SOME COMMENTS ON MALE CIRCUMCISION

To the Editor:

Your recent articles on circumcision [1-4] are important in these days of widespread opinions regarding the obligation of adults to perform *Brit Milah* without obtaining permission from their infants, a practice regarded by some as no less than mutilation. The authors, however, make no mention of the objectionable practice of "*Metzitza B'Peh*" – the sucking of blood by the *mohel* from the bleeding wound.

In the 19th century in Vienna this was condemned by the rabbis after an epidemic of transmitted syphilis. Some 50 years ago the Initiation Society (a British Jewish organization founded over 250 years ago to ensure the highest medical and religious standards for circumcision) recommended the use of a pipette. More recently, cases of herpes and even AIDS have been attributed to *Metzitza B'Peh*. This nefarious custom should now be globally condemned and relegated to oblivion.

R.J. Vecht MB FRCP FACC FESC
Consultant Cardiologist, Wellington Hospital, London
[rjvecht@hotmail.com]

References

1. Naimer S. Unnecessary full-thickness skin grafting for routine circumcision: when ignorance is far from bliss. *IMAJ* 2013; 15 (1): 51-2.
2. Tobian AA, Kacker S. Male circumcision: integrating tradition and medical evidence [Editorial]. *IMAJ* 2013; 15 (1): 37-8.
3. Zivotofsky AZ, Jotkowitz A. In defense of circumcision [Editorial]. *IMAJ* 2013; 15 (1): 39-42.
4. Kacker S, Tobian AA. Male circumcision: integrating tradition and medical evidence. *IMAJ* 2013; 15 (1): 37-8.

To the Editor:

I am assuming that the issue of *Metzitza B'Peh* (MBP) was not mentioned because of the controversy it raises. "Objectionable practice" and "nefarious custom" are terms categorically unsuitable to describe a common practice that has held for centuries with little objection. Condemning this traditionally widespread practice in this fashion appears more like shooting an arrow and then marking the bull's eye around it after hitting the target. The two major articles that investigated this problem, by Gesundheit et al. [1,2] and Blank et al. [3], will be discussed. Neonatal herpes is transmitted in 85% of cases through the birth canal, 5% are congenital and 10% are contracted after birth [4]. All in all, the danger of such an infection in the general population is supposedly 7.1:100,000 less than the risk of an accident after jumping into a car for a casual drive [5].

Medical evidence is poor regarding the contraction of herpes from the *mohel*. In one publication involving cases from Israel and one from Canada, circumstantial evidence alone was the premise for implicating the guilty *mohel*, while sloppy epidemiological investigation was the basis for this conviction [1,2]. Serious investigation should have included examination of all possible contacts including nursing staff in the nursery and all hands-on family members for titers and search of herpetic whitlow. In four of their eight cases no antibody titer from the *mohel* was measured at all! In no instance was at least polymerase chain reaction or compatibility subtyping of the culprit virion sought. This past year a case series by Blank et al. covered 11 cases of herpetic infection after Jewish ritual circumcision in New York in the course of 11 years [3]. In five cases the parents refused to confirm that orogenital contact actually occurred; however, the authors assumed this was so. There is evidence of serological carriage of herpes in two mothers and one *mohel*, with no other data from the remaining cases. According to the number of ultra-Orthodox children estimated in kindergarten in 2010, the authors calculated the risk of neonatal herpes to be 3.4 times that of those exposed to MBP compared to those who were not. The major flaw here was a false assumption that among the Yeshiva students' offspring and the mainstream Orthodox community this custom is practiced in 58% as quoted and not in 84%, a figure more closely reflecting the true proportion of practice among religious infants as recommended by the communities' spiritual leaders. If this is so, in fact, instead of an increased risk, those subject to this custom run a risk of 0.46 alone, which can well be the envy of females or the uncircumcised more susceptible to neonatal herpes. Evidence of AIDS transmission by this mode is even weaker.

Therefore, what is assumed to be compelling evidence is instead hardly persuasive. I belong to a conservative school of thought holding that until proven otherwise we should respect and conserve tradition so long as it stands the test of time. I do advocate that for families not adherent to complete loyalty to their spouse as their sole sexual partner, to forego this custom, in order to protect the *mohel*, We have experienced that in such cases it would be of mutual interest to utilize a hollow glass bulb or plastic cylinder for the purpose of achieving the desired vacuum over the wound before applying the dressing. In this manner we can preserve our custom and satisfy precautionary steps at the same time.

Careful scrutiny is prudent to alert us of possible dangers, and as clinicians we must recommend exercising flexibility in order to ward off any danger where necessary. However, until a new solid body of evidence accumulates, I suggest letting sleeping dogs lie (of course unless the *mohel* is aware of carrying a contagious condition). A "Halakhic-Medical Position Paper on Metzitzah B'Peh in traditional Jewish ritual circumcision" was issued this past year by the Rabbinate Bureau Committee for Supervision of *mohelim* in Israel. It cautiously recommends:

"In appropriate circumstances the *mohel* should offer the parents the choice between MBP and suction by tube (pipette), and if the family prefers MBP the *mohel* should inform the family of the small risk of infection, including neonatal herpes, and obtain their informed consent."

This fair statement should satisfy members of all schools of thought.

The more worrisome purpose of my publication, unfortunately, went completely unaddressed by the editorials and

correspondence. The main issue is that we should not be tolerant of specialists who perform procedures they were not trained to do. How can one attempt to intervene in complications of circumcision without having witnessed a routine case! Physicians must accept that despite wide exposure and professional education in many different fields, there are practices where they are less experienced and will consequently perform less well in comparison to those who are wholeheartedly dedicated to this procedure. We must take initiatives to safeguard ourselves and our patients from such incidents.

S. Naimer MD
Elon More Family Health Center, Dept. of Family Medicine, Siaal Family Medicine and Primary Care Research Center and Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer Sheva, Israel [sodyna@clalit.org.il]

References

1. Gesundheit B, Grisaru-Soen G, Greenberg D, et al. Neonatal genital herpes simplex virus type 1 infection after Jewish ritual circumcision: modern medicine and religious tradition. *Pediatrics* 2004; 114 (2): e259-63.
2. Gesundheit B, Greenberg D, Walfish S, et al. Infectious complications with herpes virus after ritual Jewish circumcision: a historical and cultural analysis. *Harefuah* 2005; 144: 126-32 (Hebrew).
3. Blank S, Myers JE, Pathela P, et al. Neonatal herpes simplex virus infection following Jewish ritual circumcisions that included direct orogenital suction, New York City, 2000-2011. *MMWR* 2012; 61 (22): 405-9.
4. Brown ZA, Wald A, Morrow RA, Selke S, Zeh J, Corey L. Effect of serologic status and cesarean delivery on transmission rates of herpes simplex virus from mother to infant. *JAMA* 2003; 289: 203-9.
5. New York State Department of Health (Revised 06/2006): Circumcision Protocol Regarding the Prevention of Neonatal Herpes Transmission, section I(4), In: Halperin M, et al, eds. *Jewish Medical Ethics*, Vol. VIII, No. 1, December 2011, pp. 36-9.

To the Editor:

We understand the viewpoint of the author and are pleased to respond. Although we do not explicitly discuss the practice of "*Metzitzah B'Peh*," we agree that it may not be medically beneficial and may place infants at undue risk. In our editorial, we note, "...although adverse events were rare overall, complications were significantly more likely when procedures were performed by *mohelim* as ritual ceremonies than when they were performed as medical procedures." More broadly, we consider male circumcision to be a medical procedure and encourage programs to facilitate the medical training of *mohelim* in Israel.

A. Tobian MD and S. Kacker
Dept. of Pathology, School of Medicine, Johns Hopkins University of Baltimore, MD, USA [atobian1@jhmi.edu]

THE ABSURDITY OF THE SITUATION IN THE MIDDLE EAST – A LESSON FOR THE *LANCET*

Man–y of us – doctors, health care workers and medical students – were shocked by the striking anti-Israeli stance that the much-respected *Lancet* has adopted in recent years, as described in the editorial [1] by Israeli and Schoenfeld in the May (2013) *IMAJ* issue. We medical students at Bar Ilan University who perform our rotations in the northern Israel medical centers – Western Galilee in Nahariya and Ziv in Safed – were particularly shocked. This is because after reading about the "widespread, systematic and institutionalized" ill treatment Palestinian children are subject to, once in Israeli hands, or accusations of "doctors taking part in alleged torturing," we returned to our teaching hospitals, where we currently treat Syrians injured in the ongoing civil war, many of them seriously, requiring extensive surgery and intensive care. So, although an even easier task would be to describe the hundreds of Palestinians from the West Bank and the Gaza Strip that we see receiving high quality medical care daily, equal to Israeli citizens, we would like to focus on the Syrian issue.

Syria is one of Israel's most bitter enemies that openly calls for its destruction. After three all-out wars and countless clashes, a situation of cease-fire exists between the two countries since the 1973 Yom Kippur War. Syria, alongside its strongest ally, Iran, is the patron of the Lebanese Shi'ite military organization *Hezbollah* that has been engaged for years in armed conflict against Israel. Since March 2011 the Syrian republic has submerged into political violence that has escalated to full civil war, causing over 92,901 deaths as of April 2013 according to the UN OHCHR report [2] and over 1,458,000 refugees, according to the UNHCR [3]. Until now, as many as 100 Syrians (men, women and children) have been brought into Israel, where they received extensive care during long hospitalizations. According to Dr. Calin Shapira, deputy head of the Ziv Medical Center in Safed, 26 Syrian combatants (rebels as well as government forces) were hospitalized in the center's surgical and orthopedics departments, as well as the ICU. The patients presented with multiple gun wounds, fragment wounds as a result of mines, mortar shells and even suspected cluster bombs. Some of the patients arrived after receiving primary initial medical care, mostly unsuccessful, in Syria, one of them even carrying a note from Syrian doctors to their Israeli counterparts [4] – solid proof that the Israeli medical efforts are known at least to some of the Syrians. Most of the patients arrive straight from the battlefield, gear on, and in one case armed with live grenades that necessitated the evacuation of the emergency room [5] and calling in of the bomb squad.

Many of the patients with multiple injuries underwent complex and costly procedures, such as extensive bowel surgery, bone reconstruction, skin grafting and massive transfusions. The bill, amounting to hundreds of thousands of dollars, was sent to the Israel Ministry of Defense. The mean length of hospitalization was 10.9 days, according to Dr. Shapira. Eleven more Syrian combatants were transferred to the Western Galilee Medical Center in Nahariya, where they were admitted to various departments, including Surgery, Orthopedics, ENT, the ICU (including a 12 year old child) and Neurosurgery. Many of these cases were especially severe, with multiple organ damage, burns covering over 65% of the patient's body and several cases of

head trauma that required complex neurosurgical intervention, craniotomies for ICP monitoring and decompression as well as the use of VP shunts. According to surgery chief Prof. Arie Eitan, in these cases too, the hospitalization periods were long due to the nature of the injuries and the extensive and often repeated surgery required. Hospital officials put the cost of these treatments at hundreds of thousands of dollars. Wounded Syrians were received in other Israeli hospitals as well. An absurd situation indeed: a country treating wounded combatants of two forces, both sworn enemies of this country, injured in a war that it is not part of. All this far from the eyes of the world. So it is hard for anyone, especially for us medical students, to ignore the obvious question: why does the distinguished medical journal, the *Lancet*, from which we acquire so much medical information, choose to focus on conspiracy-type unfounded tabloid material of no understandable medical significance, instead of on the remarkable border-crossing medicine in time of war that is humanitarian, interesting and professionally relevant for its vast readership.

T. Konikoff and A. Eshkol
Western Galilee Medical Center, Nahariya and Ziv Medical Center, Safed, affiliated with Bar Ilan School of Medicine, Safed, Israel
[tkonikoff@gmail.com]

References

1. Israeli E, Shoenfeld Y. The Lancet against Israel. *IMAJ* 2013; 15: 203-4.
2. http://www.ohchr.org/Documents/Countries/SY/HRDAG-Updated-SY-report.pdf
3. https://data.unhcr.org/syrianrefugees/regional.php
4. http://www.timesofisrael.com/doctors-note-attached-to-wounded-syrian-treated-in-safed/
5. http://www.latimes.com/news/world/worldnow/la-fg-wn-syria-violence-golan-heights-20130606,0,2091238.story

To the Editor:

We read your focus article "*The Lancet* against Israel" [1] with great interest, and unreservedly share your concerns regarding the *Lancet*'s propensity for anti-Israel bias. The focus article co-authored by Israeli and Shoenfeld contains a discussion of ethical dilemmas and the Hippocratic Oath in times of war. The article entitled "Medical care for terrorists – to treat or not to treat?" [2] adds much to the conversation. Beyond the need to treat a country's soldiers, the physician's obligation and professional challenge to provide comprehensive medical treatment in accordance with the ethical principles of the Hippocratic Oath to a patient with a known terrorist background or known involvement with terrorist activities raises a plethora of questions.

The cases discussed in the article present important bioethical problems that have not previously been addressed in the literature and for which there are no globally accepted solutions. With the increasing proliferation of violence and terrorism in the global arena, including most recently at the Boston marathon, there is a need for clarification of the role of the physician in the context of worldwide terror. It is also imperative to create internationally accepted legal and bioethical criteria and guidelines regarding questions of human rights and medical care for terrorists.

A.I. Rivkind MD FACS and S. Coleman MD
Dept. of General Surgery & Shock Trauma Unit, Hadassah Medical Center, Jerusalem, Israel,
[avir@hadassah.org.il]

References

6. Israeli E, Shoenfeld Y. *The Lancet* against Israel. *IMAJ* 2013; 15: 203-4.
7. Gesundheit B, Ash N, Blazer S, Rivkind AI. Medical care for terrorists? To treat or not to treat? *Am J Bioethics* 2013; 9 (10): 40-2.

Capsule

HIV1 causes CD4 cell death through DNA-dependent protein kinase during viral integration

Human immunodeficiency virus-1 (HIV1) has infected more than 60 million people and caused nearly 30 million deaths worldwide, ultimately the consequence of cytolytic infection of CD4+ T cells. In humans and in macaque models, most of these cells contain viral DNA and are rapidly eliminated at the peak of viremia, yet the mechanism by which HIV1 induces helper T cell death has not been defined. Cooper et al. show that virus-induced cell killing is triggered by viral integration. Infection by wild-type HIV1, but not an integrase-deficient mutant, induced the death of activated primary CD4 lymphocytes. Similarly, raltegravir, a pharmacologic integrase inhibitor, abolished HIV1-induced cell killing both in cell culture and in CD4+ T cells from acutely infected subjects. The mechanism of killing during viral integration involved the activation of DNA-dependent protein kinase (DNA-PK), a central integrator of the DNA damage response, which caused phosphorylation of p53 and histone H2AX. Pharmacological inhibition of DNA-PK abolished cell death during HIV1 infection in vitro, suggesting that processes which reduce DNA-PK activation in CD4 cells could facilitate the formation of latently infected cells that give rise to reservoirs in vivo. The authors propose that activation of DNA-PK during viral integration has a central role in CD4+ T cell depletion, raising the possibility that integrase inhibitors and interventions directed towards DNA-PK may improve T cell survival and immune function in infected individuals.

Nature 2013; 498: 376

Eitan Israeli

"Anyone who has ever struggled with poverty knows how extremely expensive it is to be poor"

James Baldwin (1924-1987), American novelist, essayist, playwright, poet and social critic, whose essays, such as the collection *Notes of a Native Son*, explore palpable yet unspoken intricacies of racial, sexual, and class distinctions in western societies, particularly in mid-20th century America