

Proc South Calif Med Soc 1889

PHYMOSIS AND THE PREPUCE, OR A PLEA FOR CIRCUMCISION.

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HISTORICAL.

CIRCUMCISION is not of Jewish origin, or a Mosaic invention, as generally imagined. The earliest mention is from ancient Egyptian sources. It was practiced by the Greeks, and was at one time a national practice which finally fell into disuse, and in the time of Pythagoras was only observed by the priests and philosophers. Moses, undoubtedly, learned its objects and benefits in the Egyptian temples from the priesthood and incorporated it in his law. The founder of the Mahometan creed was as fully impressed with its advantages as a hygienic measure, which resulted in its becoming a marked necessity in their religion. The idea of uncleanness associated with a prepuce, in the minds of the Saracens, was well seen in their expression of "uncircumcised dog", with which they jeered the Europeans. Whether the rite was at first a sacrifice of what was dispensable of the body to pagan gods, or the natural prevalence to skin and sebaceous inflammations in warm countries led to its adoption as an hygienic necessity is unknown and a matter of speculation.

DANGERS FROM A PREPUCE AND ADVANTAGES OF CIRCUMCISION.

Phymosis in childhood is generally considered a physiological state, only to be taken as a pathological condition, under certain circumstances. Preputial adhesions may, according to many observers, also be classed as physiological at an early period of life, as it is by them considered as congenital, and common enough to warrant its being classed as normal. As to the first, or phymosis, it undoubtedly is a physiological condition during infancy, and it is also a fact that from birth to puberty it remains so in fully over one-half of the cases. Out of 98 children, from one week to 16 years of age, examined by Dr. Packard, the prepuce was entirely unretractable in 54; partly in 3, and wholly so in 36, while in 1 it only half covered the glands, and in 4 the glands were wholly uncovered, one of these 4 being an infant only five weeks old. (*Am. Jour. Med. Sciences, Vol. LX.*)

Dr. Packard also gives the result of 172 examinations by

himself, of from 12 to 73 years of age, and 106 examinations by Dr. Maury, a total of 278; in whom 100 had a long prepuce; 97 a partly covered gland, and 81 (of whom two had been circumcised) the glands were exposed. (*Am. Jour. Med. Sciences, Vol. LX.*)

As to adhesions, there is an unaccountable diversity of opinion as to their constancy as a natural condition, being frequent enough to class them as physiological occurrences. Bokai, out of 100 children, found 8 who were over seven years of age who were perfectly free, while of the remaining 92 under that age, 6 more showed no adhesions and 86 had various degrees of adhesion. Dr. Halgate, of the Outdoor Department of Bellevue, considered that all phymotic cases have adhesions, while Dr. Moses of New York, out of some fifty circumcisions performed at the eighth day, found only adhesions three times. (*N. Y. Med. Jour., Vol. 26.*) I have been present at a number of Hebrew circumcisions, performed from the eighth day up to the sixth month, and have never seen adhesions as a complication in any of the cases. I have more frequently met cases of adhesion from the second to the eighth year than during infancy, and in some cases I have seen the agglutination re-form during the second to the fourth year of life, after having been not only removed, but the surface where they existed had become perfectly healed.

Another co-existing condition with phymosis, very often found, is a shortening of the frenum. Dr. Jansen out of 3,700 soldiers of the Belgian army found 12.3 per cent with this pathological condition, and 2.5 per cent with a narrow prepuce. (*Am. Jour. Med. Sciences, Vol. LX.*) Take the three conditions named, phymosis, preputial adhesions and short frenum, all are but a departure from a normal, in a greater or less degree, and whether the resulting discomfort consists in mere mechanical impediment to urination or erection, or in any of the nervous derangements that may accompany these conditions, or in the more serious results, ending in positive deformity of body or limbs, or in the warping of moral sentiments, or even further, in inducing insanity, I cannot see how the conditions that will certainly produce them, in a more or less degree, can ever, in any logical sense, be considered a physiological condition.

There are certain conditions peculiar to life, up to the time

of birth, which, unless they then cease at once to exist, immediately become from a physiological into very serious pathological condition. These are well understood, and have their reasons for existing, but the prepuce has no function during uterine life or subsequently, and there being no valid reason for its existence, there are certainly no logical grounds for its being considered a physiological condition, especially when the serious results attending its most accentuated forms are considered; and its necessity in cases of its entire absence has not yet been demonstrated.

It can well be said, that about two-thirds of mankind are affected, in a greater or less degree, with this pathological condition, causing them more or less annoyance. Of these a certain percentage suffer a life of continued misery as a direct or indirect result of these conditions.

Of the more serious local results that I have seen resulting from the presence of the prepuce, strangely enough not one belonged to the class where a circumcision would have been considered necessary; being in every case where the prepuce was retractile but too redundant. While in its remote effects it is, as a rule, a too narrow, tight and unretractile condition that causes the nervous disturbances. From these premises, and considering the little risk attending circumcision when intelligently performed, I have become an advocate of its more universal performance, being fully convinced of its necessity, both as a hygienic and a preventive measure.

Such a proposal, I am well aware, will not meet with the universal approbation of the profession, to say nothing of the laity, as the operation is looked upon by many as barbarous, unnecessary and dangerous; and its observance by those of the Jewish faith, as the blind following of some traditional religious rite, evolved in the dark, remote and barbaric age of man's existence.

Nothing is more unjust than to attribute the strict observance of this rite by the Jews of the present day to such causes. That the rite still exists, and is observed, and is due to the enlightenment and intelligence of the present, is sufficiently evident from the fact that the ignorant and dangerous manner in which the operation was performed, and the result left to care for itself, did at a time so alarm and disgust a number of the faith, that in New York its abolishment formed

part of the ground-work for a schism in the synagogues. (See papers by Dr. Moses in Vol. XIV, *New York Medical Journal*, and by Dr. Cohen in Vol. XIX, of the same.) The resulting inquiry into the merits and demerits of the operation resulted in the operation, as an hygienic measure, being more insisted on even than formerly, aside from any religious significance.

To have charged its observance, by the Jewish faith, to ignorance, is not in keeping with our historical knowledge of the march of medicine, and the impress it received from Arabian teachings, which then comprised among its followers a number of learned Jews. During the dark periods of the Middle Ages, and in the more enlightened times that preceded the revival of the Hippocratic school, to which we belong, Jewish physicians and surgeons were for some centuries the only intelligent exponents of our art; the mixture of superstition, religion and empiricism, followed by the monks of the period, then the only other practitioners, hardly deserving the name of medicine. So well was, even then, true merit self-asserting that even in Catholic Spain Jewish physicians held high places at court, as they did in the principal cities of Europe; and the blow that paralyzed medicine for over two centuries came when, with the Christian persecution, and the holy inquisition, the Jews were driven from Europe; with them went what of medicine deserved the name of science.

It is admitted that intelligent physicians have saved many from physical or mental wreckage, a life of misery, uselessness and premature death, by the timely recognition, that certain neuroses, leading to serious organic changes, were due to causes easily removed by prompt circumcision; how many, then, are there not allowed to go to physical ruin, beyond the limit of help, simply because the true condition and its possible remedy failed to have timely recognition.

Objectors to circumcision have brought forward the plea of its danger to life, and certainly cases are not wanting where its bungling performance has been followed with fatal results. Baptism in Catholic Europe is the cause of considerable infant mortality. This is more observable in France, Italy and Spain. In France the mortality for infants, during the first month of life, is one-third more than that of England. (See Massachusetts State Board of Health Report for 1873, and John Bell

on Longevity.) How this affects infant life can easily be understood, if the cold, damp, mephitic atmosphere of the churches is taken into account and its influence on infant vitality—James Henry Bennet being at one time overcome by the excess of carbonic acid on the lower levels of the Milan cathedral. (*Bennet, Pulmonary Consumption.*) The filth, ferment and pneumonia, and phthisis baccillus, are here in their elements, and with the great variations of temperature, to which the child is subjected, and its sure return to an overheated home, it may be safely asserted, causes thousands of young Christian deaths where circumcision may cause a single one; and yet, not a voice has been raised to protect the Christain infant from an untimely end, save in the fact that its causes in this regard have been pointed out by Villermè and Edwards. (*Edwards, Influence of Physical Agents, on Life.*)

The effect of the presence of the prepuce, in different degrees of tightness or redundancy, in producing reflex affections, are too well known and admitted; having been ably pointed out by Sayres, Otis, Green, A. McLean Hamilton and others. This paper will, therefore, confine its remarks to the local derangements and dangers attending its presence, and to the preventive effects of circumcision in preserving from local contagion or infection. It may here be remarked that, although always favorably impresssed with the benefit resulting from circumcision, it was the expression of voice and countenance of a professional brother, then dying of a cancerous affection, originating in the prepuce, whom I saw in consultation with Dr. Robert J. Gregg of San Diego, that first seriously opened my eyes to its importance and the dangers from the prepuce. He informed us that, when a youth, suffering from repeated painful attacks of herpes preputiatis, he had called the attention of his father, also a physician, to the possible relief of his affliction by circumcision. "My father did not believe in it; if he had, I should not now be compelled to leave my poor family, after all this suffering, in the prime of my life." It was the same story that I have seen repeated in many cases since, when he arrived of age, occupation and business employment prevented his giving the required time for the performance of the operation until too late.

In general, the affections that a redundant or a tight prepuce

may cause are not sufficiently considered by those who do not deem circumcision necessary, unless for some immediate or imperative interference; these affections, pernicious in themselves, are often, if not directly, indirect cause of the abridgment of human life; for each period of life has its well marked preputial diseases—a class much more common than generally supposed, and that circumcision most emphatically makes impossible.

One of the objections to the operation has been the claim that it resulted in contraction and induration of the meatus. I find this in the majority of cases to be more apparent than real—and that, on the contrary, for an equal number examined the proportion of this affection is in reality as four in the uncircumcised to one in the circumcised. The condition being this, that although the meatus in the latter class is closed, it is in the majority of cases dilatable, and lacking that undilatability due to plastic deposit found in so many cases of the former—the natural results of inflammation and repeated herpetic attacks.

Herpes, a vesicular skin disease, is one of the most common and frequent results of a redundant or tight prepuce, although itself innocent appearing it is a fruitful source of annoyance and danger, in the following ways: By causing plastic deposit, thickening and induration of the immediate tissues; by the production of vesical and renal irritability, that at times becomes a permanent condition, liable to aggravation on the least provocation by exposure or irregularity of diet; by laying the foundation for urethral strictures, first on the anterior part of the canal, and latterly by the irritability induced, deeper-seated strictures. In treating strictures I have been surprised at the number that could be distinctly attributed to this cause—where an operation for the original irritative cause was necessary before resorting to an operation for the disease for which the patient applied to be relieved from. Psoriasis is another skin affection, induced by the same cause, and with very much the same results as the one previously mentioned.

One result of these skin affections, not mentioned in connection with preputial irritation by any writer—a condition far-reaching as regards its own results, and more annoying and serious than it appears at first sight—usually begins with a reflex irritability of the anal sphincter muscle, or

a rectal irritation of the same order, which in time produces such organic change that an hypertrophied and irritable, indurated, unyielding muscle is the result. Agnew of Philadelphia describes the condition, but does not mention this frequent cause, under the name of sphincterismus; once this is established, the train of resulting pathological or diseased conditions that may follow are without end. This is no fancy sketch, nor will the student of the pedigree and origin of diseases feel that the case is exaggerated or imaginative. These are some of those cases that are always ailing, never well and never really sick, but are gradually breaking down, and finally die of what is termed a "complication of diseases" before living out half of their term of life.

How this happens is simple enough—the straining required to produce an evacuation is out of all proportion with the character of the discharge; such patients often complain of being constipated when the evacuations are semi-fluid; this straining is followed by a dilatation and consequent loss of power of the rectum, which becomes pouched and its mucous membrane thickened; the whole intestinal tract sympathizes and digestion is interfered with, and the forcible expulsive efforts affects all the abdominal and thoracic organs in a more or less degree, laying the foundation for serious organic diseases. Now this condition, which may be said to be no more than one of obstinate constipation, is a more far-reaching condition, and a far more injurious state than imagined at first glance. Constipation is not, as a rule, always accompanied by the indigestion that goes with this condition—the contents of the intestine in simple constipation may simply lack fluidity without undergoing putrefactive fermentation, but in this condition the undigested and retained intestinal contents do undergo that change, resulting in the generation of material whose re-absorption produces a toxic condition of the blood, from whence begins a series of serious organic changes in the body.

To the practical physician these changes are evident, and their cause just as plain, and it is just here, where the laity lack the proper education, and where they should understand that the intelligent physician generalizes the disease and only individualizes the patient; and it is this ignorance on the part of the laity that gives to empiricism and quackery that ad-

vantage over them, as they look upon all disease as a distinct individual ailment, that should have an equally distinct and individual therapeutic agent to cope singly with it.

A little digressive explanation will make this subject a little clearer. Sir Lionel Beale, in observing the immense importance he attaches to blood composition and blood change in diseases of various organs, truly remarks, that "blood change is the starting point, and may be looked upon as the cause of what follows." The other factor being the "'tendency' or inherent weakness or developmental defect of the organ which is the subject of attack"; to which he adds that he feels convinced that if only the blood could be kept right, thousands of serious cases of illness would not occur, while the persistence of a healthy state of the blood is the explanation of the fact that many get through a long life without a single attack of illness, although they may have several weak organs, and that an altered state of the blood, a departure from the normal physiological condition often explains the first step in many forms of acute or chronic disease; Sir Lionel has been a pioneer in the field of thought that looks for the cause of the disease, which, however remote it may be, should not be overlooked as a really primary affection. His extensive labor in the microscopic field has fully convinced him that many of the pathological changes in the different organs are due to what might be called some intercellular substance that is deposited from the blood. (*Beale: Urinary and Renal Disorders.*)

Toxic elements in the blood affect the kidneys in a greater or less degree, and there produce changes at first unnoticed—at least as long as the kidney can perform its function—but the day arrives when, as described by Fothergill, blood depuration is imperfect, and we get many diseases which are distinctly uremic in character, and ending in any of the so-called kidney diseases, Bright's disease being one of the most common. As observed by Fothergill, however, the kidney is not the starting point, the new departure only taking place when the structural change on the kidney has reached that point that it is no longer equal to its function—the "renal inadequacy" of Sir Andrew Clarke. (*J. Milner Fothergill, in the Satellite, Feb., 1889.*)

During the Bradshawe lecture Dr. William Carter made the

following remarks: "According to Bonchard, one-fifth of the total toxicity of normal urines is due to the poisonous products re-absorbed into the blood from the intestines and resulting from putrefactive changes which the residue of the food undergoes there." In the course of the lecture Dr. Carter fully explains that one of the benefits derived from milk diet in Bright's disease is the small residuum deficient in toxic properties, and lays great stress on the employment of intestinal disinfectants or antiseptics that exercise their influence throughout the whole tract, suggesting naphthalin as peculiarly efficacious, thereby cutting off one source of blood contamination at its source. Although these are recent developments in medicine, Bouchard mentions that in the practice of M. Tapret cases treated on this principle did well. (*Braithwaite's Retrospect*, January, 1889.)

Persons laboring under this toxic condition of the blood, with a consequent deterioration in the texture and the physiological function of the vital organs, are of that class that easily succumb to injuries or serious sickness, and of that class to whom a surgical operation of even medium magnitude is equal to a death warrant.

The above conditions are an almost constant attendant on that condition of the sphincter, described by Agnew as sphincterismus, which also is productive of hemorrhoids and fissure and often of fistula. That sphincterismus is caused in many cases by preputial irritation, is as evident as that the same affection, or hemorrhoids or any other rectal or anal affection, will in its turn produce vesical and urethral reflex actions, and primarily functional and secondarily organic changes in those parts. Besides the great number of cases wherein the gradual and progressive march of each pathological event could be traced with accuracy, has convinced me of the true cause of the difficulty being the result of reflex irritation.

Delafreld in his "Studies in Pathological Anatomy" gives as the first form of pneumonia, that from heart disease; in the days of Broussais this would have sounded absurd, but to-day some forms of heart disease are known to be the regular sequences of some particular form of kidney disease, just as some form of pneumonia attends an affected heart and that some forms of pneumonia degenerate into phthisis. When the blood change is an established fact it is only a question as

to which is the weak organ, and only question as to the organism of the individual whether it will be a simple sick headache or the beginning of a pneumonia ending in phthisis.

I have purposely dwelt on this part of this subject, owing to the recent origin and publication of many of the views connected with it, also on account of the greater ease of making the subject plain by fully discussing each step of the process, and if the views of Sir Lionel will be recalled, that a toxic element in the blood is the starting point and that an irritable or weakened organ invites destruction—the induction of serious and fatal kidney disorder by the transmitted irritability and consequent injury to the kidney produced by preputial irritation in the first instance, and the supplemental blood poisoning by intestinal absorption of septic matter, which soon brings about Sir Andrew Clarke's "inadequacy of kidney", all will be readily understood. When this point is reached, a too hearty meal, exposure to variable weather, or a little extra care or anxiety, are sufficient as a determining cause to bring life into danger.

As pointed out, many cases of Bright's disease or other renal difficulty have their origin in this distant but visible source, and although malarial poisoning and a great number of other causes will produce the same particular organic changes and diseases, this condition must be admitted as one of the frequent causes. The influence of the genito-urinary tract on the rest of the economy, and the importance of the sympathy it excites, or how quickly by its being irritated some apparently dormant pathological condition will be awakened to life and activity is not sufficiently appreciated. As observed by Hutchinson, a patient who has once been the subject of intermittent fever is more prone, on catheterization, to have a urethral chill and fever than one who had never had the fever. (*Hutchinson, Pedigree of Diseases.*)

Returning now to the local effects of an elongated prepuce, we meet with a class of diseases of various degrees of severity which mainly affect adult life and old age; diseases that the circumcised are exempt from. The mildest of these are those fungous growths of nested epithelial cells which are generally called warts or excrescences. In elderly persons I have noticed a form of eczema attack the prepuce in its inner fold and the

glans, at times extending over the whole member and even to the scrotum; some cases are attended by a very profuse and offensive discharge, and at times very rebellious to treatment.

Gangrene is another disease affecting the prepuce; it is not so rare as to warrant the little notice paid to it in our textbooks. M. Demarquay has collected the history of twenty-five cases; from him we learn that the prepuce is the most frequent seat of the start of the affection from whence, according to Astruc, it rapidly spreads to the skin of the whole organ, and then attacks the corpora cavernosa; it may even extend as high as the umbilicus. (*Half-yearly Abst. Med. Sciences*, Vol. 41.) This disease spares no age, it attacks old and young alike.

Carcinoma attacks the prepuce and then the glans. This disease has been observed to attack subjects of phymosis. Amputation, if resorted to in time, may save the patient's life. According to Erichsen and Travers, epithelioma is unknown among the Jews. (*Lancet*, July 7, 1860.) Even where phymosis does not exist, but only the long, lax and retractible prepuce, that is considered a physiological condition, the prepuce is liable to cause very distressing and complicating annoyances, during the progress of other diseases. I have noticed that cases with a thick leathery prepuce are more liable to require the use of the catheter during the course of a continued fever. Such a condition is also a very frequent accompaniment of prostatic obstruction. So often has this been noticed that I am constrained to associate this condition as one that, by its irritation, tends to lay the foundation of prostatic troubles or disease in not a few cases. In elderly people the constant moisture from the urine on the inner fold and glans adds greatly to the irritation as well as to the discomfort of the patient.

A number of affections are accompanied by edema, especially toward the latter stages of the disease; such, for instance, as the ending of cases of mitral insufficiency. In these the distension of the prepuce is at times very great, and in some cases the resulting engorgement produces retention of urine. It was after an attendance on such a case, that required daily puncturing for its relief, but which, in spite of all care, finally became gangrenous, that a fellow-practitioner cheerfully sub-

mitted to circumcision, to avoid the possibility of any such complication occurring to embitter his closing illness.

The prepuce is the starting point of many of the cases of penitis and retention of urine that often accompany attacks of gonorrhea; especially can this result be anticipated in cases where the prepuce is long, pendulous and with its veins in a varicose state. This is plainly accountable for, anything that will add to the interference of the return circulation only exaggerates the tendency to penis engorgement; this increases the difficulty of urination, which, by the retention that results, in turn increases the constriction at the root of the penis, and adds to the already difficult return circulation. The bladder by its urine, and the penis by its blood, actually forming by their mutual pressures an impassable dam at the root of the organ. That this is the true condition, I am well satisfied, from the instant relief I have given to the whole condition, by the prompt employment of the suprapubic puncture or aspiration, as catheterization in such cases is altogether out of the question and should never be employed.

The effect of a redundant prepuce in cases of continued fevers has already been mentioned; but it is proper that, under this head, it should be again referred to; as the condition of retention spoken of may, if carried further, result in gangrene of the whole organ. A person laboring under a continued fever has his blood in a condition to favor sphacelus, the slow moving current of vitiated blood, and its retention in such lax tissues as those of the penis, through the medium of the enlarged preputial veins, is a dangerous condition.

H. Royes Bell, in Vol. VI of Ashurst Enc. of Int. Surg., mentions this gangrene as occurring in typhus or other low-grade fevers.

I recently had a case of typho-malarial fever, that Dr. W. W. McKay of the U. S. Marine Hospital Service attended with me. The subject had a long, thick, leathery prepuce, and only the most careful and delicate use of the catheter for nearly three weeks saved the penis from certain gangrene, as the keeping the bladder empty prevented that stage of engorgement that would have prevented catheterization. As it was, the penis, although flaccid, was often dark and discolored from the passive engorgement.

Of the diseases and results so far mentioned, it may be

claimed that cleanliness, if properly attended to, would act as a preventive, and that where such precaution is impossible, then that circumcision should be performed. The difficulty here occurs as already pointed out in a previous part of this paper. Adults who run the greatest local risks hardly ever have the time to spare or the inclination to submit to the operation.

I have seen a large number of unretractible and narrow prepuces, in four instances in persons past twenty years, where the prepuce after that age contracted at the juncture of the skin and mucous membrane, gradually contracting more, until it became impossible to uncover the glans. I have two cases who have been waiting "to have time" to be operated upon, who, up to the age of puberty, had a free and retractible prepuce; one of these now has a long and exceedingly thin prepuce, with a mere pin-hole aperture; during micturition it balloons. This patient has mild uremic attacks, attacks of amblyopia, sick headaches, disordered digestion, and, although a man of a wonderful physique and good development, he is slowly breaking down, while waiting for time to spare for an operation, which he puts off from month to month.

Richardson, in his admirable work on Preventive Medicine, observing on the effects of syphilis, the deterioration of the organs of circulation and their degenerative changes, says that in his opinion syphilis is the progenitor of various diseases and that those who have given this opinion the greatest range are unfortunately nearest to the truth. The breathing organs, he remarks, are distinctly susceptible to injury from this hereditary cause.

In 1854, at the Metropolitan Free Hospital, situated in the Jews' quarter in London, the proportion of Jews to Christians among the outpatients was as one to three; at the same time the proportion of cases of syphilis in the former to the latter was one to fifteen. Now, this result was not due to any extra morality on the part of the Jews, as fully one-half of the gonorrhea occurred among those of that faith. (*Half Yearly Abst. Med. Sciences. Phila. Vol. LX.*)

In the conclusions to be reached I do not wish to give circumcision any more credit as a preventive measure than it deserves, and I must here mention that the Jews owe in part their immunity to hereditary diseases due to syphilis, to

the chastity of their females, which shuts off one avenue of race infection.

The statistics of illegitimacy by religious denomination, taken in Prussia, makes the Jewish women three times as chaste as the Catholic, and more than four times as chaste as the Evangelists; although the reverse must be said of the males. Considering, however, the less number of females born to the Jews, their being given in marriage earlier, and their known fecundity, the statistics given in relation to illegitimacy as being competent to form an idea of their chastity may be fully accepted, and the immunity to syphilis from this source as fully credited. (*Lancet and Observer, Cincinnati. Vol. XVI. 1873.*)

Richardson mentions the immunity of the race from tubercular disease, and notices the well known relation existing between a syphilitic taint and a phthisical tendency. How much circumcision contributes to this immunity may be judged by the following statistical comparison made between two circumcised and one uncircumcised people. In the year 1839-40-41, the recorded deaths from phthisis gave the following percentages: In Algiers, the records being from the reports of the French minister of war, among the Christians there was one death in 9.3; Musselmen, one in 40.7; and among the Jews, one in 36.9; the additional abstemious habits of the Moors giving them nearly 4 per cent advantage over their circumcised Jewish brethren. (*Millard, Statistics and Climate of Consumption.*)

The longevity of circumcised races, as exemplified in the Jewish people, is well shown in the statistics returned from the French war office. In Algeria the deaths per 1000 of each class, during two years, was as follows:

	YEARS — 1844 1845	
Jews.....	21	36
Moors.....	32	40
Europeans.....	43	45

In London, according to Dr. Stallard, the mortality among Jewish children, from one to five years, is only 10 per cent, while among Christians it is 14 per cent; the average duration of life among the Jews being forty-nine and among the Christians, in London, only thirty-seven

In Germany, according to M. Mayer, the same rate as to small children holds good as in London, and the average for all ages gives the Christian eleven less years of life than the Jew. In France, Dr. Neufville has found that the mortality, from 1 to 5 years, gives the Jew a greater hold on life than the Christian; the death rate among the latter being 24.1, as against 12.9 per cent of the former. The general result being among all ages that the Jew lives 8 years and 2 months longer than the other race. (*Lancet and Observer*, Cinn., Vol. XVI., '73.) As to general immunity to disease from circumcision, it will be logical to conclude that it is as proportionate as the presence of the prepuce in different degrees of pathological existence is liable to induce them. There is here a very interesting field of study. Preputial irritation is noted for the number and extent of reflex neuroses it induces, and the Jewish people are as remarkable for their exemption from acute nervous and convulsive diseases. I have also noted, during the course of a long practice in genito-urinary surgery, that in proportion as the prepuce is liable to act as an irritant just in that proportion is usually the patient liable to be subject to urethral chill, and investigation has convinced me that the disposition to chill on the access of any disease, or mental or nervous impression, is as greatly influenced by the preputial condition, and, strangely enough, Glatter of Vienna finds that intermittent fever is one of the forms of diseases to which the Jews are not as liable as the Christians. Epidemic influences do not affect the Jewish race as they do the other races. The plague of 1346 did not affect them; according to Fracastor they escaped the typhus of 1505; Rau remarks their immunity to the typhus of 1824; Ramazzini noticed their exemption to the intermittent at Rome of 1691, and Degner says that they escaped the epidemic of dysentery at Nimegue in 1736. (*Lancet and Obs.*, Cinn., Vol. XVI., '73.) Richardson truly remarks that "From epidemics the Jews have often escaped, as if they possessed a charmed life"; he also notices the relatively less tendency to suicide among the race. Glatter, in his statistical tables, giving to the Semitic race one suicide to four in the Germanic and Slavonic races. (*Diseases of Modern Life*.)

The evidence given by the Moorish race as to phthisis and general disease liability, as compared to uncircumcised races,

which in some instances surpasses that of the Jew, shows that the exemption is not wholly due, as has been believed, to race peculiarity independently. The influence that is exercised by circumcision in the immunity to disease, better health and longer life among these people, must go for something. In the matter of syphilis it does count considerable in protecting the individual primarily and the race from heredity secondarily. From the careful tables of Glatzer of Vienna, the Jews are shown to be less liable to diseases; in other words, to have more resistance. Every physician who has recognized the benefits of and advocated and performed the operation, knows full well that he has brought about the same condition of resistance to disease in individuals formerly liable to all forms and manner of derangement of health by its simple performance. Dyspepsia, functional heart and kidney disorders, tendency to catarrhal diseases, have often been made to disappear, and their recurrence averted. That the system being continually subject to debilitating influences would be more liable to the inception of other diseases must certainly be admitted, and it must be equally admitted that when by the removal of what Ricord calls "a superfluous bit of skin and mucous membrane whose object he could never divine" all these deteriorating conditions of health are removed and the system brought back to as normal position as possible from all departures from healthy physiological conditions, that our standard of resistance to diseases is increased and its status approximated to that resistance to disease inherent in circumcised races. As before remarked, there are other conditions that in the Semitic race assist in giving the wonderful hygienic results observable; but circumcision as a powerful factor in this condition cannot be ignored. As a last evidence, let us look at croup, which generally affects boys. According to M. Eisenmann, croup is extremely rare among the Hebrew race. Some forms of croup attack children when broken down and ill nourished, and will disappear on a proper course of cod liver oil, showing its general origin. In some cases I have found preputial irritation to have been the cause, as I have found asthma at times to depend on the same cause, and the tendency removed by an operation.

In some families phymosis, or an extremely long and narrow prepuce, with all its annoyances, is an heredity, and I find many such families who regularly practice circumcision.

During the discussion at the Ninth International Medical Congress, on a paper by Dr. Sayre on this subject, a gentleman argued that it was wrong and cruel to take an advantage of a poor helpless infant in subjecting him to this operation, unless there was the most imperative demand. I think it more cruel to send the child into the world handicapped in the manner that statistics and the present state of medical science teaches us that he is. From the first month of life to the end the Semitic or Moor has every advantage, not only as to tenacity to life but in the enjoyment of health and faculty for occupation. The Christian's chances for leaving his children to the world's charity by his early death are much greater than those of the Hebrew's. As observed by Richardson in his *Modern Diseases*, "that race which presents the strongest vitality, the greatest increase of life and the longest resistance to death, must in course of time become, under the influence of civilization, dominant; and to-day the Semitic race rule more potently than when Solomon in all his glory reigned in Jerusalem." If circumcision confers any immunities from immediate ills or widely extended dangers, man should certainly have that benefit, be he Jew or Gentile, and it is certainly a wrong to withhold it. The struggle for existence is a hard one at best, and is only made harder for him who is the victim of physical infirmities. A man would not for a moment think of letting his child go through life with a clubfoot or a strabismus if capable of relief by an operation, although these predispose to no other troubles; but will strangely shrink from the contemplation of one just as slight but far more important and more far-reaching in its results. Probably superfluous in some individual case, but greatly telling in the aggregate as a factor in racial health, prosperity and longevity.

Some years ago the Massachusetts State Board of Health instituted a series of investigations tending to solve the problem of the causes and nature of the prevalence of inebriety, which developed the fact that the use and abuse of intoxicating liquors is more or less influenced by geographical limits and racial habits and peculiarities. I have, in my own practice, noticed the natural or supposed need of stimulants in reflex neuroses removed with the disappearance of their cause. It is to be regretted that the inquiry was not pushed further in the direction of why the Hebrew race, although proverbially

ally good livers, are noted for their sobriety, whether nationed for generations with the convivial Celt, the reserved Goth, or the more staid German, their sobriety remains the same. That circumcision as a factor must figure in a certain percentage in this respect, cannot be denied, unless we take the ground that physical weakness and suffering are not one of the causes that lead to the abuse of liquors, a position that is untenable. The factors that exempt one class from becoming victims to alcoholic or narcotic habits; that makes them increase in a numerical proportion faster than any other race; that gives them immunity from disease, and the strongest and longest resistance to death, are well worthy of the study and attention of the hygienist. Is circumcision one of these factors? What are the other agents that give this race such an advantage over all the others? These are questions to be answered. In the United States we only have one circumcised race for study and comparison, but our inquiry can be extended to other races who also practice the rite, and thereby reach some tangible conclusion. The question should not be discussed from a surgical point of view, or from that of mere cleanliness, or that of simple protection from venereal disease, but on the broad ground of all points of view, as observed at the beginning of this paper. With the Hebrew of the nineteenth century circumcision has more significance than a simple religious rite, or that of simple cleanliness. It is to be regretted that in the United States there is no authentic system of vital statistics, as from the detached observations I have been able to make—but all coinciding in results—I am convinced that the divergence in hygienic results between Jew and Gentile in the United States is far greater than that observed in either England, France or Germany. Were our vital statistics in any authentic shape a possibility, their tabulated results in this regard would create some surprise. In the past and ignorant centuries the evident immunity of the Jews to epidemics, being ascribed to their compact with and protection from the powers of darkness, has more than once subjected them to the ignorant fury of their less fortunate fellow-citizens of other creeds. The enlightenment of to-day would, in the face of such glaring difference in results, point to the proper source of their better condition, and stimulate a spirit of inquiry from which mankind could receive but good results.