CIRCUMCISION.

Mr. President and Gentlemen of the Florida State Medical Association:

I have chosen as the title of this paper one of the most time-honored of all subjects; one that has headed many a thesis and been discussed times innumerable; one that seems to have been long ago exhausted by reason of the age of its introduction into medical and surgical literature and by the seeming simplicity of the operation. But *is* it exhausted? Is there no room for improvement upon the operation in its details as it is now practiced? I answer no—emphatically no—to the first question; yes to the second, and I feel that in this I voice the sentiment of many, if not all of you gentlemen. For while every other branch of science and art has been progressing, surgery has not been left behind in the grand march forward. In fact, it has made more rapid strides onward toward perfection than any of the sciences, especially within the last decade or two. And, simple as this little operation is, it is capable of being improved upon, in order that more satisfactory results may be had.

The history of circumcision dates far back into the era of the old world. We find it practiced by the Jews as a religious rite, and also by the ancient Greeks and Egyptians. Among the Jews the male child was not presentable before God until after the performance of this rite. And as we now swear by the Bible, or with hand raised to heaven, so the ancient Egyptian swore by heaven and his circumcised penis, looking upon his circumcision as a work of honor and evidence of morality and religion.

To-day we meet with advocates of general circumcision, but how different the object in view. When I come to assail this wholesale cutting off of foreskins, I shall dwell more upon this "object in view." In consideration of this subject, there are three points that I wish to dwell

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upon in particular, which will necessitate the division of the paper into three parts, or sections.

In the first place I wish to point out the important role that this operation plays in the curative treatment of a class of nervous diseases that follow as sequellæ to local affections, the primary cause of which is subprepucial irritation—chancre, chancroid, adhesion of prepuce to glands, presence of calculi underneath the foreskin, etc.

Secondly, to raise a voice against the idea that some surgeons have, that every prepuce that covers the glands should be cut off, without respect to the conditions present that may demand its removal, or enter a plea for its natural position. And

Thirdly, to offer the details of the operation as I think it best performed. And I shall consider these in the order given above.

Pursuing, then, the thoughts suggested in first point, I claim that there are many affections, nervous in their nature and manifestations, that follow as sequellæ to purely local disease of the external organs of generation, the primary and exciting causes of which local disease is continued irritation of some part or parts of these organs, and which nervous affections can be successfully treated only by correcting the local conditions which are the principal etiological factors in the case.

Extreme nervousness, spasms, convulsions, followed often by paralysis, partial or complete, are troubles that grow out of and are caused by irritation of these parts. And in several instances, in treating nervous diseases, have I been able to trace the causes directly to this locality. One case selected I report that fortifies the ground I take:

Upon a certain occasion I made a visit into a rural district, quite a distance from the little town in which I was then practicing; and while in this community was called to see a little boy who had "strange spells," as the father said. Upon my arrival at the home of the sufferer, I found the mother, whose features told tales of anxiety and care, sitting, holding the little one in her arms. He was an object of pity; pale face, pinched features, eyes dull and retracted into the sockets, emaciated (or rather

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undeveloped) in limbs and general muscular system. History of case revealed the following:

Two years before this the little fellow, then two years old, began to show signs of failing health; his appetite became poor; his nights were spent in rolling and tossing in bed, uttering an occasional cry; was very nervous; easily excited. Nervous symptoms grew worse and worse until spasms were developed. These were light and infrequent at first, but became more severe as well as more frequent. This led the father to consult a physician. He (the doctor) said that "worms" was the trouble; gave a worm powder and sent patient back home to be treated. No improvement. Another, and still another physician was summoned, but they failed to give any permanent relief. Parents despaired and decided to wait. The spasms developed into violent convulsions and grew more and more frequent.

I was called in, as stated above. My first thought was to examine the genitals. The father said that the trouble was worms, and that the "privates were all right, except a little sore from rubbing." I told the mother to uncover the genitals, which she did reluctantly. A glance was sufficient. Prepuce was long, thickened and inflamed and a very narrow orifice. A gentle touch caused the child much pain. I felt three calculi behind the corona glandis. I told the parents that this was the cause of all the trouble, and that I could cause the child to have a fit when I wished. They seemed to doubt it, and I thereupon exerted some pressure upon the glands with thumb and forefinger. The convulsion followed immediately. This ended my fit-making for the day, for those parents so dreaded these outbursts of nerve action, that I didn't get my hand on that child anymore.

I, of course, advised circumcision. They (the parents) feared the ordeal, and denied the child the only means of a cure. I did nothing more except to tell them that if they would submit, I could cure the child. I never heard any more of the case.

In this instance we see that really serious conditions followed as sequelæ to this continued irritation of the

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glands and prepuce. And other cases have come under my observation that developed symptoms more distressing still—those of partial paralysis, or the tonic contraction of a muscle, or sets of muscles, that resulted in the crippling of the patient for life, and producing hideous deformities.

Doctors, look well to these organs in your investigations into the cause of disease in children, especially if there are nervous manifestations. For the good of humanity and the glory of our beloved science, let me beg you to be thorough in your examinations, untiring in your efforts to locate the true and primary cause of disease.

In cases like the above, all medicines are total losses, except for temporary relief, and he who jumps at conclusions, calls the disease fits or epilepsy, and gives sedatives and antispasmodics and retires, will also retire from the deserving confidence of that people, and find his skill and his glory eclipsed by that of one who may be his inferior in a point of general ability, but who has sense enough to examine his patient and see what can be seen with eyes half open, and proceeds as common sense dictates.

Secondly, I wish to be understood as opposed to this wholesale business of circumcision. It is not every long prepuce that needs be removed, and he who slashes with his knife at every foreskin that he finds in the line of duty, performing the function assigned to it by Dame Nature, is guilty of an error deserving of reproof from the fraternity as well as from the people.

Advocates of general circumcision will bring in the pleas of religious rites—cleanliness—reduced liabilities to venereal infection. The religious rite question I leave with its advocates. As to personal cleanliness, there is nothing more desirable than this, but does the condition of the parts preclude cleanliness of the organs? If so, operate by all means; otherwise, let the foreskin alone, and keep clean by retracting and washing.

The plea of reduced liability to venereal infection, I grant, is a good one. They hold that removal of prepuce and laying bare the glands prevents the retention

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of poisonous secretions, and so develops the mucous membrane as to make it less apt to absorb the poison. This is true, but is there no other means of preventing this accident? It seems to me that care in observing rules of hygiene and morality would ordinarily suffice as preventives of these dreaded complications. Nature furnished this covering to protect this delicately constructed and sensitive gland. And should this protection be removed, unless absolutely necessary? Of course, the mucous membrane will develop into a thicker and tougher membrane and protect to a degree, but in my opinion it will not perform well the part of a prepuce.

Now, there are cases in which nature has not done her work in a manner that will be best for the person concerned, and interference becomes necessary and circumcision must be done.

Narrowing of the prepucial orifice—phymosis—inflammation and thickening of the foreskin, adhesion of prepuce to the glands, anything that prevents retraction of prepuce beyond the corona glandis, makes the operation of circumcision necessary. Presence of chancres, chancroids or calculi, makes it a necessity to retract the foreskin that treatment may be successful. If the operation is indicated, it is criminal to neglect it. It is the rule of operating upon and removing foreskins without respect to the conditions present that I object to.

Having looked well into the case, if you decide that an operation is in order, perform it. And this brings us to the *third* consideration, that of the operation itself.

After having made ready for the operation, the first thought should be to determine how much of the foreskin should be removed, and cut away no more, no less.

Common sense teaches that that portion of the prepuce that lies in front of the crown when that organ is at rest, and no more than this should be removed; and in order that just the amount should be cut off, it is well to make a mark upon the organ while at rest, which line should correspond with the crown, made from the center on upper surface toward the frænum. If clamp is used, adjust it with respect to this line; if not, follow the line in making the incision. Then, with finger and thumb,

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or with forceps, seize the prepuce at or about the point of juncture of skin and mucous membrane and perform traction sufficient to draw the foreskin forward until the line for incision will lie well in front of the glands. This, of course, is practicable only when the prepuce is normal and when no adhesions exist. I exert traction in this way in order to prevent the rolling inward of the skin, which occurs when the foreskin is grasped between thumb and finger and pushed forward.

Having performed traction, the clasp should be applied. As to the clasp to be used, I shall, without hesitation, advise the use of the fenestrated forceps of our grand old father Ricord, which is herewith shown for illustration and explanation.

The long blades of this forceps—the fenestrae—the groove upon the surface of the bar that bounds the fenestrae on the sides, the length and strength of the blades, the double catch for fixation in either moderate or forcible compression, all make it an instrument peculiarly fitted for use in this operation. The clasp should be applied, not transversely, but so that the clasp shall lie in line with the long axis of the body, pointing downward and outward. The flattening of prepuce will be vertical instead of transverse, as in the usual mode operating.

After applying clasp in this manner the knife may be placed within the fenestra, and the cutting done without the possibility of an accident, or of cutting more off than was intended.

One advantage that Ricord's forceps have over any other that I have seen is this: The grooved surface of the bars compress the tissues very firmly, and if allowed to remain in position for a short time—which may be done without causing any bad or undesirable effects, all hemorrhage may be prevented.

And, in some cases, when prepuce is thin, and the patient small, this compression may so unite the skin and mucous membrane as that a suture will not be necessary, the parts adhering firmly and permanently.

In operating upon adults, the mucous membrane covering glans should be pared; not too closely, however,

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but allowing at least a quarter of an inch to remain for the reception of suture. As to suture, I much prefer very small catgut, and a continuous suture.

This operation, as briefly outlined, is practicable only when parts are normal, or nearly so. Adhesion of prepuce to glans—phymosis—narrowed orifice do not materially change the mode of procedure. If, however, foreskin is thickened by the deposition of inflammatory material, it is impossible to proceed as per above; in which cases it becomes necessary to slit up the prepuce in the middle line above the glands, and to a point over the corona glandis and remove the prepuce in two sections, cutting from the middle toward the frænum on both sides.

At the close of the operation I much prefer a dry dressing, using odoform freely, and bandaging well, leaving the way clear for passage of urine without removal of dressing. Allow the first dressing to remain in position for three days, after which remove, cleanse thoroughly, treat as any other open or incised wound.

Gentlemen, I have given some points of the operation in detail; others I have not mentioned. In this paper I have touched only upon certain points; they are those of particular interest to me, for the reason that in these particulars I depart from the usual *modus operandi* in practice.

ANGUS A. GILLIS.

DISCUSSION.

Dr. Oglesby—I would like to take issue with my confrere as to the little importance of this operation as giving immunity against venereal infection. We all know that this is one of the great evils we have to overcome, and in my opinion circumcision is one of the surest means of preventing syphilitic disease.

Dr. Daniel—The clear and systematic way in which the paper has been arranged under three heads, makes it more readily discussed. In regard to the importance of watching for conditions in the youngster, which may be called abnormal, but which, in my experience, exist to a greater or less extent in the majority of children, and cause, indirectly, many and grave affections of the ner-

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vous system, I agree with Dr. Gillis, and I have always thought it one of the evidences of the wisdom of the great law-giver, Moses, that this operation was made binding upon the Israelites, thereby insuring its universal performance in that nation. I think many of us are too careless about watching for those conditions of this organ that require attention and remedy. Of course there are many cases in which circumcision is not necessary, and therefore I do not for one moment approve of insisting upon the operation in every individual case that comes along, where the glans is covered. In regard to the method of operation I cannot say that my experience altogether makes me agree with the directions and conclusions in the paper. The suggestion in regard to the amputation of the end of the prepuce is all very good: but in regard to the apparent direction, by inference, that in most cases there is no necessity of slitting up the inner coat or lining covering the glans, I think it is always best to divide the inner fold of the prepuce directly on the median line, and, in some cases, to remove a triangular portion on either side, so as to make the outer and inner surface adjust better; having had more or less experience in my early practice that makes me cautious in not ripping up the inner coat. I have had cases where I did not think there would be any difficulty, but in the course of a few months or a year a gradual contraction occurred after union, making a second operation necessary. In all cases of adults, particularly, and in boys of maturer years, it is absolutely necessary to do so, and I prefer, as a rule, dividing the inner coat as far as the corona.

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