their son should "resemble" the father or that locker-room repercussions will occur if the child is not circumcised). I make it clear that there is controversy among medical experts as to whether a medical indication for this procedure exists. I only offer the service of circumcision after explaining that I do not recommend that the procedure be performed. This discussion usually includes the fact that although approximately 85% of men in the United States are circumcised, about 85% of men worldwide are not. We also discuss that whether a child is circumcised is not the determining factor in how self-esteem develops, and that the cruel locker-room derision can occur because of height, weight, color, intelligence, and the like.

I work out of three hospitals in suburban Atlanta, where approximately 50 Ob-Gyns are on staff. To my knowledge, two other physicians use dorsal penile nerve block (DPNB) for routine newborn circumcision. I found it interesting in Dr Holton's study that no difference was seen in pain scores with or without the use of DPNB. My ability to place the block has become more effective with time and experience. Using 1 mL of lidocaine hydrochloride (Xylocaine) without epinephrine in a TB syringe with a 30-gauge needle, my initial success rate was 20%. This rate has increased to 90% (based on anecdotal observation) with experience. I have decreased the volume of local anesthetic required to approximately 0.50 mL. Although the infant usually has some discomfort with the injection, the nurses and I agree that it is minimal compared with circumcision. Some babies cry just from being held or strapped down, but this cry differs from that associated with the distress of surgery.

In retrospect, I probably started using DPNB more for myself than for the newborns. I never have liked doing circumcisions, and if the babies were more comfortable, I was less distressed. With time and experience, I have found that DPNB clearly prevents the surgical pain. About 1 in 10 newborns will have a small bruise develop at the injection site. This bruise can almost always be prevented by holding firm pressure on a gauze pad placed over the injection site.

Dr Holton summarizes: "If pain control is not considered for newborn calcaneal heal puncture, pain control should not be considered for newborn circumcision...." Of course, the opposite logic holds as well. If pain control is considered for newborn circumcision, should not pain control be considered for newborn calcaneal puncture? I agree with Dr Holton that "parents of newborns should be reassured that any pain the newborn may experience during circumcision (or other procedures) is short lived and will not significantly affect the newborn's well-being." I am not certain that this statement absolves our responsibility to relieve pain and suffering, bringing up the larger issue of whether circumcision should be offered routinely. I wonder if the osteopathic medical profession is not sometimes age-biased against pain relief for newborns just because they "don't remember it." Certainly, the risks of the relief must always be balanced with any benefits, as Dr Holton clearly states. These issues seem far from resolved in the medical community.

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Response

To the Editor:

I have been asking questions about circumcision for more than 20 years. The first one I asked as a medical student was, "Why am I doing this?" The answer was, "Because the mother wanted it done." No further explanations were forthcoming. I, too, have heard the reasons given to Dr Clofine by mothers who wanted their newborns circumcised, in addition to some other ideas, such as "It prevents cancer," and "You can't get into the Army if you aren't circumcised." The callousness with which circumcision was being performed was best stated by a pediatric resident who knew of my interest in circumcision when he asked, "Why so much heat over such a little piece of meat?" This query was probably the beginning of my motivation to learn and teach parents about circumcision.

It became clear that circumcision was being performed without concern for a medical indication, and even more importantly, without any effort to obtain any semblance of informed consent. I started my quest to understand circumcision. I gathered every article I could find on the topic and put together a letter titled, "Information for Newborn Circumcision," which I gave to parents. At that time, the circumcision rate at my residency training facility was 97%. Within 4 months, the rate had dropped to 76%, and within 2 months of discontinuing distribution of the letter, the rate had rebounded back to 97%. My letter became the basis of informed consent that I continued to give parents until informed consent became a matter of legal necessity with the passage of the Texas Medical Disclosure Panel of Informed Consent in 1988. Even then, it took nearly 5 more years before this information was officially made available for parents to sign before their newborns could be circumcised in the hospital.

My second question was, is circumcision a medical issue or a traditional surgery, based on lack of

information or at least misinformation. Two other residents became interested in the subject and continued the study that formed the basis for the 1987 *Pediatrics* article, "Declining frequency of circumcision: Implications for changes in the absolute incidence and male to female sex ratio of urinary tract infections in early infancy" (1987; 79:338-342), which first indicated a possible medical indication for newborn circumcision. As Dr Storms points out, the study may not have fully provided a medical indication for circumcision, but at least it was a *start* toward the answer.

Over the years, I have accumulated hundreds of articles, some informative and purposeful and some highly questionable in their conclusions and assumptions. All have made the literature review fun. Dr Storms refers to two articles that suggest circumcision pain may produce long-term effects. This reminds me of an article I read in a psychology journal stating a belief that one reason for the high incidence of homosexuality in our society was because of newborn circumcision. I certainly do not agree, but I appreciate others' ideas. If a procedure that lasts about 5 minutes can cause long-term effects, what long-term psychologic or behavioral problems are created from the pain babies experience from colic, which lasts for weeks? This point is brought into question by Dr Clofine's observation in the often stated, if not ill-considered response: "They don't remember it."

Many ways can be used to help control pain associated with any newborn procedure. These include eutectic mixture of local anesthetics (EMLA) cream as well as sugar water. I have seen the dorsal penile nerve block (DPNB), and based on my anecdotal observations in addition to data evaluated in my article, I do not think it answers the question of pain control with circumcision. I am sure Dr Clofine is a caring physician, and I believe his statement that he may perform DPNB as a means of relieving his own stress. I have queried many other physicians who use the block. Besides compassion, another reason for its use is that it makes the mother feel better to think that her baby will not experience pain while undergoing circumcision.

Dr Storms' statements on the ethical considerations for newborn circumcision are really interesting. I agree with everything she says on that subject. Implementation of such a policy will take a tremendous effort by the American Academy of Pediatrics, the American College of Osteopathic Pediatricians, the American College of Obstetrics and Gynecology, and the American College of Family Physicians, as well as other professional groups. The educational efforts that will be required to modify the thinking of the American public will be extraordinary.

I appreciate the willingness of the *JAOA* to publish my article. I especially appreciate the comments of Drs Clofine and Storms as well as those of others who wrote personal letters expressing agreement with the ideas presented in my article. I agree with Dr Clofine: If pain control is considered with circumcision, it should be considered for every procedure that produces pain in the newborn. If physical restraints cause newborns to cry, is that pain? It would be very difficult to perform newborn circumcision without restraints, but this goes back to Dr Storms' concerns regarding the ethics of circumcision. To say the issue of newborn circumcision remains unresolved is obvious, but true.

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DOs climb back on the research bandwagon

To the Editor:

"Now the 'osteopaths' want to climb on the bandwagon." So proclaims a recent publication of the Foundation for Chiropractic Education and Research (FCER). This FCER membership piece cites renewed commitment by the American Osteopathic Association (AOA) to fund research on low-back pain, chronic pain, asthma, and otitis media as examples of the osteopathic medical profession's increased interest.

The piece, "*Osteopaths have finally seen the light*," sets the concerned tone for the rest of what follows. The author, while preening himself with the comment, "imitation is the sincerest form of flattery," goes on to suggest that the whole field of manipulation represents a competitive market sector dominated by chiropractic. He presents a clear picture of osteopathic medicine representing a competitive threat in this marketplace.

His main point is that only through research can the chiropractic profession retain its control of the manipulation market. He then asks for financial support.

What does all this say about the current status of manipulative medicine (the current, but inadequate, descriptor for osteopathic principles and practice) in osteopathic medical practice? Perhaps our defensive biases prevent our seeing changes in the profession as being big or important ones. Perhaps, we should believe the chiropractic, and pat ourselves on our collective back for the changes they call "important," but that we see as minor.

Certainly, the AOA, through its publications and its sponsored research programs, has changed its direction toward more osteopathic medical areas of interest.