

EDITORIAL DEPARTMENT.

ON INDISCRIMINATE CIRCUMCISION.

A few years ago the ancient rite of circumcision was brought to the notice of the profession as a remedy for certain ills of childhood. Since that time no one surgical operation has been performed, in all probability, more frequently. First brought to the attention of the profession by Dr. Sayre for the relief of "reflex paralysis" dependent upon genital irritation, it has come to be almost a habit with some surgeons to refer to phymosis with or without adherent prepuce a long list of evils. The result has been that many times this operation has been performed when no necessity existed for its performance, and many parents have been led to expect great and permanent benefit when no benefit accrued.

Like many other "advances" in surgery, this simple procedure was accepted by a great number of the profession upon the basis of assertion rather than that of demonstration. The premises were assumed, and the published results, apparently, satisfactory. Whether the patient suffered from "reflex paralysis" and his condition was one of induced "spinal anæmia," or whether there were obscure symptoms which were, in reality, those of incipient joint or spinal disease, or if a child were microcephalus and lacked co-ordinating power, or, indeed, if any unexplained or anomalous symptoms presented, the one great remedy with many has been circumcision.

It has been my fortune to see many cases where this operation has been performed. Indeed, it is not an infrequent thing to find, in those patients who have been for some time under the care of other surgeons, that circumcision is an accomplished fact. I could furnish quite a number of cases where this procedure has been adopted for the cure of what has proved to be incipient hip disease. There are those who have been informed that adherent prepuce caused spinal disease. Indeed, circumcision has been performed for the cure of congenital club-foot! And a long array of cases present where not only circumcision but clitoridectomy has been performed

for what has been called "reflex paralysis," when the condition for which relief was sought was an organic lesion of a great nerve centre.

I have never seen a case of reflex paralysis, in a child, from genital irritation. My friend, Dr. E. C. Seguin, informs me that his experience is like my own in this respect. I have seen several cases which have been diagnosticated as such, but upon examination they proved to be instances of lateral sclerosis of the cord. In these cases where circumcision has been performed, the operation, as a matter of course, produced no more effect than would the same measure upon the condition recognized as infantile paralysis. The great disappointment expressed by the parents of these unfortunates, is a fitting comment on the uselessness of this operation as a remedial measure for other than simple local or directly traceable genito-urinary troubles.

And yet this operation has sometimes been followed by temporary relief in cases other than genito-urinary. The following case will illustrate this fact :

In 1879 a gentleman residing in New Jersey brought his son to me with a history which gave symptoms that had existed for a few weeks. These symptoms found expression principally in the neck. The child—3 years old—was unable to properly rotate the head, and motion was more or less restricted in all directions. There was also some occipital pain and distress upon any sudden motion of the head. These symptoms had been considered by the local surgeon to be of reflex origin, and due to phymosis and adherent prepuce. The parents were induced to have circumcision performed, and a day or two after the operation the pain became less and the head movements more nearly normal. The operating surgeon was jubilant, inasmuch as another surgeon had pronounced the lesion to be one of cervical spondylitis. Some doubt, however, existing in the minds of the parents, owing to these conflicting opinions, the child was brought to this city, and Dr. H. B. Sands was consulted. Dr. Sands made a diagnosis of cervical spondylitis, and kindly referred the patient to me. The parents, after the relief which followed the operation and the assurances of their own surgeon, accepted the diagnosis of Pott's disease with some reluctance. They asked me pointedly how I accounted for the relief which the operation, apparently, afforded. My answer was as follows : That the relief did not come at all from the operation, but from the enforced rest which it and the subsequent treatment necessitated. This was so without any doubt ; for in a few days, after running about while waiting for the apparatus, the symptoms re-

turned, and were much more severe than before. It is now over two years since the child first came under my observation. He is still under treatment, though nearly well.

Not long since a patient of mine who had incipient Pott's disease, but who was waiting for her support, fell and severely sprained her ankle. For a week she was obliged to remain very quietly upon her bed. At the expiration of the week it was noticed by all her friends that she had very greatly improved in her general condition, and the spinal symptoms were much relieved. The enforced rest in this instance, as in the one where circumcision was performed, produced a very decided temporary improvement. It plainly indicates the nature of the treatment to be pursued in similar cases. I have seen several cases, which proved to be incipient spinal disease, where the enforced rest of circumcision produced a more or less marked temporary improvement. But the attending surgeons, not having recognized the disease, made the error of attributing to the effect of the operation the benefit which the recumbent position produced.

I might relate other cases illustrating the effect produced in incipient and obscure joint and spinal disease by the temporary rest following circumcision, in which the operation had been performed for the relief of "reflex symptoms." In some instances, also, the operation has been performed at a time when, as frequently happens in the early stage of chronic joint lesions, a remission of the symptoms occurred. But the fact that temporary rest for a few days produces oftentimes a marked but deceptive relief, should always be appreciated by the surgeon, not only as a matter of diagnosis, but also as an indication for early and prompt measures to secure rest in a permanent form.

But in the very great majority of instances which have fallen under my observation, where the prepuce has been removed for the obscure symptoms which usher in the first apparent stage of chronic joint or spinal lesions, the operation, as may well be inferred, produced no effect whatever upon the supposed reflex symptoms. The patient derived the oftentimes questionable benefit of an uncovered glans penis; but the operation was not performed, in these cases, with this end alone in view.

The class of cases to which this operation is supposed to be especially applicable is "reflex paralysis" of the

lower extremities. Among the many cases of this so-called "reflex paralysis" that I have seen, I have found none that did not prove to be a lateral sclerosis of the cord, with a greater or less modification of co-ordinating power. In some instances the lack of co-ordination would be so slight that under ordinary circumstances no deviation from the normal would be noticed. Some movements would be awkwardly executed, especially those developed by running or jumping; or there would be a slight ataxic movement of one or both of the lower extremities in the ordinary movements. Still there would be a good general nutritive condition with or without some impairment of the mental faculties. I have several such cases now under observation.

One, a boy of about three years, of generally good nutrition and fair health commenced to walk at twenty months. His gait was awkward, but there was no deformity. There was neither atrophy of the lower extremities nor apparent contraction of the muscles. Lying down he could use his limbs as well as any child of his age; and it was only when rapid locomotion was attempted that the unnatural gait became markedly noticeable. There was no trouble with the upper extremities—no especial lack of mental development; it was simply an awkward gait—and as such it was regarded. It was looked upon as a case of "reflex paralysis" by the family physician, and was so treated. Ordinary remedies having failed, it was decided to circumcise. This was done; but the expected relief did not follow. The patient became progressively worse; and at the time I first saw him, he walked with a decided inversion of the right foot, and there was slight contraction of the gastrocnemius, the tibialis anticus and the tibialis posticus. These contractions yielded to gentle and persistent manual pressure—but the deformity returned almost instantly after the pressure was removed. There was also greatly exaggerated tendon reflex, especially on the right side. The other reflexes were also active, and the child gave a history of early convulsions, and a nocturnal cry very similar to that noted in the osteitic forms of joint disease and in acute hydrocephalus. He was also "very nervous."

The diagnosis was lateral sclerosis of the cord (Seguin's tetanoid paraplegia¹), and the prognosis was far more grave than the parents had been led to suppose.

¹Description of a peculiar paraplegiform affection. By E. C. Seguin, M. D.—*Archives of Scientific and Practical Medicine*, Feb., 1873, N. Y.; and

The present aspect of the question of tetanoid paraplegia. By E. C. Seguin, M. D.—*Archives of Medicine*, Feb., 1879; N. Y.

I have recently seen two cases of "reflex paraplegia" in girls—now 6 and 7 years of age, respectively. As in the preceding case, the lesion was lateral sclerosis, and in each clitoridectomy had been performed for the cure of supposed reflex symptoms. It is now four years since these operations were performed, and in both instances the parents were assured that complete relief would follow! I might further duplicate these histories and relate some remarkable experiences, but I forbear. True reflex paralysis, depending on general irritation, is exceedingly rare. Lateral sclerosis in childhood is not rare. Occurring in infants, often if not always congenital, frequently unnoticed until delayed locomotion or an irregular gait calls attention to it, and being unaccompanied by pain, the lesion is often supposed to be reflex paralysis, and is treated in the manner described. The assumption that a coincidental genital irritation has anything to do with this state of affairs is too absurd for contemplation.

I wish to earnestly protest against this habit of indiscriminate circumcision. In certain cases, where there is undoubted preputial irritation, the indications for this operation are plain and unmistakable, or when, for sanitary or other reasons, circumcision is deemed advisable, there cannot be any objection to it. On the contrary, much good frequently results, and many patients have derived permanent relief from incontinence of urine, frequent priapism, etc. But there can be no doubt whatever that in many cases of organic disease, where the symptoms were very insidious, and hence misinterpreted, the operation has been advised and executed as a means of cure where there was no connection whatever between the so-called reflex symptoms and the frequently inferred genital irritation.

It does not come within the scope of a brief note like this to describe in detail the symptoms of lateral sclerosis in children; nor can I do more, in this connection, than to call attention to what has been said upon the insidious invasion of chronic lesions by various writers. The condition which has so often been called "reflex paralysis" is recognized by different authors as Erb's paralysis, spastic paralysis, posterolateral sclerosis, and tetanoid paraplegia. Those interested in the subject of lateral sclerosis will find much valuable information and extensive bibliographical references in Dr. Seguin's papers already referred to. NEWTON M. SHAFFER.