

RITUALISTIC CIRCUMCISION.

At a meeting of the Berlin Dermatological Society in 1892, DR. LEWIN spoke on the subject of ritualistic circumcision and its therapeutic indications. He stated that the prepuce is not a very favorable ground for infection, being thick, elastic, and not easily torn; as it contains parallel muscular and some elastic fibres, it is mobile and extensible to double its volume. It has neither sudoriparous glands or hair, and its sebaceous glands serve to maintain the suppleness of the skin. Being of inconsiderable volume, ulcers do not penetrate it deeply, and it is rarely the seat of a gangrene for which it need be amputated, and any mode of treatment may be employed for its diseases.

The other portions of the penis are less favorably formed for treatment; the glans, containing few elastic fibres, is neither mobile or extensible, and ulcers occurring therein are prone to pursue a destructive course. The retro-glandular furrow is easily torn or fissured, the numerous sebaceous glands opening therein form reservoirs for the retention of the secretion, and sixty per cent. of the cases of ulcer that are situated on this portion of the penis are followed by buboes. The frenum is less favorable for the development of ulcers, but it is easily torn.

If the prepuce is amputated the glands of Tyson dry up, the fat of the internal surface is lost and a resistant cicatrix remains.

In no part of the Bible is circumcision referred to as a sanitary procedure, nor was that suggestion of its desirability made until a much later epoch than that of the writing of the Scriptures. In the beginning, circumcision was nothing more than a legacy from the heathen cult of Moloch.

In a thousand cases of ulcer of penis treated by LEWIN at the Berlin Charité, almost fifty per cent. were on the prepuce, nineteen per cent. on the glans, fifteen per cent. on the corona, nine per cent. at the meatus, and the remainder on various portions of the penis.

DR. SAALFIELD believed that LEWIN's statistics showed that the prepuce was a *locus minoris resistentiæ*; besides erosions thereon, the accumulation of smegma favored balanitis, and both these predisposed to infection.

DR. ROSENTHAL remarked that as in erection the prepuce was retracted and everted, the other portions of the penis being uncovered as well, the least resistant portions would be affected. It would therefore be interesting to know what proportion of venereal ulcers occurred on the internal surface of the prepuce.

To these criticisms LEWIN replied that the internal surface was often affected because it projected somewhat during erection; but the reason that the prepuce was so often the seat of venereal ulcers was because

infection occurred during coitus from lesions most frequently located on the labia majora and minora and not on the cervix uteri. The statistics he gives seem to show that the prepuce is a rather favorable ground for infection, though if evidence could be obtained regarding the site of lesions in an equal number of circumcised and uncircumcised persons, it would be possible to judge more definitely regarding the value of circumcision as a prophylactic operation.

From a religious standpoint it is a relic of barbarism, and from a medical standpoint PROFESSOR MASTIN has shown the unfortunate anatomical changes it induces, while the physician must remember that for him to recommend it from a prophylactic standpoint is tantamount to advising illicit and promiscuous sexual relations.