

Medical Studies on Circumcision

by Andrew Gross

Last revision: September 17, 2016

These studies are summarized on a page of the [Circumcision Resource Center](#), an anti-circumcision website. Circumcision opponents frequently cite them to prove that circumcision provides no medical benefits – only harm. This paper will demonstrate otherwise.

Reviewing these studies, one is struck by the number of times that each researcher cites the other studies to support his own conclusions. Boyle cites Goldman, who cites Boyle and Van Howe, who cites Boyle, Goldman, and Bollinger, who cites Boyle, Goldman, Van Howe, and Bollinger's earlier study. To this author the dizzying reciprocal citations appear to be the scholarly equivalent of inbreeding.

<u>Year</u>	<u>Lead Author</u>	<u>Alleged Finding</u>
2015	Frisch, M	Circumcision Connected to Risk of Autism Spectrum Disorder
2011	Leone-Vespa, T	Circumcised Boys Have More Emotional and Behavioral Problems
2013	Bronsalaer, G	Circumcision Decreases Penile Sensitivity
2013	Rediger, C	Father's Circumcision Status influences Circumcision Decision
2011	Bollinger, D	Circumcision is Associated with Adult Difficulty in Identifying and Expressing Feelings
2011	Frisch, M	Circumcision Associated with Sexual Difficulties in Men and Women
2011	Tang, W	Circumcision is Associated with Premature Ejaculation
2010	Muller, A	Physicians' Position on Circumcision Affected by Personal Factors
2010	various	HIV related studies
2008	McAllister, R	Circumcision is not Cost Effective
2007	Kim, D	Circumcision Decreases Sexual Pleasure
2007	Sorrells, M	Circumcision Removes the Most Sensitive Parts of the Penis
2004	Goldman, R	Circumcision Policy Influenced by Psychological Factors
2004	Van Howe, R	Circumcision is Not Good Health Policy
2002	Boyle, G	Pain, Trauma, Sexual, and Psychological Effects of Circumcision Investigated
1996	Taylor, J	Circumcision Results in Significant Loss of Erogenous Tissue
1997	Laumann, E	Circumcision Affects Sexual Behavior
1997	Taddio, A	Researchers Demonstrate Traumatic Effects of Circumcision
1997	Lander, J	Circumcision Study Halted Due to Trauma
1997	Van Howe, R	Circumcised Penis Requires More Care in Young Boys
1999	Hammond, T	Poll of Circumcised Men Reveals Harm
1999	Goldman, R	Psychological Effects of Circumcision Studied
1999	Rhinehart, J	Serious Consequences of Circumcision Trauma in Adult Men Clinically Observed
1999	Cold, C	Anatomy and Function of the Foreskin Documented
1999	O'Hara, K	Male Circumcision Affects Female Sexual Enjoyment
2001	Boyle, G	Surveys Reveal Adverse Sexual and Psychological Effects of Circumcision
2002	Taves, D	Foreskin Reduces the Force Required for Penetration and Increases Comfort
2002	Fink, K	Survey of Men Circumcised as Adults Shows Mixed Results
2003	Bensley, G	Survey Finds Circumcision Contributes to Vaginal Dryness
2000	Anand, K	Early Adverse Experiences May Lead to Abnormal Brain Development and Behavior

Circumcision Connected to Risk of Autism Spectrum Disorder

Frisch, M. and Simonsen, J. , "Ritual Circumcision and Risk of Autism Spectrum Disorder in 0-to 9-Year-Old Boys: National Cohort Study in Denmark." *Journal of the Royal Society of Medicine* 108(2015);266-279.

Anthropologist [Ava Neyer](#) reviewed [this study](#) and found several problems. Frisch equated displaying a painful reaction with experiencing a pain reaction. Neyer disagreed. "Even if autistic children do have a higher perception of pain compared to neurotypical children in the same circumstance, it is quite a stretch to say that 'lifelong deficits in stress response' show that early pain causes autism. Is it that children with autism have deficits in their stress response or is it that children with autism find the world more inherently stressful due to other mechanisms?"

Frisch also cited a [2013 Bauer](#) study that reported that each 10% increase in a country's circumcision rate was associated with a 0.2% increase in autism prevalence among boys. But Bauer was "examining a possible link between [Tylenol] usage and autism, not circumcision itself." Bauer had no information on the possible use of anaesthetics during ritual circumcisions.

There were significant cultural differences between the uncircumcised Danish boys and circumcised boys from a Muslim cultural background. Furthermore, Frisch compared the age of diagnosis in the United Kingdom with the age of diagnosis in Israel. Neyer noted that "children in Israel also undergo more thorough assessments for autism, which is possibly catching classic autism earlier. Cultural studies of autism reveal that diagnosis rates change based on how countries view autism."

Frisch admitted that "no firm conclusions should be drawn at this point" and "findings obviously do not prove the suggested associations" between circumcision and autism.

Circumcised Boys Have More Emotional and Behavioral Problems

[Leone-Vespa, T.](#) "Understanding the Relationship Between Circumcision and Emotional Development in Young Boys: Measuring Aggressiveness and Emotional Expressiveness," *Alliant International University*, 2011, 138 pages

[Leone-Vespa](#) collected data via self-report questionnaires that were completed by 66 parents. A total of 20 circumcised boys and 20 uncircumcised boys participated. Self-report questionnaires may be less reliable than empirical studies using objective measurements. Participants were recruited via notices placed in preschools and baby stores in California, New Jersey, and Pennsylvania. Notices were also posted in internet "mommy groups" and a notice for parents of uncircumcised boys in the Facebook group "Circumcision: Why?!" As there were about 200 million Facebook users in 2009, the sample would have been skewed toward children whose parents were early social media users and interested in circumcision, and may not be representative of young boys in general.

The announcement informed respondents that the purpose of the study was to "better understand how circumcision is related to emotional development in young boys." As circumcision opponents tend to be extremely interested in the topic and highly motivated to participate in surveys and studies, revealing the subject matter may have introduced self-selection bias. The recruitment process took two-years. Leone-Vespa admitted that parents completing the surveys may not have been entirely forthcoming and "the results are not generalizable to other populations."

Leone-Vespa assumed that anesthesia isn't used for neonatal circumcision, and didn't ask whether boys had received pain relief before or during the procedure. She didn't consider the possibility that effective

pain management would calm a patient and reduce the probability of later emotional and behavioral problems.

Circumcision Decreases Penile Sensitivity

Bronselaer, G. et al., "Male Circumcision Decreases Penile Sensitivity as Measured in a Large Cohort," *BJU International* 111 (2013): 820-827

[Bronselaer](#) conducted an unscientific online survey that recruited men via leaflets left at train stations in various locations throughout Belgium. The 1,369 Belgian subjects included 310 circumcised men and 1,059 uncircumcised men. The survey likely suffered from self-selection bias, and the sample would not include men who didn't use trains or who don't respond to leaflets. Bronselaer admitted that "the sample is not representative of the general male population, but biased towards highly educated men." Significantly, "many participants in their self-evaluation survey could not identify correctly whether or not they were circumcised."

Furthermore, most circumcisions in Belgium would be performed for medical reasons. As the AAP Task Force on Circumcision concluded regarding a similar study of Danish men ([see below](#)), the subjects would likely be unrepresentative of a group of men circumcised as infants. And the results differ from a 2015 [Bossio study](#) that utilized standardized measures and was less susceptible to self-selection bias.

Father's Circumcision Status Influences Circumcision Decision

Rediger, C. and Muller, A., "Parents' Rationale for Male Circumcision," *Canadian Family Physician* 59 (2013); 110-115

From the [abstract](#): "Among couples in which the father was circumcised, 82.2% stated that circumcision by an experienced medical practitioner was a safe procedure for all boys, in contrast to 64.1% of couples in which the father of the expected child was not circumcised. When the expecting father was circumcised, no one responded that circumcision was an unsafe procedure, compared with 7.8% when the expecting father was not circumcised ($P = .003$)." This statement would indicate that the circumcised men were more knowledgeable than the uncircumcised men about the safety of the procedure.

Circumcision is Associated with Adult Difficulty in Identifying and Expressing Feelings

Bollinger, D. and Van Howe, R., "Alexithymia and Circumcision Trauma: A Preliminary Investigation," *International Journal of Men's Health* (2011);184-195

[The study](#) was based on 236 circumcised and 64 uncircumcised men. The subjects visited a men's issue website and chose to take [a self-report scale](#) that measures alexithymia, which describes a tendency to minimize emotional experience and a difficulty in describing emotions. The researchers combined the results of 192 men circumcised during infancy with 44 men circumcised at an older age and claimed that age during circumcision was not a factor.

Bollinger and Van Howe admitted that their results were skewed by self-selection bias and that a "complex multi-factorial approach" might better measure the supposed effects of "circumcision trauma." They warned that their results should not be extrapolated "to the general population from this preliminary investigation, but instead use it as a springboard to further investigation." Both researchers are [longtime](#) anti-circumcision [activists](#).

Circumcision Associated with Sexual Difficulties in Men and Women

Frisch, M., Lindholm, M., and Grønbaek, M., "Male Circumcision and Sexual Function in Men and Women: A Survey-based, Cross-sectional Study in Denmark," *International Journal of Epidemiology* (2011); 1–15.

[This study](#) was reviewed by the AAP 2012 [Task Force on Circumcision](#):

Circumcised men represented only 5% of 2343 sexually experienced survey respondents, and only 15% of those circumcised men (n = 17) had the procedure in the first 6 months of life. Attributing these findings to decreased penile sensitivity is a stretch. It seems far more likely that the findings are attributable to the kinds of social bias the authors [Frisch, et al] attribute to the AAP task force. Male circumcision is rare in Denmark, rare enough that circumcised males are epidemiologic outliers, which may lead some of them to feel 'different,' leading to anxiety about sexual experiences with women who perceive a circumcised penis as abnormal. In addition, because many of the circumcised men had the procedure performed later in life, some likely for medical reasons, they are far from representative of a group of men circumcised as infants. It should be noted that the findings of the Danish survey contrast starkly to those of 2 [randomized](#) controlled [trials](#) from Africa, which are discussed in the AAP technical report.

Circumcision is Associated with Premature Ejaculation

Tang, W. and Khoo, E. "Prevalence and Correlates of Premature Ejaculation in a Primary Care Setting: A Preliminary Cross-Sectional Study," *Journal of Sexual Medicine* 8 (2011); 2071-2078

[Tang](#) surveyed 207 men from Malay (97), China (57), and India (53) who visited a Malaysian medical clinic for treatment of acute conditions or chronic disease follow-up. While circumcision is common in Malaya, the [circumcision rate in China](#) ranges from under 3% to 20% (depending on the study; there are no published studies on the infant circumcision rate.) The circumcision rate in India is roughly 22%, (based on an estimated [120 million circumcised men](#) in 2004 out of a population of 550 million males.) Since the vast majority of circumcised men in the three Asian countries are Muslim, cultural factors may affect the results. Furthermore, sociodemographic characteristics indicated that 30% of the subjects were smokers, 38% had high blood pressure, 30% had high cholesterol, and 28% had diabetes. Subjects suffering or recovering from various medical conditions may not be representative of the general male population. And it's unclear what percentage of men were circumcised to correct a medical condition. Moreover Tang cautioned that further studies are necessary to determine whether there exists an association between circumcision and erectile dysfunction.

Physicians' Position on Circumcision Affected by Personal Factors

Muller, A. "To Cut or Not to Cut? Personal Factors Influence Primary Care Physicians' Position on Elective Circumcision." *American Journal of Men's Health* 7 (2010); 227-232

[Muller](#) admitted, "One of the limitations of the study was the fact that only Saskatchewan physicians were surveyed. The fact that elective circumcisions are not covered by the provincial health plan might have had an influence on the opinions of some of the physicians. It might have been useful to have added this variable as one of the possible factors that influence a physician's position on circumcisions."

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Muller concluded: "The results of this study indicated that although the majority of respondents stated that their views on elective circumcisions were based on medical evidence, the circumcision status of the male respondents played a significant role in their opinions. Other influencing factors were: whether they performed circumcisions; their son's circumcision status; whether they were a medical resident or not ... The fact that respondents indicated that medical evidence had the biggest influence on their decision-making may be because they thought it was the correct answer expected from them."

Some might see the survey results as indicating that a physician's views are related to his own self-image. But it could equally be argued that the results indicate that medical views are related to a physician's knowledge of how circumcision affects sexual activity. A physician with a satisfying sex life, and who is circumcised or whose partner is circumcised, would have personal experience supporting studies that show that the procedure doesn't harm sexual performance or pleasure. A physician who is uncircumcised or whose partner is uncircumcised might assume that circumcision reduces sexual pleasure.

[NOTE: There have been numerous articles in American media about claims that circumcision prevents HIV transmission. No mainstream media article has reported on an opposing view, as described in the findings of the following five medical articles.](#)

Note: This paper does not include reviews of these HIV studies on the Circumcision Resource Center list.

Claim of Circumcision Benefit is Overstated and Premature

Fox, M. and Thomson, M., "HIV/AIDS and Circumcision : Lost in Translation," *Journal of Medical Ethics* 36 (2010):798-801

Circumcision/HIV Claims are Based on Insufficient Evidence

Green, L. et al., "Male Circumcision and HIV Prevention: Insufficient Evidence and Neglected External Validity," *American Journal of Preventive Medicine* 39 (2010): 479-82

In National Survey Circumcision Had No Protective Effect

Connolly, C. et al., *South African Medical Journal* 98(2008): 789-794

Circumcision/HIV Have Incomplete Evaluation

Green, L. et al., "Male Circumcision is Not the HIV 'Vaccine' We Have Been Waiting For!" *Future Medicine* 2 (2008): 193-199, DOI 10.2217/17469600.2.3.193

Circumcision is Not Cost Effective

[McAllister, R. et al., "The Cost to Circumcise Africa," *American Journal of Men's Health* 7\(2008\): 307-316](#)

[McAllister](#) compared a program of promoting circumcision of teenage African boys with a program of promoting condom use – with the goal of determining the more cost-effective program to reduce the spread of HIV in Africa. McAllister failed to analyze the cost effectiveness of a program that includes both circumcision and condom usage. As circumcision costs increase with a patient's age, McAllister also failed to consider the cost effectiveness of a program designed to circumcise infant boys.

Circumcision Decreases Sexual Pleasure

[Kim, D. and Pang, M.](#), "The Effect of Male Circumcision on Sexuality," *BJU International* 99 (2007): 619-22

[Kim](#) surveyed men circumcised as adults, and cannot address the effects of infant circumcision on sexual pleasure. Kim did not distinguish between subjects who were circumcised to treat a medical complication and men circumcised for elective reasons. Men circumcised for medical reasons might have other factors that contribute to a decrease in sexual pleasure. Nevertheless, 80% of Kim's subjects reported no deterioration in their sex lives.

Circumcision Removes the Most Sensitive Parts of the Penis

[Sorrells, M. et al.](#), "Fine-Touch Pressure Thresholds in the Adult Penis," *BJU International* 99 (2007): 864-869

[Sorrells](#), recruited 150 circumcised and 50 uncircumcised men and measured sensitivity to fine-touch at 19 locations on the penis. Sorrells admitted that the study included self-selection bias and demographic differences. The uncircumcised men were younger than the circumcised men and were from different ethnic backgrounds.

Moreover, sexual activity and sexual gratification involve far more than simply penile sensitivity. Common sexual positions involve inserting the penis inside a partner's vagina, mouth, or anus. Most or all of the shaft is enveloped within the partner's body and stimulated via mobile (frictional) contact. Manual stimulation (masturbation) also involves frictional contact. In other words, Sorrells measured neither the sensitivity to the type of touch that occurs during sexual activity nor the effect on sexual satisfaction or pleasure.

Examining the Sorrells study, the [AAP Task Force](#) explained the problem in technical terms. "There is fair evidence that men circumcised as adults demonstrate a higher threshold for light touch sensitivity with a static monofilament compared with uncircumcised men; these findings failed to attain statistical significance for most locations on the penis, however, and it is unclear that sensitivity to static monofilament (as opposed to dynamic stimulus) has any relevance to sexual satisfaction."

The Sorrells study was funded by NOCIRC, an anti-circumcision group. Several contributing researchers held prominent positions in anti-circumcision groups. (Marilyn Milos, founder of NO-CIRC; Robert S Van Howe, named 2012 Intactivist of the Month by Intact America; Mark Reiss, Vice President of Doctors Opposing Circumcision).

Circumcision Policy Influenced by Psychosocial Factors

[Goldman, R.](#), "Circumcision Policy: A Psychosocial Perspective," *Paediatrics & Child Health* 9 (2004): 630-633

This article is entirely theoretical, not based on any actual research. [Goldman](#) even admitted that his hypotheses are "speculative." He claimed that "personal attitudes and opinions (internal emotional factors) and responses from the social environment (external sociopolitical factors)" put pressure on policy-makers in the United States not to change circumcision policies. He admitted that the 1999 AAP circumcision policy aligns with those of other medical associations. Goldman suggested that "minimizing evidence of harm and using medical claims to defend circumcision, when that evidence is conflicting at best, could be some of the unconscious ways for some male physicians to avoid the emotional discomfort of questioning their own circumcision," citing his own speculative 1999 paper ([see below.](#)) His claim that

physicians who perform routine circumcisions use “psychological defence [sic] mechanisms to deny some of the evidence against circumcision” is a closed circle ad hominem rationalization.

Turning to socio-political factors, Goldman suggested that foreign medical associations have avoided issuing statements against circumcision out of fear of offending Jews. He claimed that a more tolerant stance “is less evidence-based,” an ironic assertion in a paper devoid of evidence. Goldman concluded by suggesting that policy-makers should “disclose their circumcision status ... number of circumcisions performed, circumcision status of any male children, and religious or ethnic background,” asserting that such factors constitute conflicts of interest. In other words, he claimed that Jewish doctors are predisposed in favor of circumcision and cannot be trusted to conduct, in the words of the AAP Task Force, a “dispassionate analysis of the scientific literature.” The recommendation that a researcher would be expected to publish information about his minor children’s genitals is disconcerting.

The author failed to disclose his extensive financial and reputational conflicts of interest. Goldman is the founder and executive director of the Circumcision Resource Center, registered as a non-profit education organization, but in actuality an anti-circumcision advocacy group. In addition, he is the author of two books and several published studies and articles, and has participated in over 200 interviews for television, radio, and other media. Furthermore, Goldman failed to consider the possibility that his own deeply entrenched anti-circumcision bias has affected his ability to consider the evidence in an impartial manner.

A footnote did reveal that Goldman “is Jewish, circumcised, has no male children and has not circumcised anyone.” He has written at least two other scholarly papers, neither of which included a disclosure footnote. This author reviewed seven articles Goldman wrote that were published in magazines and newspapers between 1997 and 2011. In none of them did he disclose his circumcision status, circumcision experience, religion, or absence of male progeny. As Goldman has demanded such details from circumcision supporters, a cynic might speculate that the reason he included these disclosures in this 2004 paper – and only in this paper – was to mask the appearance of hypocrisy.

Circumcision is Not Good Health Policy

[Van Howe, R., “A Cost-Utility Analysis of Neonatal Circumcision,” *Medical Decision Making* 24 \(2004\):584-601](#)

A review of this study will be added at a later date.

Pain, Trauma, Sexual, and Psychological Effects of Circumcision Investigated

[Boyle G., Goldman, R., Svoboda, J.S., and Fernandez, E., “Male Circumcision: Pain, Trauma and Psychosexual Sequelae,” *Journal of Health Psychology* \(2002\): 329-343](#)

[Boyle](#) cited circumcision studies in which babies were not provided anesthesia. Boyle cited a 1999 Rhinehart paper [discussed below](#). There is little research on the ability of adults to recollect traumatic events that occurred during the first six months of life. According to a 2013 [BrainConnection.com article](#), “college students could recall events even if they were only 2 years old when the experiences occurred. Moving and a family member’s death seemed to emerge from the haze of amnesia around the more traditionally accepted age of 3.” However “there were no verifiable reports for recollection of events occurring before age 2.”

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Circumcision Results in Significant Loss of Erogenous Tissue

[Taylor, J. et al.](#), "The Prepuce: Specialized Mucosa of the Penis and Its Loss to Circumcision," BJU 77 (1996): 291–295

[Taylor](#) studied 22 corpses, not living humans, and only uncircumcised corpses. Taylor did not compare his findings to live subjects. Nor did he study the effect of circumcision on sexuality. And he [was a member](#) of an anti-circumcision group.

Circumcision Affects Sexual Behavior

[Laumann, E. et al.](#), "Circumcision in the U.S.: Prevalence, Prophylactic Effects, and Sexual Practice," JAMA 277 (1997): 1052–1057

[Laumann](#) determined that circumcised men have a higher frequency of oral sex and masturbation. Laumann speculated that the differences between circumcision status and sexual practices were based on cultural forces, rather than physiological differences. "If the uncircumcised penis assumes a somewhat negative cultural association among whites, this may lead uncircumcised men to engage in a somewhat less elaborated set of sexual practices." It's difficult to square the conclusion that circumcision provokes more frequent masturbation with the oft-cited claim that the procedure curtails masturbation.

There are several possible reasons why circumcised men receive more frequent oral sex. Perhaps many women consider a circumcised penis to be more visually pleasing. Perhaps the partner of an uncircumcised man may decline to perform fellatio if she is repulsed by an unpleasant odor. Perhaps a partner might be reluctant to insert an organ with germ-harboring foreskin into her mouth. At any rate, it's curious that, in response to the Laumann study, the CRC expressed a puritanical attitude toward oral sex and masturbation.

Researchers Demonstrate Traumatic Effects of Circumcision

[Taddio, A. et al.](#), "Effect of Neonatal Circumcision on Pain Response during Subsequent Routine Vaccination," The Lancet 349 (1997): 599–603

[Taddio](#) tested only for the Gomco method and tested only for Emla as pain relief. Follow-up consisted of one measurement during a 4- or 6-month vaccination visit; measurements at older ages were not taken.

The 2012 American Academy of Pediatrics [Circumcision Task force](#) recommended that "circumcision should involve effective pain management." The AAP added, "Analgesia is safe and effective in reducing the procedural pain associated with newborn circumcision; thus adequate analgesia should be provided whenever newborn circumcision is performed."

Circumcision Study Halted Due to Trauma

[Lander, J. et al.](#), "Comparison of Ring Block, Dorsal Penile Nerve Block, and Topical Anesthesia for Neonatal Circumcision," JAMA 278 (1997): 2157–2162

Both the [1999 AAP task force](#) and the [2012 task force](#) recommended that circumcision patients should receive adequate pain relief. And a [2006 Yawman study](#) showed that by 2003, 97% of residency programs were teaching the use of anesthesia for circumcisions. The CRC asserts that "no anesthetic is effective during the most painful parts of the procedure." But the AAP has determined that "analgesia is safe and

effective in reducing the procedural pain associated with newborn circumcision." Specifically, "there is good evidence that topical 4% lidocaine is as effective as lidocaine-prilocaine at preventing pain."

Circumcised Penis Requires More Care in Young Boys

[Van Howe, R.](#), "Variability in Penile Appearance and Penile Findings: A Prospective Study," BJU 80 (1997): 776–782

[Van Howe](#) performed a total of 822 examinations on 432 circumcised boys and 36 uncircumcised boys. The examinations were conducted in Minocqua, a rural town in northwestern Wisconsin with a population under 5,000. According to the 2010 census, the population is 96% white and the average age is 51.6 years. The percentage of circumcised boys in the study was 92%, compared to a national average of about 62%. Examinations were conducted over a 2-year period for "sports physical and well-child examinations, and sick visits where a genital assessment was part of a physical examination for a specific problem." Thus patients were hardly representative of the general population of American boys. And Van Howe did not separate data by wellness checkups versus sick visits.

Van Howe did not report the rate of urinary tract infections. A [2012 Dubrovsky study](#) published in the Canadian Medical Association Journal revealed that the risk of infection was 88% lower in circumcised boys. [UTIs in children](#) "can cause damage and scarring to the kidneys; over time, repeated scarring can cause long-term damage, including problems with kidney function and even kidney failure – complications for which infants and young children may be at greater risk." Thus Van Howe failed to account for the amount of care an uncircumcised boy would require due to an increased likelihood of acquiring a UTI.

Poll of Circumcised Men Reveals Harm

[Hammond, T.](#), "A Preliminary Poll of Men Circumcised in Infancy or Childhood," BJU 83 (1999): suppl. 1: 85–92

[Hammond](#) cited a survey of 313 men that was conducted by the anti-circumcision group NO-HARMM. The respondents were self-selected and data was collected by self-reports. It doesn't appear that any attempt to include men who might report positive experiences was attempted. Some of the results conflict with the 2015 Bossio study.

Psychological Effects of Circumcision Studied

[Goldman, R.](#), "The Psychological Impact of Circumcision," BJU 83 (1999): suppl. 1: 93–102

[Goldman](#) summarized many of the studies that are discussed elsewhere in this paper, but provided no new research. He accused men of denying or repressing their feelings, but offered no evidence for these claims. Denial is a closed circle accusation, impossible to refute, and is thus meaningless.

Serious Consequences of Circumcision Trauma in Adult Men Clinically Observed

[Rhinehart, J.](#), "Neonatal Circumcision Reconsidered," Transactional Analysis Journal 29 (1999): 215-221

[Rhinehart](#) reported that several of his middle-age patients suffered PTSD and claimed that several remembered their own circumcision. Rhinehart didn't address the possibility that the psychologist himself guided his patients to associate their problems with their infant circumcision.

Anatomy and Function of the Foreskin Documented

[Cold, C. and Taylor, J., "The Prepuce," BJU 83 \(1999\): suppl. 1: 34–44](#)

Despite spending nearly 5,000 words discussing the anatomical structure of the foreskin, [Cold](#) failed to demonstrate how circumcision harms a man's physical functions, sexual functions, or sexual pleasure. Proliferation of the word "normal" 38 times in the paper might lead one to infer that the authors were motivated by a desire to have readers adopt their view of circumcised penises as "abnormal."

Male Circumcision Affects Female Sexual Enjoyment

[O'Hara, K. and O'Hara, J., "The Effect of Male Circumcision on the Sexual Enjoyment of the Female Partner," BJU 83 \(1999\): suppl. 1: 79–84](#)

[O'Hara](#) violated standard survey methodology throughout the study. The survey was conducted over a period of several years. Respondents were recruited via an advertisement in an anti-circumcision newsletter. Survey questions featured prejudicial terms and were structured to elicit responses favoring uncircumcised sex. Some questions were added or reworded during the survey period. This author has written a paper that [utterly refutes](#) the validity of O'Hara's survey.

Surveys Reveal Adverse Sexual and Psychological Effects of Circumcision

[Boyle, G. and Bensley, G., "Adverse Sexual and Psychological Effects of Male Infant Circumcision," Psychological Reports 88 \(2001\): 1105-1106](#)

[Boyle](#) surveyed men and women in Australia; 79% of the men were born in Australia. Surveys were conducted via mail, and had a 29% response rate. Thus the survey likely suffered from an extreme self-selection bias. Men recruited from men's groups and the St. Andrew's Men's Health Center in Brisbane might not be representative of the general male population. Men in one of the three groups delivered further surveys to their own friends and acquaintances, making the participant pool less representative of the male population at large. According to Boyle, "Men circumcised as infants clearly differ on several of the survey items." However it's not clear whether the male respondents were asked for their age at the time of circumcision. Nor did the survey distinguish between men circumcised for medical reasons and those circumcised for elective reasons.

Foreskin Reduces the Force Required for Penetration and Increases Comfort

[Taves, D., "The Intromission Function of the Foreskin," Med Hypotheses 59 \(2002\): 180](#)

[Taves](#) used a Styrofoam cup with a quarter-sized hole in the bottom to simulate a vaginal opening. He mounted the cup on diet scales in order to compare the force that a circumcised man would use to enter a vagina with the force that an uncircumcised man would use. Apparently Taves penetrated the hole with his penis twelve times – half with his glans exposed, and half with his glans covered by his foreskin. It's difficult to know where to begin an analysis; one is left speechless over the realization that this study is given any serious consideration.

Survey of Men Circumcised as Adults Shows Mixed Results

[Fink, K., Carson, C., DeVellis, R., "Adult Circumcision Outcomes Study: Effect on Erectile Function, Penile Sensitivity, Sexual Activity and Satisfaction," J Urol 167 \(2002\): 2113-2116](#)

[Fink](#) surveyed men circumcised as adults, more than 80% of whom were circumcised to treat a medical problem. A 44% response rate suggests a significant self-selection bias. And only 79% of respondents had sex before and after the procedure. This study can address neither the effect of infant circumcision – nor the effect of adult elective circumcision – on sexual function, pleasure, or satisfaction. The researchers admitted that since they didn't assess men's expectations before the procedure, they were "unable to comment on how [the respondents'] expectations might have affected their biases." Fink speculated: "Perhaps circumcision in some men is psychologically traumatic and interferes with erectile function." Despite these limitations, 62% of Fink's respondents expressed satisfaction and 50% reported benefits of circumcision.

Survey Finds Circumcision Contributes to Vaginal Dryness

[Bensley, G. and Boyle, G., "Effects of Male Circumcision on Female Arousal and Orgasm," N Z Med J 116 \(2003\): 595-596](#)

[Bensley](#) failed to provide the text of the survey, making it impossible to analyze whether the wording of the questions affected responses. The study provides a scant description of the recruitment process. Of the respondents roughly 79% were born in Australia. Bensley reported a 34% response rate, which the researchers admitted was an indication of a significant self-selection bias. Many respondents "distributed further surveys to their own friends and acquaintances," making the results even less representative of a general female population. The study doesn't indicate whether a partner's age at the time of circumcision was tracked. Bensley repeatedly cited the discredited [O'Hara study](#) and accused circumcised men of "defensive denial of harm." In spite of all that, no evidence was found "to suggest recurrent erectile dysfunction or premature ejaculation in circumcised men and little suggestion that these men exhibited PTSD in relation to their circumcision." And an equal number of women preferred that their next partner be circumcised as those who preferred that he be uncircumcised.

Early Adverse Experiences May Lead to Abnormal Brain Development and Behavior

[Anand, K. and Scalzo, F., "Can Adverse Neonatal Experiences Alter Brain Development and Subsequent Behavior? Biol Neonate 77 \(2000\): 69-82](#)

[Anand](#) referenced 147 research studies and papers, but offered no new research. Anand stated possible effects of "exposure to repetitive pain." However circumcision is normally a singular event. Anand noted, "Little is known about the effects of full-term pain in neonates. Circumcision seems to disrupt their post-natal adaptation." Anand stated that "treatment of circumcision pain with a topical anesthetic decreased their responses to vaccination pain at 4-6 months of age."