

*Circumcision.* By A. B. ARNOLD, M. D., Baltimore, Md.

DURING the last nineteen years, I performed the operation of circumcision, as practised among the Israelites, not less than eight hundred times. This extensive experience enabled me to gather some noteworthy facts and observations. It will perhaps be not uninteresting to introduce their statement by a brief account of what is at present known, or conjectured, in regard to the origin and purpose of this species of mutilation, which prevailed to a great extent in ancient times among numerous tribes and nations, and is yet practised by over two hundred millions of people. No apology, I hope, will be deemed requisite for trenching thus apparently on religious grounds, in view of the fact, that circumcision is a surgical

<sup>1</sup> Committed suicide on account of tinnitus aurium.

procedure, and constitutes therefore an item of medical literature. I have availed myself, accordingly, of the many contributions, which contain much curious information on this subject.

Herodotus alludes to the customs of circumcision among the Egyptians, the Colchicans, the Ethiopians, the Phoenicians, and certain tribes of Syria. On the authority of Clemens of Alexandria, it is reported, that Pythagoras had to submit to circumcision before he was allowed to be initiated into the mysteries of the Egyptian priesthood. It is remarkable that while the Mohammedans practice circumcision as a religious observance, no command is contained in the Koran to make this rite obligatory. This evidently shows that, among the Arabians, with whom the Moslem religion originated, the usage of amputating the foreskin had acquired a sanction, which not even a radical change of religion could weaken in the least. The Bible informs us that Abraham was circumcised, in obedience to divine command, and yet it is singular, that Scripture is silent in regard to the question, whether the patriarch, who was then ninety-nine years of age, circumcised himself, or was circumcised by some other person. The context in which this biblical passage occurs, and argument from the verbal construction of the language employed, suggest the inference, that the practice of circumcision in Abraham's time was already an established custom. Be this as it may, it must be assumed that the descendants of Abraham circumcised their male children on the eighth day, under the conviction of discharging thereby a religious duty. In the course of time, as shown by the scriptural narrative, the Israelites considered the retention of the foreskin as a badge of infamy. A curious instance is related, in the life of David, which illustrates the existence of a barbarous custom in connection with the obnoxious genital appendage. During the time that David figured as a dashing guerilla chief, in the employment of the king of Israel, he demanded in marriage the daughter of his royal master. This request was granted, under the condition that the young hero bring one hundred foreskins of one hundred Philistines. David, like a true lover, and cavalier, brought

double the number of the specified trophies, but Saul failed to keep his promise.

Circumcision attracted also the attention of celebrated heathen writers, and a strange circumstance brought this operation likewise under the notice of some of the most eminent surgeons and physicians of antiquity. Tacitus ascribes the custom of circumcision, among the Asiatics, to the design of preventing certain disorders to which the inhabitants of hot countries are said to be peculiarly liable. This opinion is shared by Niebuhr, who tells us, in his travels, that the prepuce in oriental regions is apt to be affected by boils and carbuncles. Strabo assigns a similar reason for the ablation of the clitoris of Egyptian girls. A number of modern writers conjecture, that Moses instituted the rite of circumcision as a prophylactic measure against congenital phymosis, paraphymosis, and the formation of concretions beneath the prepuce. This is hardly probable,<sup>1</sup> for it is difficult to believe that a painful, and sometimes a dangerous operation, should have been adopted by a whole nation, for the mere purpose of avoiding a few rare and not serious local complaints, to which the possessors of Palestine were not more disposed than other people. The learned Maimonides thinks that circumcision has the effect of lessening the amorous propensity: "*superfluous tantum appetitus cœundi diminuitur.*" There are some biblical scholars, who have advanced the opinion, based on the results derived from the comparative study of kindred religious systems, that circumcision owed its origin to the beneficent intention of substituting a milder usage for the horrible practice of human sacrifice.<sup>2</sup> It is highly probable that previous to the establishment of the Mosaic polity, all the Semitic tribes were guilty of this abomination, and the Pentateuch contains yet the regulation in what manner every first-born male child, which was to be devoted to Jehovah, shall be released from this obligation. The query arises, however, why the external genital organ of the male was selected for the mark of the Abrahamic covenant? Some of the learned men

<sup>1</sup> See Antenrieth's Dissertation on the Origin of Circumcision among Barbarous and Semi-barbarous Nations.

<sup>2</sup> Vatke. The Old Testament. Movers. The Phœnicians.

have found no difficulty in solving also this problem. The ancient Egyptians and the Syrian tribes inhabiting portions of Asia Minor, symbolized the creative or generative power of the Deity by crude images of the pudenda. Herodotus tells us that, when he travelled through Syria, he saw a number of such ill-shaped things (phalli) erected on hills, and in groves. The foreskin was imagined to be an obstruction to the functional activity of the male organ, and was therefore removed as an inappropriate appendage. This seems to be indicated by the Hebrew word *orel* (prepuce), which is used in the sense of impeding or checking.<sup>1</sup>

At a later period of Jewish history, when the successors of Alexander, and afterward the Romans, had subdued the Holy Land, they introduced the elegant pastimes and exercises of the gymnasium, and the arena, which found much favor among the young Hebrews. On occasions when the Jewish gladiator or athlete had to strip like the rest, to take part in the performances, he would be subjected to the taunts and jeers of the heathen spectators, on account of his bodily deficiency. The admirer of Horace will probably remember the lines in *Judæus appella*, where the facetious poet wittily alludes to the *curti*. In order to remedy this shortcoming, the high-spirited Jewish youths soon found means of fashioning for themselves new foreskins. The celebrated Roman surgeon, Celsus, has transmitted to us the manner of chirurgical procedure, by which this change was accomplished. He directed to divide the margin of the preputial vestige, where it is attached around the fossa, so that the duplicature of skin compassing the prepuce may be expanded and lengthened. Galen advises to stretch the elastic tissue of the remaining portion of the foreskin by long-continued manipulations, and to fasten its free edge to the glans near the meatus. Surgery conferred thus a great boon on the pious young Israelite, and more especially since, after the final overthrow of the Jewish nationality, under the Emperor Hadrian, very stringent laws were enacted against the rite of circumcision.

Among a large number of rules contained in the Talmud,

<sup>1</sup> G. Breeher, M. D. The Circumcision of the Israelites. Vienna, 1845.

respecting circumcision, the following are noteworthy: If a father lost two boys by circumcision, he was absolved from having the succeeding full brothers circumcised. Sickly and feeble children, or those whose skin is unusually red, or yellow, are exempt from the operation. The advice of a physician is necessary whether a child is able to undergo the operation at the stated time.

With regard to the persons who officiated as operators, it may be inferred from passages of the Bible, and the Talmud, that women, and even the mother of the candidate for circumcision, undertook the task. Josephus informs us that a physician was preferred to any other person. The Justinian code prohibits any physician from circumcising a Roman citizen. During the middle ages, the services of a Jewish surgeon or barber were employed for the purpose, but a Gentile surgeon was also allowed to operate, when none of the Hebrew persuasion could be procured. In modern times, non-professional persons of the Jewish church, almost exclusively practise the operation, and consider it a pious act, and accept no remuneration, but, in many European States, a physician must be present, to watch the proceedings, except the officiating person be a surgeon of the Hebrew faith.

The operation of circumcision is a very simple affair, and, if properly performed, ought to be finished in less than a minute's time. In the hands of non-professional persons, the operation looks, sometimes, formidable enough, owing in some measure, to the accompanying ceremonial, but more especially to the remnants of the vicious surgery of a past age. The most objectionable feature is the squirting of wine on the fresh wound, followed by the sucking of blood with the mouth. This procedure, technically called *mezizah*, has recently found many and influential opponents within Jewish communities, and has even been interdicted by Rabbins of high authority. I have never imitated this practice, which, I am happy to say, meets the approval of American Israelites of this city, and received the sanction of the late pious and learned Rabbi, Abraham Rice, who was then at the head of one of the most numerous and orthodox Jewish congregations of this country.

The apparatus used consists of a two-edged knife of con-

siderable size, rounded off at the point, where it has a dull edge. Perhaps a pair of scissors would be preferable, but this innovation has not yet been attempted by any one. I use a small scalpel, as the convex blade offers some advantage. A guard, or shield, composed of a plate of silver or ivory, having a slit in the centre which runs longitudinally for compressing the prepuce, is now in general use. The operator keeps the nails of both his thumbs sharply pointed. A glass of water and a narrow strip of lint complete the preparation. The person who holds the child sits on a chair, his feet resting on a low stool, and approximates his knees. A small pillow is placed on his lap, on which the child is laid on the back, with the head directed toward the left side of the assistant, who carries his right hand under the knees of the child to steady them by his thumb, his left hand passes over the left shoulder of the child, by which he keeps the trunk in position. The operator stands at the feet of the child, and seizes the prepuce between his left thumb and index finger, and draws it upward. He then slides the guard from above downward, and from right to left, over the prepuce, which is constricted between the fingers and the glans. The knife is now held outside of the guard, and with one cut, or perhaps two, the foreskin is severed. Immediately the wounded cutis of the penis retracts behind the fossa, and occasionally to such an extent, that the penis acquires the appearance of having been completely skinned. Only a small portion of the inner lamella of the prepuce is usually cut away, and, being of a less elastic nature, is found to cover a part of the glans. Sometimes it remains intact, and may still cover the entire glans, and even project beyond it. If this be the case, it ought to be removed by a short sweep of the knife, as it would otherwise dangle about in shreds after the parts have healed. Generally, however, the glans is exposed sufficiently to allow of the next stage of the operation. This consists of the laceration of the inner fold of the prepuce, and is done for the purpose of divesting the glans of the remaining portion of the foreskin. After the guard has dropped, or has been removed, the nail of the left thumb is introduced between the inner lamella of the prepuce and the glans, and held tightly with the aid of the left index finger, and is then gently drawn

upward. The nail of the right thumb is introduced in a similar manner, but opposite and nearly in contact with the other nail, so that, in conjunction with the right index finger, the free margin of the circumcised skin is torn on its superior side to near the corona glandis. Very little blood escapes, and nothing further is required to be done than to wrap a narrow strip of lint around the wound, which is kept *in situ* by the agglutination of the blood, and protected from friction by pinning the diaper in the usual manner. The wound heals rapidly, although a slight tumefaction of the parts is frequently observed on the next day, when the dressing may be safely removed and replaced by a thick layer of the common infant powder.

In the vast majority of cases, which present themselves for circumcision, no difficulty is encountered which would require any other management but what has thus been described. There occur, occasionally, certain deviations from the normal type of the prepuce, for which the operator must be prepared. The most frequent defect is a shortened, hard, and puckered condition of the preputial orifice. This offers some difficulty in seizing the parts securely with the fingers. It is my practice, in these cases, to employ a large dressing forceps, by which the small prepuce can be easily drawn away from the glans, and thus prevent the wounding of the latter, of which I know instances. I have also come across a few bungled cases of circumcision, where, owing to the same cause, an elliptical portion of the foreskin had been cut off, and the head of the penis forced through the opening thus made.

Cases are also not rare, in which the orifice of the inner fold of the prepuce is surrounded by a hard, broad seam, that opposes its easy laceration. It is my invariable rule to remove this indurated portion with the knife. I have been called to attend cases where the violent attempt of lacerating such a tough tissue had produced a rent, causing much swelling, and a deplorable amount of suffering.

A fault of an opposite kind is sometimes committed—due either to the timidity of the circumciser, or the concealment of the parts by the blood—where the inner lamella is only partially torn, and is kept on the stretch by the protruding

head of the penis. I recollect, that I was once hastily summoned to stanch the blood in a circumcised child, which the officiating person was unable to check. The child was fearfully blanched, and had refused to nurse for the last six hours. On inspecting the wound, I found the state of things just mentioned, and, on extending the laceration, relieved the child. Troublesome bleeding and suppuration are not unfrequently caused by the laceration of the *frænum præputialis*.

But the most dangerous source of excessive loss of blood in circumcised children is, the existence of the hæmorrhagic diathesis. I remember a family in this city, one of whose children barely escaped with its life, on account of such an unfortunate peculiarity. In two of the children of the same parents which I had circumcised, I found great difficulty in controlling the hæmorrhage. The third child was circumcised by a non-professional person, as the family labored under the impression that the profuse bleeding was owing to my want of skill. Eight hours after the operation, I was sent for, in a great hurry, to render my services. I found the infant in a very precarious condition, as much time had been lost by various appliances to stop the blood, which seemed to ooze from every part of the wound. A neighboring physician had been called in, who unavailingly cauterized the bleeding surface with a solid stick of nitrate of silver. I gave the child a few drops of brandy, in milk, and proceeded to employ the means which had proved successful with the other children. This consisted in wrapping, somewhat tightly, a narrow strip of lint, in successive turns, around the penis, commencing at its root, and frequently repeating these turns around the wounded part, where it formed a kind of cap, and then secured the dressing by numerous tours of cotton thread. The support and pressure exercised by this compact spiral of lint and thread answered the purpose fully, and probably saved the child's life. But, for a long time afterward, the great pallor of its skin, lips, and gums, showed the fearful effects of the drainage of blood. It ought to be mentioned that these cases occurred at the time when the perchloride and persulphate of iron had not yet been introduced into practice. These preparations I have

since used with uniform success in obstinate bleeding from circumcision.

Twice I have rendered assistance in a serious condition of the penis, verging on gangrene, caused by a few linen threads which had strangulated the fossa near the corona glandis, and obstructed the passage of the urine. These cases bore a striking resemblance to paraphymosis, and I must confess that the detection of the cause, which puzzled me much, was still easier than its removal. The parts were tumefied, and deeply congested, and the glans penis, especially, appeared almost black. I ordered a warm bath, in which the little patient remained for some time; and, after repeated attempts with a blunted tenaculum, I succeeded in raising the softened threads from their imbedded position, which gave way on slight traction. No bad consequences followed in these instances; but a similar fortunate termination did not take place in a few other cases of a like nature, one of which came under my notice when it was too late for medical aid to be of any service. Some of the circumcisers, namely, pursue the reprehensible practice of using small pledgets of linen, having a small hole in the centre, which they forcibly strip over the glans penis, and lodge in the fossa, for the purpose, as they allege, of preventing the return of the preputial vestige over the glans. These pieces of linen, or tropeles, as they are called, are allowed to remain in place until the third day, and sometimes longer. Others are in the habit of removing these tropeles daily, and replacing them by new ones, which causes agonizing pain to the little sufferers. If it happen that these unyielding bands of linen contract, and cannot well be removed, without screaming and struggling on the part of the child, they are allowed to remain with all the deplorable consequences of constriction, inflammation, and gangrene. The case to which I have alluded resulted in the sloughing of the whole penis; in another instance, which came to my knowledge, the head of the penis was lost; and a third instance of the kind produced an artificial epispadias.<sup>1</sup>

<sup>1</sup> The first of these children survived but a short time; the second one, whose parents reside in the city of Washington, is troubled, I am told, with painful and difficult micturition.

Great mischief is sometimes done in cases where the foreskin is attached over the glans penis. The attempt to separate this attachment is both useless and cruel. According to my experience, this agglutination of the mucous surfaces is seldom uniform and complete, and is gradually loosened, and finally separated, by the frequent erections of the organ in the act of urinating. These attachments are most tenacious about the corona glandis, where little worm-like projections, of a whitish color, form, easily seen through the transparent membrane, and which are nothing else but aggregations of the natural secretion (smegma) of the sebaceous glands. In older children these adhesions can be readily separated without causing much pain.

I circumcised three boys of the respective ages of four months, fifteen months, and two years, whom non-professional persons neglected to circumcise, and only drew a little blood in conformity to a religious rule, which provides that children born without a prepuce, which occasionally happens, must be slightly wounded about the organ to yield a drop of "the blood of the covenant." The mistake in these cases was, undoubtedly, owing to the presence of a congenital paraphymosis, as I have met several instances of the kind, which, but for the knowledge of the possible occurrence of this condition, might have led me into an error of diagnosis.<sup>1</sup> Within a week's time, the redness and swelling of the parts healed, by frequent bathing and the application of a weak solution of Goulard's lotion.

A kind of malformation is sometimes met with in male infants, which causes considerable anxiety to the parents, and seems to forbid the operation of circumcision. In these instances, the scrotum and the enclosed testicles are perfect and in proper position, but the place of the penis is occupied by a small globular tumor, resembling a nipple, which proves to be the point of the prepuce. On closer examination, the finger will feel the body of the penis imprisoned behind the little pouch of foreskin, and ready to spring forward when released from its confinement by circumcision.

A few cases came also under my notice, in which great

<sup>1</sup> See Hunter on the Venereal Disease.

difficulty was experienced in relieving the bladder, dependent on a contracted state of the preputial orifice. The foreskin in these children presented an unsightly, mangled appearance, in consequence of a bad operation of circumcision. I found a considerable portion of the prepuce hanging loosely about the corona glandis. The head of the penis was still covered by the internal fold of the foreskin, which had already acquired some of the characteristics of the outer integument. It is probable that, in these cases, the circumciser had been foiled in his effort at laceration, and merely wounded the margin of the preputial opening, which, on healing, contracted and interfered with the free flow of the urine. I remedied this fault in the usual manner of operating for congenital phymosis, but preferred the plan of cutting off the triangular flaps, which remain after the prepuce has been slit open.

In conclusion, I would briefly refer to the omission of the art of laceration in the circumcision practised by the Arabians and Mohammedans. This has been variously explained, but is now generally believed to be owing to the custom prevalent among these people, of circumcising their children between the ages of six and thirteen years, when the prepuce has acquired a consistence which would render its laceration a very painful, and even a hazardous operation. But the assertion, that a great degree of resistance is offered by the inner fold of the foreskin, in children of an advanced age, is denied by the experience gained in the United States, where circumcision is often postponed by Jewish parents, who reside in remote and isolated parts of the country. My observations have led me to agree with other American operators, but I am constrained to add, that the wound in these instances assumes, not unfrequently, a threatening appearance, and heals slowly. It were desirable that, in all cases of circumcision among the Israelites, the instrument invented by Dr. Ferguson, which he calls a *pastheton*, be employed for the purpose—or an improved pattern recommended by Dr. Bergson—or what I consider preferable, the scissors, with button and blades, proposed by Dr. Brecher—instead of the rough and primitive use of the finger-nails.