

Toronto Life

August 2006

Page 1

Boys and the Hood

Some guys are willing to go through crazy contortions to reverse their circumcisions—taping, stretching, tugging, even surgery. A look at the ins and outs of foreskin restoration
[By Veronica Cusack](#)



Image credit: Mark Hooper

Alex* stands naked at the bathroom mirror, his supplies arrayed neatly on the vanity before him: two small suspender clips sewn onto a length of wide elastic, a Crayola washable marker and a T-shaped strip of tape. It's one of a dozen or so strips fashioned from waxed butcher paper and 3M surgical tape that Alex prepared at the kitchen table the night before, much as his mother once assembled batches of pierogies to sustain the family throughout the week.

Alex is a 31-year-old financial consultant, but in his wide blue eyes and apple-red cheeks you can still see the pampered blithesome baby, the first-born son of parents anxious to do the right thing, to make him look just like Daddy. He grasps the base of his penis and pushes the shaft skin, limited though it is, forward until it folds, then marks the crease with Crayola dots. He positions the T-tape over the markings, wraps it around the glans, or head, and clips the end of the tape onto the elastic strap. He then loops the strap over his shoulder, thus pulling his penis tightly across his stomach—not hard enough to hurt, but enough to keep the skin taut, as it will remain for the next 10 hours. Alex's business

suit hides all evidence of the contraption. He kisses his wife goodbye in his quiet Oakville home and drives away, with only a slight adjustment to the strapping as he starts his commute to Bay Street.

This is not simply one young man's singular fetish, but a serious, long-term attempt at restoration—Alex is trying to regrow his foreskin by stretching it. He has maintained his routine for 18 months and hopes another two years will be enough to complete the process. A decade ago, foreskin restoration was dismissed as a “San Francisco fad,” but it's no longer a fringe phenomenon. Across the GTA and over much of the world, men are mirroring Alex's schedule. Most restorers seem to favour a variation on the taping method, but they can also choose from one of a growing number of commercial devices with such brand names as Foreballs, the TLC Tugger, PUD (penile uncircumcising device) and Tug Ahoy (its grip strength demonstrated by an alarming Web site photo showing two one-gallon jugs of milk hanging from a muscular fellow's member and the comment that it's not only comfortable but feels “really good!”). Surgery is also an option, but it can cost \$10,000 or more, and tales of resultant scarring and deformity are legion.

Though no one is keeping official statistics, the burgeoning Web presence of forums and chat groups, plus advocacy and information sites devoted to restoration, suggests that there are tens of thousands of men now at some stage of the procedure. Many consider infant circumcision a criminal assault and a violation of human rights; others are convinced it compromises sexual function.

“I'm not angry at anyone, as some men are,” says Alex. “I just think this is a good thing for me. It's what I want.” From mild-mannered bankers to strident advocates, these are men who keenly regret their physical loss, and they're willing to undergo radical measures to be “natural” again.

**Some names and details have been changed*

Page 2

Religious and tribal rites aside, the history of circumcision is largely a history of sexual desire. Rabbi Moses Maimonides, a 12th-century philosopher active in the codification of Jewish law, wrote that circumcision “has not been prescribed with a view to perfecting what is defective congenitally, but to perfecting what is defective morally... The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable.” Moralists have long condemned extramarital orgasm, whether alone or with a partner, but it wasn't until the late 1700s that auto-erotic anxiety seized the medical profession. Girls and boys were drugged or restrained in chastity belts and spiked penile rings lest they touch their genitals. In Britain, children were circumcised in the vain hope that the procedure would reduce “amorosity” and prevent masturbation. The mania crossed the Atlantic, and Dr. John Kellogg took up the cause. The influential Corn Flakes creator (he believed in bland food, sexual abstinence and a daily yogurt enema) felt vital fluids were lost during orgasm. In his 1888 medical

treatise *Treatment for Self-Abuse and Its Effects*, he advised, “A remedy for masturbation which is almost always successful in small boys is circumcision. The operation should be performed by a surgeon without administering an anaesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment. In females, the author has found the application of pure carbolic acid to the clitoris an excellent means of allaying the abnormal excitement.”

Dr. Stubbs slits the scrotum in two places and threads the penis through. As it lies like a pig in a blanket, the skin grafts onto the shaft, leaving a movable "foreskin."

As immigrants poured in, changing the face of North American cities, circumcision became a sign of rank and social order, a mark of those who were able to afford the benefits of institutionalized medicine. In the new culture of cleanliness, the foreskin and its attendant smegma were proclaimed harbingers of disease and pollution, themselves indications of immorality. Tuberculosis, venereal disease and penile cancer could all be avoided if only the unclean foreskin was snipped.

It wasn't until 1949 that circumcision received its first major medical denunciation, with the *British Medical Journal's* publication of Dr. Douglas Gairdner's "The Fate of the Foreskin," in which he revealed an average of 16 young boys died in Britain each year while under anaesthetic, or from hemorrhage or infection after the procedure. The Cambridge pediatrician described how the foreskin protects the infant glans and urethral opening from urine, feces and other dirt. The study also noted that an unretracted foreskin, often diagnosed as the abnormal condition phimosis, is natural in an infant, and separation from the glans is a gradual process that can take many years to complete. Britain's newly formed National Health Service subsequently refused to fund infant circumcision, and rates plummeted throughout the British Isles.

Canada's numbers followed a much gentler decline. In 1971, Ontario parents were circumcising 60 per cent of infant boys in hospital immediately after birth, but four years later, the Canadian Paediatric Society cautioned against the "obsolete operation." Unless deemed medically necessary, provincial health plans (with the exception of Manitoba's) stopped paying for it. Ten years ago—looking at the procedure in relation to urinary tract infection, STDs, penile and cervical cancer, and at surgical complications such as infection, hemorrhage and the accidental amputation of the glans—the CPS concluded that "circumcision of newborns should not be routinely performed." The current Ontario stat for infant boy circumcision in hospitals has dropped to 18 per cent (private procedures are not tabulated).

Yet still it persists as a surgery in need of a rationale. Today's headlines tout circumcision as a barrier against HIV, even though the studies are of sub-Saharan African populations whose huge infection rates suggest major social and cultural differences with western countries. Newspapers rarely address the paradox of why the U.S. has the highest incidence of HIV and STDs of industrialized nations yet the largest rate of circumcised males outside of Israel.

It is only in the last decade that doctors began to meticulously study the anatomy of the foreskin. Canadian Dr. John R. Taylor published “The Prepuce: Specialized Mucosa of the Penis and Its Loss to Circumcision” in the British Journal of Urology in 1996. In that paper, and in further studies, he describes the foreskin as the primary sensory tissue of the penis, and hypothesizes that the “ridged band” of corrugated mucous membrane lining the inner tip of the foreskin triggers deep erogenous sensation, erection and ejaculation.

“Every man and his dog presumes they already know how everything works, and it’s a burr under the saddle if they’re told anything different. But this is sexual tissue,” says Taylor. “Most people look at the child and the prepuce and say that the prepuce isn’t much use for a child. Well, the prepuce isn’t designed for a child, it’s designed for an adult and you can’t look at it in childish terms.” His studies explain why women who are familiar with both the cut and uncut versions of the penis often describe the circumcised organ as devoid of subtlety, thrusting hard to achieve its aim.

“If a man comes to me for advice on restoring the foreskin, I always tell him he’s nuts,” says Dr. Richard Casey, director of the Male Health Centres’ four Ontario clinics, specializing in erectile dysfunction and prostate disease. “It’s a non-issue.” Irreverent, direct and with the timing of a stand-up comic, Casey has spent more than 20 years dealing with thousands of penises and witnessing a host of anxiety disorders. “Wanting to get the foreskin back is actually a body dysmorphic issue. It’s an obsession with the genitalia. Get over it! It’s mostly skin. It’s like losing a tooth.”

It is easy to be seduced by Casey’s argument, especially after watching a full-frontal demonstration of T-taping, the beleaguered penis stretched across the stomach, as if by Torquemada. But evidence shows that involuntary male circumcision can have physical, sexual and psychological consequences.

The Canadian Paediatric Society notes that approximately 25 infant boys of every thousand circumcised have surgical complications. Two or three suffer serious side effects. But these figures relate only to complications apparent immediately after surgery. There have been no detailed studies done on problems that don’t manifest until later in life. If too much tissue is removed, erections become tight and uncomfortable; the shaft may even buckle within its own sheath. Hair-bearing skin, invisible in the infant, may be pulled up from the base and scrotum and cause irritation to both partners during intercourse. The raw wound, caused when the infant foreskin is forcibly separated from the glans, can scar and form a skin bridge between the head and shaft that pulls the penis to one side.

Surgical reconstruction of the foreskin is still a relatively unrefined procedure. Dr. Robert Stubbs, an internationally known cosmetic surgeon famed for his penile lengthening and fattening techniques, was alarmed by the flawed methodology of other surgeons who attempt the fashioning of a faux-foreskin by means of a skin graft or by everting a cylindrical flap of penile skin over the glans. And so Stubbs recently invented his own

approach. To date he has performed only three procedures, turning away more than 90 per cent of applicants on physical or psychological grounds (a large scrotum and a healthy attitude are required). He advises newly divorced, melancholy males to buy a Porsche instead.

A specialist in penile enhancement with the name Stubbs is well used to the taunting of colleagues. Sitting on the edge of his desk, surgical cap perched rakishly aslant his greying hair, he laughs at Dr. Casey's comments. "He's a urologist! He's spouting the cop-out diagnosis of if it ain't broke, don't fix it. I'm a plastic surgeon, and therefore I look at quality of life. If a woman has to have a breast removed and opts for reconstruction, there are still doctors who will say 'Why would she bother?' I'm fixing heads—no pun intended." He excuses himself to check on his next patient, a young man who'd undergone the first stage of his operation a few days before and who might be available for an interview. Earlier, I had spotted him, lean and dark-eyed, as he shuffled into the subdued lighting of the waiting room like an arthritic octogenarian. Suddenly a piercing scream emanates from the exam room, followed by the plaintive sob, "It hurts, it hurts, it hurts." When Stubbs returns, he smiles gently, saying, "I don't think he's ready for an interview at the moment."

Page 4

Paul Tinari is another of Stubbs' patients. An extreme example of circumcision as physical assault, his was performed in 1965, when he was eight years old, because of supposed masturbatory tendencies. He was held down by two priests at a Catholic residential school in Montreal, his nose and wrist broken in the struggle as his foreskin was crudely severed.

At the Coffee Mill, located in the same building as Stubbs' Yorkville practice, Tinari is oblivious to the Rosedale matrons who abandon their strudel and listen slack-jawed to his explicit opinions, delivered in a voice that rises in tandem with his passion. "The whole microbiology of the penis changes and therefore so do the bacteria that live there. Circumcision may be one of the reasons why the treatment of yeast infection in women is a multi-billion-dollar industry in North America. And there is a profit made in selling foreskins for biochemical analysis and in the manufacture of artificial skin." The lanky, red-haired engineer tends to lecture instead of converse, rapidly expounding on his "endless process of becoming," as well as his skills as an epidemiologist, "imagination engineer" and futurist. But his emotional rant is factual.

He was well into adulthood before he realized that erections are not supposed to hurt. Manual stretching of his skin was never an option because of the heavy scarring and skin loss, and so tomorrow, Stubbs will operate. Tinari, who now lives in Vancouver, was referred to the plastic surgeon by his B.C. urologist and psychiatrist, and the \$12,000 operation is being funded by British Columbia's health plan. He believes the government's generosity stems from a desire to avoid his launch of a lawsuit, "plus, they realized it was pay for this or pay for my psychological treatments for the rest of my life."

In simple terms, the operation involves slitting the skin of the scrotum horizontally in two places and threading the penis through. For three weeks, the organ lies comfortably in its temporary bed, snuggled like a pig in a blanket, and the scrotum skin grafts onto a designated area of the shaft. A second operation to separate the newly dressed penis leaves a movable “foreskin.” Tinari’s second surgery is successful. “Three days of pain and then lots of gentle walking exercise,” he says. “I’m very pleased.” The new foreskin behaves more or less like a real one. Since it is scrotal skin, it could eventually grow hair, but, Stubbs says matter-of-factly, that can be rectified with electrolysis.

Foreskin restoration is not a new invention; even the ancient Greeks employed various methods of stretching. But the Internet has created an energetic community. The National Organization of Restoring Men (NORM), NOCIRC, NOHARMM and the Circumcision Information and Resource Pages, among other sites, offer information and support on the topic (one that’s not often discussed over beer and nachos) in anonymity. Visitors can read medical and academic papers and learn the pros and cons of each restoration method. While no stretching technique can restore the foreskin’s erogenous tissue and nerves, men often report that the glans, now moist beneath its protective covering, reaches a new level of sensitivity. “It is like seeing in colour after a lifetime of black and white,” says one man; another describes the sensation as analogous to drawing a finger lightly across the back of the hand, compared to drawing it lightly across the palm.

Steve Richards, a passionate 30-year-old journalist who manages NORM’s Toronto chapter Web site, spent his adolescence on a NATO base where kids constantly teased him about what they called his Canadian turtleneck. “At swim class, they wanted to know what was wrong with it. So when I went to university I got circumcised. But two months later I regretted it. It looked nicer before, and now I had to change the way I masturbated; there was nothing to move. I’d had no clue what the foreskin really was. The doctor just did it with little explanation of consequences.” He began taping in August of 2004. “I’ll be done by the end of this year.”

Page 5

Alex, the Oakville financial consultant, learned of restoration when researching a university paper on human sexuality and was intrigued by the discovery that something lost could be found again. “My parents are immigrants and knew nothing about circumcision, so when the Toronto doctor talked about it at my birth, they both presumed my dad had been circumcised—which speaks a lot to the notion of informed consent.” In 1999, Alex’s first attempts at the process proved futile. He used only tape, no strapping, and his cursory search of the Internet had given him little idea of what he was actually doing. He gave up. Then his wife, Holly, became pregnant with their son, and circumcision was once again a topic of conversation. Five years after his first experiment, Alex embarked on a more comprehensive search of exactly what could be done.

Holly was surprised at his wishes. “My reaction was, Gosh!” says the auburn-haired math teacher who’d never actually experienced a foreskin. “I told him that I loved his penis just the way it was. But he would talk about this piece of his own body that he hadn’t

been allowed to experience, that was taken away without his consent. He felt that nature must have intended it for something. I think the best word for him was wistful.”

The Canadian Children’s Rights Council, a non-profit advocacy organization, takes the position that “all Canadian children, both male and female, should be protected by the criminal laws of Canada with regards to this aggravated assault.” No other amputation of a child’s healthy tissue is permitted on a parent’s preference. Activists hope that routine circumcision may one day follow the death throes of bloodletting and incantations, and that men will never have to resort to T-tape, skin grafts and gallon jugs of milk again.