PEER-REVIEW BIAS REGARDING CIRCUMCISION IN AMERICAN MEDICAL PUBLISHING

Subverting the Dominant Paradigm

Robert S. Van Howe

*The theory determines what is observed.*
Albert Einstein

*[A] new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it.*
Max Planck

In 1962, with the publication of *The Structure of Scientific Revolutions*, Thomas S. Kuhn changed forever how we view progress in scientific fields and made “paradigm shift” a household term. Unlike Hegel’s construct, in which thesis and antithesis clash only to resolve in a new thesis, inadequate scientific paradigms are replaced by newer scientific paradigms that answer the questions and problems better than its predecessor. A paradigm not only provides the theory and foundation under which a science operates, but also determines the questions that need answering and the rules and structure governing the approach to this problem-solving. A paradigm reigns until anomalies for which the paradigm has no explanation accumulate and a new theoretical construct is needed to explain these previously unaccounted for findings. Until a new paradigm replaces the old, science is in a state of crisis. Scientists will align themselves with either one of the competing paradigms until the crisis resolves and a new paradigm determines how science should operate.

The practice of routine neonatal circumcision is currently in just such a crisis. The paradigm currently operating in the United States, which holds that neonatal circumcision offers a male a lifelong cavalcade of benefits with virtually no risks or disadvantages, is not consistent with scientific studies published, for the most part, outside the United States. This paper will explore neonatal circumcision as a paradigm in crisis in the United States generally, and how this affects the peer-review process in the United States specifically.

1. THE OLD PARADIGM

The medicalised practice of neonatal circumcision evolved before the development of the current scientific paradigms that govern the practice of modern medicine. In the late nineteenth century, before development of the Germ Theory, the Degenerative Theory of Disease held that the human body was allotted a finite amount of vital energy. Depletion of energy led to degeneration, which led to disease. This theory led in turn to the Reflex Neurosis Theory of Disease, in which it was thought that the sexual organs and their erotic sensations were the cause of all human diseases. Masturbation was deemed the most dangerous of all sexual activity and the cause of a long list of illnesses. To thwart this spectre, circumcision was introduced into the US medical practice as both a cure and a preventive measure for masturbation.5

As the paradigm for the causes of illness changed, these shifts had to be accommodated in the justifications given to perpetuate neonatal circumcision. The first of these was to call attention to the alleged physical and moral sanitising properties of neonatal circumcision. As the twentieth century progressed, the long succession of medical justifications for circumcision has continuously changed in response to popular anxieties. When cancer was a major public concern, neonatal circumcision was promoted as preventing cancer of the penis, the prostate, the uterine cervix, and the tongue.6 When sexually transmitted diseases were a public concern, neonatal circumcision was promoted under the belief that it could prevent them.7-8 Now that HIV is a source of popular concern, circumcision is being promoted as a preventive for HIV-infection.9 These justifications have individually been shown to be non-existent or inconsequential.

2. THE EFFECT OF THE PARADIGM ON EDUCATION

Kuhn correctly notes that the easiest method for determining the operating paradigm is to look at the textbooks used to teach scientists at their earliest levels of training. The anatomy and histology texts that US medical students use rarely acknowledge the existence of the foreskin as a part of male genital anatomy. For example, the histology text that I used in medical school only has this brief entry regarding the prepuce:

A circular fold of skin extends forward to cover the glans; this is called the prepuce. It is usually sufficiently elastic to permit its being retracted. However, in some instances it is not, and it may fit too tightly over the glans; this condition is called phimosis. Modified sebaceous glands are present on the inner surface of the fold; the secretion from these, in a prepuce that cannot be retracted, may accumulate and become an irritant. The common operation by which the prepuce is removed is called circumcision.10

_Nelson Textbook of Pediatrics_ states:

The prepuce of the newborn infant is normally so tight and adherent that no information can be obtained as to later need for circumcision.11

A commonly used surgery textbook states only:

In many newborn males, the prepuce cannot be retracted satisfactorily; infection and inflammatory reaction result; and edema, fibrosis, and scarring cause constriction of the foreskin, or