common that most parents and physicians scarcely think of it as surgery. Yet for most of the twentieth century it has remained the most frequently performed surgical procedure in America. For the majority of newborn American males, a surgeon cuts off the foreskin with little more thought than severing the umbilical cord. As a medical norm, this contrasts sharply with most other industrialized nations, where physicians seldom perform the operation except to treat manifest disorders.

But attitudes in the United States are changing. One reason is that a vocal and growing minority of pediatricians and family physicians now openly dispute the wisdom of operating on the genitals of healthy infants. Readers of leading medical journals realize that there is no conclusive scientific evidence in favor of a routine operation. After scouring the medical literature, the American Academy of Pediatrics' Task Force on Circumcision reported in 1999, "Existing scientific evidence supports potential benefits of newborn circumcision; however these data are not sufficient to recommend routine neonatal circumcision." In the wake of this statement, a chorus of critics pointed out that, even if circumcision offered some slight statistical advantages, surgery in the absence of disease violated Hippocrates' sacred dictum: *primum non nocere*.^{*} Even so, advocates for circumcision remained unconvinced, likening the operation to a kind of vaccination that offered a lifetime of protection against cancer, urinary tract infections, sexually transmitted diseases, and even AIDS.

Despite the enduring controversy, proponents seem to be fighting a losing battle. Skeptics include most modern medical communities outside the United States, and many American baby-boom parents, well educated, steeped in 1960s suspicion of professional authority, who are voicing qualms of their own. Their questions represent a fusion of physical, psychological, and cultural concerns. Is circumcision necessary for good hygiene? Does it help prevent diseases? What are the risks of complications from the operation itself? How about the pain? And, perhaps more important than anything else, do uncircumcised boys risk being stigmatized in the locker room because they look different from their schoolmates, or, for that matter, from their fathers?

With respect to medical practice, circumcision recalls a profound challenge that has haunted medicine since its beginnings. How can we know what

^{*}"First, do no harm."

works best and what doesn't? How firmly rooted in science is what we do in the clinic? In what precisely does sufficient proof of effectiveness consist? The recent history of circumcision forces us to confront an uncomfortable truth, well captured by David Eddy, a leading expert on medical evidence. "It's really quite amazing, but after hundreds of years, in fact, I would estimate that only about ten to twenty percent of medical practices have been evaluated properly. What that means for the patient — and not just the patient but for the physician — is that for a large proportion of practices we really don't know what the outcomes or what the effects are."¹

The intellectual problem in medicine is that, like many other procedures, the practice of circumcision is based not in science but in something else: tradition, experience, ritual.

One of the fascinating problems in the history of anthropology is how disconnected people in different parts of the world assigned meaning to genital cutting. Yet this is a question to be asked not only of central Australian tribesmen, carefully placing amputated foreskins in the totem-trees where human souls languish between their departure from a dying man and their rebirth in a child; it is to be asked as well of modern surgeons, operating on infants' genitals in hopes of preventing diseases, and of a society that, trusting physicians to know best, follows their dictates.

Over its long history, circumcision has borne a variety of important meanings — distinguishing a priestly class, initiating boys into the community of men, signifying God's chosen people and, in an age captivated by the idea of scientific medicine, marking the circumcised as superior in health. Still, while there are many understandable religious, cultural and aesthetic reasons men or parents might choose circumcision, it lacks a persuasive medical basis. Far from a hard science, medical practice is like a reef, with new practices growing, experimentally, every day, older practices getting choked out, and others hardening into custom even though they're dead. Doctors who circumcise have faith in the operation because it rarely harms patients and is consistent with the way they see the world. But doctors have no way of knowing how much worse or better off, an individual child would have been without the surgery. Even assigning a statistical likelihood of future disease to a circumcised or uncircumcised baby depends largely on which studies you choose to believe.

As a simple test, I propose the following thought experiment. Imagine, for a moment, that circumcision had never caught on in America as a neonatal routine. In other words, suppose the United States were, say, like Norway. Next, imagine that a physician were to urge, in a talk at the annual meeting of the American Academy of Pediatrics, doctors to begin operating on the

genitals of all baby boys shortly after birth in order to achieve marginally lower incidence of urinary tract infections and perhaps some other diseases. Of course no physician would dream of proposing such a thing today. The threshold for demonstrated effectiveness in surgery, particularly surgery on infants, is far too high.

Indeed, as the history of female circumcision suggests, if male circumcision were confined to developing nations, it would by now have emerged as an international *cause célèbre*, stirring passionate opposition from feminists, physicians, politicians, and the global human rights community. If routine medical circumcision didn't exist today, no one would dare to invent it. Yet it does exist. And owing to a long and curious history, it is so deeply embedded in certain cultures and worldviews that it is hard to recognize for what it is.

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O N E

The Jewish Tradition

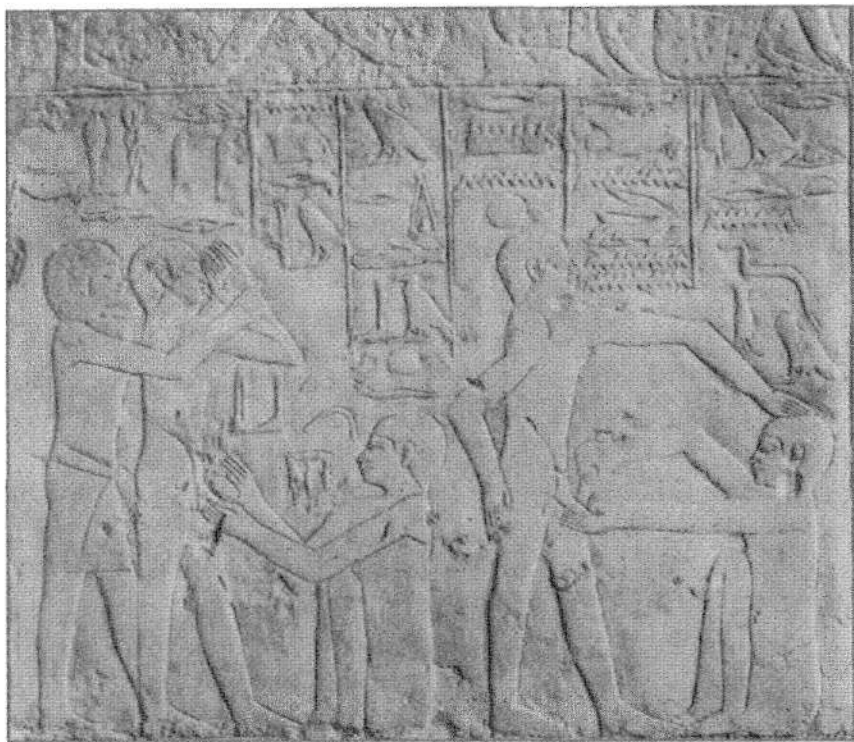


Every male among you shall be circumcised. You shall be circumcised in the flesh of your foreskins, and it shall be a sign of the covenant between me and you.

—Genesis 17:10–11

THE GENESIS OF CIRCUMCISION, LIKE MAGIC AND RELIGION, IS IMMEMORIAL. Evidence of its antiquity trails off in two distant streams. One of these flows from tribal societies, most famously, certain groups of Australian Aborigines, who have practiced totemic genital surgery for uncounted millennia. The other stream, far richer in historical materials yet equally mysterious with respect to its source, is a tributary into the mainstream of Western culture from the recesses of ancient Egypt.

The world's oldest account of circumcision is an image in an Egyptian tomb. On the West Bank of the Nile, across from Memphis, home of the legendary genius, architect and physician Imhotep, stands the necropolis of Saqqara. Even by Egyptian standards Saqqara is archaic, built sometime around 2400 B.C. during the Old Kingdom's fifth dynasty. There, inscribed on the walls of the royal tomb of Ankhmahor, one encounters a *mélange* of deities with ibis and beetle heads, humans, lions, cobras, and magical objects. Amidst these familiar representations, however, there is on the doorpost an extraordinary image: a well-preserved bas-relief of temple priests in the act of cutting the genitals of two young noblemen.



This bas-relief from the Egyptian necropolis at Saqqara (ca. 2400 B.C.) is the world's most ancient depiction of a surgical operation. *Wellcome Institute Library.*

In the carving, the youths and priests are stylized figures. The tableaux strike the modern eye as imaginary; but the bloody ordeal they represent was real enough. In the first scene, an assistant stands behind one of the youths, gripping his arms and pulling them back while the priest operates with a stone knife. "Hold him and do not allow him to faint" reads the inscription. In the second scene, the boy being circumcised urges the priest-surgeon to "thoroughly rub off what is there." The circumcising priest replies, "I will cause it to heal." Performed on a child or adolescent, circumcision is exceptionally painful surgery—twentieth-century doctors, when operating after infancy, ordinarily administer a general anesthetic. The Egyptian ritual must have presented an opportunity for a youth, on the threshold of manhood, to demonstrate his mastery over bodily pain. Describing a mass circumcision ritual in the twenty-third century B.C., an Egyptian named Uha boasted that he and his peers faced the ordeal with stoic calm. "When I was circumcised, together with one hundred and twenty men," he recalled, "there was none thereof who hit out, there was none thereof who

was hit, and there was none thereof who scratched and there was none thereof who was scratched." That Uha remarked on the lack of hitting and scratching suggests, of course, that other ceremonies met with considerable resistance.¹

The stele upon which Uha wrote his account and the wall carving in Ankhmahor are the earliest known records of circumcision. The historical trail begins with them. Yet what the Saqqara figures document was not the inception of a new ritual but a tradition far older than history itself. Mummified remains exhumed elsewhere in Egypt, predating Saqqara, have been subjected to X-ray scans, computerized tomography, and carbon dating. Some of these ancient corpses reveal indications of circumcision performed perhaps as early as 4000 B.C.²

The antiquity of circumcision, together with the fact that its social and religious significance in Egypt under the pharaohs has resisted convincing explanation, magnifies the mystery surrounding its origins. Beginning in the third millennium B.C., Egypt created a powerful mystique based in large measure on intellectual vitality and technological splendor. The Egyptians' advanced understanding of the human body, like their architectural prowess and military conquests, dazzled contemporaries and later generations alike. Whatever its symbolic meaning, the simple fact that Egyptians practiced circumcision invested the procedure with exceptional prestige in the ancient world. If the Egyptians excised the foreskin, many people reasoned, their motives must have been rooted in wisdom.

But what was that wisdom? Throughout history, religion has been humankind's instrument for ordering the world—and it centers on the idea of hierarchy. Religious ritual, in ways obvious and subtle, tend to reinforce an awareness of rank. Within the magico-religious framework of Egyptian science and medicine, circumcision apparently was a ritual marking the passage from youth to manhood. The transition was profound. Beyond the physical alteration of anatomy, the ritual entailed admittance into divine mysteries—secrets revealed only to the initiated. The content of these mysteries remains elusive, though they must have involved myths, prayers, and incantations central to Egyptian religion. The Egyptian Book of the Dead, for example, tells of the sun god Ra performing a self-circumcision, whose blood created two minor guardian deities.³

Egyptian thought drew no distinction between religion and medicine. Imhotep was revered as a physician and godlike healer. He was also the high priest at Heliopolis, an astrologer and wisdom figure whose reputation still inspired cult worship two millennia after his death.



Members of the Saqqara Expedition of the Oriental Institute of the University of Chicago in 1934 are shown copying inscriptions in the mastaba tomb of Mereruka (ca. 2400 B.C.).

If, as many later commentators assumed, circumcision was a health measure—a surgery mainly aimed at disease—it failed to find its way into the classic Egyptian medical texts. The magnificent papyri unearthed in the nineteenth century by Edwin Smith and George Ebers make no mention of circumcision. They do, however, reveal how Egyptians viewed the body, both as an object of science and a vessel of magical and divine forces.⁴

The Edwin Smith papyrus (ca. 1600 B.C.) is mainly a surgical manual, based on forty-eight detailed cases, advising the practitioner how to diagnose and treat fractures, wounds, and other injuries. “If thou examinest a man having a gaping wound in his shoulder,” the writer advises,

its flesh being laid back and its sides separated, while he suffers with swelling [in] his shoulder blade, thou shouldst palpate his wound. Shouldst thou find its gash separated from its sides in his wound, as a roll of linen is unrolled, [and] it is painful when he raises his arm on account of it, thou shouldst draw together for him his gash with stitching.⁵

The Smith papyrus has a great deal to say about wound dressings: plasters, poultices, cauteries, and purifying potions. Presumably the risks of circumcision were reduced because circumcised youths received careful postoperative treatment.

Just how far from the royal throne down into the social order the practice of circumcision reached is unknown. Some scholars have guessed that the procedure was limited to the elite: that in its early phase, circumcision was a mark of superior distinction reserved primarily for the priests, beginning with the pharaohs themselves, who were worshiped as the high priest of every god. In any case, however, it was not applied consistently. X-ray scans of Pharaoh Ahmose from the sixteenth century B.C. show that he died, a mature adult, uncircumcised. Elsewhere, ruins contain depictions of circumcised carpenters. The principle of selection remains elusive.⁶

Preventing excessive harm to the patient and producing a satisfactory aesthetic result took considerable skill. As in most circumcising cultures, the operation was performed by experts. Court physicians naturally stood atop the professional hierarchy; the circumcising priest of Saqqara may have been a physician as well. Whoever did the cutting did so in a public ceremony, and his job was to produce a noble, sacred wound. The surgery itself, dauntingly bloody and painful, was central to a temple ceremony rich with cultural overtones, for within the Egyptian city-states, temples were focal points of learning, medicine, and civil administration. They were seats of power, secular and divine.⁷

What did circumcision mean? Doubtless it was partly about purification. Purity was an Egyptian obsession, and one of medicine's main purposes was to purify, physically and spiritually. The Ebers papyrus suggests a deep-seated fear of contamination and putrefaction within the body. Enemas, purgatives, laxatives, along with all manner of cleaning compounds and disinfectants played a prominent role in the Egyptian medical armamentarium. (One of the few ancient healers whose name has survived was Iri, Keeper of the Royal Rectum, the pharaoh's gastroenterologist and colonic irrigation specialist.) Received wisdom held that the body's openings were portals through which not just impurities but malignant spirits might penetrate. Egyptian physiology took the Nile, with its channels and irrigation networks and its life-giving annual floods, as its controlling metaphor. Herodotus tells us that Egyptians spent three days a month purging their digestive tracts, certain that physical vitality, like the great river, depended on reliable flow.

This preoccupation with the body's excretions and secretions, and their bearing on health, is perhaps the best clue we have to why the Egyptians