

*The Jewish Circumcision before a Medical Tribunal.* By Dr. JOSEPH HIRSCHFELD. Translated from the *Oesterreichische Zeitschrift für Practische Heilkunde*, Nov. 27, 1857, for the MONTHLY. By J. V. L.

A question in Jewish theology has lately been discussed, the decision of which properly belongs to medical surgery. One Dr. Levit, who, as an Israelite, refused to circumcise his child, excuses his refusal among other things, on the ground that the operation is not wholly without danger—that he regards it as a severe injury—as dangerous to life, and even fatal.

It will, therefore, be interesting for the public, and especially for the physician, to bring this opinion of Dr. L. to the proof, and simply to inquire whether the operation of circumcision is shown to be dangerous to life, according to the prognosis given of it by any authority. Upon this point it will be permitted me merely to show that Balassa, Benedict, Dumreicher, Langenbeck, Middeldorpf, Pitka, Remer, Schuh, and the other Coryphæi of operative surgery, whose clinics I have visited, and in some of which I had the opportunity to stand as pupil, in no manner consider or point out circumcision as dangerous, much less fatal.

The circumcision of the Jews differs little from circumcision in simple or complicated phymosis. The child is bandaged tolerably tightly from the symphysis to the shoulder, and from the middle of the thighs to the ankles, and then laid upon the lap of its godfather, seated. The operator, with the thumb and forefinger of the left hand, lays hold of the prepuce, and brings the portion to be removed within the

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cleft, two lines broad, of a silver instrument similar to a mouth spatula, and when the member is brought in a perpendicular position, seizes the inclosed foreskin, and with a single stroke of a double-edged bistoury, cuts it off close to the plate. With the thumb nail expressly sharpened for this operation, he tears as quickly as possible the inner membrane of the foreskin up to the corona. The bleeding is stopped by cold water.

A primitive and unrefined custom of spirting red wine several times from the mouth, and sucking up the blood at successive draughts, is now only kept up by a few very orthodox common practitioners. The hæmorrhage having ceased, the wound is by some operators sprinkled with Sem. Lycopod; by others, the glans and the cut surface are covered with a strip of linen, spread with fresh butter.

Under Prof. Pitha, as house-surgeon, I had a patient, 18 years old, on whom circumcision had been performed, whose wound healed in eight days. With children this is accomplished in from 24 to 36 hours, from the fact that the external and moral agencies, so powerful in adults to disturb the healing process, are with them wholly wanting. If in Dr. L.'s practice of 16 years, there happened six cases in which the operation resulted fatally, it may be well asked if it were due to the gravity of the operation, or the unskillfulness of the operator. Dr. L. will not dare to instance blood-letting as an operation dangerous to life, because here and there an unskillfully performed venesection is followed by fatal results. How lame, therefore, are all such arguments of Dr. L., is evident enough to every practical physician! As an invincible fact, moreover, stands out above all, the extremely favorable statistics of mortality of Jewish children in the first year of their life. According to E. Glatters' Reports, (the life-chances of those of the Jewish and Christian profession contrasted. Biostatistic Studies. Wetzler, 1856,) during a period of 32 years' observation in Wieselburger County, Hungary, there died of a thousand, in the first year of their life, of Jews, 44.1; of Germans, 123; Hungarians, 167; and Croats, 146.9. From these data, it appears clearly evident that circumcision exercises on the one hand no injurious influence on the ratio of mortality of Jewish children during the first year of their life; so on the other, that it is greatly in its favor, that it not only gives no predisposition to those pernicious diseases of later life, which, even when concealed, so deeply affect the human organism, but should be recommended authoritatively as a preservative against them. Upon this point we can adduce, among

others, the statistical reports of Prof. Hutchison, (*Med. Times and Gazette*, 1856.)

In an article in the *Berlin Allgem. Medic. Central Zeitung*, entitled "Upon the Influence of Circumcision in the Contraction of Syphilis," are these words. The idea has very often been expressed that circumcision, inasmuch as it brings about an anatomical change in the male genital organ, by converting the membrane covering the glans into a resisting epithelial coat, the disposition to contract syphilis is lessened.

Every physician having any Jewish patients, knows that syphilitic ulcers rarely occur among them—that for the most part they run their course more rapidly, and are seldom followed by secondary phenomena. Especially has he, with them, from the nature of the case, nothing to do with that dangerous chancre which, located on the inner surface of the foreskin and removed from view and treatment, easily increases, eats its way deeply in, becomes indurated, and is followed by the most unhappy secondary and tertiary symptoms.

Hutchison has now, for the first time, so far as we know, made the attempt to give in precise terms the comparative frequency of syphilis among Jews and Christians. And by statistics, to prove the correctness of what hitherto has been accepted *à priori*.

Dr. H. is physician to a London Hospital, which, connected with a Dispensary, is located in a portion of the city inhabited for the most part by Jews. Frequent application is made by them for Hospital and Dispensary aid.

The total number treated for syphilis in 1855, amounted to 330—of whom 272 were Christians, and 59 Jews. Of the former, 107 for gonorrhœa, 165 for syphilis. Of the latter, 47 for gonorrhœa, and 11 for syphilis, which gives the proportion of gonorrhœa to syphilis among Christians, as 0.6:1, and among Jews 4.3:1. The proportionally great frequency of gonorrhœa among Jewish patients (they furnish almost the half of all the collected cases,) shows that the difference in the total of syphilitic patients is not to be accounted for by a greater reserve on the part of Jews to apply for medical aid.

During the above period, there were treated in the same Hospital, 252 children under 5 years of age, 179 of whom were Christians, and 73 Jews. Of the former 27, and of the latter 3, were unaffected with congenital syphilis. The number of females treated for venereal diseases amounted to 97, of whom 92 were Christians, and 5 Jews. Of the former, 61 were treated for syphilitic ulcers. Two-thirds of the Christian patients were married, and in all probability received

the infection from their husbands. The proportional frequency, so favorable in the case of Jewish women, can partly arise from their greater morality; from their domestic life being based more upon ethical principles, but more especially from this, that the diseased Jewish husband is not in so favorable a condition to conceal and communicate his disease.

In view of this fact, the old Mosaic rite receives a confirmation, perhaps stronger and more binding upon our age than that in which the Legislator lived; and, from a hygienic point of view, the general introduction of circumcision would be founded more in reason than its often talked of abolition.