reviews

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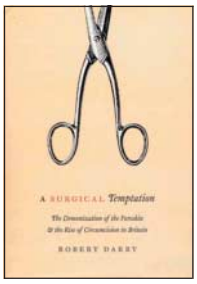
A Surgical Temptation: The Demonisation of the Foreskin and the Rise of Circumcision in Britain

Robert Darby



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Rating: ★★☆☆

Robert Darby's stated reason for this book is "an attempt to explain the sudden vogue for male circumcision in Victorian Britain." He meticulously examines a variety of medical, social, religious, and other factors that led to the popularity of male circumcision in Great Britain in the late 19th century and to its decline in the 20th. Darby's work is largely based on original sources, a daunting task considering that many probably had to be retrieved from deep storage. The book's last sentence summarises its main thesis: "The long careers of spermatorrhea, masturbatory illness, and circumcision itself show just how easy it is for modern medicine to retain irrational elements from its variegated past."

The reader, immersed into the zeitgeist of the 18th, 19th, and early 20th centuries, comes to understand many of the moral factors that were intertwined with medical concerns in increasing the popularity of circumcision. For example, nerve force theory and its related disorder, reflex neurosis, were for a time widely accepted theories in medicine. Nerve energy was thought to be transmittable from one system to completely unrelated systems. Irritations in one place, such as between the foreskin and the glans penis, were thought to produce nerve impulses that could affect remote organs, with potentially serious consequences.

Masturbation was considered to be particularly unhealthy behaviour, not only because it was morally frowned on but also because it was thought to deplete energy. The remarkable success reportedly achieved by circumcision in curing the various disorders that were related to masturbation or irritation of the penis became well known in medical circles, and in turn routine circumcision was adopted by many better educated parents in Britain. Where Darby excels is in his examination of pre-20th century medicine, in particular regarding obscure disorders such as reflex neurosis and spermatorrhoea (excessive semen release such as occurs during nocturnal emissions). However, at times he appears selective in citing sources; for example, he informs the reader of the early church's condemnation of circumcision solely on putative moral grounds, while failing to mention the virulent anti-Semitism that existed, including opposition to some religious practices of Judaism, such as circumcision.

Sadly, Darby's thorough and relatively unbiased treatment of the historical material does not apply to the mid-20th century onwards. When he does discuss more recent medical practices he greatly distorts the research findings, leading one to wonder about Darby's vocational and avocational interests. A Medline search informs us that Darby is not an entirely dispassionate, disinterested historian. His writings show that he is a passionate anti-circumcision activist, who clearly does not concede any valid reason for circumcision as a health measure. All his published documents are naked criticisms of circumcision or effusive defences of the prepuce.

Knowing of Darby's anti-circumcision activism helps to illuminate the covert message in his book: circumcision is an antiquated procedure without any valid medical basis. He neglects to differentiate between those medical arguments for circumcision that have been shown to have merit and those that lack it. To Darby, the foreskin is infallible. It may be misunderstood, pathologised, and demonised, but he appears to be completely closed to the possibility that it could have any health risks at all. Darby describes any scholarly concerns over possible medical liabilities of the foreskin as "hostility." Unlike his use of original sources in discussing pre-20th century medicine, when the author does address current issues surrounding circumcision he relies on secondary sources—usually the work of fellow anti-circumcision activists.

Most disturbing of all is Darby's consistent failure to acknowledge the validity of a number of the late 19th century and early 20th century claims for circumcision that more recent research has in fact confirmed. For example, there is now ample evidence of a protective effect against penile cancer, syphilis, and some other ulcerative sexually transmitted infections, as well as a variety of dermatological conditions that are more

FOTOMAS/TOPFOTO

common within the folds of the humid prepuce. The 19th century proponents of circumcision may not have understood the exact mechanisms, but the effectiveness of circumcision against such ailments—along with more recent concerns such as urinary tract infections and cervical cancer—has been confirmed in the medical literature (see *Pediatrics* 2000;105:620-3).

And amazingly, although Darby mentions HIV (in a typically dismissive fashion), he fails to mention the extensive data on the effectiveness of circumcision against HIV infection, now including more than 40 epidemiological studies (*Lancet Infectious Diseases* 2001;354: 1813-15), or a recent randomised trial of adult men in South Africa that found a risk reduction in circumcised men of 60-75% (*PLoS Medicine* 2005;2:1-11). The foreskin contains immune system cells—Langerhans' and other types—that serve as efficient portals of entry for HIV and that are greatly reduced in number by complete circumcision.

Whether such proven medical reasons are sufficient to justify the routine practice of circumcision is of course a matter of ongoing debate. Although Darby's treatment of the topic before the 20th century is generally informative, he has difficulty suppressing his vehement objection to modern day circumcision, resorting at times to hyperbole, for example when implying that US boys (predominantly circumcised) are "physically disabled" in comparison with (mainly uncircumcised) Dutch boys. (See *News* p 137.)

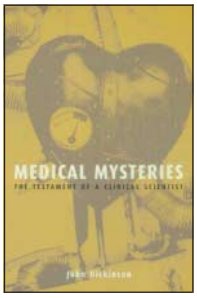
Stefan Bailis *director, Research and Education Association on Circumcision Health Effects, Bloomington, Minnesota*

Daniel Halperin *assistant professor, AIDS Research Center, University of California, San Francisco*
dhalp@worldwidedialup.net

Items reviewed are rated on a 4 star scale (4=excellent)

Medical Mysteries: The Testament of a Clinical Scientist

John Dickinson



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Rating: ★★★★

Have you ever wondered while treating a patient with rheumatoid arthritis or hypertension what causes their condition? This authoritative book, based on research and patients with whom the author has worked, tries to unearth such causes.

An updated version of *21 Medical Mysteries* by the same author, this time John Dickinson, emeritus professor of medicine at St Bartholomew's and the London School of Medicine, covers 42 subjects, each relating to a condition not fully understood, thereby making it a medical mystery. He includes all of the conditions you might expect and more—asthma, irritable bowel syndrome, myalgic encephalitis, multiple sclerosis, and schizophrenia, to name a few. It is clear from the preface alone that he has a deep passion for his subject and that years of careful work have been distilled into this book.

Professor Dickinson has turned much of what I thought was common knowledge on its head. For example, in relation to stroke, lowering blood pressure in most cases apparently increases cerebral blood flow and normal cerebral arteries do not in fact burst under high pressure. In the chapter on hypertension there is a study that shows that the vertebral arteries may play a role in its control—news to me. There are too many examples to mention so I will recount the one that excited me the most—endometriosis.

"Endometriosis (EMT) is a common but bizarre condition," it begins. Professor Dickinson states that the condition is rare in central Africa and that he could not find any published work on abdominal endometriosis in Indian women. He then discusses its widely touted theories, placing much weight on Sampson's implantation model but not on that of retrograde menstruation: "If bits of endometrium can easily be induced to stick onto and grow on abdominal organs in normal non-human primates whose female pelvic anatomy closely resembles human female anatomy, why don't all women get endometriosis if retrograde menstruation is as common as most people say it is?" Good point. He concludes with his own fascinating postulation based on pressure. He suggests with the aid of diagrams that the garments a woman wears during menstruation could be the key—that by wearing tight fitting clothing there is a rise in intra-abdominal pressure and when those tight garments are removed, retrograde menstruation occurs because of the pressure change. "Could the almost universal wearing of loose-hanging saris by Indian women and chadors by Arab women give them protection against endometriosis?" It seems he may be on to something.

The whole book is not quite as electrifying as the endometriosis-preventing sari in terms of new theories, but it is written sensitively, carefully balancing anecdotes with evidence. There are few omissions from this book but the inquisitive reader who shares the professor's sense of detective work will naturally start to think of questions. For instance, while reading the chapters on inflammatory bowel disease I suddenly wondered whether there might be any cultural difference in the incidence of colorectal conditions based on whether people squat or sit on the lavatory.

Medical Mysteries makes you think about what the future of medical science might hold for conditions that have perplexed us for many years, and that can only be a good thing.

Ayan Panja *general practitioner, north London*
ayanpanja@hotmail.com

Medical Investigation

Mondays at 9 pm Channel 5

Rating: ★★★☆

Sooner or later, someone had to realise that investigating outbreaks of infectious diseases resembles crime investigations in so many ways and could therefore make for brilliant television. This new US series follows a fictitious team of infection sleuths from the National Institutes of Health and gives a fascinating insight into their working methods. A slightly humourless Dr Stephen Connor (Neal McDonough) and his team of four offer expertise in epidemiology, microbiology and laboratory testing, environmental science, various clinical specialties, and outbreak investigation techniques, including telephone interviewing, patients' recall, and contact tracing. In a programme that lasts well under an hour all the ingredients usually found in a successful crime series are present: action and suspense, unexplained deaths, sex, a race against time to prevent further deaths, clues that play with the viewers' own prejudices or that may be misleading, tight dialogue, a good soundtrack, and some interesting storylines.

The first episode, misleadingly entitled "Price of Pleasure," is set in Hollywood, and the team from Washington fly in at the instigation of Los Angeles County to investigate two mysterious deaths. The hospital doctor thinks she has seen it all, because the victims were employees in the porn industry. However, further, unrelated cases soon follow, and the initial suspicion of a sexually transmitted infection is quickly dismissed. A viral cause is quickly ruled out, as is person to person spread of the causative agent. The team race against time to save the lives of two comatose women. The husband of one and the father of the other add human interest and provide a foil for the team to explain their work. The two men are also characters that viewers can identify with, asking all the relevant questions but also being antagonistic. You know Dr Connor has won them over when one of the men concedes: "Must be hard what you do . . . fighting monsters you don't see." The link between all the victims of the killer bug, the toxigenic bacterium *Burkholderia pseudomallei*, is soon established as a surgeon who did breast implant operations on all of the women, and through further telephone investigations it becomes clear that several of the surgeon's other patients have similar symptoms. Then a male patient is admitted to hospital.


CHANNEL 5

Dr Stephen Connor and his team prepped to investigate

The sequence where Dr Connor takes viewers through his final analysis and solves the case is filmed in an interesting way, almost as if he were giving a lecture that is accompanied by a silent movie for techies. The denouement, where the patients are given an experimental antibiotic because all the traditional ones have failed, borders on the sentimental—including the soundtrack. But on the whole this is good, slick, gripping entertainment of not inconsiderable educational value. It will be interesting to see whether this extremely small team will have to tackle a large outbreak during the course of the series.

Birte Twisselmann *assistant editor (web), BMJ*
btwisselmann@bmj.com

PERSONAL VIEW

Diagnosing Pinochet syndrome

It is time that Pinochet syndrome entered the medical lexicon. The triad of defining features is (1) ill health, which is (2) cited as a reason to delay or stop extradition and judicial investigations into crimes against humanity by (3) a deposed or former national leader. All reported cases so far have been in men, mostly elderly.

Pinochet syndrome was originally coined by the *New York Times* in 1999 to describe a new malady stalking the presidential palaces and bunkers of the world. In the international human rights lexicon it has mutated into the "Pinochet precedent," after a Spanish judge was able to have Augusto Pinochet, the Chilean dictator from 1973 to 1990, arrested while in London for medical care. Since then an increasing number of successful legal actions against former dictators has occurred. The charity Human Rights Watch notes that this shows how far we have come from the days when despots could terrorise their own populations, secure in the knowledge that at worst they would face a tranquil exile.

Pinochet demonstrated all the syndrome's symptoms perfectly. He had used the defence of mental illness and dementia successfully for seven years since the age of 82 to avoid standing trial in Chile to face allegations of human rights violations committed during his 17 year dictatorship. He was regularly hospitalised just before important court decisions concerning him. Pinochet had successfully used the mental illness argument to avoid extradition after his arrest for human rights violations while in London in 1999. Chile's judiciary has struggled for years to deal with Pinochet's appalling human rights legacy, and judicial rulings on his fitness to stand trial had flipflopped to either side. In July 2005 the Santiago Court of Appeal finally ruled that Pinochet was mentally competent to stand trial and ordered a criminal investigation into his role in the 1973 disappearance of two brothers in southern Chile, one of several cases pending against him.

The Serbian variant of the syndrome seems to be less virulent. Slobodan Milosevic was deposed in October 2000 after a NATO bombardment and an uprising of the country's citizens. Complaining of heart problems, he was transferred in early 2001 from prison to Belgrade's Military Hospital. His stay in hospital of a few days received close media attention, and on discharge he was sent back to jail. Milosevic was rapidly transported to the Hague in July 2001 to face the UN's International Criminal Tribunal of the Former Yugoslavia. "The trial," he protested, "is bad for my blood pressure. My health situation has deteriorated, and it is the direct result of your refusal to enable me to get my health back." Although his continuing health problems have led to delays, the wheels of justice are grinding on.

The deposed Iraqi leader Saddam Hussein exhibited Pinochet syndrome immediately on his arrest on 13 December 2003, eight months after the fall of his regime. Reports of cancer exacerbated by torture and abuse circulated but were not substantiated. He faced the challenge inherent in the Pinochet syndrome: turn up too obviously sick and you dilute the global media opportunities to shore up political support during a highly publicised trial.

The syndrome's differential diagnosis lies between genuine ill health and straight prevarication—which, confusingly, may coexist. The prognosis is deemed gloomy by the defence side and cautiously optimistic by the prosecution. Second medical opinions, usually international, are invariably sought. The elite clinics and hospitals of more than one country are engaged; former strongmen tolerate inferior health care for everyone but themselves. The delays to justice and the expense the process involves incense the dictators' victims, when they themselves live with the health and other consequences of abuse and oppression. The most effective contribution to resolving a case can be made by an independent medical and legal team that is immune to political or other influences. The team will usually face harassment and obstruction and may need police protection.

> Improvement in the patient usually signals that his political clout is finally weakening

The outcome of Pinochet syndrome depends on the awfulness of the alleged crimes, the strength of the patient's remaining international and national influence, and media interest in the case. Improvement in the patient usually signals that his political clout is finally weakening. Confirmation of health sufficient for the patient to stand trial is an important indicator of the return to independence of a country's medical and legal professions.

Given the state of the world, advances in international mechanisms for pursuing human rights, and the decrease in summary executions of deposed presidents, the trend in cases of Pinochet syndrome is numerically upwards. If the medical and legal professions can develop more effective tools for managing it, the duration of symptoms in a case will, we hope, shorten.

Mary E Black *public health physician, Belgrade*
drmaryblack@gmail.com

SOUNDINGS

Rocky in suburbia

As students we watched *Rocky IV* on video rather than go to histology; somehow it just seemed more relevant. Against all international advice Rocky agrees to fight in the former Soviet Union. Once there, the Italian stallion is denied proper training facilities and resorts to chopping logs, running in the snow, and pulling carts, all to the tune of spandex rock.

His Russian opponent is seen in a hi-tech gym being pumped with steroids while attached to electroencephalograph and electrocardiograph leads. Never fear, Rocky's classic blend of guts, utter stupidity, and using his face to break his opponent's hands wins again. Two dimensional Hollywood twaddle, but enjoyable none the less.

We are in "resolution season," with January being the busiest month for gym membership. The gym revolution has ballooned along with our waistlines over the past decade. We, the generation of the "individual," seem desperate to cling on to that most over-rated commodity of all—youth. In the changing rooms I see tinted hair, the effects of Botox, designer thongs cleaving suet pudding buttocks, and lycra merely displacing fat into even less flattering places. I am sure it is no different in the women's locker rooms. A gyrating Madonna leers from multiple television screens as poor imitations of her sizzle on pointless treadmills.

I pretend to be Polish in gyms so as not to have to engage in tedious talk about training regimes, personal bests, charity runs, elemental diets, obscure injury syndromes, and the inevitable new fitness craze. In the café a 300 calorie ready meal offers only convenience in the place of comfort and company. I fear that if we are not careful it will not be the meek that inherit the earth but the terminally dull.

We all know that gyms make you feel only inadequate and unhappy. Rocky had it right. Let's walk, cycle, chop logs, and pull carts (where practical). Get dressed in the dark if it helps. Irresponsibility is the fountain of youth so age disgracefully and enjoy complaining about the young, who will in turn ignore our whining and irresponsibly squander their youth like every generation before them.

Gyms are a symptom of the modern falsehood that life can be defined by those three magic words—wealth, health, and self.

Des Spence *general practitioner, Glasgow*