presents *potential* complications and should not be interpreted as common occurrences. Overall, complications were rare, but if they did occur, the most common ones were needle site bleeding and bruising. The evidence for Table 1 was from the two prospective studies discussed in the paper. Though we did not discuss the studies in great detail, the purpose of Table 1 was to summarize their results. Dr Rapson mentioned that, in her 11 years of practice, she did not witness any significant bleeding in patients taking anticoagulants. Her experience simply supports the fact that complications are generally rare; however, her observations are unsystematic. Our point is that anticoagulation therapy is a risk factor for bleeding but should not be interpreted as an absolute contraindication to acupuncture treatment.

Acupuncture offers an effective treatment option for various health conditions with a relatively low risk. The benefits of acupuncture might outweigh its potential risks, but it is still important that acupuncture practitioners keep in mind some of these risks. Awareness of potential adverse effects will better prepare practitioners to deal with them. Awareness is the first step in prevention.

*—Ainee Chung, ND*
*—Luke Bui, MD*
*—Edward Mills, DPH*

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## Dr Paul Hooker

I am writing to let *Canadian Family Physician* know that Dr Paul Hooker has passed away. My husband wrote a Reflections piece,[1] which was published in the February issue. He had chronic myeloid leukemia and had had a stem cell transplant last November in Calgary, Alta. At the time the transplant was done, he was already on the cusp of blast phase leukemia. He died of complications in May 2003. Thank you for publishing his article. It meant a lot to him and to us, his family. His son, Ross W. Hooker, is taking up the family tradition and studying to become a doctor.

*—Jan Gordon-Hooker*
*by e-mail*

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## Evidence sketchy on circumcision and cervical cancer link

Dr Rivet[1] has failed to review criticism of the article[2] by Castellsagué et al in the *New England Journal of Medicine*. The article has been criticized for its poor methodology,[3] because circumcision removes specific erogenous tissue[4-6] and because male and female partners have different types of human papillomavirus (HPV).[7]

Castellsagué and colleagues admit to being "puzzled" by these findings. In addition, they emphasize that they did *not* recommend circumcision.[8] These comments place Castellsagué and colleagues' findings regarding circumcision's protective effects against cervical cancer in the dubious category.

A vaccine for HPV has been tested and found to be effective.[9] It is probable that, by the time infants born today reach maturity, a vaccine will be available to prevent cervical cancer.

In view of the above, neonatal circumcision cannot be recommended to prevent cervical cancer. Human papillomavirus causes cervical cancer; the foreskin does not. Safer sex, not circumcision, prevents the spread of HPV.

The recent cautionary statements by three provincial colleges of physicians and surgeons regarding nontherapeutic circumcision of male children should be of greater concern to family physicians.[10-12]

*—George Hill*
*Executive Secretary, Doctors Opposing Circumcision*
*Seattle, Wash*
*by e-mail*

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Dr Christine Rivet[1] presents evidence suggesting that circumcision reduces risk of human papillomavirus (HPV) infection in men and cervical cancer in their female partners.

This evidence should be put in perspective. Other studies have found no significant correlation between circumcision and either HPV or cervical cancer.[2,3] Moreover, a large and well controlled American study found that circumcised men were slightly *more*

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*

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In assessing the link between male circumcision and cervical cancer in female partners, Dr Rivet[1] ignores the fact that, morphologically, the prepuce is highly specialized tissue[2] 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 I[2] 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*

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# Why not family medicine?

Jordan et al[1] 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*

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