

Medical Officer of the Initiation Society

Dr Joseph Spitzer is the Medical Officer of the Initiation Society. He qualified in medicine from the University of London in 1981 and works as a General Medical Practitioner in the National Health Service in London. For the last 25 years he has performed circumcisions and has thus developed considerable interest and skill in this area. He has extensive experience in neo-natal infant circumcision in particular as well as in circumcision of children and adults of all ages. He is regarded as one of the leading practitioners of Jewish religious circumcision in the UK. Since 1981 he has been a member of the Initiation Society. He has been a member of the Initiation Society's medical board for 15 years. In 2003, he was appointed Medical Officer to the Initiation Society with responsibility for training and maintenance of professional standards.

In 1996 Dr Spitzer published a manual called 'The Surgery of Bris Milah' (Milah is the Hebrew term for Jewish religious circumcision). This manual outlines the surgical techniques used by Initiation Society members for neo-natal circumcision. It includes details of the surgical techniques and standards of practice expected. It also contains a section summarising the Jewish religious laws appertaining to religious circumcision. Currently Dr Spitzer is drafting a revision and further code of practice for members of the Initiation Society.

Jewish Circumcision Practice in the UK

Introduction

The performance of circumcision is one of the most basic fundamental tenets of Judaism. It is practiced almost universally amongst Jews worldwide, no matter what their level of religious commitment.

Circumcision has been performed on Jewish males continuously from the days of Abraham, some three and a half thousand years ago, when according to the Pentateuch God commanded Abraham that he and his male descendents should be circumcised. This is also the basis for the Islamic practice of male circumcision, in that Ishmael, the direct forebear of Islam, was a son of Abraham, as was his brother Isaac, the forebear of the Jews. Thus circumcision is a biblical commandment incumbent that is on all Jewish males, and has been practiced uninterruptedly by Jews since biblical times. In modern times circumcision has also been practised all over the world in other communities. Recent estimates in the United States, for example, are that some 75 per cent of all males in the population are circumcised.

The biblical commandment specifies that circumcision must be performed on the eighth day after birth. However, Jewish law makes it clear: if there is any question whatsoever as to the child's state of health then circumcision must be delayed until the child is well. This interpretation of ill health is applied rigorously, perhaps in a more stringent manner than by many medical practitioners. If the person who performs circumcision (known as a "*mohel*", with plural "*mohelim*") has any doubt about the child's fitness for the procedure, he might well delay, even where a medical practitioner might advise that circumcision could go ahead. A common example of this is neonatal physiological jaundice. Jewish law forbids circumcision in the presence of any visible jaundice whereas most medical practitioners would not consider mild to moderate jaundice a contra-indication to circumcision.

Rabbi Simon has been trained to recognise illness in an infant, how to examine a child prior to circumcision - looking for the symptoms of any potential problems, and how to take a medical history - asking pertinent questions as to the child's state of health. If he had had any doubts he would not have hesitated to postpone the procedure to a later date, even at short notice as he has done many times before. The Medical Officer and members of the Medical Board are available to answer enquiries from all of their mohelim including Rabbi Simon, at any time, should they require advice from a doctor. The health of the child is paramount and even the slightest degree of doubt as to his fitness for the procedure necessitates deferral.

Initiation Society

The Initiation Society was founded in 1745 and is probably the oldest extant Jewish religious body which serves all parts of the Jewish community in the UK. The object of

the Society “*is the advancement of the Jewish religion by facilitating the initiation of male Jewish children into the Covenant of Abraham*”.

The Initiation Society trains and oversees the practice of “*Milah*” (traditional circumcision of Jewish males) in the UK and registers mohelim. It is a fully constituted body and is run in accordance with “The Laws of the Initiation Society” (5th Edition 1998). The current president is retired Judge HH Leonard Gerber. There is an executive committee, a general committee, a registration board and a medical board.

In order to become a member of the Society, Rabbi Simon would have followed the standard Initiation Society procedures. He was proposed by two character referees. He was interviewed by the medical officer to ensure that he was suitable and of the right temperament to be trained to become a mohel. Then he was required to be interviewed by a member of the Court of the Chief Rabbi (Beth Din) to assess his suitability from the religious point of view.

Next he was required to undergo a period of training, which is essentially by apprenticeship. He asked permission of registered and trained mohelim to shadow them and attend circumcisions. As he gained experience and confidence he became able to assist and do more and more of the procedure himself, under close supervision. He was required to attend to the baby and parents on pre-visits as well as on inspections and follow up visits for aftercare together with the mohel. He would have been required to keep a logbook of his training experience.

When a trainee (such as Rabbi Simon) and his trainers felt that he was competent, he would have had a practical examination (which is usually carried out by the Medical Officer of the Society together with a colleague) during which he was required to perform a full circumcision and provide aftercare instructions. As he was deemed competent he passed [If not he would have been advised to continue training as necessary before representing himself for re-examination. On rare occasions, trainees have been informed that they should stop training as they are unsuitable to be a mohel.]

Having satisfied these examiners, he again presented himself to the Beth Din for a further examination in those aspects of Jewish Law appertaining to religious circumcision. Only then was a practicing certificate issued, and he was listed on the Initiation Society register.

All mohelim registered with the Initiation Society are insured for the procedure. Many medical mohelim are insured through their professional bodies, and lay members, including Rabbi Simon, are insured through the block policy organised by the Initiation Society. This policy gives almost worldwide cover, with a few exceptions.

Rabbi Simon is required to keep records and file annual returns. His registration is renewed annually. All Mohelim in the UK receive an annual registration certificate, signed by the President and Medical Officer of the Society as well as the Chief Rabbi. Currently there are some 50 registered mohelim, of whom approximately a quarter are medically qualified.

Each summer there is a full day of training organised by the medical officer to provide continuing professional education. A condition of registration is that all mohelim must attend any three of these meetings in a five year period. The Society also provides regular training in basic resuscitation and life support skills.

The medical board and registration board ensure that standards are maintained. Complaints are referred to the relevant officer or board and hearings are held when required. Members have in the past been asked to re-train, practice under supervision or (in rare cases) registration has been cancelled and practicing certificates withdrawn.

Many mohelim provide their services in an honorary capacity. According to the laws of the Society the performance of Milah must not be contingent on the payment of a fee. Indeed the provision of a free service was one of the founding principles of the Society. Where an honorarium is offered, mohelim are free to accept what is offered by way of gratuity. Very often they will donate this to a charity of their choice.

The Society is a highly respected organisation both in the UK and worldwide and our registered mohelim are respected for their skills wherever they practice. Many mohelim perform circumcisions for groups other than Jews, circumcising Moslems or Christians who often seek a mohel's services. Muslim doctors in the UK have requested help with establishing a similar organisation. The Prince of Wales, HRH Prince Charles was circumcised as an infant by one of the Society's most distinguished members, now deceased.

Jewish religious circumcision is the only surgical operation performed frequently in public. Thus the skills of a mohel are open to public scrutiny in a different way to other procedures.

Anaesthesia

Jewish Law does not preclude the use of anaesthesia. It is, of course, essential in older children and adults. It is, however, generally seen as being unnecessary in neonatal circumcision when carried out on babies of a week or so of age.

There are several reasons for this view. The actual circumcision itself, when carried out in the traditional Jewish way, is such a swift procedure, performed with such a sharp blade that the actual pain felt is believed to be minimal. Very young babies cry whenever their nappies are opened and when held firmly in position when being prepared for the circumcision. Frequently parents and other observers comment that in a circumcision conducted in the traditional way the quality of the baby's cry does not change at all at the moment of circumcision. It is not infrequent that a baby does not cry at all during his circumcision; many seem oblivious to the procedure.

Topical anaesthesia, where anaesthetising creams are applied to the skin produces only a numbing of the surface of the skin.

Injectable local anaesthetic (lidocaine) when used for circumcision is injected either as a dorsal penile block or more commonly as a ring block around the base of the penis. The former involves a minimal of two injections just above the pubic bone and the second, two to four injections circumferentially around the base of the penis. The injection itself is painful, involves the use of potentially noxious drugs, and can cause distortion in the operative area. Its use lengthens the procedure by several minutes, whereas as stated previously, the actual circumcision cut takes a fraction of a second – considerably less time than that taken to insert a local anaesthetic. Thus insertion of the anaesthetic injection can cause more stress than does a circumcision performed in the traditional way.

No long term adverse psychological sequelae resulting from neonatal circumcision performed in the traditional way have been documented.

Complication rates of circumcision performed by members of the Initiation Society

There are few studies of the complication rates from neo-natal circumcision as performed in the traditional Jewish way on babies of eight days. Almost all the published studies on the complications of circumcision are based on older children circumcised using different methods and in totally different populations and environments (such as amongst Muslim immigrants).

The Initiation Society performed its own (unpublished) study under the direction of Dr Laurence Lovat in 2004. The findings showed that the complication rate was very low (less than 1%). The most frequent problems encountered related to haemorrhage (which resolved) and poor communications with parents.

Surgical technique and basic standards of care

The surgical method in which Jewish religious circumcision is performed is given in considerable detail in the book “The Surgery of Bris Milah” (Spitzer, 1996). This book details the standards of care which are expected to be provided by all mohelim, medical or lay.

Prior to the circumcision parents are given information similar to “Guidance notes for parents”, outlining the procedure to be performed. They are asked to give their consent to the procedure.

The knife and all the instruments used during the circumcision are fully sterilised. The instruments used must be either disposable sterile surgical instruments designed for single use or are instruments which are designed to be re-sterilised in an autoclave before reuse.

The mohel ensures that the penis and the area around the penis is washed and cleaned thoroughly with a surgical antiseptic solution.

The circumcision cut is made with a sterile knife or with a disposable sterile scalpel blade.

In the method of circumcision used by mohelim the cut is made after the foreskin has been separated and pulled clear of the glans and a safety shield applied above the level of the glans. The incision is made above the top of the safety shield. This ensures that no damage can be done to the glans.

Following the circumcision a firm bandage is applied to the wound. This is applied around the shaft of the penis leaving the glans and urethral opening exposed so that the baby can pass urine comfortably. The bandage must be firm enough to stop haemorrhage and yet loose enough to ensure the baby can pass urine.

The procedure takes very few minutes, most of which time is taken up with washing and preparing the operative site and the application of dressings to the wound. The actual incision takes a fraction of a second.

Immediately following circumcision the baby is checked at frequent intervals for approximately an hour to ensure that there is no haemorrhage. All Mohelim including Rabbi Simon are trained that they should only leave the premises when satisfied that everything is in order.

Following circumcision, parents are given an instruction sheet with details as to how to handle the baby in the days immediately after the circumcision. The mohel then closely follows the progress of the child and stays in contact with the parents. Wherever possible the baby should be seen on the day following the circumcision for the removal of the bandage and inspection of the wound. This visit is sometimes not feasible in remote locations, but the mohel always has to make sure that the parents are provided with full aftercare instructions.

In the UK, mohelim see babies approximately 10-14 days after the circumcision to ensure satisfactory healing. Routine circumcision demands comprehensive follow-up which includes the practitioner (or suitable substitute) seeing the baby the day following the surgery and at least once thereafter.

It is essential that parents are given details as to how to contact the circumcision practitioner (or suitable substitute) at any time during the days following the procedure.

This method of circumcision, is fast, produces good aesthetic results, does not involve stitching and heals rapidly. Most infants are fully healed within some seven to ten days, many healing even faster than that.

Benefits of Circumcision

Circumcision is a commonly and widely performed procedure. It is practised worldwide and is done for many reasons in different cultures and religious groups.

There are many arguments presented in favour of circumcision based on hygiene, aesthetics and disease prevention. Apart from the obvious benefit of improved penile hygiene there are other perceived benefits of circumcision. These include protection from infections of the foreskin, and inflammatory dermatoses, including phimosis, paraphimosis, balanitis xerotica obliterans (BXO) and balanoprostitis. Circumcised boys have fewer urinary tract infections in childhood.

Circumcision also provides some protection against sexually transmitted infections including chlamydia. Circumcision has been shown to protect against the spread of HIV/AIDS and its practice has been advocated in an attempt to reduce the spread of that disease. Penile cancer rates are lower in circumcised men and cervical cancer rates are lower in the partners of circumcised men. The rates of cervical cancer are lower amongst Jewish women than amongst controls.

Conclusion

Circumcision is a basic fundamental tenet of Judaism. Jews perform circumcision based upon a biblical commandment dating from the time when, according to the Old Testament, some three and a half thousand years ago, God commanded Abraham to circumcise himself and told him that henceforth all his male descendents should be circumcised. The instruction was repeated thereafter to Moses and is in the Pentateuch. Jews have been performing circumcision continuously ever since. Thus circumcision is an immutable biblical commandment, is incumbent on all Jewish males, and has been practiced uninterruptedly by all Jews since biblical times. In the UK, the Initiation Society maintains high standards of control and regulation of mohelim.

Dr Joseph Spitzer MB BS FRCGP DCCH DRCOG

Medical Officer – Initiation Society

**General medical practitioner, The Surgery, 62 Cranwich Road, London N16 5JF
Honorary Senior Clinical Lecturer, Barts and the London School of Medicine and
Dentistry, Queen Mary College, University of London**