Western civilization has come to deem male circumcision an acceptable, normal medical practice and female circumcision as a violation of human rights. The religious roots of the former can be shown to have had a significant impact on the acceptance of male circumcision in society prior to comprehensive scientific studies favoring the practice, while the absence of female circumcision within religious works and its negative connotations within later medical studies have caused the practice to be largely avoided. This essay seeks to explore the underlying culture, religious, and medical factors that have led to the growth of male circumcision and the modern characterization of female circumcision.

In Western society, Judeo-Christian religious notions remain dominant and influential forces. From these stem many seemingly irrational social and individual practices that go unquestioned in a post-Enlightenment world. One may argue that these practices continue to hold sway even in the domain of contemporary medicine, the model bastion of science and reason. One such practice with deep religious roots is circumcision. Male circumcision continues to be practiced in Western nations, while female circumcision (or female genital mutilation [FGM] as it is known in the Western world) has largely disappeared worldwide except within certain nations and amongst particular religious sects. Male circumcision has long been regarded as a normal, even necessary practice to preserve hygiene, morality and health, while female circumcision has acquired the reputation of being a violation of female sexuality and an infringement on a woman’s rights. Both types of circumcision involve the removal of healthy tissue from the genitalia of individuals who are often too young to give informed consent and, yet, in most of the Western world, male circumcision came to be seen as potentially beneficial, while female circumcision was denoted as categorically, unquestionably barbarian and criminal.

How did the two procedures develop such subjective judgments, even before medical evidence noting beneficial aspects of male circumcision existed? This question can only be answered by tracing the past of each practice, which reveals that both long-standing and transitive cultural values have shaped male circumcision into a positive promise of wellbeing, while a different and sometimes overlapping set of values has caused female circumcision to become regarded as an expression of backwardness and human injury. As this paper aims to illustrate, it is possible that largely due to this cultural and religious background, and significantly less so due to medical reasons, that male circumcision came into widespread acceptance, while the lack of such supporting factor for female circumcision led to the rejection of the practice in the United States. Ultimately, however, it is important to realize that the cases for or against either practice were historically built on subjective grounds and have been far more influenced by the interplay of cultural norms and religion with medicine than is generally acknowledged.

Historically, the first mention of either type of circumcision occurs in ancient Egypt, as a practice performed by high-ranking religious figures and royal family members (Knight 332). According to the Greek geographer Strabo, circumcision of both sexes was regularly performed on Egyptian adolescents of marriageable age. It has been posited that these procedures were originally practiced for religious and ritualistic reasons in ancient Egypt. Evidence that circumcision was a ritual practice may echo in the ongoing uses of circumcision in Egypt today, with that of the male’s being publicly and widely celebrated, while that of the female’s (when it was still legal) being quiet and confined entirely to the female domain, with no male participation allowed (Knight 332). Writers such as Herodotus, Aetios, Galen and the Jewish philosopher Philo Judaeus later explained male circumcision as a way to maintain hygiene and physical flawlessness, to allow for the removal of “the seal on the physical generative organ, permitting reproduction to take place (Knight 336).” In the female, circumcision was seen as necessary to remove an overly large and therefore deformed clitoris, which was also seen as a source of bodily irritation and inappropriate sexual desire due to constant chafing from clothing. Centuries later, Ambrose, bishop of Milan, suggested a moral cause, in that adolescents would “begin to experience sexual desire (Knight 333),” around the age of the circumcision. Here, the interaction between ancient custom and contemporary medico-scientific thought...
can clearly be seen, as an ancient practice was given new meaning by foreign observers and, furthermore, a mixing of different theoretical views occurred. Historian Mary Knight posts,

“New reasons mixed with old ones to favor continuation of a practice whose original motivation most likely had long been forgotten. Medical, clinical and curative motivations probably mixed with ritual, social and moral reasons to favor the continuation and spread of a practice that initially may have been narrowly performed. (Knight 334)”

It is precisely this type of ideological development that can be used to explain the eventual judgments passed on male and female circumcision in the Western world.

Thus, in order to fully understand the contextual background for circumcision, one must seek the original source for the practice, the Old Testament. In Genesis 17, Abraham is commanded by God to circumcise himself and all the male members of his household in order to display the sign of the covenant between God and the Israelites. The religious nature of the procedure is then passed down through the generations, with all males being circumcised at birth, until the advent of Christianity, when circumcision is no longer explicitly required. Thereafter, circumcision is held to be a quintessential symbol of religious belief, through which a man’s trust in his God, as theorized by St. Augustine of Milan, “faith that enables humanity to be purified of sin (Cohen 84),” can be bodily expressed at all times. Other causes were gradually ascribed to circumcision by other philosophers, including Philo and Maimonides, who both viewed the procedure as a way to reduce sexual lust and improve man both morally and bodily. As for why females were not required to participate in circumcision, answers range from the comparative lack of importance of females in ancient Jewish society, to the higher natural spiritual plane of the female relative to the male, or to the ability of females to fulfill covenantal responsibilities unavailable to the male, e.g. “to bring a sacrifice to the temple after childbirth (Cohen 190).” Thus, the foundation for normalization of male circumcision is well laid-out, while females are never required to undergo the procedure. The abnormality of female circumcision was already in the process of being established by the time of Philo, who made certain to note that “Jews circumcise[d] only the males, while the [foreign] Egyptians circumcise[d] both males and females (Cohen 63).”

Male circumcision as solely a Jewish religious ritual continued until the 18th century, when the Western world underwent a significant paradigm shift. Mysticism and myth were set aside for rational thought, and science and logic became the new, enlightened principles by which the world was evaluated. The subsequent Victorian era encouraged propriety, hierarchy and social awareness of cleanliness and personal hygiene; from this period stemmed the famous John Wesley quote: “cleanliness is next to godliness,” which came to be interpreted in America to mean that “dirt was… a moral, and thus a social, hazard whose dangers people would strive assiduously to avoid (Gollaher 12),” for fear of being seen as of a lower social standing.

It was in this era that Dr. Lewis A. Sayre, a prominent New York physician who would later become the president of the American Medical Association, came to the conclusion that circumcision was a panacea for all medical ills. On February 9, 1870, Sayre was introduced to a male toddler with lower limb paralysis, and the toddler’s nurse told Sayre that the child was suffering from a “very sore” penis, which seemed to be constricted in its foreskin and suffered from painful erection resulting from any touch of clothing (Gollaher 6). Upon this revelation, Sayre determined that the child was suffering from “excessive venery… a fruitful source of physical prostration and nervous exhaustion, sometimes producing paralysis (Gollaher 6),” and proceeded to circumcise the toddler, who soon regained his ability to walk. Stunned by the success of this operation, Sayre began to test circumcision as a cure for his male patients, beginning with sufferers of paralysis and continuing to perform the procedure on those with epilepsy, hernia and even mental illness (Gollaher 8, Sayre was ultimately unsuccessful in his attempts to cure any of his patients from the Manhattan State Hospital’s Idiot Asylum).

Sayre’s preexisting credentials and prestige paved the way for his work to be considered academically rigorous. By the turn of the century, his theory of the foreskin causing “pathological agitation of tissues (Gollaher 8)” had become well-accepted and applied in the United States, with Sayre having trained doctors “to look for genital irritation or phimosis when they were confronted by confusing, seemingly unrelated, symptoms (Gollaher 9).” In a significant number of recorded cases, genital surgery was seen as an effective treatment for penile cancer, venereal disease and, perhaps most importantly, masturbation. Very quickly, male circumcision became the standard cure for anything that might be caused by “irritation” or “adherent prepuce;” soon enough, doctors began to recommend that circumcision be performed as a preventative measure on newborn infants, who suffered from diarrheal diseases that seemingly could be cured “by eliminating a source of irritation on the nervous system – the foreskin – [thus] improving [their] chances for survival (Gollaher 19).”

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practice of circumcising neonates became common procedure, and is in modern times the most commonly performed surgery in the United States (Gollaher 5).

Even though medical history offers a perspective on circumcision, it is also illuminating to trace the cultural influences of the transition of circumcision from cultural-religious to a medical practice. Although Sayre’s irritation theory may seem to have stemmed from a new scientific understanding of biology, it is important to note that the Victorian era was also a period of extreme apprehension regarding sex and sexuality. Masturbation was vilified and blamed for diseases ranging from insanity to asthma in important literary texts such as the Onania and Tissot’s L’Onanisme. Pressure to reduce the likelihood of this dangerous practice made it socially and medically acceptable to establish that “circumcision helped cure the tendency to masturbate (Bell 131).” Sayre’s own comments about his first case of therapeutic circumcision were based on an assumption of “excessive venery” due to a swollen penis, illustrating prevailing social concepts of disease. Furthermore, the recorded description of this circumcision mentions that Sayre finished the operation by “seizing the thickened mucous membrane [foreskin] with the thumbs and fingernails (Gollaher 6)” to tear it off, a procedure similar to periah, a ritual portion of Jewish circumcision (Darby 307). Although this may have been purely coincidental, it must be acknowledged that the medical community looked to religion in the following decades for justification of circumcision. One academic at the time linked circumcision to good samaritanism, saying that “if circumcision was more generally practiced… I believe we would hear far less of the pollutions and indiscretions of youth (Gollaher 10),” and various other prominent doctors and surgeons provided similar opinions as to the excellent example that Moses set in the practice. While a study of American Jews was published in 1890, showing that they were healthier than the rest of the American population, “a number of physicians theorized that [this] reflected the benefits of circumcision (Gollaher 15).” Along more secular lines of thought, the Victorian world saw the advent of germ theory, and the human body was seen as “a conveyance for all manner of dangerous microbes (Gollaher 13).” Thus, “genital organs were closely identified with ‘dirty’ waster products of the body… from this premise it followed that circumcision should be considered preventative medicine and practiced universally as a matter of public health (Gollaher 13).” These social and religious pressures on the medical community regarding moral preservation, public health and individual wellbeing allowed for the social normalization of male circumcision as standard practice.

Soon the medical world began to pass its own value judgments on circumcision. As early as the 1890s, physicians condemned circumcision in its religious form as “primitive, unsanitary and potentially dangerous (Gollaher 16).” The goal became to hospitalize all cases of circumcision so that it could be performed “only by medical men and in a surgical manner (Gollaher 16),” ensuring the relative security of the procedure and patient. Cleaner and safer surgical environments, as well as the widespread use of anesthesia, further fostered the shift into the hospital (Gollaher 17). Now physicians could justifiably make the case that only in hospitals, under the care of trained physicians, with the appropriate facilities, was any procedure relatively safer – circumcision included. Thus, while religion and culture shaped the beginnings of circumcision as a medical practice, the medical realm soon internalized the procedure and transformed it into a mark of the elite: only those who could afford hospital care could be circumcised safely. In short, male circumcision became “a symbol of the rising authority of the medical profession over the laity (Gollaher 23);” and it was this “social significance… which allowed circumcision to flourish long after the sanitary movement had lost its way (Gollaher 23).”

While these beginnings of male circumcision led to its widespread acceptance as a commonplace practice, female circumcision shared a different fate. It came to be seen by the World Health Organization (WHO) as an operation that “destroy[s] female sexuality (Bell 130)” and is “fundamentally more damaging to health (Bell 130).” Modern female circumcision stems from the Victoria era as well, where it was promoted to help “shield children from the dangers of masturbation (Bell 132)” in much the same way as male circumcision was. Yet, although the procedure was therapeutically prescribed in the United States into the 1960’s, it never achieved the same level of popularity or acceptance as male circumcision did. Certainly, Sayre and his colleagues were not afraid to utilize the female version of the surgery as simply another form of “cutting the body to cure the mind (Gollaher 9),” and that “in an age prone to denigrate female sexuality, they found women more pliable when it came to the dictates of medical authority (Gollaher 9).” Yet, why then did female circumcision suffer decline and backlash, while the male version became a normalized positive? The answer lies in the “traditional constructions of male bodies as resistant to harm… and female bodies as highly vulnerable and thus in need of greater protection (Darby 304).” As the Enlightenment progressed, a new model of human design came to the forefront that depicted the female not as
The histories of the two types of circumcision are clearly wrought with different tensions between societal and medical interests and, in many cases, seem to have collided in the past to produce new interpretations of male and female sexuality. Male circumcision has been subject to considerable attention as a valid medical practice, with doctors performing “clitoral massages (Bell 133)” as a form of desexualized medical treatment. Thus, the clitoris gained an overall increase in appreciation through the Victorian period and onward, while the foreskin had become “reconfigured… as a source of moral and physical decay (Darby 312)” by the same medical practitioners. In 1890, a British proponent of female circumcision was forced to admit that it “had been found ‘ineffectual and unsatisfactory’ (Darby 312).” Medical physicians attempted to establish female circumcision as a panacea similar to male circumcision, but were unable to succeed in the face of changing attitudes toward the female body. Far from desiring to eliminate the clitoris, doctors incorporated its stimulation into their medical regimen. In modern society the clitoris has only gained in its social significance as it has become regarded as an essential part of the complicated and mystifying essence of female sexuality, which is sharply contrasted to the straightforward, urgent, evolutionarily-driven sex desires of males. Some have come to accept the theory that “genital surgery is far less likely to impair a man’s sexuality… a women’s sexual instincts, being fundamentally more delicate, will be crippled by any form of genital surgery (Bell 136).”

The social pressures of conformity and the cultural acknowledgment of medicine as an all-powerful authority have contributed substantially to the institution of male circumcision as a routine practice. Proponents of male circumcision are led by centuries of acceptance of the practice, evidencing the incredible force of interpretive power on any ostensibly “scientific” situation. At the same time opponents of female circumcision are often guilty of holding too narrow a mindset. While organizations such as WHO struggle to provide evidence that the practice causes permanent mental and bodily damage, there is doubt as to the ultimate reliability of the data that they have collected: “the current state of the evidence does not allow hasty pronouncements about all the harmful effects attributed (Obermeyer 408).” Further, women from a variety of backgrounds in which female circumcision is routinely practiced have accused American standpoints of emphasizing the clitoris far too much, claiming that their pleasure has not been substantially decreased by the procedure (Darby 310). The west-
ern cultural background from which female circumcision is viewed does not contain any historical, religious or traditional reason for the practice and, therefore, “it was always easier to win acceptance for [male genital alternation as opposed to female genital alteration], because it was mentioned in the Old Testament (Darby 312).” This fact restricts modern healthcare workers and prevents a truly objective study of either type of circumcision. Indeed, Western health associations have often been accused by the countries they wish to “modernize” of perpetuating an unforgivable double standard, of circumcising their own male children but refusing to allow African nations to do the same to their female children (Darby 313). This refusal of the Western world to acknowledge its own cultural bias “actually makes the task of eradication female genital alternation more difficult (Darby 313).”

Today, male circumcision is unfailingly promoted as a positive, routine, and simple medical procedure that can be performed with little risk and great potential benefit, while female circumcision is unfailingly decried as offensive to the idea of human rights. Both procedures stem from a rich history dependent on the interplay of religion, cultural values and medical attempts to internalize such values. The example of male circumcision illustrates that the standards of any historical period can be conflated with the scientific theories of the time to create an inflated subculture of “medical authority” that provides enough impetus to continue a tradition with no proven medical value, while the story of female circumcision illustrates the power of medical authority to shape cultural values with regard to sexual and overall wellbeing. The theological and cultural history of male circumcision has contributed greatly to the practice’s current wide acceptance. Religious references abound in the ostensibly purely medical usage of male circumcision, echoing centuries of cultural normalization, despite evidence as to the procedures medical propensity to heal or cure any disease being lacking until recently. On the other side of the issue, female circumcision, on the merit of not having the same religious background and reference, has been deemed unusual and abnormal. Both forms of circumcision promote strong opinions, from ethical, medical, and cultural viewpoints. The western perspective promotes one form and discourages the other, while other cultures may have disparate views on the issue. In order to understand both our own Western perceptions and those of other cultures regarding the two forms of circumcision it is critical to recognize the long standing cultural, religious, and medical background underlying both procedures.

References

Editors Note: This paper contains parenthetical citations. Please refer to the titles below.

3. Darby, Robert and J. Steven Svoboda. A Rose by Any Other Name?: Rethinking the Similarities and Differences between Male and Female Genital Cutting. Medical Anthropology Quarterly, Vol. 21, No. 3, pp 301-323.