

likely than uncircumcised men to have had both bacterial and viral sexually transmitted diseases.⁴ For chlamydia, one of the most common sexually transmitted diseases, the difference between circumcised men and uncircumcised men was quite large. While 26 of 1033 circumcised men had contracted chlamydia during their lives, none of the 353 intact men reported having had it.

Evidence linking the foreskin to sexually transmitted infections and cervical cancer is contradictory. But even if the evidence were conclusive, it would still not constitute a justification for circumcising baby boys. Because infants are not sexually active, they should not be required to bear the burden of preventing sexually transmitted infections. Sexually transmitted diseases will be prevented by practising safer sex, not by circumcising infants. If circumcision is touted as a prophylactic, it could confer a false sense of security and encourage high-risk sexual behaviour.

Some physicians believe that infant male circumcision should be a matter of parental choice, even though the procedure is not medically indicated. However, operating on an incapable patient who has no medical need for surgery is normally viewed as a violation of medical ethics. As the College of Physicians and Surgeons of Saskatchewan noted last year in a memo to its members, performing surgery of questionable value on an infant is generally considered "imprudent if not improper."

—Arif Bhimji, MD
Richmond Hill, Ont
—Dennis Harrison, BSC
Vancouver, BC
Spokespersons,
Association for Genital Integrity
by e-mail

References

1. Rivet C. Circumcision and cervical cancer. Is there a link? [Critical Appraisal]. *Can Fam Physician* 2003;49:1096-7.
2. Aynaud O, Piron D, Bijaoui G, Casanova JM. Developmental factors of urethral human papillomavirus lesions: correlation with circumcision. *Br J Urol Int* 1999;84(1):57-60.

3. Terris M, Wilson F, Nelson JH Jr. Relation of circumcision to cancer of the cervix. *Am J Obstet Gynecol* 1973;117(8):1056-66.
4. Laumann EO, Masi CM, Zuckerman EW. Circumcision in the United States. *JAMA* 1997;277(13):1052-7.

...

In assessing the link between male circumcision and cervical cancer in female partners, Dr Rivet¹ ignores the fact that, morphologically, the prepuce is highly specialized tissue² and might be worthy of preservation in itself.

The "ridged band" is a ring of uniquely corrugated mucosa just inside the tip of the prepuce: it is highly vascular, and its individual ridges are tipped with Meissner corpuscles known to be sensitive to movement, such as that incurred by sexual intercourse. Work in progress shows that stretching the prepuce and its ridged band triggers reflex contraction of muscles of the bulb of penis known to be associated with ejaculation and, not insignificantly, erogenous sensation. Further information on the ridged band can be found at <http://research.cirp.org>.

As if excision of the prepuce and its specialized tissue were not enough, my colleagues and I² found that routine neonatal circumcision regularly removes a large portion of the true skin of the penile shaft. It follows that the usual parade of "cosmetic" side effects of routine neonatal circumcision woefully underestimates its true cost.

Sexual function is only rarely included in circumcision discussions and, without it, parents seeking advice for properly informed consent, as well as their baby boys, are poorly served.

Dr Rivet would be well advised to stick with her original and much sounder advice to parents. And, of course, to include an update on preputial structure and its relationship to adult sexual function.

—John R. Taylor, MB, FRCPC, MRCPED
Winnipeg, Man
by e-mail

References

1. Rivet C. Circumcision and cervical cancer. Is there a link? [Critical Appraisal]. *Can Fam Physician* 2003;49:1096-7.
2. Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291-5.

Why not family medicine?

Jordan et al¹ have addressed an important topic: fewer graduates choosing family medicine.

The 11 family medicine residents who were interviewed described factors that influenced their career choices, none of which were particularly surprising. Many students presumably exposed to the same factors, however, opted *not* to select family medicine.

It can be argued that most of today's medical students have reasonable undergraduate exposure to family medicine. Is it possible that many of them, despite perhaps enjoying the experience, decide not to apply for family medicine because they find the experience frightening, intimidating, or simply not challenging? In other words, the knowledge gained is a negative influence rather than a positive one.

I graduated in 1962 in a class of 62 students. Twenty members of our class, with absolutely no undergraduate exposure to primary care, established careers in the discipline. I find this paradoxical.

It would be interesting to interview graduates who have decided against family medicine to get their views. This might prove beneficial in reversing the present trend.

—John Biehn, MD, CCFP, FCFP
London, Ont
by e-mail

Reference

1. Jordan J, Brown JB, Russell G. Choosing family medicine. What influences medical students? *Can Fam Physician* 2003;49:1131-7.

...