

the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

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IN THIS ISSUE:

Circumcision

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Dr. Robert Mendelsohn

So many questions about circumcision have been coming across my desk lately that I have decided to devote a substantial part of this month's Newsletter to that subject. The Religion of Modern Medicine has no ritual mutilation more irrational than surgical circumcision. After the infant has already suffered the insult of the silver nitrate ceremony, the obstetrician (or not uncommonly an assigned medical student) goes to work on the baby's penis. The sexual ethics of the Religion of Modern Medicine mandate silver nitrate drops because doctors believe that every mother in this country has gonorrhea. I wonder what psychiatrists would come up with if they ever plumbed the darker recesses of doctors' psyches to learn what kind of sin they feel the newborn babe has committed to justify this most unkind--and dangerous--cut of all.

Wives have pressured doctors into reluctantly allowing their husbands in the delivery room. Maybe their next move should be to push that husband a few hours later into the surgical arena so that he can see first-hand who does what to whom. That may lead to a home birth next time which eliminates the routine from circumcision.

Q I know you have often said you are opposed to unnecessary medical treatment. You also have mentioned that you adhere to the Jewish religious tradition. Therefore, I cannot help but be curious as to your views on the subject of routine circumcision of male infants.--A.B.

A I am absolutely opposed to routine circumcision and absolutely in favor of bris milah (Jewish ritual circumcision). Routine circumcision at the hands of doctors carries a significant complication rate (as reported repeatedly in medical journals) including hemorrhage, infection and even gangrene, does not prevent cancer of the penis or cervix, and has no scientifically proven benefits. In the past, the U.S. Armed Forces advocated circumcision because it gave an opportunity for young surgeons to practice, there was an excess of available hospital beds, the procedure was thought to encourage cleanliness, and, in their mistaken view, it prevented venereal disease. Circumcision also was felt to promote discipline! I presume as a result of the young recruit's learning what the Army could do to him at the outset, he might be influenced to behave

*Ritual
vs.
routine
circumcision*

himself during the rest of his tour of duty. Possibly because of this conditioning, many people think circumcision is mandated by state law.

The Jewish bris milah, in contrast to hospital circumcision, is performed not on the first or second day of life (when the newborn has difficulty with his temperature stabilization), but on the eighth day, long after bleeding tendencies (hypoprothrombinemia) have disappeared. It is done under a very effective and safe analgesic (a wine-soaked piece of gauze in the baby's mouth) and is carried out in the safety of the home rather than in the germ-ridden hospital. Although this Jewish ritual is not entirely complication-free, I would trust the mohel (qualified performer of ritual circumcision), who is following a 4,000-year-old technique far more than an average surgeon, whose technique and instruments seem to change as often as fashions in clothing.

I don't know how this traditional religious ceremony (which is practiced among members of other religions as well as by Jews) ever became widespread in America, but it certainly was not as a result of good scientific studies.

Q When our son was born 16 months ago, we decided to have him circumcised. This decision was reached after much thought and discussion, and we have been regretting it ever since.

When Joey was well under a year old, his penis looked a little odd to me, but the pediatrician who had performed the circumcision said there was nothing wrong. Since then, two other pediatricians have told me that his penis has adhesions which must be treated. The adhesions have caused deep pockets to form around the penis which can collect "stuff" (I assume they mean smegma) and possibly cause infection.

I have been told to push back on these adhesions every day in an effort to stretch and eventually break them. In addition, I must clean out the pockets. Both procedures cause my baby some discomfort, and that bothers me. What effect can it have when a mother hurts her son's penis every day? When I asked this question of Physician Number Three, he snapped at me, "I'm not asking you to hurt him!" But it does seem to bother the baby a great deal, no matter how gentle I try to be. And so far, my efforts seem to be doing no good at all. I'm told that if I can't break the adhesions, they'll have to be clipped surgically when Joey is five years old.

Doctors Number Two and Number Three have hinted that this problem is the result of a poorly done circumcision ("Who did this to him???"). If this is true, then the circumcision has presented us with just the things we had hoped to avoid through having the procedure--a lot of manipulation of the penis by the mother, a "different" looking penis, and the chance of surgery later in life.

Can you help?--S.J.

A Although the scientific information on the dangers of nonritual circumcision continues to mount, this operation stubbornly remains among the top best sellers in American medicine. However, just because you made one mistake is no reason to make another. Therefore, I recommend that you closely question your pediatricians about their advice that you retract those "adhesions" every day. Can they provide you with scientific studies which clearly prove the value of this kind of manipulation? Can they show you documented case reports of what might happen if you fail to follow their advice?

*Adhesions
after
circumcision*

When these doctors give you the kind of references which you feel apply to your son's case, you will be in a position to make a judgment between the threat of further surgery in future years vs. your well-placed concern over the traumatic effect your daily manipulation is producing. If you still are unable to make a decision, please send me the publications to which your doctors have referred you, and I will try to advise you further at that point. Without such references, doctors should be regarded as talking off the top of their heads.

Routine circumcision of newborn infants should be avoided because of the risk of infection, says Dr. Sydney E. Gellis of Boston. Writing in a recent issue of American Journal of Diseases of Children, Dr. Gellis points out that the age-old custom has no medical validity and exists largely because of religious beliefs. Gellis says that the argument that the circumcised male has less risk of developing cancer of the penis and that genital cancer among women occurs less frequently among those married to circumcised men is not proven.

Q I would like to know something about circumcision--please.

I am a 34-year-old man who has been plagued by a genital rash for about 15 years. Ten years ago, a doctor I consulted said the rash was caused by a virus similar to, or the same as, that which causes cold sores. This virus thrives in the warm, moist folds of the foreskin.

For several years, I've been living in a cold, dry climate and have not been troubled by this rash. But after I moved to the Modesto (California) area this summer, the hot, humid weather seems to have caused a recurrence. This condition ranges from mild irritation and itching to a painful, heavy rash which causes the skin of the penis head and foreskin to bleed and break. The doctor had said this was, or could lead to, a pre-cancerous condition. He said that circumcision is the only permanent cure.

I'm confused and a little scared by the vague information I have. Can you please answer these questions for me:

- 1) What type of specialist should I consult?
 - 2) How long will I be in the hospital after circumcision? How long before I can go back to work?
 - 3) Could this procedure be done in a clinic? How expensive is it?
 - 4) How commonly is this surgery performed on adults?
- Please give me your advice.--C.V.

A I always encourage asking questions, but whoa there a minute! Although it's only a guess on my part, it sounds as though your doctor originally was thinking about herpes, but obviously, further thoughtful investigation is in order. Even in the case of herpes genitalis, there are plenty of available non-surgical treatments. So back away from that operating table, and head instead for a good doctor (general practitioner or dermatologist) who will update the diagnosis made a decade ago.

*Circumcision
for
34-year-old
man?*

Potpourri

Q Recently, I had a heartbreaking conversation with my younger brother who told me he has been impotent for nearly a year and-a-half. He is 43 years old and has been taking a mild antihypertensive for high blood pressure. With this drug, his reading is 140/100.

My brother's doctor never mentioned this possible side effect. When I insisted he discuss the matter with that doctor, he was put on Lasix, the doctor explaining that this was a stronger drug, but it would not affect him as much.

The doctor also told him all blood pressure drugs can cause impotence, and he will have to live for the rest of his life with the knowledge that his sex life may be ended at an early age.

If this information is true, I'm sure my brother will stop his medication, opt for a more normal life and take his chances.

Can you help us, and who knows how many others, with this problem?
--Florida Reader

A The following antihypertensives are among those which have been reported to cause impotence: Aldactazide, Aldactone, Aldomet, Aldoril, Diupres, Hydropres, Hygroton, Rauzide, Regroton, reserpine, and Ser-Ap-Es. So if a 43-year-old man and his doctor were doing nothing more than looking for an antihypertensive without that frightening adverse reaction, Lasix, which does not list impotence as a side effect, would seem a logical choice.

Antihypertensives and impotence

Unfortunately, chemicals are not that cut and dried. Switching your brother from "a mild antihypertensive" to Lasix means his doctor is playing a game of Russian roulette which might produce even more serious consequences. Let's begin with Lasix' boldface WARNING which leads off the prescribing information:

"Lasix is a potent diuretic which, if given in excessive amounts, can lead to a profound diuresis (urination) with water and electrolyte (chemical) depletion. Therefore, careful medical supervision is required, and dose schedules have to be adjusted to the individual patient's needs."

That's just for starters. Later warnings include "Excessive diuresis may result in dehydration and reduction in blood volume with circulatory collapse and with the possibility of vascular thrombosis (clots) and embolism (traveling clots), particularly in elderly patients," and "...patients should be observed regularly for the possible occurrence of blood dyscrasias, liver damage, or other idiosyncratic (individual) reactions."

Following three columns of Warnings and Precautions, Lasix' manufacturer, Hoechst-Roussel, goes on to list adverse reactions--39 of them. Included are anorexia (loss of appetite), nausea, vomiting, dizziness, blurred vision, tinnitus (ringing in the ears) and hearing loss, leukopenia (drop in white blood count), aplastic anemia (destruction of bone marrow), rash, necrotizing angiitis (destruction of blood vessels), orthostatic hypotension (sudden drop in blood pressure), hyperglycemia (elevated blood sugar), weakness, restlessness, and thrombophlebitis.

Your brother's doctor has faced him with an impossible choice-- either impotence or an even stronger drug. Your brother might well cry, "A plague on both those pharmaceutical houses" and may seek a more knowledgeable doctor who is less cavalier about how a 43-year-old man should spend the rest of his life.

Q I am concerned about the controversy about Bendectin, and I wonder whether there is an alternative to taking this anti-nauseant during pregnancy.

I took Bendectin for the first five months of my pregnancy, and I delivered a healthy boy. I now am trying to get pregnant again, and I'm afraid to use Bendectin.

During my first pregnancy, when I was two weeks late on my menstrual cycle, I was sick all day and could keep nothing down. My doctor prescribed Bendectin, and I took two at bedtime. I still felt ill in the mornings and evenings, but I felt good from 10 to 5. I lost seven pounds during the first three months, and I didn't start to gain until the fourth month. My doctor told me Bendectin could become habit-forming, so he suggested I quit taking them when I felt better. I gradually got off them during my fifth month.

Most women talk about labor being such an ordeal. For me, the first four months of my pregnancy were an ordeal--labor was an absolute breeze. Do you have any suggestions?--C.L.

Q During my sister's pregnancy, I was concerned about her taking the drug Bendectin for nausea. Her "morning sickness" lasted all day every day until she lost so much weight from vomiting that there seemed no other choice. She is hypoglycemic, and the only things that stayed down were cokes which we knew were bad also. But what to do?

The baby arrived a month ago and he is perfect--no deformities. The mother is doing great, eating sensibly, and nursing him.

Do you feel the drug is so risky that it is best to avoid another pregnancy rather than take chances?--Mrs. J.M.

A As I have previously pointed out, Merrell-National, the same company that tried to give us Thalidomide, has now given us Bendectin which has been linked with fetal deformities including, but not limited to, missing fingers and toes and limb deformities. Now (following an excellent article in Mother Jones magazine) the FDA has issued a warning that Bendectin should be used only when conservative measures have failed. This shows what a radical treatment Bendectin is.

*Bendectin
during
pregnancy*

If your doctor doesn't remember how morning sickness was successfully treated before Bendectin, find another doctor who does. Talk to older, experienced women. Consider midwives, chiropractors, nutritional authorities, hypnotists, macrobiotic practitioners--anyone who is prohibited by state law from prescribing drugs. Contact the Association for Bendectin Children in Orlando, Florida for advice. Only if their conservative alternatives fail should you consider this dangerous drug named by Madison Avenue techniques to sound like a benediction, when in reality, it can turn into a curse.

Furthermore, if your doctor does hand you a prescription for Bendectin as a first try ("Take Bendectin or vomit!"), he is in violation of all acceptable standards.

Q For the past three years, my wife has been to seven different doctors because of burning and itching in the vaginal area. She also often gets rashes. Usually, she was diagnosed as having a yeast infection. One doctor told her to eat yogurt and to keep away from detergents such as Tide, Oxydol, Cheer, etc. Another told her not to use bubble baths, scented soap, dusting powder, etc. and to wash out the toilet bowl with Lysol every time she used it. Another said she shouldn't wear pantyhose, jeans, or polyester slacks.

She was prescribed Mycostatin, and she had to be treated with it for three weeks at a time (I also received the treatments). Needless to say, this did not work. Neither did penicillin. Septra pills seemed to work, but as soon as she stopped taking them, the condition returned. Making love is out of the question because she is in absolute misery.

Can you give us some insight on the causes of and cures for yeast infections?--R.D.

A My favorite reference on vaginal problems is the recent book by Angela Kilmartin, "Cystitis, The Complete Self-Help Guide" (Warner Books, \$9.95), which contains information on all forms of vaginitis as well as cystitis.

Yeast infections

When cystitis put a stop to her opera career and nearly destroyed her marriage, the author began to research the problem. The information in this book goes far beyond what doctors learn in medical school. Thus, regarding your reference to the impossibility of making love, Mrs. Kilmartin has some valuable instructions: "Over a two-month period or less, treat sex almost clinically with stringent hygiene and careful movements."

Further practical details are provided on sexual intercourse as well as on a dozen other factors which influence the course of this extremely common--and often medically overtreated--condition.

Q

What is the safe high blood pressure limit?--S.K.

A

Safe high blood pressure limit

There is no safe high blood pressure limit. There are statistical norms and statistical averages, but these numbers are important mainly to doctors who write research papers. The doctor who treats you is not treating a statistic. Some people are better off with statistically average blood pressure. Some people are better off with blood pressures below the statistical average. Some people are better off with blood pressures above the statistical average. Indeed, occasional patients with higher-than-average blood pressures may get into lots of trouble if their doctor treats them as a statistic and prescribes drugs which may lower their blood pressure so drastically that there may not be enough steam to push the necessary blood through the kidneys.

I respectfully suggest that you are asking the wrong question. Rephrase your question so that it reads, "What is the safe high blood pressure limit for me?" and then ask that question not of me, but of your own physician.



If you're planning to travel to an exotic land and are wondering whether to have a typhus shot, rest assured that your backside need no longer be exposed to that particular immunization. According to American Medical News (October 17, 1980), epidemic typhus vaccine no longer is being produced in the United States. The Center for Disease Control says that "the vaccine was of questionable value, and there is adequate medication to treat the few cases that occur here."

Update on
typhus
vaccine

There has been no outbreak of epidemic typhus in the U.S. since 1922, the CDC reports, and the agency says no typhus cases have been reported in American travelers abroad since 1950.

Update on
antibiotics

According to the Journal of the American Academy of Dermatology, minocycline (Minocin), an antibiotic of the tetracycline family which is used to treat certain bacterial infections and severe acne, may cause skin and teeth to turn blue-gray or muddy brown. The authors report that these changes in pigmentation begin to fade when therapy is discontinued.

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| Vol. 2, No. 1: High Blood Pressure & Anti-Hypertensive Drugs | Vol. 3, No. 7: Hysterectomy |
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| Vol. 2, No. 3: Anti-Arthritis Drugs: Are the "cures" worse than the disease? | Vol. 3, No. 9: Allergies: Part I |
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| Vol. 3, No. 5: Radiation Leaks at Three Mile Island...Sudden Infant Death...Children's Problems | Vol. 4, No. 11: Thyroid Problems |

Dr. Mendelsohn's book, "Confessions of a Medical Heretic," is now available in paperback (Warner Books, \$2.75).

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Another View

by Marian Tompson
President, La Leche League
International



If our two sons had been born under any other circumstances, they probably would have been circumcised. But to begin with, our family doctor opposed circumcision--a rather unusual position for a doctor to take in the late 1950's when our eldest son was born. Dr. W. would not even perform the operation unless medically indicated, and his opinion carried a lot of weight with us. Then too, our sons were born at home, and the whole idea of submitting them to the violence of surgery without anesthesia and all the possible complications of surgery went against everything we were trying to accomplish by having our babies at home, particularly when that surgery seemed to serve no real purpose. So we decided against circumcision, and we felt it was the right decision. We did have some concerns, however, about the effect being "different" might have on our sons as they grew up.

In those days, almost nothing appeared in print on the pros and cons of circumcision. In fact, many people, unaware that the United States is the only developed country where newborns are routinely circumcised for non-religious reasons, didn't know they had a choice. Some of our friends thought we might be breaking the law. Even in 1978, when the American College of Obstetricians and Gynecologists adopted the position taken several years earlier by the American Academy of Pediatrics that "there is no absolute medical indication for routine circumcision of the newborn," few heard about it. Indeed, during the following year, 85 per cent of male newborns in the United States --nearly 1,500,000 babies--were circumcised. (By way of contrast, in Norway where this surgery is performed only when indicated, the rate is 0.02 per cent.)

When a writer for The Village Voice interviewed 10 per cent of Manhattan obstetricians, more than half said they believed circumcision was unnecessary. Nevertheless, they performed the operation on more than 90 per cent of the males they delivered, indicating that the parents' desire for the surgery was so strong it would have been useless to try and convince them otherwise. But when mothers were interviewed, two out of three stated that if the doctor had suggested their child not be circumcised, they would have accepted his opinion!

Today, you don't have to wait for your doctor to bring up the subject. All the information you'll ever want, and then some, can be found in the new book "Circumcision, An American Health Fallacy" by Edward Wallerstein (Springer Publishing Co., \$9.95). Fully documented and based on an intensive review of the medical and popular literature, this book describes how circumcision became the "wonder drug" of American Medicine and carefully examines the claims made over the years for the prevention and cure of a list of ailments ranging from asthma, epilepsy and tuberculosis to modern-day worries about cancer, hygiene and sexual performance.

Still, what about the effect on a boy of being different? To quote a young man we know very well who has been through it, "Don't worry about it!"