MALE CIRCUMCISION IN ISRAEL / BEN SHALEM\*

Circumcision in Israel is an operation, which is performed on almost all male children of Jewish and Muslim parents and on many children of Christian parents. Though a sensitive richly innervated organ is removed, in most circumcisions the baby is pacified without anesthetic with only a piece of gauze soaked in wine or sucrose solution. Sometimes EMLA cream is applied before the circumcision, but this is almost as ineffective as the pacifier. In some of the circumcisions performed by a physician a penile block is given. Only rarely two blocks are combined, although this is the only method for providing proper local anesthesia during and after circumcision [1-3].

When the circumcision is done by a Jewish traditional circumciser, a mohel, it is followed by Metsitsa. It consists of the mohel taking the bleeding penis into his mouth and sucking out the first drops of blood. In nineteenth century Europe thousands of Jewish infants died from diseases, contracted during the metsitsa [4]. Despite this the ultra-orthodox mohels continue even today to suck the bleeding penis with their mouths. Today a major pathogen transmitted by this dangerous tradition is the Herpes virus. The injury and death toll proven to be caused by the metsitsa have not persuaded the authorities in Israel, or elsewhere, to eradicate this dangerous practice [5-8].

Not a single research was performed in Israel, which followed a group of infants and checked the nature and quantity of circumcision complications amongst them. There is also no central or county registration on the subject. A very partial survey on the immediate complications listed in the regular and medical press, which we conducted at the end of the 1990s, found 22 incidents of death, 19 cases of amputation or gangrene of the genitals and 132 acute cases, which necessitated hospital care, due to infections, hemorrhages, incisions, skin loss and other deformations. Some of the complications caused the penis irreparable damage. The plurality of incidents of death relative to other cases is indicative of biased reporting, and not of a small number of other complications. More up-to-date complications of male circumcision in Israel can be found at the site Gonnen.org [9]. It should also be noted that contrary to the accepted opinion male circumcision in Israel does not prevent urinary tract infections, but in fact cause them [10-14]. Another very common complication of male circumcision in Israel, as elsewhere, is meatal stenosis, which inflicts up to 10% of the circumcised boys. To widen the narrow meatus many of them would need surgery followed by a few weeks of twice daily manual stretching to prevent recurrence [15,16].

Proponents of male circumcision consider the male prepuce a useless part of the male anatomy, but recent studies have indicated, as already written by Maimonides, a famous 12th century Jewish sage and physician, that male circumcision injures male sexuality and reduces sexual pleasure [17-21]. It is also not well known that the prepuce in the male and the clitoral prepuce and labia minora in the female develop from the same embryonic tissue and their removal is analogous [22].

It is so difficult to eradicate male circumcision, because, Judaism and Islam have made it part of our culture. Nevertheless, religious freedom and parental rights must not be used to justify the mutilation, abuse and torture of helpless minors. People should only be allowed to practice their religion on their own bodies, not on the bodies of others, even if the others are their own children.

**Recommendations**

1. Require Israel to stop Male Genital Mutilation, euphemistically called Male Circumcision, and respect its signature on The International Convention on the Rights of the Child noting especially Paragraph 24 sub paragraph 3 which states: "States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children".
2. Demand that every person who puts the bleeding penis of an infant or child into their mouth and suck it should be prosecuted.
3. Secure from the Israeli authorities a commitment that any male circumcision still taking place must be done with proper and adequate pain control during and after the procedure. This necessitates the mandatory use of a combined dorsal and ring penile blocks.
4. Require a central registry of all circumcisions, and that a thorough long-term follow-up will be conducted to record the real number of complications of male circumcision, both early and late thus measuring the effect of infant male circumcision on adult sexuality.

**References**

1. Lander J, Brady-Fryer B, Metcalfe JB, Nazarali S, Muttitt S. Comparison of ring block, dorsal penile nerve block, and topical anesthesia for neonatal circumcision: a randomized controlled trial. JAMA 1997;278:2157-62.
2. Naja ZA, Ziade FM, Al-Tannir MA, Abi Mansour RM, El-Rajab MA. Addition of clonidine and fentanyl: comparison between three different regional anesthetic techniques in circumcision. Paediatr Anaesth 2005;15:964-70.
3. Malkoc E, Ates F, Uguz S, Dursun F, Can F, Baykal K. Effective penile block for circumcision in adults. Wien Klin Wochenschr 2012;124:434-8.
4. Tertis A. Sefer dom bris, treatise on metzitzah & circumcision. London: Ginzburg Press, 1900 (in Hebrew).
5. Rubin LG, Lanzkowsky P. Cutaneous neonatal herpes simplex infection associatedwith ritual circumcision. Pediatr Infect Dis J 2000;19:266-8.
6. Distel R, Hofer V, Bogger-Goren S, Shalit I, Garty BZ. Primary genital herpes simplex infection associated with Jewish ritual circumcision. Isr Med Assoc J 2003;5:893-4.
7. Gesundheit B, Grisaru-Soen G, Greenberg D, Levtzion-Korach O, Malkin D, PetricM, Koren G, Tendler MD, Ben-Zeev B, Vardi A, Dagan R, Engelhard D. Neonatalgenital herpes simplex virus type 1 infection after Jewish ritual circumcision: modern medicine and religious tradition. Pediatrics 2004;114:e259-63.
8. Centers for Disease Control and Prevention (CDC). Neonatal herpes simplex virus infection following Jewish ritual circumcisions that included direct orogenital suction - New York City, 2000-2011. MMWR Morb Mortal Wkly Rep 2012;61:405-9.
9. Sadeh E. Damage and complications of circumcision in Israel. <http://www.gonnen.org/complications.htm>.
10. Cohen HA, Drucker MM, Vainer S, Ashkenasi A, Amir J, Frydman M, Varsano I. Postcircumcision urinary tract infection. Clin Pediatr 1992;31:322-4.
11. Goldman M, Barr J, Bistritzer T, Aladjem M. Urinary tract infection following ritual Jewish circumcision. Isr J Med Sci 1996;32:1098-102.
12. Harel L, Straussberg R, Jackson S, Amir J. Influence of circumcision technique on frequency of urinary tract infections in neonates. Pediatr Infect Dis J 2002;21:879-80.
13. Is ritual circumcision a risk factor for neonatal urinary tract infections? Prais D, Shoov-Furman R, Amir J. Arch Dis Child 2009;94:191-4.
14. A costly covenant: ritual circumcision and urinary tract infection. Toker O, Schwartz S, Segal G, Godovitch N, Schlesinger Y, Raveh D. Isr Med Assoc J. 2010;12:262-5.
15. Ben-Meir D, Livne PM, Feigin E, Djerassi R, Efrat R. Meatotomy using local anesthesia and sedation or general anesthesia with or without penile block in children: a prospective randomized study. J Urol 2011;185:654-7.
16. Ne'eman A. Narrow meatus: when my boy urinates like a sprinkler. <http://www.clalit.co.il/HE-IL/General/urology/urologykids/articles/narrow_urethra.htm?utm_source=newsletter&utm_medium=email&utm_campaign=feb1>.
17. Kim D, Pang MG. The effect of male circumcision on sexuality. BJU Int 2007;99:619-22.
18. Zoossmann-Diskin A. Relation of male circumcision to cervical cancer, sexuality and female circumcision. Journal of Men’s health and Gender 4:448-53.
19. Frisch M, Lindholm M, Grønbæk M. Male circumcision and sexual function in men and women: a survey-based, cross-sectional study in Denmark. Int J Epidemiol 2011;40:1367-81.
20. Bronselaer GA, Schober JM, Meyer-Bahlburg HF, T'sjoen G, Vlietinck R, Hoebeke PB. Male circumcision decreases penile sensitivity as measured in a large cohort. BJU Int 2013;111:820-7.
21. Dias J, Freitas R, Amorim R, Espiridião P, Xambre L, Ferraz L. Adult circumcision and male sexual health: a retrospective analysis. Andrologia 2013 Apr 20 doi: 10.1111/and.12101.
22. Barichello L. Interview with Dr. John R. Taylor, academic pathologist and coauthor of: The prepuce: specialized mucosa of the penis and its loss to circumcision. [http://www.intact.ca/taylor.html.](http://www.intact.ca/taylor.html.%20Accessed%20on%2030.06.2007)