

### **The CDF 2018 *Responsum* on Prophylactic Hysterectomy**

The Congregation for the Doctrine of the Faith has made a consenting statement in response to a question concerning the moral permissibility of hysterectomy for a woman in whom any future pregnancy would be unable to continue to fetal viability.<sup>1</sup> Earlier, in 1993, the CDF addressed a similar but different situation in which hysterectomy cannot be justified.<sup>2</sup> This article contrasts the two, pointing out how the situation described in the recent statement is morally different from that in the former and examining why the action described in the recent *dubium* is morally permissible.

Of the three questions answered in the 1993 *responsa*, this is the one pertinent here:

*Question 2:* When the uterus (e.g., as a result of previous Caesarian sections) is in a state such that while not constituting in itself a present risk to the life or health of the woman, nevertheless is foreseeably incapable of carrying a future pregnancy to term without danger to the mother, danger which in some cases could be serious, is it licit to remove the uterus (hysterectomy) in order to prevent a possible future danger deriving from conception?

*Response:* Negative.

In this earlier question, the uterus does not pose an immediate threat to the woman, but it is incapable of carrying a future pregnancy to term without putting her life or health in danger. The uterus in and of itself does not pose a pathological problem for her unless she becomes pregnant. Therefore, its removal does not have a properly therapeutic character but is aimed in itself at rendering freely

chosen sexual acts sterile in the future. The principle of double effect does not apply. The good effect is to save the mother from a possible threat to her life, which does not exist at present but will arise with a subsequent pregnancy. The undesired bad effect is the contracepted conjugal acts after hysterectomy. The good effect is thus achieved through the bad effect. Avoiding the risks to the mother from a possible pregnancy occurs by means of a direct sterilization. Hence, the CDF rendered a negative judgment.

The question and answer in the 2018 *responsum* are as follows:

*Question:* When the uterus is found to be irreversibly in such a state that it is no longer suitable for procreation and medical experts have reached the certainty that an eventual pregnancy will bring about a spontaneous abortion before the fetus is able to arrive at a viable state, is it licit to remove it (hysterectomy)?

*Response:* Yes, because it does not regard sterilization.

Here the uterus is incapable of maintaining a future pregnancy to fetal viability. This could be because (1) a pregnancy will threaten the mother's life, which in turn will kill the mother and hence the fetus; or (2) because a damaged uterus will not allow a pregnancy to continue long enough for the fetus to reach viability. The CDF does not address the first scenario but specifically speaks about the second, that is, cases in which the reproductive organs are not capable of protecting a conceived child up to viability. The CDF gives a positive reply, allowing hysterectomy in such cases, although it does not point to any specific diseases that satisfy the conditions in the question.

In the 1993 *responsa*, delivery of a healthy baby is possible but with an increased risk to mother's life. In the 2018 *responsum*, the delivery of a healthy baby is impossible because of damage to the uterus. Thus, the CDF concludes that if the reproductive organs are not functioning sufficiently well to support a pregnancy to viability, the faulty organs may be excised. We are not dealing with generative organs in this case, because the uterus is wholly incapable of bringing about a viable pregnancy. Classically, double effect would be used to justify mutilation within the generative system. Here, however, the generative system has irreparably lost its generative functions, and the uterus can no longer be considered a generative organ. The principle of totality governs mutilation outside the generative system, and this principle can be rightly applied to show the moral permissibility of hysterectomy in this case.

The principle of totality aims at the subordination of a part of body to the good of the whole.<sup>3</sup> Pope Pius XII refers the principle of totality to the physical well-being of the whole body. In his address to the Italian Medical Union of St. Luke, he says,

In designing man, God regulated each one of his functions and distributed them among the various organs. By that very fact He defined the distinction between those that are essential to life and those that affect only the integrity of the body (however precious that may be), its activity, its well-being, and its beauty. At the same time He fixed, prescribed, and limited the use of each one. Therefore, man cannot be permitted to arrange his life and the functions of his organs according to his liking, in a way contrary to the internal and immanent purposes that are assigned to them.<sup>4</sup>

In the 2018 *responsum*, since the uterus is irreparably damaged and cannot function as a generative organ, it may be removed prophylactically to protect the welfare of the whole body. Although it may be still capable of carrying a fetus for some period of time, it is incapable of maintaining a pregnancy to viability. Such inevitably abortive pregnancies affect the internal harmony of the whole physical body. An irreparably faulty uterus

therefore can be legitimately removed under the principle of totality to secure the good of the whole body.

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1. Congregation for the Doctrine of the Faith, Response to a Question on the Liceity of a Hysterectomy in Certain Cases (December 10, 2018), released January 3, 2019.

2. Congregation for the Doctrine of Faith, Responses to Questions Proposed concerning "Uterine Isolation" and Related Matters (July 31, 1993).

3. Scaria Kanniyakonil, *The Fundamentals of Bioethics: Legal Perspectives and Ethical Approaches* (Kerala, India: Oriental Institute of Religious Studies India, 2007), 278.

4. Pius XII, Address to the Italian Medical Biological Union "San Luca" (November 12, 1944), trans. Michael Miller, *National Catholic Bioethics Quarterly* 15.4 (Winter 2015): 727.

### Protect Children from Circumcision

Christopher Kaczor defends infant circumcision in the Summer 2018 "Philosophy and Theology" column in the *National Catholic Bioethics Quarterly*.<sup>1</sup> As a Catholic mother and grandmother, I instead choose to defend the rights of all children, both before and after they are born. Children are not property for parents to do with as they wish. Children's healthy body parts are their own, and they do not belong to their parents to dispose of at will. All children, male and female alike, are human beings created in the image and likeness of God with human rights that should never be violated.

No national medical association in the world today recommends circumcision. This includes the Canadian Paediatric Society, the Royal Australasian College of Physicians, the British Medical Association, the Danish Medical Association, the Royal Dutch Medical Association, the Swedish Paediatric Society, the German Paediatric Society, and the Mexican Secretariat of the Interior.<sup>2</sup>

Kaczor mentions the 2012 “Circumcision Policy Statement” of the American Academy of Pediatrics, which expired in 2017 after five years. As far back as 1971, the AAP stated that “there are no valid medical indications for circumcision in the neonatal period.”<sup>3</sup> The AAP in 2012 stated that the “health benefits are not great enough to recommend routine circumcision.”<sup>4</sup> Nevertheless, the AAP then claimed that “the health benefits of newborn male circumcision outweigh the risks.” This was said after admitting earlier that “the true incidence of complications after newborn circumcision is unknown.”<sup>5</sup> Since the AAP did not know how often complications occur, it lacked the evidence it needed to make any comparison between risks and benefits. The AAP’s 2012 “Circumcision Policy Statement” was challenged in April 2013 by a large group of European and Canadian medical doctors from several medical associations.<sup>6</sup> They asserted that the AAP had a cultural bias. At least three of the eight members of the AAP task force are believed to belong to a religious group that practices circumcision, one having personally circumcised his own son for religious reasons.<sup>7</sup> Religious bias may also have influenced their statement. After much criticism of their 2012 circumcision statement, the AAP stated in a subsequent article that “these benefits were *felt* to outweigh the risks of the procedure.”<sup>8</sup>

Canada’s health system does not pay for nontherapeutic infant circumcisions, but AAP doctors in the United States want Medicaid and insurance companies to pay for medically unnecessary circumcisions, which drives up medical costs. This is a clear conflict of interest, since AAP doctors and other physicians benefit financially from performing circumcisions. In its “Talking Points” distributed on August 27, 2012, to AAP physicians only, the AAP wrote the following in response to the question, “Is the AAP taking this stance simply because it allows members to make money from the procedure?”: “The costs of a circumcision are paid by private insurance and Medicaid, with a small percentage funded by individuals. Rough estimates for the procedure average \$165 out of pocket (within a range of \$100 to \$250). However,

these costs do not take into account hospital fees, supplies, and anesthesia. In the end, total costs can be upward of \$1,750.”<sup>9</sup> If 1.2 million infant circumcisions are performed needlessly in the United States each year at these costs, that equals \$2.1 billion wasted annually on medically unnecessary circumcisions, before adjusting for inflation.

Medicaid is required by federal law 42 USC §1396 to cover only medically necessary costs. Fifteen states today recognize that infant circumcisions are unnecessary and no longer fund them. Amputating healthy foreskins from baby boys is big business—for doctors, for hospitals, for mohels, for companies that make skin creams and skin grafts from amputated foreskins, and even for companies that sell foreskin fibroblasts to be used as feeder cells in human embryonic stem cell research that uses cells from aborted babies. Baby boys do not profit from the sale of foreskins stolen from their bodies.

Male circumcision is uncommon in most of the rest of the world, except where it is practiced by Jews and Muslims for religious reasons. In some countries in Africa and the Middle East, female circumcision, excision, and infibulation are practiced by some Muslims. Who wants to claim Muslims should have religious liberty to do this to females? Instead, who wants to see limits put on how far religious freedom can go when it harms children of both genders? A US federal law passed in 1996 protects females from circumcision, and it does not make an exception for Muslims who believe in it. On November 20, 2018, US District Judge Bernard Friedman struck down that law, saying that only states can pass laws banning female genital cutting. His ruling noted that twenty-seven states have already done so, but twenty-three states have not.<sup>10</sup> Americans are rightfully horrified by the genital cutting of females, but at the same time, some Americans put on cultural blinders and remain undisturbed by the genital cutting of males in our own country. Children of both genders need to be protected from genital cutting, not just females. Their screams are the same! In the United States, equal protection under the law is an important concept guaranteed by the Fourteenth Amendment to the

Constitution, but whenever females are protected from circumcision and males are not, equal protection is thrown out the window.

Religious circumcision in the time of Abraham typically involved removal of only the tip of the foreskin that extended beyond the glans (*brit milah*), “the flesh of your foreskin” as described in Genesis 17:11 (DRB). Most of the foreskin still remained. Jewish ritual circumcision began when Abraham, at the age of ninety-nine, heard God tell him to do this. Years later, Abraham heard God again, this time telling him to kill his son Isaac.

In the middle of the second century, the Pharisees altered Abraham’s way of circumcising, completely removing the foreskin (*brit periah*), which has persisted to modern times. Before then, Jews who engaged in games in the nude, in gymnasiums with the Greeks, were able to stretch their remaining foreskins to appear genitally intact, and avoid being ridiculed for being circumcised. After the Pharisees changed circumcision to *brit periah*, it became next to impossible for Jewish men to do that.<sup>11</sup>

Jesus used some choice words to describe the Pharisees and their actions in the first century. He called them “blind guides,” “foolish,” “hypocrites,” “serpents,” and “vipers” (Matt. 23:16–33). Later on in Acts 15:10, when some Pharisee converts insisted that Gentile Christians must be circumcised, St. Peter said, “Now therefore, why tempt you God to put a yoke upon the necks of the disciples, which neither our fathers nor we have been able to bear?” Under the Holy Spirit’s guidance, Peter, the first Pope, told them that circumcisions are unnecessary for Christians, a teaching that remains to this day.

In “Elective Child Circumcision and Catholic Moral Principles,” David Lang provides extensive detail about the difference between *brit milah* and *brit periah*.<sup>12</sup> A small number of ultra-Orthodox Jewish mohels today go even further and add *metzitzah b’peh* to the religious circumcisions they perform. After cutting the baby, the mohel puts the baby’s cut penis in his mouth and provides oral suction.<sup>13</sup> Several Jewish infants have contracted herpes this way from infected mohels, and some have died. Discerning adults should recognize

this as another form of sexual abuse, and not defend it under the guise of religious freedom. Religious freedom is important, but it should never give anyone the right to physically or sexually harm another person.

Nontherapeutic circumcision violates *Catechism of the Catholic Church* n. 2297 on “respect for bodily integrity.” As I wrote in the Spring 2003 edition of the *American Journal of Bioethics*,

No. 2297 of the *Catechism* ... states in part: “Except when performed for strictly therapeutic medical reasons, directly intended amputations, mutilations, and sterilizations performed on innocent persons are against the moral law.” The *American Heritage Dictionary* defines *amputate* as “To cut off (a part of the body), esp. by surgery,” and it defines *therapeutic* as “Having healing or curative powers.” In 1999 the American Academy of Pediatrics described circumcision as “amputation of the foreskin,” and the American Medical Association called elective circumcision “non-therapeutic.” Elective circumcisions are directly intended, non-therapeutic amputations of healthy foreskins. As such, they *do* violate the moral law.<sup>14</sup>

Because of Catholic teaching, Catholic hospitals in the United States should long ago have stopped performing nontherapeutic circumcisions, but profits are so enticing for Catholic and secular hospitals alike that they refuse to quit. Sadly, profits override ethics. It is a scandal that US Catholic hospitals choose to ignore Catholic teaching today, causing pain to infants as they cut off healthy foreskins from baby boys, sometimes without anesthesia. Baby boys should not be welcomed into life with a knife to their genitals. Some men who were circumcised as infants at Catholic hospitals and at other locations have called their circumcisions sexual abuse. Amputating parts of someone else’s healthy genitals without his or her consent should be considered sexual abuse. If Catholics are going to eradicate sexual abuse in all its forms in Catholic institutions, then stopping the practice of genital cutting of baby boys in Catholic hospitals is a good place to start.

Janet Smith is correct when she calls circumcision a mutilation,<sup>15</sup> although admittedly, *mutilation* is a more emotionally charged word that Kaczor seems to dislike. *The Free Dictionary* defines *mutilation* as “an injury that causes disfigurement or that deprives you of a limb or other important body part.”<sup>16</sup> Circumcision certainly disfigures the penis when the foreskin is removed, and it deprives the man of a body part with several important functions. No circumcised man wants to hear that he was mutilated, yet some men do feel mutilated as a result of circumcision, and their feelings should never be discounted. In the book *Unspeakable Mutilations*, Lindsay Watson uses this term. In his book, fifty men of different ages and from different walks of life describe how circumcision has harmed their self-esteem, physical well-being, and sexual experience.<sup>17</sup>

Are any circumcisions allowed? Therapeutic circumcisions, those done to treat a disease or defect that fails to respond to nonsurgical treatments, are allowed under n. 2297 of the Catechism, but those cases are rare. Problems often arise when doctors and parents improperly care for the intact child by retracting his foreskin. The foreskin should never be forcibly retracted. Some males do not have a retractable foreskin until late in their teens or early twenties. A doctor who causes problems by forcibly retracting a boy’s foreskin might later recommend circumcision to treat a problem that he or she has created. Doctors sometimes misdiagnose a boy as having phimosis (a nonretractable foreskin) when that is the normal state of development for the child, whose foreskin will become retractable normally as he grows and matures.

Kaczor suggests that circumcision makes it easier for a male to keep clean. A male baby who has been circumcised has a wound that is exposed to urine and feces in a dirty diaper. The intact baby boy has no such wound. One need only wash the child’s intact penis as one would wash a finger. Later in life, the intact male can easily stay clean by retracting, rinsing, and replacing his foreskin to its original position. Keeping a baby girl clean is more work with all her genital folds, but thankfully Americans are not amputating parts of her

body for “greater ease in cleaning.”<sup>18</sup> With soap and water readily available in the United States, people do not need amputative surgery performed on their genitals to stay clean.

Common sense should tell us that no one should be amputating healthy body parts from other people without their consent—what in essence is stealing—but sadly, common sense is too often lacking today in the United States when it comes to circumcision. Circumcised male children bear the lifelong scars and consequences of their parents’ decision, a decision often made out of ignorance. Far too many males suffer physical and even psychological complications from circumcision, both short-term and long-term. Others suffer from botched circumcisions, and some even die. In 2011, I began compiling a long and growing list of publicized, referenced stories about botched circumcisions, circumcision deaths, and lawsuits.<sup>19</sup> It is heartbreaking to read how so many children have been damaged by circumcisions that never should have happened.

Kaczor states, “Circumcision does not destroy or remove an organ of the body, nor does it undermine the function of an organ.”<sup>20</sup> Kaczor, like too many American parents and doctors, appears unaware that the foreskin has over sixteen known functions, from protective to sexual to immunological. Men who are circumcised often do not realize what they are missing, unlike men who are left intact. An increasing number of men, who have become aware of the foreskin’s functions and wish they were intact, are attempting to undo some of the damage caused by circumcision through nonsurgical foreskin restoration.<sup>21</sup>

What is the foreskin, and what are its functions? “The foreskin is a protective and sexual organ that covers and protects the sterile urinary tract environment; contains tens of thousands of specialized, erogenous nerve endings; and provides the sliding and gliding mechanism that allows for nonabrasive, lubricating, normal sexual intercourse for both the male and female.”<sup>22</sup> Here is just some of what is lost by circumcision: the mobile penile skin which covers the glans, keeps it from becoming keratinized and losing sensitivity, and provides sufficient skin for erections; the densely innervated frenar band of soft

ridges near the inner and outer foreskin; tens of thousands of specialized erotogenic nerve endings, including fine-touch receptors called Meissner's corpuscles; the frenulum, a highly erogenous structure on the underside of the glans, which serves to return the foreskin to its forward position after retraction; the apocrine glands of the inner foreskin, which produce pheromones; about half of the dartos fascia, a temperature-sensitive smooth muscle sheath; several feet of blood vessels that provide normal blood flow to the shaft and glans; and sebaceous glands that lubricate and moisturize.<sup>23</sup> This is not a complete list, but additional information can be found online by searching for functions of the foreskin.

How does male circumcision affect females? Studies in 1999 and 2011 found that female partners of circumcised men experience more painful sex, and both genders have more difficulties reaching orgasm. To achieve orgasm, circumcised men often engage in rougher sex than intact men, which can cause pain and loss of lubrication for the female, leaving her feeling sexually frustrated.<sup>24</sup>

Since the 1800s, various diseases have been used to demonize the foreskin and promote circumcision in the United States. Early on, circumcision was advocated to prevent masturbation. Then proponents claimed circumcision cured or prevented epilepsy, spinal paralysis, bedwetting, urinary and rectal incontinence, clubfoot, abdominal neuralgia, crossed eyes, prostate cancer, bladder cancer, and rectal cancer. In 1894, it was even alleged that circumcision prevented black men from raping white women.<sup>25</sup> More recently, some doctors have claimed that circumcision prevents urinary tract infections, penile cancer, and sexually transmitted diseases,<sup>26</sup> illnesses that Kaczor uses to try to justify circumcision. If one wanted to, the case could be made for amputating every healthy part from a person's body to prevent diseases that would never occur in all those missing body parts. Of course doing that would be absurd and highly unethical, but so is circumcision.

Urinary tract infections, which are far more common in girls than in boys, can be treated with antibiotics rather than surgery. Penile cancer is a rare disease of older men,

and it is far less common than breast cancer in women. The American Cancer Society estimates there were 2,080 new cases of penile cancer in men in 2018, compared to 268,600 cases of invasive breast cancer in women and 2,670 cases of invasive breast cancer in men projected for 2019.<sup>27</sup> If one wanted to advocate circumcision to prevent penile cancer, statistically it would make far more sense to advocate amputation of breast buds in baby girls and baby boys to prevent breast cancer. Of course this too would violate n. 2297 of the Catechism and be unethical, but it would prevent more cases of cancer than circumcision would.

Kaczor quotes David Albert Jones on the claim that circumcision reduces the risk of HIV, based on African studies that were stopped early and had flaws.<sup>28</sup> A 60 percent reduction in HIV is frequently cited from these studies. The fact not mentioned, or given to African men, is that this was the *relative risk reduction*. The *absolute risk reduction* was only 1.3 percent.<sup>29</sup> Those advocating circumcision to prevent HIV in Africa encourage men to use condoms afterward. One African man made a good point when he said that since it is painful to get circumcised and he was supposed to wear a condom anyway, what was the point? Chastity is the spiritually and physically healthiest way to prevent HIV and other sexually transmitted diseases, and it stays in line with Catholic teaching. Behavior is the key to ending HIV, not circumcision.

The case for circumcision is weak. Non-therapeutic circumcision is unethical. Circumcision is as ethical as was the binding of young girls' feet in China, a cultural practice that fortunately was outlawed in the last century. It is never acceptable to torture and mutilate a child. Boys are born with foreskins they are naturally meant to have. Foreskins are not birth defects. God does not make a mistake when He gives human males a foreskin. Human beings make mistakes, but God does not. No one can design the human body better than God can, and it is arrogance to think that one can.

Jesus taught us to love one another, the second greatest commandment. There is nothing loving about circumcision. This is not how

children should be treated. The mistreatment of children by circumcision needs to stop now before any more boys become victims of its cruelty. If you do not know how circumcisions are done and have never seen one before, I encourage you to watch and listen to a video of an actual infant circumcision. You will never forget what you see and hear. Hopefully it will motivate you to help put an end to this brutal practice, because circumcision has no place in a civilized society, and it needs to end.

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1. Christopher Kaczor, Philosophy and Theology Notes & Abstracts, *National Catholic Bioethics Quarterly* 18.2 (Summer 2018): 357–362.
2. See Circumcision Resource Center, “Circumcision Policies of International Organizations,” accessed January 23, 2019, <https://circumcision.org/>. See also Secretary of Health (Mexico), *Para la atención de la mujer durante el embarazo, parto y puerperio, y de la persona recién nacida*, NOM-007-SSA2-2016 (July 4, 2016), 5.7.13: “Avoid circumcision as a routine practice, since there is no scientific evidence to prove a direct benefit to the newborn” (Google translate).
3. American Academy of Pediatrics, Committee on Fetus and Newborn, *Standards and Recommendation for Hospital Care of Newborn Infants*, 5th ed. (Evanston, IL: AAP, 1971), 110.
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5. American Academy of Pediatrics, Task Force on Circumcision, “Male Circumcision,” technical report, *Pediatrics* 130.3 (September 2012): e772, e778, doi: 10.1542/peds.2012-1990.
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7. Jameson Marnell, “Delicate Decision,” *Los Angeles Times*, March 31, 2008, <http://article.latimes.com/>; and “CDC Director Is Jewish Physician Who Formerly Flip-Flopped on Metztizah B’peh Issue during His Tenure as the NYC Health Commissioner,” *His Body His Choice*, blog, January 1, 2015, <https://notyourstocut.com/>.
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12. David Lang, “Elective Child Circumcision and Catholic Moral Principles,” *National Catholic Bioethics Quarterly* 12.1 (Spring 2012): 99–128.

13. Task Force on Circumcision, “Male Circumcision,” e770.

14. Petrina Fadel, “Respect for Bodily Integrity: A Catholic Perspective on Circumcision in Catholic Hospitals,” *American Journal of Bioethics* 3.2 (2003): W23, original emphasis, doi: 10.1162/152651603766436379.

15. Janet E. Smith and Christopher Kaczor, *Life Issues, Medical Choices: Questions and Answers for Catholics* (Cincinnati: Servant, 2016), 154–156.

16. *The Free Dictionary*, s.v. “mutilation,” accessed January 24, 2019, <https://www.thefreedictionary.com/mutilation>.

17. Lindsay R. Watson, ed., *Unspeakable Mutilations: Circumcised Men Speak Out* (self-pub, 2014).

18. Kaczor, “Philosophy and Theology,” 360.

19. See “Circumcision: Dirty Little Secrets Exposed,” *Wise Woman Way of Birth* (blog), May 28, 2011, <https://wisewomanwayofbirth.com/>.

20. Kaczor, “Philosophy and Theology,” 359.

21. For information on foreskin restoration, see the National Organization of Restoring Men website, at <https://www.norm.org/>.

22. Fadel, “Respect for Bodily Integrity,” W24.

23. Gary L. Harryman, “What Is Lost to Circumcision,” February 14, 1999, available at <http://cirp.org/pages/parents/lostlist/>; J. R. Taylor, A. P. Lockwood, and A. J. Taylor, “The Prepuce: Specialized Mucosa of the Penis and Its Loss to Circumcision,” *British Journal of Urology* 77.2 (February 1996): 291–295; R. K. Winkelmann, “The Erogenous Zones: Their Nerve Supply and Its Significance,” *Proceedings of the Staff Meetings of the Mayo Clinic* 34.2 (January 21, 1959): 39–47; R. K. Winkelmann, “The Cutaneous Innervation of Human New Prepuce,” *Journal of Investigative Dermatology* 26.1 (January 1956): 53–67, doi:

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