

Ritual Male Circumcision: A Brief History

D Doyle

Retired consultant in Palliative medicine, Edinburgh, Scotland

ABSTRACT Circumcision is arguably the oldest surgical procedure, performed since before recorded history. This paper looks at its history and speculates on why and how it spread; at what it can teach us about the origins of the Bantu tribes of Southern Africa, all of whom practice circumcision, and finally looks at medical aspects of circumcision and its place in developing societies.

*Correspondence to D Doyle OBE, 7
Kaimes Road, Edinburgh, EH12 6JR*

tel. +44 (0)131 334 3168

e-mail debedoyle@surefish.co.uk

KEYWORDS Honey, Jewish, Muslim and Bantu practice, male circumcision, medical and cultural aspects of rites

LIST OF ABBREVIATIONS British Medical Association (BMA), Genito-urinary (GU), International Organisation Against Circumcision Trauma (INTACT), National Organisation to Halt the Abuse and Routine Mutilation of Males (NO HARM), National Organisation of Circumcision Information Resource Centers (NOCIRC)

DECLARATION OF INTERESTS No conflict of interests declared.

TYPES OF MALE CIRCUMCISION

There are four types of circumcision. The most common one is where the foreskin (prepuce) is completely removed exposing the whole glans of a flaccid penis. Another (practised in some of the Pacific Islands) is where the frenum is snipped but the foreskin left intact. The others are where the foreskin is cut, some of it being removed and the remnant left as one or two lateral flaps of loose skin.^{1–5}

There is another procedure, better described not as circumcision but as 'subincision'. In this mutilating procedure the foreskin is removed and, with a thin stick inserted into the urethra to maintain its patency, an incision is then made in the under surface of the penis near the base of its shaft, in effect making a urethral fistula. Sometimes another stick is inserted through the penis at this point and left in to maintain the fistula. The result is that urine can be evacuated via the external meatus if a finger is held over the fistula but semen is ejaculated via the fistula, presumably little of it entering the vagina, during intercourse.³

HISTORY OF CIRCUMCISION

Ritual male circumcision is known to have been practised by South Sea Islanders, Australian Aborigines, Sumatrans, Incas, Aztecs, Mayans and Ancient Egyptians. Today it is still practised by Jews, Muslims and many tribes in East and Southern Africa (see Table 1). Many claims have been made about it, perhaps explaining why the practise is, as we shall see, spreading not as a ritual but as a surgical procedure beyond those ethnic groups. At the beginning of the twentieth century, one writer even went so far as to claim that circumcision could cure or prevent no fewer

than 100 conditions including alcoholism, asthma, epilepsy, enuresis, hernia, gout, rectal prolapse, rheumatism and kidney disease!⁶ Not only is it an ancient procedure, today it is arguably the most widely practised surgical procedure in the world, with rates ranging from 3–4% in the UK and Scandinavia to 77% of males in the US.

This paper will look firstly at the history of circumcision as practised by three groups – Jews and Muslims, Australian Aborigines and South Sea Islanders, and the Bantu of Africa. So ancient was the practice before recorded history that we are to a large extent dependent on mention of it in texts whose accuracy is sometimes suspect and, as in the case of some Biblical references, not intended to be taken literally. Fortunately, however, we have recent archaeological and anthropological research as well as DNA studies.

JEWES AND MUSLIMS

As important as circumcision is to Jews and Muslims, both of whom honour Abraham (the first named person recorded in history as being circumcised) as one of the founding fathers of their faith, the practice of circumcision did not originate with either Abraham or the prophet Mohammed. There is evidence that it was common practice in the Arabian Peninsula from where, in the fourth millennium BCE, two groups of people migrated into what we today call Iraq. These were the Sumerians and, slightly later, the Semites, the forefathers of the Hebrews.⁷ Many remained there whilst others moved on as far north as Assyria (today's Kurdish region of Northern Iraq and South East Turkey).⁸

The first group established a thriving city, Ur of the Chaldees, now extensively studied by archaeologists.

Clearly it was a major city of the Sumerians, the non-Semitic peoples who had migrated there from further south around 3000–2500 BCE. It was in today's Iraq, on the south bank of the River Euphrates, 220 miles from Baghdad and 120 miles north of Basra, an area known then as Mesopotamia, the fertile land between the rivers Tigris and Euphrate. In those days Ur was 160 miles from the capital Babylon with its advanced and sophisticated culture and would also have been much nearer the head of the Persian Gulf than it would be today, making it a seaport ideally placed for trade and immigrants from Arabia and the Far East. The immigrants brought produce and their customs, one of which might have been circumcision, though this is, of necessity, speculation.

The Jews, and subsequently the Muslims, respect Abraham as a patriarchal farmer living near Ur of the Chaldees. He is believed to have had circumcision performed on himself⁹ and on all male relatives and servants in his household whether of Semitic origin or not, as a mark of the covenant between his God and these people, known thereafter as His Chosen People, the Children of Israel.³ Following the tradition of the Sumerians and the Semites the procedure would have been carried out with flint knives.⁷ From an anthropological viewpoint Abraham's worshipping of one god was highly significant, marking a move from polytheism to monotheism. Historians date this as around 1800 BCE, clearly long after circumcision was introduced by the Sumerians and Semites. Scholars cannot agree on why Abraham and his tribe adopted the practice. They were unlikely to have known of any association with carcinoma of the penis, as we do today, but we might speculate that, originating as it seems to have done, in hot climates, it may have been adopted for reasons of hygiene, making it easier to clean away smegma that can be malodorous and a source of infections.

Some suggest that Abraham, and subsequently the Jews, adopted what was in effect a rite of passage into adulthood with all its responsibilities.¹⁰ Whitehouse speculates that originally circumcision was for the Jews a form of blood sacrifice analogous to the offerings of hair, customary amongst their neighbours, the Syrians.¹¹ Even today when Zulu, Lemba or AmaXhosa boys in Southern Africa or Masai in Kenya are circumcised, blood spilt during the procedure is then symbolically smeared on the youth's forehead. For the Jews it became not a rite of passage into manhood but a sign of a covenant, a solemn relationship, with their God. Previously performed when the boy was an adolescent or immediately prior to marriage, it was changed to the eighth day of a boy's life, counting the day of birth as day one,¹² and subsequently only performed on adults when they converted to Judaism.

Just as some have assumed that circumcision started with Abraham, so others like Herodotus have suggested that the Children of Israel introduced it into Egypt during their



FIGURE 1 Drawing of a wall painting from Ankhmahor, Saqqarah, Egypt (2345–2182 BCE) showing adult circumcision.

captivity around 1200 BCE. Evidence exists that ritual circumcision was being performed by the Egyptians as early as 2300 BCE, confirmation of this being a wall painting from Ankhmahor, Saqqarah, Egypt (dated in the eighth Dynasty, 2345–2182 BCE)⁷ clearly showing adult circumcision. The adult being circumcised is standing, his arms held by others whilst the 'operator' kneels in front of him (Figure 1). There is also a 'coffin text' about a man who underwent circumcision with 120 others in the Intermediate Period (c.2400 BCE) or Middle Kingdom (2250–1580 BCE).^{13,14}

Incidentally, no irrefutable evidence has been found to confirm the Biblical story of their stay in Egypt except for reports of a tribe of foreigners speaking a different language who lived in the Eastern Nile Delta in the time of Pharaoh Ramases II reigning 1290–1224 BCE and of an influx of foreigners into Northern Sinai around that time.⁷

It is now thought that the Egyptians adopted circumcision much earlier, from peoples living further south in today's Sudan and Ethiopia, where dark-skinned peoples are known to have practised circumcision. These southerners, genetically related to the Sumerians and Semites, are thought by anthropologists to have originated in the Arabian Peninsula and been in regular contact, trading or fighting, with the Egyptians, just as some of their number spread North from Arabia into Mesopotamia.

However it spread, by 626 BCE a historian speaks of it in Egypt, Judah, Moab (today's Israel and Syria) and '[for] all who dwell in the desert'.¹⁵ The historian Herodotus (484–424 BCE) who travelled widely in the region says that, by 500 BCE, circumcision was practised by the Phoenicians (living on what is today the coast of Lebanon), Hittites and Ethiopians, as well as by the Egyptians but he was clearly wrong in suggesting that it originated in Egypt.¹⁶

In 169 BCE the rite was temporarily declared illegal when Antiochus attacked Jerusalem, barracked his troops within

the temple and condemned circumcision as illegal.¹⁷ The Greeks, Romans, Gauls and Celts never adopted the practice then or since.

Being circumcised meant being a Jew. A person committing a crime against the Jewish law, such as being naked in public, was said to be 'uncircumcised'. In the first century BCE a group of Jewish athletes were declared 'uncircumcised' when they took part in a Jerusalem athletic contest with visiting Greeks and, not wishing to be laughed at by them, ran naked like the visiting Greeks.⁷

Of the many references to it in the Bible perhaps the most significant concerns what has come to be called the Jerusalem Conference, called to settle a dispute between the early Christians. Could an uncircumcised person (a 'gentile') be saved in terms of the new Gospel?¹⁸ Was the Christian Gospel exclusively for Jews or for all? Would converts to the new faith need to be circumcised and accept not only the Gospel but also the Jewish Law? The importance of circumcision to the Jews of that time can hardly be exaggerated. It was a mark of their faith, culture and nationhood. The conference decided that the Gospel was for everyone and circumcision was not a prerequisite.¹⁸ It is interesting to speculate what the situation would be today if the vote had gone the other way. Presumably all Christian men would be circumcised.

Little more is heard about the ritual until the birth of Islam in 660 CE when publication of the Holy Koran (its revelations having been received by Mohammed, 611–632 CE), was authorised by Caliph Othman. Though, perhaps surprisingly, circumcision is not specifically mentioned in the Koran when Islam so reveres Abraham, it came to be regarded as an integral part of that faith but, unlike the Jewish practice, it was, and still is, always performed on adolescents rather than neonates. As Muslims and Jews spread across the Middle East, Southern Europe and North Africa, so also did circumcision as people adopted their practices.

Today Jewish infants are circumcised on day eight by a Mohel, an observant orthodox Jew who has studied the religious laws, and has been accredited by the Initiation Society of Great Britain (founded 1745) or a sister organisation in the USA. Increasingly Muslim babies are now also circumcised early in life, usually carried out in a modern hospital but when performed traditionally the mother is adorned with henna.

AUSTRALIAN ABORIGINES AND POLYNESIANS

There are even fewer reliable details about the history of circumcision amongst these peoples, but good reason to accept the observations of some explorers and missionaries, as well as oral tradition and present practice.⁴⁸ Here there can be no doubt – circumcision was an initiation rite, a test of bravery and suitability to assume the responsibilities of manhood.^{1–5}

The Polynesian and Aborigine initiates were held facing skywards, lying on the back of a kneeling man, their arms and legs pinioned by other men. The foreskin was removed using seashells.¹⁹ Haemostasis was thought to be achieved by making the newly circumcised youths squat or stand for several hours over the smoke from a fire covered with eucalyptus leaves. Some have suggested that doing so, with blood dripping into the fire, was a symbolic way of sympathising with women's menstruation. Aborigine boys are today allowed to bite on a boomerang and may be expected to swallow their newly excised foreskin. (An exception are the Tikopia living on one of the smaller islands north of Australia where the pre-teenage boy is cradled and comforted by a favourite uncle during the procedure which entails an incision but no removal of foreskin.) Afterwards they have weeks of introduction to the responsibilities of manhood before returning home to celebrations.

CIRCUMCISION IN AFRICA

In the late fifteenth and early sixteenth centuries a fascinating Muslim, Hassan ibn Mohammed al-Wazzan al-Zayyati toured much of North Africa, the Sahara and Mali before being converted to Christianity. He was baptised in St Peter's Rome in January 1521, taking the new name Giovanni Leo Aficanus and later published a book in which he speaks of many tribes observing Jewish Law, including circumcision, and claiming direct descent from King David. He reported that Rabar, the Muslim ruler of Timbuktu 'cannot stand the sight of Jews.'²⁰ Once again we cannot be sure whether the practice was adopted from Jews or Muslims, the former having settled there after one of the many expulsions from European countries, the Moors settling in North Africa or fleeing from Spain in 1492. Both must have crossed the Sahara and eventually settled in West Africa because sixteenth-century travellers from there reported that circumcision was practised 'on both banks of the Niger ...[where] there are many Jews'.²¹

How did the practice reach East Africa? It is now accepted by most anthropologists that many of the original inhabitants of today's Somalia, Sudan, Ethiopia and Abyssinia were people of Semitic and Sumerian origin who came from Arabia.²² Today's Falasha in Ethiopia claim to be, and are now recognised by the State of Israel as being, 'Black Jews', reading the Torah, keeping the Sabbath, observing Jewish dietary rules and practising circumcision. There are about 20,000 of them left in Ethiopia and 80,000 in Israel, 23,000 having been evacuated there in 1984 and 1991 because of famines. How Jews migrated there from Muslim Arabia we shall discover.⁵⁰

Between 500–1000 CE people from North East Africa began to migrate South to populate the coastal belt, at the same time meeting Arabs who never settled further south than the mouth of the Zambesi on the Mozambique coast.²³ There they even encountered people from West

Africa. In 1498, Martin Afforso, who had lived in West Africa and spoke some of its languages, met a man near the mouth of the Limpopo River in East Africa. This man had spent years traversing Africa from West to East, and found he could understand his language.²⁴ This body of people, made up of migrants from Arabia, the Middle East and some from West Africa, moved South to become today's Bantu ('people'), the predominant racial group in Southern Africa today, composed of many tribes each practising ritual circumcision.

The Bantu soon overcame the indigenous people – the Herero of today's Zimbabwe and Botswana, and the Hottentots and Bushmen of today's Namibia, Botswana and Kalahari desert – and, to this day, in tales and songs speak of their origins; coming by boat from distant lands far to the north, of meeting black people from the west and Arabs from the coast. One tribe in particular, the Lemba, goes further, claiming that they are true Jews who originally came from a city thousands of miles away called Sana. (Is this the Sana in today's Yemen?) They claim to have built two smaller cities in Zimbabwe, each called Sana, one on the south bank of the Limpopo, (described by Livingstone in his *Travels* but spelt 'Senna'⁴⁹) and the other, the now ruined city of Great Zimbabwe after which the country is named. Today no more than 50,000 in number, the Lemba live near the Zimbabwe/South Africa border. They practice adolescent circumcision carried out with razor blades or even pen-knives, have songs traditionally sung when the boys return from seclusion, have the same dietary restrictions as Jews, only marry women of their own tribe and are convinced they are one of the lost tribes of the Diaspora who reached their present home more than a millennium ago, via Arabia and the Horn of Africa, having spent many years with the Arabs, though they vehemently claim to be of Jewish and not Arabic origin. Even the name Lemba is interesting, meaning either 'those who refuse' (banned food for example) or 'a non-African, a respected foreigner'.²³

The author's interest in this subject was, in fact, first kindled many years ago whilst working with the Bantu, firstly in Zululand (now KwaZulu-Natal) then further south in the Transkei (now the Eastern Cape) in South Africa. Like many before and since, I was fascinated not only by the significance the Bantu attached to male circumcision but to many other similarities with the Jews. As long ago as 1831 the Glasgow Missionary Society asked its 'agents' to research the AmaXhosa, one of the largest Bantu tribes in Southern Africa, comparing their culture and traditions with those of the ancient Israelites. As a result one missionary wrote an essay entitled *The antiquity of circumcision* but no trace of it can be found today.

It would be easy, as so many have done, to dismiss their claims but in recent years studies have shown that the Lemba do, in fact, possess a genetic pattern identical with traditional Jews, and in particular the Jewish

priesthood, the Cohanim. In 1996 Jenkins of the University of Witswatersrand examined the DNA of 49 Lemba males and found that 50% of the Y chromosomes were Semitic in origin, 40% Negroid.²⁵ Subsequently Parfitt and Bradman of London compared the DNA of 65 Lemba males from South Africa and 120 samples from near Terim and Sana in the Hadramaut, in Yemen. They found significant similarities between the Y chromosomes. In particular genetic markers common in Jewish groups such as the Cohanim showed up in both the Hadramaut and Lemba samples. This would suggest that at some time Jews lived in the Hadramaut where some may have converted to Islam, confirming the legend that at the time of Mohammed's death Jews lived in the wadi Hadramaut.^{23,25}

The Bantu broke up into many smaller tribes, each with well-defined territories. In Northern Natal (now KwaZulu-Natal) were the Zulus who, in the early nineteenth century, came to be the dominant tribe under the charismatic but tyrannical leadership of its megalomaniac chief Shaka Zulu.²⁷ Further south in the Eastern Cape settled the amaXhosa and their many subgroups. Others moved deeper inland and populated today's Zimbabwe whilst others moved into the Kalahari desert and today's Namibia and came into contact with the Bushmen and Hottentots. The indigenous people did not practice circumcision nor did they subsequently adopt it from the Bantu but continued with their own initiation ceremonies.

To this day, for both Zulu and Xhosa boys, circumcision is a rite of passage into manhood as well as a trial of bravery and a blood sacrifice, their blood being daubed on their forehead. The Xhosa youths are painted head to foot with whitewash, permitted only a thin blanket to wear whatever the time of year, and camouflage themselves in a straw skirt and headdress so that they are not identifiable. They are then segregated from the rest of the kraal, and especially women, for four to six weeks, in a thatched 'circumcision hut' used exclusively for this purpose. The boys, in their middle teens, lie down, legs apart, whilst the circumciser (usually an elder with years of experience) kneels between his legs and cuts the foreskin on a flat stone, using a razor blade or a penknife, thereafter smearing the boy's forehead with some of his blood. The wound is then covered with eucalyptus leaves, from which some of the oils have been expressed onto the wound, tied on with string or vegetable stems, leaving them in place for the four weeks the boys are in seclusion (see below) or until there is sufficient smell or pus to suggest serious infection. The foreskin is tied to the corner of the boy's blanket. No sign of emotion must be shown. In the middle of the night following the circumcision the boys are led into a wood and must there leave their foreskins, symbolically rejecting their old life for a new one. In the weeks that follow the elder is supposed to prepare them for their future responsibilities towards their families, the



FIGURE 2 Photograph of original wall painting shown in Figure 1

tribe and with respect to sexual relations. The final end to the old life comes on the day they return to their families, when they bathe in a river to wash off the whitewash that has covered their bodies, and return to feasting and living with adult men, an experience graphically described by Nelson Mandela, himself a Xhosa.²⁸

The Zulus, nowadays seldom segregated as in the days of Shaka, are also supposed to be taught not only adult responsibilities but also *ukuhlobonga*, the non-penetrative sex long practised by them to satisfy the woman without leading to pregnancy.²⁷ In recent years, however, fewer and fewer have such instruction and introduction to responsibility, more elect to have circumcision performed in government and mission hospitals, and opportunities are being lost to steer them into responsible citizenship. Some mission hospitals are attempting to compensate for this loss by offering circumcisions by male doctors under sterile conditions, seclusion from all females and, at the same time offering them teaching on STDs, HIV/AIDS and adult responsibilities.²⁹

The Masai of Kenya also practice teenage circumcision. First they dress as women for four days before reverting to male dress (signifying their acceptance of male responsibilities). They then paint their faces (but not the whole body as do the amaXhosa) with whitewash before they are circumcised, once again having blood put on the forehead. Traditionally they remain secluded whilst undergoing instruction but today this seldom happens now that they prefer to go to a modern hospital for the operation.²⁹

When it is suspected that infection has occurred, the eucalyptus leaves are removed and a thick paste of sugar (or honey if available) and wood ash (oak preferred) is applied and then covered with an occlusive cloth or rag. The choice of eucalyptus is no accident.³⁰ Its essential oils have been shown to possess antiseptic, analgesic and even anticoagulant properties when used topically, and its

benefits are recognised to this day by Australian Aborigines who also use them during circumcision.

Neither is the use of sugar surprising. 'Magnesium sulphate and glycerine paste' having been used in the West until recently to 'draw out' pus from boils and infected lesions. Neither should we be surprised to learn of their preference for honey.^{30-37, 46} There is now a growing interest in the therapeutic benefits of honey, known to have been used as a dressing since before 2000 BCE. In several countries cancer nurses are reporting that even domestic, rather than New Zealand Manuka, honey can reduce pain and discharge from fungating lesions, in the same way that others have used topical yoghurt for the same purpose. Reports have recorded its benefits in open mediastinitis, skin grafts and ulcers, and against a range of bacteria its action was attributed to an osmotic effect causing cell death but it is now thought to work both by osmosis and as an antimicrobial, stimulating phagocytosis. It is not known why wood ash is added other than to thicken the paste.

Evidence suggests that it is essential to cover the paste with an occlusive dressing of some kind, just as the Bantu applied more fresh leaves.

MEDICAL ASPECTS OF CIRCUMCISION

An association between circumcision and carcinoma of the penis has long been known. Worldwide this cancer accounts for 2% of all male GU malignancies but 10–20% of all malignancies in males in communities where infant circumcision is not commonly practised. In Paraguay, for example, it accounts for 45–70% of all male GU malignancies and in Uganda, where circumcision is unusual, penile carcinoma is the most commonly diagnosed male GU malignancy. Circumcision after infancy does not appear to influence the development of penile carcinoma.³⁸ It is assumed that there is an, as yet unidentified, carcinogen in the smegma of the uncircumcised.^{38, 39}

At the turn of the nineteenth century, infant circumcision enjoyed a vogue in the West, becoming almost a ritual in America, intended, it was claimed by some, to prevent penile and cervical carcinoma later in life. More probably it was due to the widely held view that it would discourage masturbation with all the dangers perceived by Freud and others.⁴⁰ Both the US and Korea report an increase in the numbers being circumcised with 1,000,000 circumcisions annually in the US and 90% of high school boys in Korea circumcised, both countries attributing the rise to the link between uncircumcised and fungal and bacterial infections noticed in the Vietnam and the Korean wars.^{41, 42} In the USA there is a vigorous movement and numerous websites dedicated either to making it even more popular, or to discourage and condemn it. They have acronyms such as NO HARM, NOCIRC and INTACT.

In the twentieth century, links between 'uncircumcised' and infections began to be noted. So high was the risk of an uncircumcised man getting fungal and parasitic infections of the prepuce that US troops serving in the South Pacific in World War Two and in Korea were recommended to be circumcised.⁴¹ More recently some researchers have found a lower incidence of STDs in circumcised as opposed to non-circumcised men.⁴⁸

Much interest is now being shown in the association between 'uncircumcision' and HIV/AIDS⁴³ with no fewer than 27 papers having been presented at the XI International Conference on AIDS in Vancouver in 2002. Researchers in the Rakai Project (East Africa) studying 6,821 men aged 15–59 found that pre-pubertal male circumcision is associated with reduced HIV acquisition but there is no statistical difference associated with adult circumcision (see Table 1) a finding confirmed by Moses of the University of Kenya and others.^{43–5} Further work on this continues in Kenya, Uganda and California.

DISCUSSION

Anthropologists agree that amongst the Polynesians, Aborigines and South American tribes, circumcision probably started as a test of bravery and endurance, a ritual mutilation, a sacrificial spilling of blood, rather than the initiation rite it has become in recent centuries. Even today, elements of this persist in Australia and some Pacific Islands. It then changed from being a rite of passage, an initiation into manhood, to being, for some peoples such as the Jews and Muslims, a symbol of their faith and their relationship with God. Only in recent times has it been performed for 'medical' reasons – to discourage masturbation, reduce the risk of penile infection, carcinoma and more recently, HIV. Its popularity, hopefully performed only in a sterile environment, is not likely to lessen and, if the experience of America and Korea are anything to go by, may increase.

Can we learn anything from the history of circumcision? It is tempting to suggest that infant (or at least pre-pubertal) circumcision should be encouraged to reduce the risk of penile infections and HIV, but this seems a drastic way of doing so, even if it is found that the findings of tropical Africa are applicable to other ethnic groups. Better hygiene and safer sex can be encouraged to lessen infections. Doing millions of circumcisions to lessen penile carcinoma seems a drastic way of reducing the incidence of an already uncommon malignancy. Perhaps the lesson from Africa is not a medical one. The age-old tradition of setting aside time to teach and train young men in the responsibilities of manhood and citizenship are being lost. No-one would suggest that crude, mutilating circumcisions performed by untrained men in unsuitable surroundings are desirable, but appropriate preparation for manhood certainly is, and ways must be found of providing it in today's developing countries, as much as we need it in the West.

TABLE 1 Adapted from Halperin DT, Bailey RC. Male Circumcision and HIV infection: 10 years. *Lancet* 1999; **354**:1813–15.

Male Circumcision Prevalence and AIDS		
Low (< 20%)	Medium (20–80%)	High (> 80%)
Bhutan	Central African Republic	Afghanistan
Botswana	Cote D'Ivoire	Algeria
Burundi	Democratic Rep. of Congo	Angola
Cambodia	Mozambique	Cameroon
China	Sudan	Egypt
Fiji	Tanzania	Eritrea
India	Uganda	Ghana
Jamaica		Iran
Lesotho		Iraq
Malawi		Kenya
Mongolia		Liberia
Myanmar		Libya
Namibia		Malaysia
Nepal		Morocco
Papua NG		Nigeria
Rwanda		Oman
Swaziland		Pakistan
Thailand		South Africa
Zambia		Turkey
Zimbabwe		

Countries in bold have AIDS rates > 10%

CONCLUSIONS

Circumcision, a procedure at least 5,000 years old, with profound religious and cultural significance, will predictably continue as a feature of human living for many generations to come, its popularity for ritual or medical reasons waxing and waning.^{42, 47} The possibility that, performed before puberty, it may reduce the risk of acquiring HIV/AIDS or developing penile carcinoma, is worthy of continuing attention.

Will yesterday's ritual, and today's rite, become tomorrow's medical recommendation? Those interested in the ethical, legal and clinical aspects of it are recommended to refer to the BMA guidelines and the statement of the British Association of Paediatric Surgeons.^{50, 51}

ACKNOWLEDGEMENTS

The author acknowledges with thanks assistance and information received from Dr Nathan Cherny (Israel), Kath Defilippi (KwaZulu Natal), Dr E Grant (Edinburgh), Dr W Grundy (Zambia), Dr Anne Merriman (Uganda) and the RCPE Librarians.

REFERENCES

- 1 Elkin AP. *The Australian Aborigines*. Sydney: Angus and Robertson Publishers; 1938.
- 2 Meggitt MJ. *Desert People: A Study of the Walbiri Aborigines of Central Australia*. Sydney: Angus and Robertson Publishers; 1962.
- 3 Pounder DJ. Ritual Mutilation: Subincision of the penis in Australian Aborigines. *A J Forensic Med Pathol* 1983; **4(3)**:227.
- 4 Brendt RM. *Australian Aboriginal Art in the Anthropological Museum of the University of Western Australia*. Perth, Western Australia: Internationals Specialised Books Service; 1987.
- 5 Bjerre J. *Last Cannibals*. (translated from Danish) London: Michael Joseph Publications; 1956;31–38.
- 6 Remondino PC. *History of Circumcision from the earliest times to the present*. University Press of the Pacific; 2001.
- 7 Keller W. *The Bible as History*. London: Hodder & Stoughton; 1956;162.
- 8 Bedale CL. The Nations Contemporary with Israel. In: *Peake's Commentary on the Bible*. Edinburgh: Nelson; 1952;53, 57.
- 9 The Bible. Gen. 17.
- 10 Jordan WG. The Religion of Israel. In: *Peake's Commentary on the Bible*. Edinburgh: Nelson; 1952; 83.
- 11 Whitehouse OC. The Religious Institutions of Israel. In: *Peake's Commentary on the Bible*. Edinburgh: Nelson; 1952; 99.
- 12 The Bible. Lev. 12:3.
- 13 Dunham D. *Naga-ed-Der Stelae of the First Intermediate Period*. London: 1917;102–4.
- 14 Clark RTR. *Myth and Symbol in Ancient Egypt*. London: Thames and Hudson; 1952.
- 15 The Bible. Jer. 9:25.
- 16 Herodotus. *The Histories V*. London: Penguin Classics; 2003.
- 17 Andrews HT. Daniel. In: *Peake's Commentary on the Bible*. Edinburgh: Nelson; 1952;523.
- 18 The Bible. Acts 15.
- 19 Spenser B, Gillen FJ. *Native Tribes of Central Australia*. Sydney: 1912; 23, 394–402.
- 20 Hassan ibn Mohammed al-Wazzan al-Zayyati/Leo Africanus. *History and Description of Africa Rome: 1526*.
- 21 Ogilvie J. *Travels in Africa*. 1670.
- 22 Parfitt T. *The Lost Tribes of Israel: The History of a Myth*. London: Weidenfield and Nicolson; 2002.
- 23 Parfitt T. *Journey to the Vanished City: The Search for a Lost Tribe of Israel*. London: Phoenix Orion; 1997;357.
- 24 McCall G. *The yellow and dark skinned people of Africa South of the Zambesi*. London: Swan Soccenheim; 1910.
- 25 Jenkins T. Study of 49 Lemba males: 50% of the Y chromosomes are Semitic in origin, 40% Negroid. *Amn J Hum Genet* 1996;59.
- 26 Hammer MF et al. Jewish and Middle Eastern non-Jewish populations share a common pool of Y-chromosome biallelic haplotypes. *PNAS* 2000; **97**:6769–74
- 27 Ritter EA. *Shaka Zulu: The Rise of the Zulu Empire*. London: Longmans Green; 1955.
- 28 Mandela N. *Long Walk to Freedom: the autobiography of Nelson Mandela*. London: Little Brown and Co; 1994; 26–7.
- 29 Grant E. (Department of Community Health, University of Edinburgh) Personal communication. 2004.
- 30 www.botanical.com/botanical/mgmh/e/eucaly14.html
- 31 Zumla A, Lulat A. Honey – A Remedy Rediscovered. *J R Soc Med* 1989; **82**:384–5.
- 32 Pieper B. Commentary – Honey: A Potent Agent for Wound Healing? *J Wound Ostomy Continence Nurs* 2002; **29**:273–4.
- 33 Postmes T et al. Honey for wounds, ulcers and skin graft preservation. *Lancet* 1993; **341**:756–7.
- 34 Tovey F. Honey and sugar as a dressing for wounds and ulcers. *Trop Doct* 2000; **30**:1.
- 35 Greenwood D. Wound healing. Honey for superficial wounds and ulcers. *Lancet* 1993; **341**:90–1.
- 36 Dixon B. Bacteria can't resist honey. *Lancet Infect Dis* 2003; **3**:116
- 37 Cooper RA, Molan OC, Harding KG. Antibacterial activity of honey against strains of *Staphylococcus aureus* from infected wounds. *J R Soc Med* 1999; **92**:283–5.
- 38 Schoen EJ. Neonatal circumcision and penile cancer: evidence that circumcision is protective is overwhelming. *BMJ* 1996; **313**:46.
- 39 deVita VT, Hellman S, Rosenberg SA. *Cancer Principles and Practice of Oncology*. New York: Lippincott-Raven; 1997; 1390–4.
- 40 Bettelheim B. *Symbolic wounds and the envious male*. USA: Collier Publishers; 1960.
- 41 Pang MG, Kim DS. Extraordinarily high rates of male circumcision in South Korea: history and underlying causes. *BJU Int* 2002; **89**:48–54.
- 42 Robson WL, Leung AK. The circumcision question. *Postgrad Med* 1992; **91**:237–42, 244.
- 43 Halperin DT, Bailey RC. Male circumcision and HIV infection: 10 years and counting. *Lancet* 1999; **354**:1813–15.
- 43 Moses S et al. *The association between lack of male circumcision and risk of HIV infection: A review of the epidemiological data*. Nairobi: University of Kenya; 1994.
- 44 *Uganda health/HIV*. Report 2002; **14**:2371–2381. *AIDS*. Report 2002; **16(5)**:810–12.
- 45 Bernstein R, Bernstein M. *Honey, Mud, Maggots and other Medical Marvels*. London: Macmillan Publishers; 1987.
- 46 van Gennep A. *Rites of Passage*. (Originally published in French) Chicago: University of Chicago Press; 1960.
- 47 *Circumcision of Male Infants Research Paper*. Brisbane: Queensland Law Reform Commission; 1993.
- 48 Livingstone D. *Missionary travels and researches in Southern Africa*. London; 1857. (Reprinted in 1912 by John Murray Publishers, London.)
- 49 Thomas MC et al. Founding mothers of Jewish communities; geographically separated Jewish groups were independently founded by very few female ancestors. *Am J Hum Genet* 2002; **70**:1411–20.
- 50 *The law and ethics of male circumcision – guidance for doctors*. London: British Medical Association; March 2003.
- 51 MacKinnon AE. Statement on behalf of the British Association of Paediatric Surgeons concerning *Male Ritual Circumcision*. London: British Association of Paediatric Surgeons; 1 March 1997.

ABSTRACT: This paper studies the history of circumcision amongst religious and traditional societies and the arguments on the medical or non-medical essence of the practice. The paper further highlights amongst the Asante people of Ghana, a practice argued to have been introduced by Islamic Wanzams who are severally referred to as Muslim Circumcision Surgeons. Often circumcision amongst communities in West, Southern Africa, Asia and other Aboriginal groups has been spurred on by customs and traditions [1]. Yet the case of Asante was different. In the conclusion, attention is paid to some of the scientific arguments for male circumcision. The study is purely qualitative relying on documentary and non-documentary sources. The practice of male genital mutilation is far older than recorded history. Certainly, it is far older than the Biblical account of Abraham (Genesis 17). It seems to have originated in eastern Africa long before this time. The Jews adopted circumcision as a religious ritual^{10,13,16,20} and preserved this prehistoric practice into modern times.^{11,20} The circumcision of Abraham removed only the very tip that extended beyond the glans penis.^{11,20,26,31} Moses and his sons were not circumcised. It has been variously proposed that male circumcision began as a religious sacrifice, as a rite of passage marking a boy's entrance into adulthood, as a form of sympathetic magic to ensure virility, as a means of suppressing (or enhancing) sexual pleasure, as an aid to hygiene where regular bathing was impractical, as a means of marking those of lower (or higher) social status, as a means of differentiating a circumcising group from their non-circumcising neighbors, as a means of discouraging