

Circumcising cuts off the best part...

In their 1966 book "Human Sexual Response", William H. Masters, MD, and Virginia E. Johnson include one short paragraph in which they cursorily describe a study of comparative penile sensitivity, measuring mainly the glans, and concluding there was "No... difference".

But in the April 2007 issue of *BJU International*, a study was published that accomplished what Masters and Johnson purported to have done over 40 years ago. By looking at the ENTIRE penis, including the foreskin, Sorrells et al found that:

- Several places on the foreskin are considerably more sensitive than anywhere on the circumcised penis (points 3, 4, 13, 14 below)
- The glans is not the most sensitive part of the penis, but rather, among the least sensitive (points 8, 9, 10, 11)
- The most sensitive part of a circumcised penis is the foreskin's remnant and scar (point 19)

Fine-touch pressure thresholds in the adult penis, ML Sorrells, JL Snyder, MD Reiss, C Eden, MF Milos, N Wilcox, RS Van Howe, *BJU International* 99 (4), 864-869, April 2007

Fine-touch pressure thresholds in the adult penis

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Accepted for publication 22 October 2006

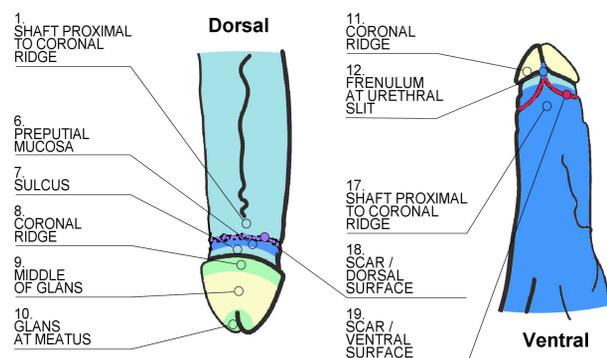
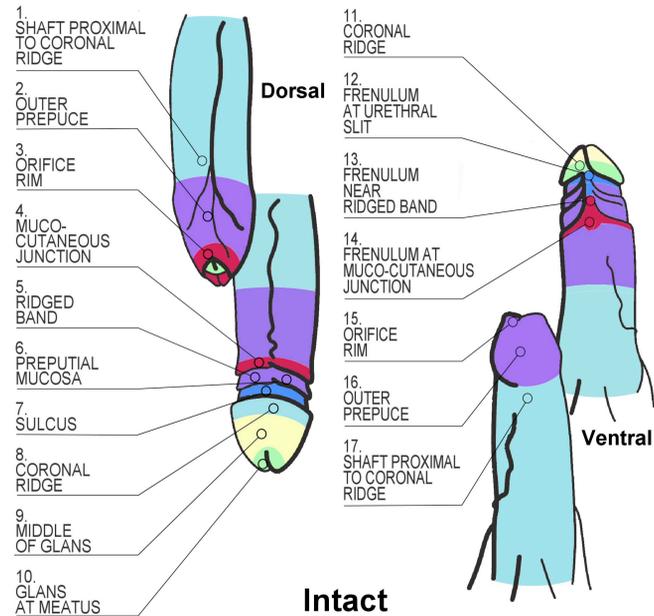
OBJECTIVE To map the fine-touch pressure thresholds of the adult penis in circumcised and uncircumcised men, and to compare the two populations.

SUBJECTS AND METHODS Adult male volunteers with no history of penile pathology or diabetes were evaluated with a Semmes-Weinstein monofilament touch-test to map the fine-touch pressure thresholds of the penis. Circumcised and uncircumcised men were compared using mixed models for repeated data, controlling for age, type of underwear worn, time since last ejaculation, ethnicity, country of birth, and level of education.

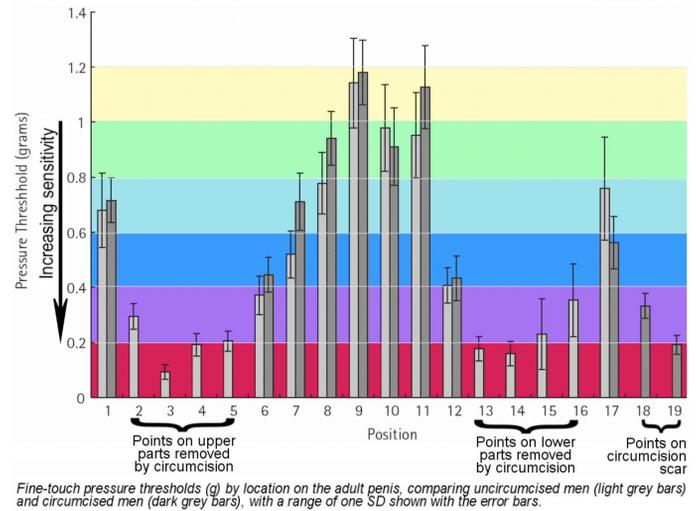
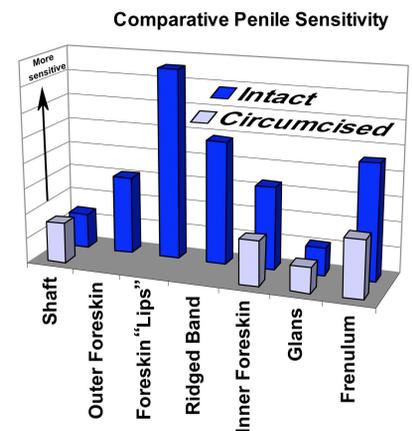
RESULTS The glans of the uncircumcised men had significantly lower mean (SEM) pressure thresholds than that of the circumcised men, at 0.161 (0.078) g ($P = 0.040$) when controlled for age, location of measurement, type of underwear worn, and ethnicity. There were significant differences in pressure thresholds by location on the penis ($P < 0.001$). The most sensitive location on the circumcised penis was the circumcision scar on the ventral surface. Five locations on the uncircumcised penis that are routinely removed at

CONCLUSIONS The glans of the circumcised penis is less sensitive to fine touch than the glans of the uncircumcised penis. The transitional region from the external to the internal prepuce is the most sensitive region of the uncircumcised penis and more sensitive than the most sensitive region of the circumcised penis. Circumcision ablates the most sensitive parts of the penis.

KEYWORDS circumcision, pressure sensitivity, penis



Sorrells et al tested 159 normal volunteers, 91 of whom were circumcised and 68 intact. Standardized neurological touch-sensitivity instruments (calibrated filaments) were used on 17 different points on the intact penises and 11 points on the circumcised penises.



...contrary to Masters & Johnson

“The phallic fallacy that the uncircumcised male can establish ejaculatory control more effectively than his circumcised counterpart was accepted almost universally as biologic fact by both circumcised and uncircumcised male study subjects. This concept was founded on the widespread misconception that the circumcised penile glans is more sensitive to the exteroceptive stimuli of coition or masturbation than is the glans protected by the residual foreskin. Therefore, the circumcised male has been presumed to have more difficulty with ejaculatory control and (as many study subjects believed) a greater tendency towards impotence.

A limited number of the male study-subject population was exposed to a brief clinical experiment designed to disprove the false premise of excessive sensitivity of the circumcised glans. The 35 uncircumcised males were matched at random with circumcised study subjects of similar ages. Routine neurologic testing for both exteroceptive and light tactile discrimination were conducted on the ventral and dorsal surfaces of the penile body, with particular attention directed toward the glans.

No clinically significant difference could be established between the circumcised and the uncircumcised glans during these examinations.”

—WH Masters and VE Johnson, *Human Sexual Response*, Little Brown, 1966, p. 189-190

This claim has been widely misunderstood and promulgated as “Circumcision makes no difference to sexual experience.”

Despite the fact that their tools, methods, and analysis were not disclosed, and that their study was never subjected to peer review, for 40 years this paragraph remained the accepted wisdom on the topic. For example, the American Academy of Pediatrics refer to it in their most recent policy statement on the appropriateness of routine infant circumcision (1999/2005): “There are anecdotal reports that penile sensation and sexual satisfaction are decreased for circumcised males. Masters and Johnson noted no difference in exteroceptive and light tactile discrimination on the ventral or dorsal surfaces of the glans penis between circumcised and uncircumcised men.” (www.aap.org/policy)

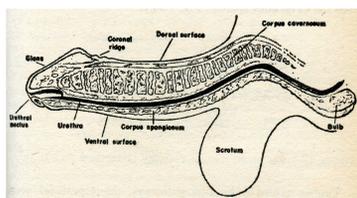


Fig. 12-1 The penis: “normal anatomy” (lateral view), p. 177 (No foreskin)

But what WERE those experiments?

We attempted to determine precisely what type of data Masters and Johnson’s conclusion might be based upon. We read carefully their publications and other relevant documents, and investigated the tools that were available that fit their loose description. We also interviewed William Masters just before his death in 2001, as well as his close associates. No one remembered this study!

We concluded it is extremely unlikely that Masters and Johnson used any tests that would have allowed them to discern a two-sided difference in sensitivity, as they claim. At best, Masters and Johnson found that circumcised penises are not more sensitive than intact penises – a one-sided result. In fact, all other relevant studies (histological, qualitative, etc.) suggest that circumcised penises are actually significantly less sensitive than normal intact penises, but this would not have shown up on the tests that were likely used. Thus, Masters and Johnson’s published conclusion of “no difference” is, at best, sloppy wording.

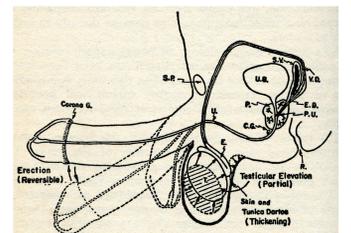


Fig. 12-4 Male pelvis: excitement phase, p. 182 (Foreskin as aftermath)

- Masters and Johnson paid no attention to the foreskin in their “brief clinical experiment.”
- Before their study, they were apparently unaware that a foreskin can retract.
- Their only interest in the foreskin during intercourse was whether it covers the glans.

In view of its historical significance, our finding that Masters and Johnson’s conclusion is not based on science has far-reaching implications for clinical sexology, pediatric practice, and the law.