

The Rise of Circumcision in Victorian America

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“The Rise of Circumcision in Victorian America” analyzes how male circumcision became a routine medical practice for American newborns in the nineteenth century. It examines the way in which this medical choice was influenced by social, religious, and cultural factors that were unique to America at the time. This essay argues that it was a combination of these factors that created the appropriate environment through which routine circumcision could be adopted into common medical practice. It was the environment surrounding the circumcision debate in America that allowed for its acceptance in American medicine while it was rejected in other western nations.

The practice of circumcision has become a routine medical practice for the majority of American male babies. Hospitals perform this surgery on thousands of newborns every year, regardless of race, ethnicity, or religion. Before the late 1800s, however, non-Semitic citizens of the United States did not engage in circumcision. Immigrants and American natives alike simply left penises in their natural state. However, as the nation moved into the latter half of the nineteenth century, prominent physicians in America’s major cities debated the trend making the practice of circumcision common and the eventual medicalization of this practice. The reason for the emergence of circumcision as a routine medical practice becomes both intricate and complex when examining the medical environment of Victorian Era America. The advertisement of circumcision as both a cure and preventive measure for venereal diseases, physicians’ monopoly on medical information as well as the increase in medical knowledge of doctors, the common conviction that medicine must be learned through experience, the ways in which circumcision was believed to decrease the likelihood of masturbation, the emphasis Victorian physicians placed on personal hygiene and cleanliness, and society’s religious beliefs create a larger framework from which one can examine the increasing prevalence of circumcision in the Victorian era and the eras that would follow it.

During the Victorian era, he much of the English-speaking world adopted the practice of circumcision in the effort to maintain cleanliness and prevent the spread of venereal disease. However, in Great Britain and Canada circumcision quickly became an antiquated practice because medical practitioners in both countries felt no direct correlation between cleanliness and circumcision existed. The practice of circumcision in the United States, despite this, has remained common in the modern era because of unique cultural principles. These cultural principles make the American medical community distinct and allow a more direct view into the popularity of male circumcision in America.

The Greek Historian Herodotus documented the practice of circumcision in fifth century Egypt, and it continues to be an essential part of ancient “Semitic tradition...dating back to

Abraham.”¹ Both Greek and Egyptian civilizations had distinct cultural significance and historical importance in western society and, therefore, garnered admiration from Victorian Americans. Because the Hebrew Bible makes up the first thirty-nine books of the Christian Bible, practices adopted by Jews in relation to this common religious text felt less foreign or alien to Christian Americans. Egypt, perceived as a place filled with mythic wonders and mysterious greatness, inspired a sense of fascination among Americans in the nineteenth century. The high-esteem of both societies in which circumcision originated went a long way in influencing the adoption of circumcision in America and the acceptance of it in the future; it helps explain how a practice so far removed in years from its creators remains prevalent.²

Physicians working in the United States during the latter half of the nineteenth century introduced circumcision as a “treatment for severe venereal infection of the penis... and was no more than a last-ditch amputation of incurably diseased tissue.”³ As such, circumcision initially only served as a means by which physicians would cure those who already had severe symptoms of sexually transmitted diseases. However, by 1845, American physicians suggested that circumcision could be used as a type of preventative medicine to ward against venereal disease. No significant scientific evidence supported this belief, and yet physicians based their convictions of success on either personal experience with patients or the recommendation of the procedure by prominent and respected American physicians.

Circumcision became a kind of cure-all for diseases physicians did not fully comprehend or understand. As the belief in circumcision as an effective cure for venereal disease spread, it gained even more curative power in the minds of prominent American physicians. Physicians published their experiences with circumcision, noting that it had cured a variety of illnesses, some not even strictly connected to the reproductive system. In the 1870s, “a leading orthopedic surgeon claimed [that] circumcision cured paralysis, hip-joint disease, nervous irritability, hernia, [and] stricture of the bladder.”⁴ A “connection between cancer and the foreskin had [also] been a matter of concern for years.”⁵ Circumcision became a way for physicians to explain how previously unexplainable diseases could be moderated and even cured.

Edward Dixon, a prominent physician operating in New York, uplifted the effectiveness of circumcision in *Women and Her Diseases, from the Cradle to the Grave*. He exclaimed that there “is no doubt that it [circumcision] would prove a most effective means in preventing the spread of syphilis.”⁶ Dr. Edgar Spratling, a contemporary of Dr. Dixon, called circumcision the “physician’s

¹ Peter Aggleton, “Just a Snip?: A Social History of Male Circumcision,” *Journal of Reproductive Health Matters* 15 (2007): 16.

² Aggleton, “Just a Snip?,” 15.

³ Robert Darby, “The Masturbation Taboo and the Rise of Routine Male Circumcision,” *Journal of Social History* 36 (2003): 737.

⁴ Aggleton, “Just a Snip?,” 18.

⁵ David Gollaher, “From Ritual to Science: The Medical Transformation of Circumcision in America,” *Journal of Social History* 28 (1994):14.

⁶ Edward Dixon, *Women and Her Diseases, from the Cradle to the Grave: A Treatise on Diseases of the Sexual System adapted to Popular Reading and the Exposition of Quackery* (New York: Ring, 1847), 164.

closest friend and ally, offering as it does a certain means of alleviation and pronounced benefit, granting as it does immunity from after approach.”⁷ In other words, circumcision guaranteed immunity from an assortment of possible medical problems after the procedure. In this way, circumcision was presented as a “precautionary measure... not exclusively as a means of alleviating reflex irritation, but as a preventative, hygienic measure.”⁸ Because American physicians saw men like Dixon and Spratling as medical authorities, circumcision as a preventive measure against the spread of disease became widely accepted among American physicians.

The increase in medical knowledge and ability during this era aided circumcision’s growth as a routine medical procedure. The emergence of anesthesia as a relatively safe way to insure painless surgery, in particular, allowed circumcision to be as non-intrusive as possible. Edward Dixon explained in his book that “there are two conditions of the prepuce... during syphilis and gonorrhea... [that] demand the interference of the surgeon.”⁹ However, if a surgeon removed the prepuce before infection had occurred, as in the process of circumcision, the surgery would be more effective and less uncomfortable for the patient. Circumcision was advertised as a relatively painless, hygienic, and preventative practice; this perception went a long way in convincing the American public to adopt circumcision as a practice.

The belief that circumcision helped decrease the likelihood of male masturbation also assisted in the adoption of circumcision as routine. This was an extremely significant argument because religion provided a framework not only for the way physicians uplifted the medical phenomenon of circumcision, but also for religiously devout patients. Edward Dixon explains that the process of circumcision, “so often and forcibly enjoined in scripture, is the most efficient way to prevent the occurrence” of diseases like syphilis.¹⁰ By including Christian scripture, Dixon makes a compelling argument for circumcision in the environment of a largely Christian America. Discouraging the act of male masturbation quickly became a “major reason why doctors, educationists and childcare experts sought to introduce widespread circumcision.”¹¹ Because the “operation reduced the sensitivity of the penis and curtailed sexual pleasure,” it became “a powerful argument to use at a time when most respectable people believed that excessive sexual indulgence was morally wrong as well as physically harmful.”¹² Since the Christian Church saw masturbation as a sin, medical professionals used religion as a moral incentive for routine medical circumcision.

The general public also saw male masturbation as a way to develop severe illnesses, including epilepsy and mental health problems. The “significance of the idea of masturbatory insanity lies in the fact that sexual self-stimulation was the first in a long line of religious

⁷Edgar Spratling, “Masturbation in the Adult,” *Medical Record* 48 (1894): 443.

⁸Gollaher, “From Ritual to Science,” 10.

⁹Dixon, *Women and Her Diseases*, 158.

¹⁰ Dixon, *Women and Her Diseases*, 7.

¹¹Darby, “The Masturbation Taboo,” 738.

¹²*Ibid.*, 752.

transgressions converted into medical diseases.”¹³ Because of this belief, the understanding that “hygienic and health benefits stemmed largely from [the] correlation” between circumcision and the prevention of masturbation predominated.¹⁴ Religion became the justification for acceptance of circumcision as routine. Medicine during the Victorian era occurred within a highly charged religious environment, and therefore Christianity dictated, or at least highly influenced, how the entire medical profession advertised the value of circumcision.

Not only did physicians see masturbation as a distinct physical danger to individuals, but also many perceived it as a non-religious social danger. It has been said that “the American enthusiasm for preventing masturbation and for promoting circumcision are manifestations of the same puritanical zeal for health as virtue” that has been ever present in American society.¹⁵ Medical doctors intrinsically linked good morals with proper health practices, raising the popularity of circumcision. In the 1830s, the battle against masturbation was widespread, as Sylvester Graham developed Graham Crackers as a diet to fight against masturbation and Kellogg developed cornflakes as a defense against male masturbation.¹⁶ Dr. Spratling, who constantly preached the effectiveness of circumcision, called masturbation a “habit fraught with dangers to its devotee” and called these devotees “unable mentally or morally to stand on an equality with his free fellow-man.”¹⁷ John Kellogg, founder of the Kellogg Company, “viewed [circumcision] as an effective cure for masturbation and the social ills [ethical depreciation and dishonor] said to accompany it”; he also created cornflakes as a way to combat masturbation.¹⁸ Both of these men saw masturbation as a social problem as well as a medical one, a thought that made its way into mainstream medical consciousness.

Not only was masturbation in essence a social crime, but people also believed it led to debilitating medical problems. The fact that physicians used this logic helps one understand how big of a role the Christian religion played in the minds of Americans. Things like depressant drugs, chastity cages, “genital infibulations” and “spiked collars to wrap around the head of the penis” were also used.¹⁹ By putting the struggle for circumcision as a routine practice into a social context, we are reminded of the social implications of such an act. Understanding male circumcision as “nearly always a strongly political act, enacted upon others by those in power, in the broader interests of a public good but with profound individual and social consequences,” clarifies why the medical world promoted the procedure of circumcision.²⁰

¹³Thomas Szasz, *The Medicalization of Everyday Life –Routine Neonatal Circumcision* (New York: Syracuse University Press, 2007), 84.

¹⁴Kristen Bell, “Genital Cutting and Western Discourses on Sexuality,” *Medical Anthropology Quarterly* 19 (2005): 131.

¹⁵Szasz, *The Medicalization of Everyday Life*, 83.

¹⁶Lauren Rosewarne, *Masturbation in Pop Culture: Screen, Society, Self* (London: Lexington Books, 2014), 89.

¹⁷Spratling, “Masturbation,” 442.

¹⁸Aggleton, “Just a Snip?,” 19.

¹⁹Darby, “The Masturbation Taboo,” 739-40.

²⁰Aggleton, “Just a Snip?,” 15.

Physicians also sought to convince themselves, the medical community, and the rest of society of the effectiveness of circumcision through both an appeal to authority and a reliance on their own anecdotal medical experiences. Hochlerner's medical accounts were included in the forty-sixth volume of the *Medical Record* in 1894. He used an appeal to larger medical authority by saying that prominent surgeons, such as himself, "never see any evil results from it [circumcision], and in many cases are sorry our patients have not been circumcised."²¹ He used his own experiences of curing a particular Arab man who regretted that his parents had not had him circumcised.²² Because medical professionals in the Victorian era believed medicine could be understood solely through personal medical experience, Hochlerner's accounts would have been seen as evidence in favor of circumcision. Dr. Rosenberry's writings were also published in the forty-sixth volume of the *Medical Record*. He recounted the way in which circumcising a young boy cured his incontinence.²³ He then makes it clear that he is "at a loss to explain the process but simply relate[s] it as fact."²⁴ By using his own experiences to explain the merits of circumcision, Rosenberry helps with our understanding of how medical professionals of the time made the case for routine neonatal circumcision. Because so many instances existed in which men of high medical authority cited their own positive experiences linking circumcision with the curing of multiple diseases, doctors dismissed those cases that went against this norm as random occurrences explainable through bad religious behavior on the part of the patient. By simply appealing to medical authority and citing their own experiences, medical professionals were able to uphold the effectiveness of circumcision.

The Victorian medical emphasis on cleanliness also played a large part in the rise of circumcision. With the emergence of the germ theory of medicine and Victorian notions of sanitation, experts overwhelmingly accepted that cleanliness achieved superior medical results. This emphasis on cleanliness spread from medicine to the individual as well. People washed their bodies more often, washed their hands before they ate, and cleaned themselves more prudently and regularly. The Victorian era "radically changed their [American] standards of personal cleanliness" and increasingly "identified personal cleanliness with good morals, sound health, and upright character."²⁵ Cleanliness "became an essential criterion of social respectability."²⁶

The societal perception of cleanliness explains the importance of sanitation to the medical community. Dixon suggests that "the enlightened nations of the earth, should surely adopt the ancient rite of circumcision... not only to prevent these minor evils [sexually transmitted diseases], but... by facilitating cleanliness, the existence of the diseases themselves."²⁷ For Dixon, the act of cleanliness directly correlated to the demise of prominent diseases; if one wants to eliminate the

²¹R. Hochlerner, "Circumcision- Do We Need Legislation for it?," *Medical Record* 46 (1894): 702.

²²Hochlerner, "Circumcision- Do We Need Legislation for it?," 702.

²³H.L. Rosenberry, "Incontinence of Urine and Faeces Cured by Circumcision," *Medical Record* 46 (1894): 173.

²⁴*Ibid.*

²⁵Gollaher, "From Ritual to Science," 11.

²⁶*Ibid.*, 12.

²⁷Dixon, *Women and Her Diseases*, 158.

disease, he only has to observe the act of cleanliness. In this era, as the “Victorian imagination conflated physical and moral sanitation even more overtly” than in previous generations, there was a “correlation made between male circumcision and hygiene.”²⁸ Once doctors made this connection, people easily adopted the foreign practice of circumcision to promote their own cleanliness. Furthermore, when one recognizes that the “belief in the health benefits of circumcision is really the belief that the portion of the penis cut off is by nature pathogenic,” the idea that male circumcision is genital mutilation dissolves.²⁹

While the medical world generally agreed on the benefits of circumcision, American physicians continued to debate whether or not circumcision was the best course of action. Educated medical professionals contributed to this debate within full view of the public. Because these professionals had a monopoly on medical information, these men ultimately decided how to portray circumcision to the public. One physician published in the 1894 volume of the *Medical Record* a very negative viewpoint on circumcision. He believed that circumcision was “a relic of barbarous and semi civilized times, before soap and water and sanitation had been practiced,” and not only that but also it was “unnecessary and irrational mutilation.”³⁰ Dixon, seemingly responding to critiques, notes that he published his book with the hope that it would educate a country “flooded by men totally destitute either by education or habits of philosophic thought... [and] prevent the folly of an attempt at self treatment [*sic*].”³¹ Dixon firmly believed that physicians were the ones with absolute medical knowledge and authority. However, because there was limited opposition to those “experts” presenting a generally unified view of circumcision, those who opposed circumcision were shut down by more well respected physicians.

Circumcision as a routine medical practice was a phenomenon unique to the Victorian America. A combination of religion, the medical monopoly on information, and the importance of cleanliness to medical professionals and individuals in American society created an environment in which circumcision continued to thrive. These ideals helped circumcision persist past the Victorian Era. Through the examination of how physicians dealt with the advertisement of circumcision as a non-invasive, natural procedure and how it was portrayed as an operation that would cure dangerous venereal diseases, the reason circumcision persisted in American society becomes clearer. American values and perceptions about health allowed for the growth and adoption of circumcision as routine.

²⁸Bell, “Genital Cutting,” 131.

²⁹Ibid.

³⁰“Circumcision,” *Medical Record* 46 (1894): 593-594.

³¹Dixon, *Women and Her Diseases*, x-xi.