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SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN FRANCISCO

(UNLIMITED JURISDICTION)

DOUGLAS O'CONNOR, an individual

Plaintiff,

vs.

KAISER FOUNDATION HOSPITALS, a California corporation; and DOES 1 through DOES 100, inclusive,

Case No. CGC-22-602804

SECOND AMENDED COMPLAINT FOR DAMAGES FOR:

1. SEXUAL BATTERY [CAL CIVIL CODE 1708.5];
2. ILLEGAL TISSUE PROCUREMENT [CAL PENAL CODE 367f (c) (1)];
3. UNDERAGE TISSUE PROCUREMENT [CAL Health & Safety Code 7150.15];
4. ILLEGAL TISSUE TRAFFICKING [CAL Health & Safety Code 7151.35 (a)];
5. WRONGFUL TISSUE ALLOCATION [CAL Health & Safety Code 7158.3 (b)(1)(2)(A)(B)(C)(4)];
6. ALTRUISTIC LIVING DONOR REGISTRY ACT [CAL Health & Safety Code 7152.2 (e)]
7. INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS;
8. NEGLIGENCE;
9. NEGLIGENT SUPERVISION, MONITORING, TRAINING AND RETENTION;
10. BREACH OF FIDUCIARY DUTY;
11. CONSTRUCTIVE FRAUD;
12. CIVIL CONSPIRACY TO COMMIT FRAUD;
13. LOSS OF CONSORTIUM;
DEMAND FOR JURY TRIAL

All allegations in this complaint are based upon information and belief except for those allegations that pertain to Plaintiff named herein. Each allegation in this Complaint either has evidentiary support or is likely to have evidentiary support after a reasonable opportunity for further investigation and discovery.

JURISDICTION AND VENUE

1. This is a claim allowed by the **California Child Victims Act** *(Assembly Bill 218)* because Plaintiff alleges damages resulting from childhood sexual assault pursuant to CALIFORNIA CODE OF CIVIL PROCEDURE 340.1 (q).

2. This Court has jurisdiction over this action pursuant to CALIFORNIA CODE OF CIVIL PROCEDURE 410.10.

3. Venue is proper in this court because the incident complained of herein occurred in the CITY & COUNTY of SAN FRANCISCO at all relevant times.

The PARTIES

4. Plaintiff, DOUGLAS O'CONNOR (hereinafter "Plaintiff") at all times relevant to the wrongful conduct complained of herein, Plaintiff was a resident in the City & County of San Francisco, California.

5. Defendant Kaiser Foundation Hospitals (hereinafter "KAISER") is a non-profit operator of hospitals and medical clinics throughout the State of California and a hospital in the city of San Francisco at 2425 Geary Blvd.

6. Defendant DOES 1 and DOES 2 are NEONATAL CIRCUMCISION EQUIPMENT DISTRIBUTORS and DOE NEONATAL CIRCUMCISION EQUIPMENT MANUFACTURERS manufactured and provided Defendant KAISER with the equipment needed to harm the Plaintiff.

7. DOE3 NEONATAL FORESKIN RECIPIENTS are the unknown recipients of the Plaintiff's illegally procured tissue, his foreskin. The Plaintiff is unaware of their identities.

8. Plaintiff will seek to amend this complaint to allege the true names and capacities of DOE NEONATAL CIRCUMCISION EQUIPMENT DISTRIBUTORS, DOE NEONATAL CIRCUMCISION EQUIPMENT MANUFACTURERS and DOE NEONATAL FORESKIN RECIPIENTS when they are ascertained.

9. The true names and capacities, wether individual, corporate, partnership, associate, volunteer or otherwise of Defendants DOES 1 through 100, inclusive are unknown to Plaintiff who therefore sues these Defendants by such fictitious names pursuant to CALIFORNIA CODE OF CIVIL PROCEDURE 474. Plaintiff will seek to amend this complaint to allege the true names and capacities of Defendant DOES 1 through 100 when they are ascertained.

BACKGROUND ALLEGATIONS

10. The conspiracy to commit fraud, sadistic sexual battery, neonatal foreskin theft ,and neonatal foreskin trafficking under the guise of circumcision against American neonatal males has been an active conspiracy in the United States including the State of California since the Gilded Age of the late 19th Century to this present day including the 1977 incident of the Plaintiff.

11. The origins of this controversy go back thousands of years to Semitic Regions around present day Israel. According to the Bible Abraham the patriarch of Judaism received instructions from God to perform a simple surgical procedure called circumcision. A simple flint stone knife was sufficient to remove a very small portion of penile foreskin by the urethra. Abraham was able to perform the simple circumcision on himself and son without any formal medical training.

12. According to **Genesis 17:10-12** Biblical circumcision was supposed to take place eight days after birth regardless of Holy Days or the Sabbath. Modern day scientific research supports the Biblical eighth day practice. Research has shown neonatal Vitamin K levels for clotting do not reach proper levels until the eighth day after birth.

13. The Biblical circumcision ritual has been known as "***milah***" in Hebrew. According to the online the historic resource, *https://en.wikipedia.org/wiki/Brit_milah* , ***"The original version in Judaic history was either a ritual nick or cut done by a father to the acroposthion, the part of the foreskin that overhangs the glans penis. This form of genital nicking or cutting, known as simply "milah" became adopted among Jews by the Second Temple period and was the predominant form until the second century CE."***[1] In English ***"brit Milah"*** translates into ***"Covenant of Cutting".***

14. A significant portion of the foreskin was left attached to the penis after a Biblical circumcision. There are many Biblical accounts of circumcision on adult and neonatal males. The

Bible has not provided any illustrations, pictures or videos of post circumcision foreskin and/or penis. Christian and Judaic scholars believe the Statue of David by Michelangelo provides the most anatomically accurate depiction of a foreskin and penis after a Biblical circumcision.[2]

15. Biblical circumcision provided a balance of scientific, sexual and spiritual benefits for the Twelve Tribes of Judaic Israel. Their journeys across the deserts of the Middle East were rife with hygienic challenges over many centuries as it went through periods of military campaigns and nomadic living in a desert climate.

16. Prior to the BCE, Before Christ Era, the time the Judaic people were established in Israel and Jerusalem. A controversial figure arose. According to multiple historical accounts his name was Jesus. Jesus was raised by Jewish parents. As a result Jesus was circumcised on the eighth day after his birth. This event has been deemed ***"The Holy Circumcision"*** by various sects of Christianity.[3]

17. Israel including Jerusalem was under Roman occupation during the life of Jesus. During this time a significant clash between Jewish culture and Greco-Roman culture emerged. This clash was over circumcision.

18. In Greco-Roman society any display of the penile glans in public activities such athletic events or gymnasium exercise was considered a form of indecent exposure. Some Jewish males wanted to interact in athletics competition and gymnasium exercise. They faced public stigma because a small portion of their glans was exposed. Displaying any portion of the glans was considered a form of indecent exposure at the time.

19. An industry of foreskin restoration emerged. The Greek doctor Celsus invented a ***"decircumcision"*** procedure using surgery and a preparation of lead, silver and essential oils to restore foreskins for Jewish men. Another method of self-restoration of the foreskin involved a copper rod.

20. After the death of Jesus a Jewish convert to Christianity, Saul, changed his name to Paul and addressed the controversy of Biblical circumcision in the emerging Christian faith. He attempted to perform a Biblical circumcision on an adult male that converted to Christianity. After that experience Paul deemed the ritual of circumcision unnecessary to become a Christian.

21. The self-appointed leaders of Judaism at the time became aware of Jewish men engaging in foreskin restoration procedures. They contrived a change to Judaic circumcision around 200 A.D. The second step to the Judaic circumcision has been called ***"Brit Periah"*** in Hebrew. In English **"Brit Periah"** translates to ***"Covenant of Tearing"***.

22. According to historic Judaic accounts the second step, **"Brit Periah"**, required the rabbi to sharpen the nails of his index fingers and thumbs.[4] After performing the original Biblical Circumcision the rabbi would use the sharpened fingernails of the index fingers and thumbs to tear off neonatal foreskin past the glans of the penis in order to prevent foreskin regeneration as an adult. Surgeons of the 19th century described **"Brit Periah"** as a laceration.

23. These new religious leaders claimed that without this second step of **"Brit Periah"**, Judaic circumcision was spiritually invalid. Refusal to comply with the new rule resulted in social and spiritual harm. This change to Judaic circumcision in the post Biblical era has harmed numerous Judaic and non-Judaic neonatal males. Most members of Christian sects and the non-Jewish general public have been unaware of the post Biblical changes to Judaic circumcision.

24. ***"Brit Periah"***, The Covenant of Tearing, amounts to a serious laceration of the foreskin and penis that raises the risk levels of death, hemorrhage, infection and other injuries for neonatal male victims. A post Biblical rule in Judaism was made that if the first two sons died after non-Biblical circumcisions the third son could postpone the procedure until young adulthood.

25. 400 years later around 600 A.D. post Biblical Judaic circumcision degenerated into a deeper level of spiritually rationalized ritual sex abuse. Another step ***"Brit Metzizah"***, the Covenant of Oral Suction, was incorporated. This has involved a mohel or rabbi filling his mouth with wine and sucking the bleeding neonatal penis after the second step, **"Brit Periah"**. According to historical sources the fellatio on the neonatal male by the mohel was repeated three times. Afterwards a finger of the mohel or rabbi was dipped in wine. That wine soaked finger was inserted in and out of the mouth the neonatal male victim three times.

26. This act of fellatio and oral fingering of a neonatal male has not gone without controversy. In 19th Century France regulators came to an agreement with mohels to end the practice of direct oral suction. This has been an element of "Reformed Judaism." In present

day New York City there have been allegations of herpes transmission as a result of the direct oral copulation on the penis of neonatal males by adult mohels.[5]

27. In Biblical accounts of circumcision the removed portion of foreskin was disposed. As the Roman Catholic Church rose in prominence during the Middle Ages some sects within Catholicism pursued holy relics of Jesus such as the Holy Foreskin of Jesus. Prior to the 20th century January 1st was recognized as a Holy Day to commemorate the circumcision of Jesus by various sects of Christianity.

28. Since the additions to Biblical circumcision one sect of Judaism, the Samaritan Jews, have rejected the post Biblical changes to circumcision such as ***"Brit Periah"*** and ***"Brit Metzizah"***. There also has been a growing number of Judaic followers that have walked away from all forms of Judaic neonatal circumcision.

29. The traditions of ***Brit Milah***, ***Brit Periah*** and ***Brit Metzizah*** have been relegated to specially trained individuals called "mohels". The training school for European mohels has been located in London, Great Britain for hundreds of years.

30. In the early 19th century European doctors and researchers began experimenting with the science of skin-grafts. In the beginning donor sources for skin-grafts was limited to animals and cadavers. Xenografts, inter-species skin-grafts, were conducted during this period.

31. During the Victorian Era of in the mid 19th century a group of psychopath assailants conspired to commit sexual battery against minors and the general public in the United States of America and Great Britain. These conspirators were doctors and surgeons. They initiated a campaign of sexual harassment including but not limited to shaming the intimate body parts of females and males including minors.

32. The conspirators fraudulently claimed masturbation, normal sexual behavior, resulted in mental, physical and/or spiritual harms. They fraudulently coerced the general public including minors through use of fear and guilt to believe the surgical removal of intimate body parts such as the clitoris or foreskin was the cure for the alleged ailments.

33. Their campaign of mass sexual harassment, shaming and sexual battery was a front to conduct covet research into skin-grafts. Initially they harvested the intimate body parts of

females and males. As the Victorian Era progressed in the United States and Great Britain the amount of female genital mutilations declined while the practice of neonatal foreskin theft marketed as circumcision emerged and increased.

34. Dr. John Harvey Kellogg stated in his 1888 book, **Treatment for Self Abuse and its Effects** ***"A remedy for masturbation which is almost always successful in small boys is circumcision,"***. Kellogg claimed his cereal, ***Corn Flakes,*** could cure masturbation.[6] .

35. In the Gilded Age of the late 19th century the conspiracy of doctors and surgeons to engage in neonatal foreskin theft marketed as circumcision was published in medical journals. On October 4, 1884 R.C. Lucas of London published an article in **The LANCET**. The title of article is **ON PREPUCE GRAFTING**.[7] In short on November 23, 1883 a 2.5-year-old of unknown gender was admitted with abdominal burn wounds that were twelve days old. In January 1884 Lucas admitted to engaging in neonatal foreskin theft from a non-consenting minor living donor. The procured tissue was likely procured from a neonatal male. Lucas wrote, ***"I believe the prepuce of a child possesses a germinal vitality, which renders it peculiarly serviceable for grafting."***

36. A prominent conspirator emerged in California during the late 19th century. He was a resident of San Diego, California from 1874 to 1926. His name is Dr. Peter Charles Remondino, hereinafter, "**Remondino**". Prior to his relocation he served as in the Civil War as a surgeon. Remondino is the Godfather of neonatal foreskin theft marketed as circumcision.

37. In 1891 Remondino wrote a book, **The History of Circumcision**.[8] It was published in 1891. During this time the United States, including the State of California, was deeply religious with most of the general public being followers of various Christian sects. The first illustration on the inside of the book is a 16th Century Italian illustration of the Holy Circumcision of Jesus. The table of contents is afterwards.

38. In his ***Introduction*** Remondino makes his intent to engage in deception and fraud known. On Page 6 Remondino states, "***To the extremely wise, good and scientific, these illustrations were unnecessary;***" On page 6 and 7 he wrote "***I ask the indulgence of the intelligent and broad-minded as well as the easily inducted reader. Cleopatra was smuggled into Caser's presence in a roll of tapestry; the Greeks introduced their men into Troy by means of a wooden horse ; and the***

discoverer of the broad Pacific Ocean made his escape from his importunate creditors disguised as a cask of merchandise. So, when we wish to accomplish an object, we must adopt appropriate means, even if they may apparently seem to have an entirely diametrically opposite object." (see Exhibit A)

39. During the rest of his introduction Remondino resorts to stating some of the five senses such as hearing and smell were obsolete because human beings were no-longer hunter gatherers in a jungle. The similar rationalizations are applied to the appendix and foreskin in the introduction. They are repeated throughout the book.

40. During the course of his book Remondino makes contradicting fraudulent statements about the history of Judaic Circumcision. On Page 32 Remondino writes, "***Another evidence of the strictly religious nature of the rite, as far as the Hebrews are concerned, lies in the fact that, with all their skill in surgery and medical sciences, they never made any alteration or improvement in the manner of performing the operation.***"

41. In Chapter XII, ***Hebraic Circumcision,*** and Chapter XIII, ***Mezizah, The Fourth or Objectionable Act of Suction,*** from pages 143 to 160, Remondino writes about his demonstrated knowledge of the differences of Biblical Circumcision and post-Biblical Judaic Circumcision changes such as Brit Periah and Brit Metzizah. Remondino also acknowledged the highetned medical dangers from performing the Brit Periah act on Page 156. He wrote, "***The second act, or Periah, the act of laceration, he looks upon as one that calls for coolness, judgment, and skill, as the membrane should only be torn so far and further, the thin, inner fold of the prepuce vascular only in the sulcus back of the corona and its lower attachment, where it forms the frenum, or birdle;***"

42. On pages ***207*** and ***208*** Remondino admitted he entered an international conspiracy to engage in neonatal foreskin theft marketed as circumcision. He wrote "***Puzey, of Liverpool, has found it of extreme value, and even unequaled by any part of the body, for furnishing skin-grafts,*** [81] ***these grafts showing a vitality that is simply phenomenal, considering the laxity of its tissues and its seemingly adipose character. There is no doubt, however, that for skin-transplanting there is nothing superior to the plants than offered by the prepuce of a boy, and where any large surface is to be covered this should undoubtedly be chosen, as offering the greatest and quickest success and the least chances of failure.***"

43. Remondino acknowledged a disadvantage of the "BIG CIRCUMCISION" conspiracy. On page 208 Remondino stated, ***"This is really the only disadvantage that can be charged against circumcision, as in a strictly circumcised community they would be debarred from this great advantage. An uncircumcised individual could be procured, however, to supply the deficiency."***

44. Remondino admitted to targeting African-American victims because of their genital size. Remondino implies to having co-conspirators by using the term, we. On Page 208 of his book he wrote, "***but we have very reliable data in relation to the proliferating action of those of the negro,[82] which induces a growth of its own kind ; so that preputial grafts from the negro, combining the extra vitality and proliferation of the perutial tissue with the strong animal vitality of the negro, is applied to a white man, might not produce the most desirable cosmetic effects, especially if on one side of the countenance."***

45. On Page 263 Remondino states, ***"I believe thoroughly in the Mosaic law, not only from a moral but also from a sanitary stand-point....For the reasons I have given, I am in favor of the radical application of the Mosaic rite of circumcision".*** Remondino admitted the simple Biblical circumcision performed with a simple stone knife is sufficient to provide hygienic benefits.

46. Remondino and his co-conspirators have conspired to this present-day to deceive the general public by implying they were performing a Biblical circumcision. Unknown to the general public they were performing a revised version of ***"Brit Periah"*** with modern medical equipment in order to engage in neonatal foreskin theft marketed as circumcision. This deception and fraud has been used to the present day including the 1977 incident with the Plaintiff.

47. By page 320 the psychopathic nature of Remondino reveals itself. He refers to neonatal male victims of neonatal foreskin theft as "it" instead of he or him. He states, ***"Dr. Robert J. Gregg, of San Diego, has lately operated on a number of cases, the operation being perfectly painless, the little patients submitting to it and feeling no more pain than if it were were having its toe-nails trimmed, the local anaesthesia being produced by the hypodermic injection of cocaine."***

48. Remondino called for the mass ***"circumcision"*** of all African-American males in order to exploit their foreskins as a skin-graft donor source under the guise of public safety. In the January 1894 edition of the **National Popular Review**, Vol. 4 pages 3-6 Remondino wrote an

article, **Questions of the day: Negros rapes and their social problems**. Remondino wrote, "***From our observations and experience in such cases, we feel fully warranted in suggesting the wholesale circumcision of the Negro race as an efficient remedy in preventing the predisposition to discriminate raping so inherent in that race.***"[9] Remondino targeted the BBC, big black circumference, under the guise of circumcision in order to illegally obtain as many square inches as possible for skin-grafts.

49. Remondino profoundly influenced the medical industry in California and the United States. Remondino was the first president of the San Diego Board of Public Health. Remondino had affiliations with the American Medical Association. The San Diego History Center states on its website, "***Remondino may be best known for The History of Circumcision from the Earliest Times to the Present (1891).[24] The book was very popular; its first printing in 1891 sold over 50,000 copies resulting in a second printing in 1900. Reportedly over a half million copies were sold. It was reprinted in 1974, 2001, and 2008. At 346 pages, this tome was considered to have almost single handedly popularized circumcision in the United States at a time when the intact foreskin was the norm and circumcision was an aberration.[25]***"[10]

50. The initial campaign of deception and fraud of mass sexual harassment and foreskin shaming by Remondino and his co-conspirators during the late 19th Century created the first wave of victims. This first generation of victims initiated a self-perpetuating cycle of victims turned abusers in the early 20th century to the present day.

51. The influence of Remondino on American medical professionals including agents and employees of Defendant Kaiser has gone into into the 21st century. ***Dr. Edgar Schoen*** *(1925-2016)*, hereinafter ***"Schoen"***, is a well-known co-conspirator of "BIG CIRCUMCISION" in the late 20th century and early 21st century. Defendant Kaiser employed Schoen from 1954 to 2003.

52. In 2005 Schoen wrote a book, **CIRCUMCISION, SEX, GOD AND SCIENCE MODERN HEALTH BENEFITS OF AN ANCIENT RITUAL**.[11] On pages 7 and 8 Schoen acknowledged and praised Remondino. Schoen acknowledged Remondino's 1891 book. Schoen quoted Remondino on page 7. Schoen wrote, "***Remondino, a well known California physician.***"

53. Around the Gilded Age and early 20th century the science of skin-grafting from human donors to human recipients was developing with or without the use of foreskin from a

living neonatal male. Citations from 1881 and 1919 in the 1944 research paper, **Isodermic Grafting** by John William Wahl of the *University of Nebraska Medical Center* documented this. In the chapter, ***TYPES OF SKIN EMPLOYED***, on page 31 he described the first documented case of human cadaver skin as a donor source a to living recipient experiment. In 1881 Girdner was the first person to report procuring cadaver skin as a donor source for a living recipient. A ten-year-old boy was struck by lightning and suffered burns. Girdner procured the donor skin from the inner thigh of a young suicide victim. Skin from amputated limbs was also used as a donor source in the early 20th century.[12]

54. On Page 35 and 36 of **Isodermic Grafting** Wahl writes about a 1919 citation from Eisenberg about a foreskin autograft. An autograft involves the use of ones own skin as the donor source. In the case a 16-year-old male lost most of his ring finger. The doctor was able to source the foreskin of the injured teenager. The 16-year-old used his own foreskin of as the donor source for skin-graft on his amputated finger.[12]

55. In 1933 Dr. Sidney Garfield, a surgeon and co-founder of Defendant, Kaiser, hereinafter, **Garfield**, opened a six bed hospital, ***General Contractors' Hospital*** in Southern California. This venture faced many financial challenges. Garfield admitted in a post retirement interview that operating on a fee based model was not sustainable. During this time Dr. Garfield rose to controversy and prominence within the hospital industry with the concept of prepaid fees from insurance companies.

56. On November 5, 1936 Frank Ashley, M.D. hereinafter, **Ashley**, of Brooklyn, New York, hosted a by-invite-only event to solicit new co-conspirators to enter a conspiracy, neonatal foreskin theft marketed as circumcision. Ashley solicited more co-conspirators to enter his conspiracy by submitting his oral solicitation for nationwide publication to the ***Annuals of Surgery*** on November 18, 1936. The solicitation of Ashley to enter a conspiracy was approved and published by the ***Annuals of Surgery*** in the 1937 August edition. Ashley's solicitation to enter a conspiracy is titled **FORESKINS AS SKIN GRAFTS***.[13]

57. Ashley states in his article *page 252*, ***"OF THE methods now used to cover large denuded areas, none is larger simpler than the use of circumcised prepuces. In any hospital having an***

active maternity service, one may obtain all the foreskins necessary. These are usually discarded, however, if desired as grafts, and if not required immediately, they may be kept in physiologic saline solution in a refrigerator, or may be imbedded in ice cubes. It is possible to keep such foreskins for several days and successful results have been obtained with prepuces that have been kept in the ice box in saline or ice cubes for as long as two weeks."

58. Ashley stated on *page 254*, "***Using foreskin for the grafts should be well worth trying in such cases. Prepuces should make excellent grafts for plastic work on the eyelids."*** On *page 255* Ashley stated "***When foreskins are used the patient is not left with scars in other parts of his body."***

59. Ashley wrote, ***"Grafting with the foreskins was begun March 15 (six weeks after admission). On that day three foreskins were employed that had been imbedded in ice cubes. Of these, one "took." The foreskins subsequently used were preserved in physiologic saline in the ice box except for two that were fresh. On March 19 four foreskins were used. Of these, three "took."On March 24, four were used, two "took." On April 11 three were used, three "took." and on May 9, three were used, and three "took."*** In the aforementioned case the recipient needed a total of 17 neonatal foreskins. 12 of the neonatal foreskin grafts were successful. 5 were rejected. The case involved a 7-year-old boy whose right foot was run over by a train. He lost three lateral toes and retained two medial toes.

60. On *page 253* Ashley acknowledged the use of foreskins as autografts. Ashley stated, ***"There are several reports describing their use as autografts, the most recent of which is the case reported by Dr. Jacob Sarnoff."***

61. Ashley entered and enhanced the existing conspiracy of "BIG CIRCUMCISION". new refrigeration technology allowed Ashley to make new contributions to the ongoing "BIG CIRCUMCISION" conspiracy into the 20th century with. On page 255 Ashley stated, ***"we suggest that all foreskins available be saved and not discarded, but be imbedded in ice cubes or in saline for future use."***

62. Ashley solicited co-conspirators to enter a new conspiracy of covert tissue trafficking networks and unregulated on-site tissue banks of fenced neonatal foreskins obtained under the guise of circumcision. Ashley solicited co-conspirators to enter a conspiracy of hospital

networks fencing neonatal foreskins obtained under the guise of circumcision. Ashley wrote "***The objection might be raised that not enough foreskins may be available at all times. This is quite true. However, if the supply at the hospital is insufficient, arrangements may be made with other hospitals.***"

63. Ashley did not act alone prior to his solicitations to conspire in 1936 and 1937. At the end of **FORESKINS AS SKIN GRAFTS*** Ashley confessed, "***NOTE.-This study was made at the suggestion of Dr. Russell S. Fowler, Surgeon in Chief of the Wyckoff Heights Hospital, Brooklyn, N. Y., and the work was done under his supervision at the hospital. The foreskins used were obtained from infants circumcised when they were seven to ten days old.***" As a result the aforementioned conduct meets the criteria of a conspiracy. (see Exhibit F)

64. By 1942 Garfield developed a relationship with Henry Kaiser and his family. On August 10, 1942 Garfield and Kaiser opened Kaiser Richmond Field Hospital. The facility serviced workers at the shipyards of Richmond, CA during World War II. Entering the ongoing conspiracy to engage in neonatal foreskin theft marketed as circumcision to satisfy skin-graft demand has been standard protocol for American hospitals, including Defendant Kaiser.

65. In May 1943 the solicitation of two surgeons from Chicago to enter the "BIG CIRCUMCISION" conspiracy was published by the **American Journal of Surgery** in *Volume LX, No. 2.* They were Allan E. Sachs M.D. and Samuel L. Goldberg M.D. Their written nationwide solicitation of other surgeons to enter the conspiracy was titled, **FORESKIN ISOGRAFTS*.** The co-conspiring surgeons performed skin-grafts. These co-conspirator surgeons needed to obtain an external "donor" source for various recipients. They obtained the skin of infant cadavers and foreskins from healthy living neonatal males. They stated "***Recently, such a patient was under our care, and we were confronted with the necessity of obtaining skin from other sources. We turned to the use of foreskins, and believe that our results are worthy of recording.***" [14]

66. On *page 255* Goldberg and Sachs solicited other surgeons to enter the conspiracy to target the foreskins defenseless living neonatal males under the guise of circumcision. They stated, "***Preputial grafts were used for two reasons. They were easily obtainable because of the number of ritual circumcisions performed at the hospital, and also because the authors believed that the skin of infants has greater growth potentialities than that of adults.***" On *page 258* they shared

another reason to conspire against neonatal males under the guise of circumcision. They stated ***"skin from the newborn and premature infants is an important factor in the success of isoplastic skin transplants. The nucleii of the cells of the skin of these infants contain a higher percentage of mitotic figures than do those of the skin of adults, suggesting that growth potentialities are greater."***

67. The cohort of donors or victims in the conspiracy of Goldberg and Sachs were neonatal cadavers or healthy living neonatal males. In the event of a miscarriage of premature infant death or miscarriage all skin including the foreskin was harvested for skin grafting.

68. In the 1944 research paper, **Isodermic Grafting,** by John William Wahl of the *University of Nebraska Medical Center* the chapter, ***TYPES OF SKIN EMPLOYED***, neonatal foreskin has a significant role as a donor source for skin-grafts.

69. The language of Wahl shows how American Medical Professionals have conspired to use the term ***"circumcision"*** as a guise to covertly obtain foreskin as a donor source for skin grafting procedures during the early 20th century to this present day. Wahl could not write, *"the patient was informed of the option to remove his foreskin as the donor source for an autograft on his amputated finger stump. He consented to the procedures."*

70. Wahl wrote ***"Since he felt that grafting was the only quick cure and he was unable material he advised circumcision and the use of prepuce for grafts. On the thirty-eigth day after the accident he made the wound aseptically clean, keeping the finger covered with physiological salt solution while performing the circumcision; then, after having the prepuce emptied of blood he made a few button holes to allow free escape of serum and underlying air, pressed the graft firmly in place."*** (see Exhibit F)

71. The first tissue bank, the United States Navy Tissue Bank, was established by Dr. George Hyatt in 1949. According to online sources, ***"During the 1950s, the identification of appropriate donor criteria for tissue donation, the development of procurement and processing methods, the establishment of a graph registry and documentation and the clinical evaluation of a variety of tissues were pioneered at this facility."*** [15]

72. Douglas Gairdner, *D.M., M.R.C.P. Consultant Pediatrician, Great Britain* wrote **THE FATE OF THE FORESKIN** in the **British Medical Journal.** Gairdner stated, ***"The***

prepuce of the young infant should therefore be left in its natural state. As soon as it becomes retractable, which will generally occur some time between 9 months and 3 years, its toilet should be included in the routine of bath time, and soap and water applied to it in the same fashion as to other structures, such as the ears, which are customarily treated with special assiduousness on account of their propensity to retain dirt. As the boy grows up he should be taught to keep his prepuce clean himself, just as he is taught to wash his ears. If such a procedure became customary the circumcision of children would become an uncommon operation. This would result in the saving of about 16 children's lives lost from circumcision each year in this country, besides saving much parental anxiety and an appreciable amount of the time of doctors and nurses." [16]

73. 1953 The Corriell Institute for Medical Research in New Jersey was established. By 1960 The Coriell Institute was one of the first two cell banks recognized by federal regulators.

74. In 1954 Schoen was hired by defendant Kaiser in Oakland, CA. Schoen worked in Pediatrics and Pediatric Endocrinology. Schoen served as Chief of Pediatrics for twenty-four years.

75. In the 1960's neonatal foreskins were incorporated into advanced cellular, genetic and molecular research studies. On June 7, 1966 G.M. Martin, *Department of Pathology, University of Washington School of Medicine,* wrote a research paper, **CLONAL VARIATION OF DEREPRESSED PHOSPHATASE IN CHROMOSOMALLY MOSAIC CELL CULTURES FROM A CHILD WITH DOWN'S SYNDROME**. The research compared the foreskins of six neonates with Down's Syndrome to control group of nine normal neonate white males. [17]

76. In ***"MATERIAL AND METHODS"*** *Martin* states, ***"Fibroblast cultures were established by explant techniques from six foreskins obtained from neonates with clear-cut stigmata of Down's Syndrome (Mongolism). During the same period, a group of control foreskin cultures were obtained from nine normal neonates. All subjects were caucasians born in Seattle hospitals; circumcisions were performed during the first week after birth. Media and general tissue culture methods as previously described [24]."***

77. In short the research was experimental in nature. They were able to clone the neonatal foreskin fibroblasts in cultures by adding newborn calf serum. This new group of neonatal foreskin recipients entered the existing "BIG CIRCUMCISION". A new demand source for fenced.

neonatal foreskin emerged.

78. Medical and scientific breakthroughs in cell banks, organ donation and tissue banks in the American post-WW II era. During this period in Great Britain the consensus to end the practice of neonatal foreskin theft marketed as circumcision began in 1949. In the 1950's rates of so-called routine neonatal circumcision declined significantly in Great Britain and other English speaking countries such as Australia and Canada.

79. By the early 1970's American medical professionals attempted to end the conspiracy to commit neonatal foreskin theft marketed as circumcision in the 1970's. In 1971, 1975 and 1977 the ***American Academy of Pediatrics***, AAP, formed the ***Ad Hoc Task Force on Circumcision***. These Ad Hoc Task Force Forces on Circumcision issued statements in 1971, 1975 and 1977.

80. In 1975 the American Academy of Pediatrics Ad Hoc Task Force on Circumcision stated, ***"There is no absolute medical indication for routine circumcision of the newborn. The physician should provide parents with information pertaining to the long-term medical effects of circumcision and non- circumcision so that they make a thoughtful decision. It is recommended that this discussion take place before the birth of the infant, so the parental consent to the surgical procedure, if given, will be truly informed. A program of education leading to continuing good personal hygiene would offer all the advantages of routine circumcision without the attendant surgical risk. Therefore, circumcision of the male neonate cannot be considered an essential component of adequate total health care."***.

81. In 1977 the American Academy of Pediatrics Ad Hoc Task Force on Circumcision stated "***There are no medical indications for routine circumcisions, and the procedure cannot be considered an essential components of health care.[7] If an infant is circumcised, the procedure must be delayed until the infant is at least 24 hours old and stable, without bleeding tendency or any other illness. Circumcision must never be done at time of delivery."*** (see Exhibit B)

82. Despite the AAP Ad Hoc Task Force on Circumcision findings agents/employees of Defendant KAISER such as Dr. Edgar Schoen defied the AAP ***Ad Hoc Task Force on Circumcision.*** Defendant KAISER enforced the ongoing conspiracy to commit neonatal foreskin theft marketed as circumcision to the detriment of millions of victims including the Plaintiff in 1977.

83. Schoen admitted in a 2007 interview with UC Berkeley, ***"I applied to the American***

Academy of Pediatrics, and I said, "Here, I've got my boards, I'm practicing in Oakland," they'd send it around to all the Oakland physicians and say, "Is this guy an oddball, a screwball, or is he okay? Do you want him as a colleague?" Well, there were a couple of guys in the medical community who were antagonistic to us. Whenever they'd see somebody from Kaiser come up for membership, they'd say, "Reject." Don't accept PMG members into society. They don't practice ethical medicine." [18]

84. On August 1, 1973 the research paper, **THE EPIDERMAL SYSTEM IN NEWBORN HUMAN SKIN, A QUANTITATIVE HISTOLGIC STUDY*** [19] by Mark E. Glimcher, Ruth M. Kostick, B.S. and George Szabo, Ph.D was accepted for publication by **The Journal of Investigative Dermatology**, *61: 344-347.* The study exploited the foreskins of thirty-seven neonatal males. The study sought to study melanocyte activity in a cohort with different skin pigments versus the melanocyte activity of adults. The study took place in Boston, Massachusetts.

85. On January 23, 1975 a research paper, **Human Epidermal Growth Factor: Isolation and Chemical and Biological Properties** by Stanley Cohen and Graham Carpenter of the *Department of Biochemistry, Vanderbilt University School of Medicine* in Tennessee was published. The experiment involved a polypeptide isolated from human urine, mouse-derived epidermal growth factor and human foreskin fibroblasts. The age of the foreskin donors is unknown.[20]

86. 1975 researchers James G. Rheinwald and Howard Green of MIT, Massachusetts Institute of Technology, conspired to exploit the cells of neonatal foreskin. The name of the research paper is **Serial Cultivation of Strains of Human Epidermal Keratinocytes: the Formation of Keratinizing Colonies from Single Cells.** It was published in November 1975 by MIT, *Massachusetts Institute of Technology.* [21]

87. They stated on page 335, ***"the keratinocytes of older donors was always less than 1%, whereas that of newborns was often in the range of 2-10%."*** This paper also states ***"the epidermal cells of older donors have reduced growth potential, since keratinocytes of ages 3-34 years grew through a total of 20-27 generations, whereas those from newborns grew through 25-51 generations."*** They stated, "***for the keratinocytes of the two oldest donors were derived from abdominal skin, while the others were derived from foreskin***." (see Exhibit F)

88. Green and Rheinwald acknowledged the three-year-old and neonates as living donors in the research project on page 333 they stated, "***the epidermal keratinocytes of both newborn and older donors plated with an efficiency considerably below 1%.***" and "***the number of generations is inversely related to the age of the donor.***"

89. On January 21, 1976 sample number, AG01523,[22] the foreskin fibroblast of a 3-day-old neonatal male was initiated. The sample has been held at the National Institute of Aging Cell Culture Repository. It has been involved in 65 Publications since 1981. The **Remarks** state, "***The culture was initiated on 1/21/76 from explants of minced foreskin removed ante-mortem.***" The foreskin fibroblasts and DNA still available for sale online by the Coriell Institute, New Jersey.

90. On March 29, 1976 a research paper, **Steroid 5a-Reductase in Cultured Human Fibroblasts** by Ronald J. Moore and Jean D. Wilson of the *Department of Internal Medicine, The University of Texas Southwestern Medical School* was received by ***The Journal of Biological Chemistry.*** It was published on October 10, 1976. [23]

91. The study compared cellular activity of genital and non-genital regions. The subjects were hermaphrodites and males. In Table I, ***Identification by age, clinical diagnosis and site of skin derivation for 21 fibroblast strains utilized,*** there is a column for "Fibroblast strain number". There were two neonates in the cohort. The fibroblast strain number of the normal neonate is #76. The fibroblast strain number for a neonate with microphallus is #178.

92. On a date after October 1977 Plaintiff was born at Kaiser Hospital in San Francisco. The address listed on the birth certificate of the Plaintiff is 2425 Geary Blvd., San Francisco.

93. Defendant KAISER ignored the advice of the AAP and fraudulently obtained a signature from mother of the Plaintiff to sign the "**PERMIT FOR CIRCUMCISION:**" in order to commit an acts of sexual battery, neonatal foreskin theft and skin-tissue trafficking under the guise of circumcision. This act of fraud was perpetrated on the day of the Plaintiff's birth. This act was in defiance of the AAP Ad Hoc Task Force on Circumcision guidelines of 1975 and 1977.

94. The "**PERMIT FOR CIRCUMCISION:**" is line item #2 on the page. Above this line item is line item #1. Line item #1 reads, "**NEWBORN TREATMENT PERMIT.**" The text of the "**NEWBORN TREATMENT PERMIT.**" reads, "***Permission is hereby given for any medical***

or surgical treatment, including any x-ray examinations, injections, blood trans-fusions, anesthesia, operations, removal of tissue and disposal of tissue as may be deemed advisable or necessary by the attending physicians of the staff for my newborn infant(s)."

95. The text below the "**PERMIT FOR CIRCUMCISION:**" reads "***In the event my child is a male, I hereby request and consent to the performance of a circumcision***" Below both of these line items are three lines for "***DATE, WITNESS*** and ***MOTHER***". There is no line item for the time of day the signatures were obtained. Defendant KAISER conspired to target incoherent mothers.

96. Defendant KAISER did not obtain the consent of the Plaintiff to be a living skin-tissue donor. At the age of 1-2 days old the Plaintiff was incapable of consenting to the removal of his foreskin in a living donor capacity.

97. The forms provided by Defendant Kaiser do not provide any information about third parties procuring the foreskin of PLAINTIFF. Defendant has put PLAINTIFF under the impression his foreskin was deemed "biological waste" and disposed of. Defendant Kaiser has never disclosed any conflicting relationships with internal or external third parties obtaining fraudulently obtained neonatal foreskins.

98. By 1982 California Medicaid stopped funding neonatal circumcision. The decision was because of 25 to 31 percentage decline in participation in the West-Medicaid region from 56.5% in 1979 to 1981 to 25% to 30.8% in 1983 to 1985.[24]

99. As a child until age nine PLAINTIFF suffered from occasional bed-wetting. PLAINTIFF believes this was a result of the trauma of from being a victim of neonatal foreskin theft marketed as circumcision.

100. In the February 1987 *AJDC*, ***American Journal of Diseases of Children***, vol.141, Schoen wrote a sexually abusive mockery to victims of neonatal foreskin theft marketed as circumcision including the Plaintiff. Schoen expresses his pedophilia for the penises of minors in his article and poem, **Ode to the Circumcised Male**. (see Exhibit C)

101. Schoen stated, ***"Before the mid-1970s, the American standard of care included neonatal circumcision, a minor surgical procedure that promoted genital hygiene and prevented later penile cancer as well as cervical. cancer in female sexual partners. More recently, evidence***

has suggested that adequate hygiene is all that is needed and that circumcision is an unnecessary and traumatic procedure."

102. In the pedophile poem Schoen wrote, ***"if your foreskin is gone, you are now up the creek."*** and ***"don't rue that you suffered a rape of your phallus."*** After the end of the Schoen's name, his role at Defendant Kaiser in Oakland, CA and work address were published.

103. Defendant Kaiser Schoen did not terminate Schoen after he published the term ***"rape of your phallus"*** in a poem to allegedly console victims of neonatal foreskin theft marketed as circumcision including the Plaintiff. Schoen was promoted by Defendant Kaiser numerous times after the publication of **Ode to the Circumcised Male**. ***Schoen*** received the ***2003 Sidney R. Garfield EXCEPTIONAL CONTRIBUTION AWARD*** from Defendant KAISER.

104. During his childhood and adolescence PLAINTIFF saw birth photos taken at the facility of DEFENDANT KAISER. Some of the photos were taken before and after the sadistic genital mutilation called circumcision. PLAINTIFF felt a subconscious pain when viewing the photos. The PLAINTIFF was not consciously aware of the subconscious trauma associated with being a victim of neonatal foreskin theft and sadistic sexual battery marketed as circumcision.

105. The PLAINTIFF was vulnerable to re-victimization by new sex abusers during his adolescence and early adulthood. PLAINTIFF was the victim in four additional circles of sex abuse involving three adult male assailants and one minor assailant as a minor.

106. The first two involved older white males with "circumcised" penises. These two individuals indecently exposed their "circumcised" penises to the Plaintiff during high school extracurricular activities. At the age of 14 the Plaintiff was the victim of sexual battery in a hotel room by an aged 17 minor. During the course of obtaining a confession as an adult from this assailant the Plaintiff discovered this assailant is "circumcised" after receiving an unsolicited photo of his penis.

107. A the age of 15 the Plaintiff was re-victimized in a separate child sex abuse circle originating out of Eureka Valley Recreation Center in San Francisco. The adult white male was over the age of 40. After the initial grooming and recruiting of the Plaintiff through sports this assailant encouraged the Plaintiff to masturbate with Vaseline, petroleum jelly, because he believed

it felt better. The assailant often invited the Plaintiff and other minor males to his residence to individually masturbate with vaseline in the same room while watching adult pornography.

108. The assailant paid attention to the "circumcision" status of his victims. In one case he was able to manipulate one of his victims, a "circumcised" teenager, to con an "uncircumcised" best friend to get circumcised at age 14.

109. Petroleum jelly, has been recommended as a remedy to help heal the injuries associated with neonatal foreskin theft marketed as circumcision since the 19th century and to this present day by American medical professionals including the Defendant, KAISER.

110. The Plaintiff participated on the MENS VARSITY BASKETBALL team during his Junior and Senior years of high school. During this time PLAINTIFF discovered a teammate was not the victim of a neonatal genital mutilation while showering in the locker room. PLAINTIFF was stunned by seeing the uncut foreskin of his teammate.

111. The intact were often referred to as ***"turtlenecks"*** by the victims of neonatal foreskin theft marketed as circumcision The so-called "circumcised" gossiped and harassed the so-called "turtlenecks", uncircumcised student-athletes. The PLAINTIFF experienced the self-perpetuating cycle of shaming foreskins by victims turned abusers thrived the 1990's.

112. During his education as a minor the Plaintiff attended Catholic Schools. During religious studies and sex education the Plaintiff was aware of the difference between Biblical circumcision and procedures added to the Biblical around 200 A.D.

113. Defendant KAISER was the primary health care provider during the time PLAINTIFF was a minor until the age of majority. Defendant KAISER refused to offer any treatment for the adverse long term effects of male neonatal "circumcision" DEFENDANT refused to inform PLAINTIFF of his rights to pursue tort claims before and after reaching the age of majority, 18. The Defendant has refused to disclose its internal and external commercial interests in neonatal foreskin since its inception and to this present-day.

114. Around or after the time Schoen received ***2003 Sidney R. Garfield EXCEPTIONAL CONTRIBUTION AWARD*** Schoen actively participated in online pedophile groups with a fetish for the "circumcision" of minor males including neonates and adolescents. In one notorious

circumcision fetish group, Circlist, Schoen regularly interacted with female and male pedophiles expressing actual or perceived sexual fantasies about "circumcised" minor males. These fetish activities have included but are not limited to masturbating around a "circumstraint" device, a female expressing her actual or perceived incest relationship with her brother, a minor, after his pedophile mother arranged for his circumcision during adolescence and female nurses expressing feelings of sado-masochistic power over the sexuality of defenseless neonatal males before and after a so-called "circumcision". (see Exhibit C)

115. In 2005 Schoen attempted to cover-up his pedophile fetish for neonatal circumcision under the guise of medicine by writing the book, **CIRCUMCISION, SEX, GOD AND SCIENCE MODERN HEALTH BENEFITS OF AN ANCIENT RITUAL.** In the preface of this book Schoen stated, "***ended up as an adventurous roller coaster with major effects on my professional and personal life.***" in regards to neonatal foreskin theft marketed as circumcision.

116. Schoen also confessed his supervisor at Defendant Kaiser, Dr.Martin Shearn, encouraged Schoen to focus his professional efforts on projects other than so-called, ***"circumcision".*** Shearn was the Chief of Medicine while Schoen was the Chief of Pediatrics at this time they were agents/employees of Defendant Kaiser.

117. In the testimonial section of Schoen's book a retired Chief of Urology for Defendant Kaiser, Dr. Thomas Snyder, stated, ***"Dr. Schoen does a terrific job of telling the circumcision story from a fresh perspective."*** Synder was employed by Defendant Kaiser from 1984 to 1996.

118. In this book Schoen makes a concerted effort to reinforce Remondino's fraudulent rhetoric regarding American medical professionals including Defendant Kaiser marketing neonatal foreskin theft as a Biblical-Mosaic style circumcision procedure to the general public while covertly performing a circumcision procedure based on the dangerous post-Biblical circumcision procedure, **"Brit Periah"**, procedure in order to satisfy his pedophile urges to commit sexual battery against neonatal males and the desire of his co-conspirators including Defendant Kaiser to engage in trafficking neonatal foreskins for the benefit of DOE neonatal foreskin recipients.

119. On page 6 of Schoen's book he fraudulently claimed, ***"Christ child was depicted as uncircumcised as were other famous Jewish figures as seen in Michelangelo's statue of David."***

Many Jewish and non-Jewish sources have publicly acknowledged that Michelangelo's David statue is an accurate portrayal of the foreskin and penis of after the Biblical circumcision procedure was performed with a simple flint stone knife.

120. On page 12 Schoen expresses racist anti-immigrant statement regarding so-called circumcisions. Schoen stated, ***"If a US boy is seen to be uncircumcised, the supposition is that he is an immigrant or the son of recent immigrants, not a position most young American boys are happy to embrace."*** On page 15 Schoen repeats the aforementioned discriminatory statement.

121. Schoen was aware of Remondino's 1891 book and mentions Remondino on pages 7 and 8. Schoen refuses to acknowledge the numerous advances of neonatal foreskin from skin-grafts since the 19th century to the 20th century research cellular of neonatal foreskins in the 1970's and subsequent development of neonatal foreskin derivative devices and/or drugs like Dermagraft Schoen only mentions a neonatal foreskin autograft on page 32. Schoen stated, ***"In repairing hypospadius later on the foreskin may be necessary for skin grafting."***

122. On the back cover page of Schoen's book it is stated, ***"This book documents the evidence of major health benefits of this biblical procedure."*** Defendant Kaiser has used similar fraudulent language. On its own website an online article called, **What to know about circumcision**, Defendant Kaiser states, ***"Circumcision is a minor medical procedure during which a doctor removes the foreskin covering the tip of the penis."*** (see Exhibit D)

123. ***"The tip of the penis"*** is an ambiguous subjective non-anatomical term. The Defendant has used to fraudulently obtain legally invalid proxy parental consent in order to engage in neonatal foreskin theft marketed as circumcision. The Plaintiff has a scar around the whole circumference of his penile shaft one inch past the glans.

124. According to his online obituary Schoen was born in Brooklyn, New York in 1925. Schoen passed away in 2016 in Lafayette, California. His Funeral Service was at Sinai Temple Oakland, CA. Schoen was Jewish. As a result Schoen had intimate personal knowledge about the difference between Biblical circumcision and post-Biblical procedures of "Brit Periah" within his religion, Judaism and the ongoing controversy surrounding ***"Brit Metzizah", aka "oral suction".***

125. Schoen demonstrates his knowledge of Hebrew on page 2 of his book. He stated,

"Religious circumcision is referred to as Berit Mila – "bris" for short.". Despite Remondino's disclosure about the historical changes Jewish-Judaic circumcision such as ***"Periah"***, the laceration/tearing, or ***"Metzizah"*** the act of oral suction.

126. Defendant KAISER has conspired with DOES 1 through 100 to keep the their ongoing enterprise of fraud, sadistic sexual battery and child organ-tissue trafficking hidden from the public. The fraud is essential to the ongoing "BIG CIRCUMCISION" conspiracy.

127. In the fall of 2019 PLAINTIFF became aware of legislation for Assembly Bill 218, the **California Child Victims Act.** At the time PLAINTIFF was over the age of 40. As a result PLAINTIFF was granted a three year look-back window to exercise his rights in civil litigation against his assailants and their co-conspirators.

128. In short the age of the assailant and COVID-19 pandemic presented serious obstacles for the PLAINTIFF to obtain legal representation. After a final drive of consultations that resulted in no representations PLAINTIFF has resorted to IN PRO PER representation for AB 218 matters.

129. PLAINTIFF obtained a better understanding of **CAL CIV. CODE 1708.5** for sexual battery. PLAINTIFF has believed the behavior of Defendant Kaiser and co-defendants DOES 1 through 100 conspiracy to commit sadistic sexual battery against neonatal males under the guise of Biblical circumcision procedure in order to remove a much larger portion of an intimate body part, the foreskin, for their own benefit.

130. On September 06, 2022 PLAINTIFF requested medical records from Defendant KAISER. In that letter PLAINTIFF stated, "***I request the whereabouts of my foreskin. I request any the names of any third parties that obtained any portion of my foreskin***." Defendant KAISER produced some medical records surrounding the so-called circumcision. Defendant KAISER has not produced any information regarding the outcome of PLAINTIFF's foreskin.

131. Prior to the November 15, 2022 filing of this matter the Plaintiff had a concern his foreskin may have been used in a donor capacity without any presentable evidence. The Plaintiff was unaware about the living donor capacity of neonatal foreskin during the 1970's. The Plaintiff was under the impression his foreskin was most likely disposed of as biological waste.

132. After further investigation in January and February 2023 the Plaintiff discovered

reasonable evidence of neonatal foreskin exploitation through skin-grafts since the late 19th century. The Plaintiff discovered evidence of neonatal foreskins involved in laboratory research from the 1960's to the time the Plaintiff was born in 1977.

133. Since the act of neonatal foreskin theft marketed as circumcision against the Plaintiff in 1977 there has a been a significant reduction in the amount of genital mutilations occurring. According to data from the Centers For Disease Control in 1979, 63.9% of neonatal males in the WEST region were victims of of neonatal foreskin theft marketed as circumcision. The percentage for the WEST region hit a low of 31.4% in 2003. The percentage increased to 40.5% in 2008.[25]

134. On January 31, 2023 the website, ***www.menshealth.com*** , published an article by Meagan Drillinger and Melanie Curry, **What to Know About Circumcised vs. Uncircumcised Penises**.[26] The header reads *Circumcised v Uncircumcised – 6 Answers About Uncircumcised Dicks.* In the section of question, "**What are the health benefits and safety concerns associated with circumcision?**" it states "***I have not performed a circumcision since 1994,***" says Steven Dorfman MD, a pediatrician at Kaiser Permanente in San Francisco. ***"It is cruel, unnecessary and ... substandard practice which belongs in the history books, not in the hospital or clinic."***

135. At all relevant times Defendant KAISER, Co-Defendants DOES 1 through 100 have entered a conspiracy to engage in neonatal foreskin theft marketed as circumcision.

136. At all relevant times Defendant KAISER, Co-Defendants DOES 1 through 100 have managed a multi-generational self-perpetuating cycle of victims turned abusers. Victims of neonatal foreskin theft marketed as circumcision may have a male child or male children. They have enabled Defendant KAISER, Co-Defendants DOES 1 through 100 to repeat the sexual abuse cycle of neonatal foreskin theft marketed as circumcision on subsequent generations of biological neonatal males.

137. At all relevant times Defendant KAISER, Co-Defendants DOES 1 through 100 have conspired to commit fraud by withholding relevant information about their participation in an ongoing multi-dollar enterprise of fencing neonatal foreskins.

138. At all relevant times Defendant KAISER, Co-Defendants DOES 1 through 100 have become financially dependent on their ongoing enterprise of neonatal foreskin theft marketed as circumcision and neonatal foreskin tissue trafficking. This "BIG CIRCUMCISION" conspiracy has evolved into an unregulated ongoing multi-billion dollar shadow economy of fraud, sadistic sexual battery and foreskin tissue trafficking to the detriment of neonatal males

139. To this present day Defendant Kaiser has actively been the recipient of devices and drugs derived from acts of neonatal foreskin theft marketed as circumcision. Defendant Kaiser has actively used Dermagraft, an artificial skin-wound device-drug. Dermagraft is manufactured by a for-profit publicly traded company, Organogenesis. Defendant Kaiser has concealed the use of neonatal foreskin as an ingredient of Dermagraft on its own web page. (see Exhibit E)

FIRST CAUSE OF ACTION

FOR

SEXUAL BATTERY

[Cal. Civil Code 1708.5]

140. The Plaintiff repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 139.

141. **California Civil Code 1708.5** states "***(a) A person commits a sexual battery who does any of the following: (1) Acts with the intent to cause a harmful or offensive contact with the intimate part of another, and a sexually offensive contact with that person directly or indirectly results. (3) Acts to cause an imminent apprehension of the conduct described in paragraph (1) or (2), and a sexually offensive contact with that person directly or indirectly results."***

142. The foreskin in its natural state is attached to the penis of all males. The foreskin therefore fits the definition of an **"intimate part"** in **California Civil Code 1708.5 (d)**

143. Shortly after the birth of the Plaintiff agents/employees of Defendant KAISER conspired to restrained the Plaintiff in a so-called "Circumstraint". The arms and legs of the Plaintiff were restrained.

144. After the Plaintiff was restrained against his will in a so-called "Circumstraint"

agents/employees of Defendant KAISER used an object or objects and made harmful and offensive contact with the intimate part, foreskin and penis, of the Plaintiff.

145. Defendant KAISER has admitted to the harmful and offensive act against the Plaintiff. According to **California Civil Code 1708.5 (c)** ***"The court in an action pursuant to this section may award equitable relief, including, but not limited to, an injunction, costs, and any other relief the court deems proper."***

146. The Plaintiff exercised his rights to file in court under the **California Child Victims Act** within the allotted statute of limitations from January 01, 2020 to December 31, 2022.

147. Defendant KAISER took advantage of it authority position and trust to engage with the Plaintiff, a defenseless minor, by isolating the Plaintiff from the care of his parents and violently separating the intimate body part, foreskin, with weapons marketed as medical equipment without anesthesia.

148. Defendant KAISER acted with intent to cause harmful and/or offensive conduct with the intimate parts of PLAINTIFF and such contact did directly result.

149. Defendant KAISER caused the immediate apprehension of the aforementioned conduct.

150. Defendant KAISER's sexual battery caused PLAINTIFF to sustain severe and permanent damages as described above.

151. Defendant KAISER engaged in despicable conduct and acted with a conscious disregard of the rights of PLAINTIFF with an intent to injure, vex and annoy PLAINTIFF such as constitute oppression, fraud or malice under CALIFORNIA CIVIL CODE 3294. PLAINTIFF is therefore entitled to exemplary damages in an amount sufficient to punish and make an example of Defendant KAISER.

SECOND CAUSE FOR ACTION

FOR

ILLEGAL ORGAN-TISSUE PROCUREMENT

[CAL PENAL CODE 367f]

152. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the

allegations contained in paragraphs 1 through 151.

154. *CAL PENAL CODE 367f (a)* states **Except as provided in subdivisions (d) and (e), it shall be unlawful for any person to knowingly acquire, receive, sell, promote the transfer of, or otherwise transfer any human organ, for purposes of transplantation, for valuable consideration.**

155. *CAL PENAL CODE 367f (b)* states **Except as provided in subdivisions (d), (e) and (f), it shall be unlawful to remove or transplant any human organ with the knowledge that the organ has been acquired or will be transferred or sold for valuable consideration in violation of subdivision (a).**

156. *CAL PENAL CODE 367f (c)* states **For purposes of this section, the following definitions apply: (1) "Human organ" includes, but is not limited to, a human kidney, liver, heart, lung, pancreas or any other human organ or non-renewable or non-regenerative tissue except plasma or sperm.**

157. All of the foreskin tissue of the Plaintiff's penis was violently removed by Defendant KAISER for the benefit of unknown third party recipients. The removed foreskin tissue of the Plaintiff has not regenerated on it own.

158. Defendant KAISER did not obtain the consent of the Plaintiff, a neonatal male, to donate his foreskin for the benefit of unknown third party recipients.

159. Defendant Kaiser has put the general public including the PLAINTIFF under the impression neonatal foreskin is another form of disposable biological waste like feces or urine in order to circumvent **CAL PENAL CODE 367f.**

THIRD CAUSE FOR ACTION

FOR

UNDERAGE ORGAN-TISSUE PROCUREMENT

[CAL Heath & Safety Code 7150.15 (a) (1) (2)]

160. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 159.

161. *CAL Health & Safety Code 7150.15* states **Subject to Section 7150.35, an anatomical gift of a donor's body or part may be made during the life of the donor for the purposes of transplantation, therapy, research or education in the manner provided in Section 7150.20 by any of the following individuals: (a) The donor, if the donor is an adult or if the donor is a minor and is either of the following individuals: (1) An emancipated minor. (2) Between 15 and 18 years of age, only upon written consent or a parent or guardian.**

162. Since the 19th century surgeons have observed a superior healing rate with neonatal foreskins used in skin grafts. They have conspired by sharing their observations in written medical journals hidden from the general public including the Plaintiff.

163. In the 1970's conspirators identified fibroblasts, keratinocytes and melanocytes cells of neonatal foreskin in order to further exploit the intimate body part of neonatal males including the Plaintiff.

165. The Plaintiff was less than a few days old when the theft of his reproductive tissue, foreskin, occurred.

166. The Plaintiff was incapable of comprehension in order to provide informed consent about donating his foreskin for the benefit of unknown recipients.

167. The consent of a minor donor and his/her parents-guardians is required for minors to engage in a living tissue donation.

168. The fraudulent parental consent form for ***"circumcision"*** contrived by Defendant Kaiser is an insufficient consent process for the actual procedure of being a minor living skin-tissue donor.

FOURTH CAUSE FOR ACTION

FOR

ILLEGAL TISSUE TRAFFICKING

[CAL Health & Safety Code 7151.35 (a)]

169 PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 168.

169. *CAL Health & Safety Code 7151.35 (a)* states , ***"(a) No hospital, physician and surgeon,***

procurement organization, or other person shall determine the ultimate recipient of an anatomical gift based upon a potential recipient's physical or mental disability, except to the extent that the physical or mental disability has been found by a physician and surgeon, following a case-by-case evaluation of the potential recipient, to be medically significant to the provision of the anatomical gift."

170. After engaging in the anatomical theft of the Plaintiff's foreskin Defendant Kaiser took away the right of the Plaintiff, a living donor, to chose the recipient or recipients of his removed foreskin.

171. Defendant Kaiser fenced the foreskin of the Plaintiff to an unknown recipient or recipients.

172. Defendant Kaiser has refused to provide any information to the Plaintiff about the outcome of his stolen foreskin. Skin, including foreskin, and bone marrow can be donated by living donors.

173. Standard operating procedure for living tissue donors in California allows the donor to choose the recipient of a tissue donation or engage in an altruistic anatomical gift to a random recipient.[27]

174. Defendant Kaiser has wrongfully acted as a proxy to chose the recipients of fenced neonatal foreskins obtained from an ongoing conspiracy to engage in neonatal foreskin theft marketed as circumcision.

FIFTH CAUSE OF ACTION

FOR

WRONGFUL TISSUE ALLOCATION

[CAL Health & Safety Code 7158.3 (b)(1)(2)(A)(B)(C)(4)]

175. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 174.

176. *CAL Health & Safety Code 7158.3 (b)(1)(2)(A)(B)(C)(4)* states ***" (1) Revise existing informed consent forms and procedures to advise a donor or, if the donor is deceased, the donor's representative, that tissue banks work with both nonprofit and for-profit tissue processors and distributors, that it is possible that donated skin may be used for cosmetic or reconstructive purposes, and that donated tissue may be used for transplants out of the United States.***

(2) The revised consent form or procedure shall separately allow the donor or donor's representative to withhold consent for any of the following:

(A) Donated skin to be used for cosmetic purposes.

(B) Donated tissue to be used for applications outside of the United States

(C) Donated tissue to be used buy for-profit tissue processors and distributors

(4) The donor may recover, in a civil action against any individual or entity that fails to comply with this subdivision, civil penalties to be assessed in an amount not less that one thousand dollars ($1,000) and not more than five thousand dollars ($5,000), plus court costs, as determined by the court. A separate penalty shall be assessed for each individual or entity that fails to comply with this subdivision."

177. After the act of neonatal foreskin theft marketed as circumcision Defendant Kaiser did not allow the Plaintiff the right to exercise his rights under the aforementioned statute to prohibit transferring his foreskin to recipients in cosmetics, outside the United States or engaged in for-profit ventures nor was the Plaintiff capable of making this decision because of he was incapable of comprehension at the time of the incident.

178. As a result the Plaintiff, a living donor, is entitled to civil penalties ***not less that one thousand dollars ($1,000) and not more than five thousand dollars ($5,000), plus court costs, as determined by the court.***

SIXTH CAUSE FOR ACTION

FOR

ALTRUISTIC LIVING DONOR REGISTRY ACT

[CAL Health & Safety Code 7152.2 (e)]

179. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 178.

180. *CAL Health & Safety Code 7152.2* **(e)** states ***"(e) The registrar may also authorize the registry to include persons who identify themselves as altruistic living donors of organs and tissue other than kidneys to be added to the registry, upon a finding by the Federal Centers for Medicare and Medicaid Services and the United Network for Organ Sharing that the donation is generally regarded as safe and without a significant risk of complications, and would not adversely affect the health of the donor. Upon a finding pursuant to this subdivision, the registrar shall notify the appropriate policy committees of the Legislature."***

181. Defendant Kaiser did not give the Plaintiff to 1) time to develop his comprehension

2) ethically market the benefits of being a living tissue donor 3) register as a living donor 4) ethically market foreskin donations for the purposes of transplant, education or research and 5) allow ethically donated foreskin to be visible within established tissue donation networks.

SEVENTH CAUSE FOR ACTION

FOR

INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS

182. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 181.

183. PLAINTIFF claims that Defendants KAISER and DOES 1 through 100 have caused him to suffer severe emotional distress.

184. The conduct of Defendants KAISER and DOES 1 through 100 was outrageous.

185. Defendants KAISER and DOES 1 through 100 intended to cause emotional distress.

186. PLAINTIFF, Douglas O'Connor, has suffered emotional distress and that the conduct of Defendants KAISER and DOES 1 through 100 was a substantial factor in causing the severe emotional distress of the PLAINTIFF.

187. Defendants KAISER and DOES 1 through 100 have collectively agreed upon an ongoing foreskin shaming script with threats of cancer, HIV and other pathogens in order to coerce victims into submission. They have shamed people into believing the mere presence of a foreskin on a male body will result in higher chances of cancer, HIV, STD's and/or Urinary Tract Infections.

188. Defendants KAISER and DOES 1 through 100 engaged in despicable conduct and acted with a conscious disregard of the rights of PLAINTIFF with an intent to injure, vex and annoy PLAINTIFF such as to constitute oppression, fraud or malice under CALIFORNIA CIVIL CODE 3294. PLAINTIFF is therefore entitled to exemplary damages in an amount sufficient to punish and make an example of Defendants KAISER and DOES 1 through 100.

EIGHTH CAUSE FOR ACTION

FOR

NEGLIGENCE

189. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 188.

190. Defendants by and through their agents, servants, and/or employees, knew or reasonably should have known of Defendant KAISER's participation in the conspiracy to engage in harmful and offensive conduct against the intimate body part, foreskin, of neonatal males including PLAINTIFF.

191. At the time of PLAINTIFF's birth Defendants by and through their agents, servants, and/or employees, knew or reasonably should have known about the 1971, 1975 and 1977 American Academy of Pediatrics Ad Hoc Ad Task Force on Circumcision.

192. Defendants by and through their agents, servants, and/or employees, knew or reasonably should have known the behavior of Victorian Era and Early 20th century doctors and surgeons engaging in neonatal foreskin theft marketed as circumcision fit the profile of violent psychopathic behavior.

193. Instead of ceasing and desisting with the harmful and offensive behavior Defendants resorted to subtle forms of foreskin fraud to expand the ongoing conspiracy of neonatal foreskin theft marketed as circumcision.

194. Defendants by and through their agents, servants, and/or employees, knew or reasonably should have known the ethics of organ and tissue donation and applied them to the foreskins of neonatal males.

195. Defendants by and through their agents, servants, and/or employees, knew or reasonably should have known they have refused to provide informed consent to parents and the general public about ethical parameters to procure foreskin from living neonatal donors.

196. The failure of Defendants to cease and desist from the foreseeable harm was committed with negligence, gross negligence, wanton recklessness, and/or reckless indifference to PLAINTIFF.

197. The Defendants' aforementioned negligence directly and proximately caused PLAINTIFF to sustain sever and permanent damages as described above.

NINTH CAUSE FOR ACTION

FOR

NEGLIGENT SUPERVISION, MONITORING, TRAINING AND RETENTION

198. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 199.

200. Supervision of agents, servants, and/or employees within Defendants' control is a mandatory and unqualified duty.

201. Defendants Defendants by and through their agents, servants, and/or employees each had a duty to engage in reasonable supervision, monitoring, training and retention for any employees that have interacted with neonatal males.

202. Defendants by and through their agents, servants, and/or employees should have reasonably known about the harmful and offensive conduct associated with neonatal foreskin theft marketed as circumcision.

203. Schoen confessed his supervisor at Defendant Kaiser, Dr.Martin Shearn, encouraged Schoen to focus his professional efforts on projects other than so-called, ***"circumcision"***. Shearn was the Chief of Medicine while Schoen was the Chief of Pediatrics at this time they were agents/employees of Defendant Kaiser. Shearn failed to discipline Schoen's misconduct.

204. The failure of Defendants to cease and desist from the foreseeable harm was committed with negligence, gross negligence, wanton recklessness, and/or reckless indifference to the Plaintiff.

205. The Defendants aforementioned failure to supervise and train agents/employees directly and proximately caused the Plaintiff to sustain severe and permanent damages as described above.

TENTH CAUSE OF ACTION

FOR

BREACH OF FIDUCIARY DUTY

206. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the

allegations contained in paragraphs 1 through 205.

207. While he was a minor PLAINTIFF was entrusted by his parents to care, control and supervision of Defendant KAISER.

208. PLAINTIFF's relationship with Defendant KAISER was well beyond that of an ordinary patient. PLAINTIFF was only days old.

209. The ongoing conspiracy to commit neonatal foreskin theft marketed as circumcision expanded in hospitals all over the United States in 1936. Frank Ashley, M.D. of Brooklyn, New York shared the organ harvesting conspiracy orally at an event in 1936. That conspiracy was accepted for publication in 1937. Ashley stated, ***"However, if the supply at the hospital is insufficient, arrangements may be made with other hospitals"*** and ***"Nevertheless we suggest that all foreskins available be saved and not discarded, but be imbedded in ice cubes or in saline for future use."***

210. Defendant KAISER has an ongoing conflict of interest with neonatal males since its inception to this present day. Defendant KAISER entered the conspiracy to engage in neonatal foreskin theft marketed as circumcision with other hospitals across California and the United States at its inception.

211. Defendant KAISER has served patients of all ages and genders in acute, emergency, prenatal, postnatal, preventative and surgery. As a result there has been an inevitable ongoing conflict of interest between the interest of neonatal males and other patients under the care of Defendant KAISER.

212. Defendant KAISER has also been on record as having a research division. Defendant KAISER has boasted of having cancer cell cultures from the 1940's.

213. At the time of PLAINTIFF's birth in 1977 neonatal foreskins were fraudulently obtained and violently removed for use in skin-grafts, eyelid surgery, oral surgery, laboratory research and outright commercial exploitation by hospitals, medical-pharmaceutical developers and researchers like Defendant KAISER.

214. Pursuant to their fiduciary relationship Defendant KAISER, were entrusted with well-being, care and safety of Plaintiff.

215. Pursuant to their fiduciary relationship Defendant KAISER assumed a duty to act in the best interests of PLAINTIFF.

216. Defendant KAISER's aforementioned breach of fiduciary duty directly and proximately caused PLAINTIFF to sustain severe and permanent damages as described above.

217. As a result of Defendant Kaiser's ongoing participation in a conspiracy to commit neonatal foreskin theft marketed as circumcision Defendant Kaiser is incapable of providing objective medical care to any neonatal or minor male with a foreskin including the Plaintiff.

218. Defendant KAISER engaged in despicable conduct and acted with a conscious disregard of the rights of PLAINTIFF with an intent to injure, vex and annoy PLAINTIFF such as constitute oppression, fraud or malice under CALIFORNIA CIVIL CODE 3294. PLAINTIFF is therefore entitled to exemplary damages in an amount sufficient to punish and make an example of Defendant KAISER.

ELEVENTH CAUSE OF ACTION

FOR

CONSTRUCTIVE FRAUD

219. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 218.

220. As described above, Defendant KAISER, had a special fiduciary relationship of trust and confidence with PLAINTIFF.

221. Plaintiff's position in the relationship with Defendant KAISER was one of weakness and dependence, whereas Defendant KAISER's position was one of superior influence. They did not deal on terms of equality.

222. Defendant KAISER was aware at the time of PLAINTIFF's birth other doctors in the United States and abroad stated there was no compelling medical reason to perform neonatal circumcision as a preventative health procedure from 1949 to 1977.

223. Defendant KAISER was aware of the demand for neonatal foreskin for skin-grafts, oral surgery, plastic surgery and ongoing laboratory research. Defendant KAISER withheld this knowledge from PLAINTIFF and his parents.

224. Defendant KAISER betrayed the fiduciary duty owed to PLAINTIFF as a result of such relationship of trust and confidence, by their concealment of information about the conflict of

interests associated with neonatal foreskin that they knew or should have known.

225. Defendant KAISER held itself out an institution that had the best interest of newborn children including neonatal males but their failure to disclose information about the ongoing conflict of interest with neonatal foreskin had the intent and effect of deceiving the PLAINTIFF and public.

226. Defendant KAISER had an accumulation of knowledge about the "afterlife" use of neonatal foreskins internally by its own agents or employees in surgical procedures such as skin grafts, oral surgery, plastic surgery or in laboratory research. Defendant KAISER may have had affiliated procurement agreements with external third parties seeking neonatal foreskin for purposes similar to aforementioned ones. Defendant KAISER has refused to disclose what happens to neonatal foreskins after they have been violently separated from neonatal males.

227. PLAINTIFF justifiably relied on Defendant KAISER's representation that they would provide safe and harmless objective medical treatment regardless of age or gender.

228. Defendant KAISER's aforementioned breach constructive fraud directly and proximately caused PLAINTIFF to sustain severe and permanent damages as described above

229. Defendant KAISER engaged in despicable conduct and acted with a conscious disregard of the rights of PLAINTIFF with an intent to injure, vex and annoy PLAINTIFF such as constitute oppression, fraud or malice under CALIFORNIA CIVIL CODE 3294. PLAINTIFF is therefore entitled to exemplary damages in an amount sufficient to punish and make an example of Defendant KAISER.

TWELFTH CAUSE OF ACTION

FOR

CIVIL CONSPIRACY TO COMMIT FRAUD

230. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 229.

231. According to the book, **CIRCUMCISION IS A FRAUD:THE COMING LEGAL RECKONING**, by law professor, P.W. Adler, [28] theorizes neonatal circumcision by hospitals in the United States has been an ongoing conspiracy for around 150 years.

232. Since the inception the conspiracy to engage in neonatal foreskin theft marketed as circumcision by psychopathic Victorian Era doctors and surgeons of the Gilded Age in the late 19th century there has been an ongoing conspiracy within the American hospital and medical industry at large to defraud the general public about the demand for neonatal foreskin.

233. The publication of **The History of Circumcision** by Remondino gave fellow co-conspirators a blueprint on how to enter the conspiracy to commit neonatal foreskin theft marekted as circumcision. At the time of publication in 1891 the most prominent religions in the United States of America and other English speaking nations were sects of Christianity including but not limited to Catholics, Mormons and Protestants.

234. Remondino falsely advertised and implied the foreskin removal procedures he performed were similar to the Biblical circumcision procedure performed on Jesus. The first image the reader of his book sees is a 16th century illustration of Jesus's circumcision.

235. Since Remondino and his co-conspirators were engaging in a bait and switch of procedures it was essential victims could not find out what a foreskin and penis looked like after a Biblical circumcision procedure. The lack of illustrations or pictures in the Bible of a post-circumcision foreskin and penis have enabled this concealment aspect of the fraud.

236. Remondino refused to provide any illustrations in his book because it was essential the largely Christian society never discover his bait and switch scheme. He stated, "***To the extremely wise, good and scientific, these illustrations were unnecessary;***".

237. Remondino acknowledged the simple Biblical circumcision procedure was enough to provide hygienic benefits to its recipients. Remondino stated, ***"I believe thoroughly in the Mosaic law, not only from a moral but also from a sanitary stand-point....For the reasons I have given, I am in favor of the radical application of the Mosaic rite of circumcision"***

238. Remondino was aware of the additional procedures added to the Biblical circumcision procedure by self-anointed religious leaders of Judaism around the 2nd Century A.D. Remondino makes contradicting deceptive statements in his book. He claimed no changes were ever made to Biblical circumcision by Judaism. Remondino stated "***Another evidence of the strictly religious nature of the rite, as far as the Hebrews are concerned, lies in the fact that, with all their skill in***

surgery and medical sciences, they never made any alteration or improvement in the manner of performing the operation."

239. However Remondino writes about these changes in two chapters of his book. These chapters are Chapter XII , ***Hebraic Circumcision,*** and Chapter XIII, ***Mezizah, The Fourth or Objectionable Act of Suction,*** from pages 143 to 160, Remondino writes about his demonstrated knowledge of the differences of Biblical Circumcision and post-Biblical Judaic Circumcision changes such as ***"Brit Periah"*** and ***"Brit Metzizah".***

240. Remondino confessed to entering the conspiracy to engage in neonatal foreskin theft marketed as circumcision in order to obtain a source of donor skin for skin-grafting. He wrote "***Puzey, of Liverpool, has found it of extreme value, and even unequaled by any part of the body, for furnishing skin-grafts,*** [81] ***these grafts showing a vitality that is simply phenomenal, considering the laxity of its tissues and its seemingly adipose character. There is no doubt, however, that for skin-transplanting there is nothing superior to the plants than offered by the prepuce of a boy, and where any large surface is to be covered this should undoubtedly be chosen, as offering the greatest and quickest success and the least chances of failure.***"

241. Remondino, his co-conspirators and ensuing conspirators found ways to duplicate the penile laceration of ***"Brit Periah"*** procedure performed with sharpened fingernails with modern medical equipment in order to remove extra sqaure inches of neonatal foreskin covertly under the guise of circumcision.

242. On November 5, 1936 Frank Ashley, M.D. hereinafter, **Ashley**, of Brooklyn, New York, hosted a by-invite-only event to solicit new co-conspirators to enter a conspiracy, neonatal foreskin theft marketed as circumcision. Ashley solicited more co-conspirators to enter his conspiracy by submitting his oral solicitation for nationwide publication to the ***Annuals of Surgery*** on November 18, 1936. The solicitation of Ashley to enter a conspiracy was approved and published by the ***Annuals of Surgery*** in the 1937 August edition. Ashley's solicitation to enter the conspiracy is titled **FORESKINS AS SKIN GRAFTS***

243. In 1942 Defendant KAISER opened its first hospital in Richmond, CA. By that time entering the conspiracy to commit neonatal foreskin theft marketed as circumcision was mandatory

for any hospital chain to operate including Defendant Kaiser. The founder of Defendant KAISER, Garfield, had deep connections within big government, hospitals, medicine and the military-industrial complex. Defendant KAISER has entered the ongoing conspiracy to commit civil fraud, neonatal foreskin theft marketed as circumcision since its inception.

244. In the 1970's the Defendant Kaiser actively defied the desire to end the conspiracy to commit neonatal foreskin theft marketed as circumcision in the 1970's. In 1971, 1975 and 1977 by other American medical professionals in the ***American Academy of Pediatrics***, AAP. They formed the ***Ad Hoc Task Force on Circumcision***. These Ad Hoc Task Force Forces on Circumcision issued statements in 1971, 1975 and 1977 discouraging so-called ***"routine circumcision"*** of neonatal males.

245. The agent/employee behind the defiance of the Ad Hoc Task Force Forces on Circumcision in the 1970's was Schoen. Schoen was hired by Defendant Kaiser in the 1950's. By the 1970's and 1980's he was openly entered and promoted neonatal foreskin theft marketed as circumcision. Defendant Kaiser engaged in a cover-up of records for neonatal foreskin transfers.

246. Schoen confessed to entering the conspiracy set forth by Remondino in his book, **CIRCUMCISION, SEX, GOD AND SCIENCE MODERN HEALTH BENEFITS OF AN ANCIENT RITUAL**.[11] On pages 7 and 8 Schoen acknowledged and praised Remondino. Schoen acknowledged Remondino's 1891 book. Schoen quoted Remondino on page 7. Schoen wrote, ***"Remondino, a well known California physician."***

247. Schoen confessed to using a bait and switch technique similar to Remondino for so-called neonatal ***"circumcisions"***. On Page 4 Schoen stated, ***" Jesus was circumcised according to the Old Testament ritual"***. The back cover page of Schoen's book states, ***" This book documents the evidence of major health benefits of this biblical procedure."***

248. DOES 1 through 100 have supported Defendant KAISER in the ongoing conspiracy to commit civil fraud with equipment to perform neonatal foreskin theft marketed as circumcision and trafficking fenced neonatal foreskins.

249. All Defendants have been aware of the demand for neonatal foreskins. All Defendants have agreed to withhold their knowledge about the uses of neonatal foreskin from the public in order to keep

participation in the conspiracy ongoing.

250. All Defendants have been aware of they have not ever performed the advertised and implied procedure similar to a Biblical circumcision but rather a dangerous procedure based on an adult tearing off neonatal foreskin with his sharpened fingernails. All Defendants have continued to defraud the general public because disclosure of their ongoing bat and switch scheme would cause a reasonable person to find their neonatal foreskin theft marketed as circumcision to be blatantly offensive. As a result the public would view so-called "circumcision of neonatal males" as a sadistic sexual battery committed during a conspiracy to illegally harvest neonatal foreskins and exploit the stolen neonatal foreskins for monetary gain.

251. Defendant Kaiser and its co-conspirators have covered up the records of neonatal foreskin theft. As a result the Plaintiff is entitled to treble damages under the **California Child Victims Act.**

252. After 1977 Defendant KAISER has embraced its role in the ongoing conspiracy against neonatal males. During the childhood of the Plaintiff the Defendant Kaiser engaged in a cover-up. The Defendant did not provide the Plaintiff a copy of **Ode to the Circumcised Male** by Schoen, the Chief of Pediatrics for all of Defendant Kaiser, around the time of its publication and during the whole duration of the time the Plaintiff was a minor. **Ode to the Circumcised Male** was published in a medical journal for surgeons hidden from the general public including the Plaintiff.

253. In 1987 after publication of **Ode to the Circumcised Male** Schoen was appointed to the Chairman of the ***American Academy of Pediatrics Ad Hoc Task Force on Circumcision.*** The fox became in charge of the hen house. As a result Schoen was able to further the ongoing conspiracy to commit neonatal foreskin theft marketed as circumcision.[29]

254. Defendant Kaiser has used similar bait and switch tactics on its own website. An online article called, **What to know about circumcision** , Defendant Kaiser states, ***"Circumcision is a minor medical procedure during which a doctor removes the foreskin covering the tip of the penis."*** (see Exhibit D)

255. February 20, 2021 Anthony Losquadro, an activist against so-called ***"neonatal circumcision"***, exposed the shadow economy of post-circumcision neonatal foreskins in the United States through a FOIA, Freedom of Information Act, request in Massachusetts.

256. Losquadro discovered a publicly traded company, Organogenesis, had written

contracts with hospitals in Iowa and Massachusetts to buy post-circumcision neonatal foreskins. These hospitals were Tufts Medical Center, Boston University Medical Center and The Iowa Clinic

257. The agreement between Tufts Medical Center and Organogenesis, was titled "***TISSUE DONATION AGREEMENT***". Losquadro exposed the conspiracy to conceal the shadow economy of post-circumcision neonatal foreskins. He wrote, "***But the schedule that outlined the amount of money to be paid by Organogenesis to Dr. Davis and Tufts, per foreskin, was mysteriously missing from documents. Included in the contract is Paragraph 8, a confidentiality clause, in which Organogenesis demands the hospitals keep information about the program secret and on a "need to know" basis."*** [30]

258. On March 22, 2022 thirteen months after the aforementioned expose the closure of the Pediatric Unit at Tufts Medical Center was publicly announced on the website, www.boston.com.[31] The State of Massachusetts considers organ-tissue trafficking a form of human trafficking under its laws.

259. In the present day isolated cultured cells from neonatal foreskin indentied around the 1970's such as fibroblasts, keratinocytes and melanocytes are for sale online by multiple entities. The largest co-conspirator large publicly traded company Thermo-Fisher Scientific, ***(TMO)***, with a market cap over **$200,000,000,000** dollars has entered the conspiracy.

260. Thermo-Fisher sells neonatal fibroblasts cell culture under the symbol, **"HDFn"**, for $596.[32] Thermo-Fisher sells neonatal keratinocytes cell culture under the symbol, **"HEKn"**, $644. [33] Thermo-Fisher sells neonatal melanocytes cell culture under the symbol, **"HEMn"** with a skin pigment rating for $804.50[34] In total all three neonatal foreskin cell cultures cost $2,044.

261. During the past ten years there have been reports of A-List celebrities like Oprah Winfrey and Sandra Bullock bragging about being the recipients of so-called ***"Foreskin Facials"*** for cosmetic benefits. These facial creams are derived from the exploited and targeted neonatal foreskin fibroblasts of South Korean males.[35]

262. Other acts of neonatal foreskin exploitation have been reported online. An online article from Canada, **BC Health Pays to Restore Man's Foreskin**, by *The Tyee* [36] interviewed Dr. Paul Tinari. The article stated , "***There is the resale value," says Tinari. He is referring to the fact that human***

foreskins are a highly valuable tissue that can be grown in a lab to the size of a football field.", "***Dr. Tinari estimates that between the surgery and the foreskin's resale value, each foreskin is worth approximately $100,000***" and "***Most baby foreskins are used in insulin production, breathable bandages, and in the cosmetics industry***."

263. There has been a vast ongoing conspiracy among hospitals in California and United States to engage in neonatal foreskin theft marketed as circumcision and to fence neonatal foreskins.

264. In the case at hand all Defendants (as well as the agents and/or employees of each) entered into the conspiracy with common purposes of 1) concealing the illegal and improper procurement of neonatal foreskins and their subsequent transfers among the co-conspirators 2) making representations to the public that neonatal circumcision has been a safe and effective procedure done solely for the benefits of neonatal males 3) concealing from the public the nature and scope of the co-conspirator neonatal foreskin recipients and the nature of their commercial ventures with neonatal foreskin 4) shaming the foreskin of males so victims would be deceived into believing the foreskin is a dangerous body part in need of disposal and not question the whereabouts of separated neonatal foreskins 5) continuing to modify the foreskin shaming script subtly to lure in subsequent generations of unsuspecting victims 6) to avoid existing regulations regarding the rights of minor living skin-tissue donors 7) advertising a Biblical circumcision despite never performing the procedure and switching the performed procedure to engage in neonatal foreskin theft.

265. It has been essential for Defendants Kaiser and DOES 1 through 100 in order to engage in such a conspiracy because doing so allowed Defendant Kaiser to retain its position of authority, trust, respect and influence within the community and on the state and/or national stage. As result of Defendant Kaiser maintaining the fraud with the public all other Defendants benefit from the conspiracy.

266. By engaging in this continuing conspiracy, the Defendants directly committed fraud and enabled the commission of other torts, including but not limited to sadistic sexual battery through fraud.

267. Defendants KAISER and DOES 1 through 100 aforementioned conspiracy to commit civil fraud directly and proximately caused PLAINTIFF to sustain severe and permanent damages as described above.

268. Defendant KAISER engaged in despicable conduct and acted with a conscious

disregard of the rights of PLAINTIFF with an intent to injure, vex and annoy PLAINTIFF such as constitute oppression, fraud or malice under CALIFORNIA CIVIL CODE 3294. PLAINTIFF is therefore entitled to exemplary damages in an amount sufficient to punish and make an example of Defendants KAISER and DOES 1 through 100.

269. Defendant KAISER has conspired to commit financial fraud and unjustly enrich itself by marketing neonatal circumcision as a necessary medical procedure in order to charge PLAINTIFF, his family and/or health insurance plan monetary fees while concealing financial relationships with Defendants DOE NEONATAL FORESKIN RECIPIENTS and DOES 1 through 100.

270. Defendant KAISER and Defendants DOE NEONATAL FORESKIN RECIPIENTS and DOES 1 through 100 have concealed the living organ-tissue donor status of PLAINTIFF in order to charge charge PLAINTIFF, his family and/or health insurance plan artificially higher monetary fees and artificially lowering the cost of procuring neonatal foreskin for Defendants DOE NEONATAL FORESKIN RECIPIENTS and DOES 1 through 100.

271. Under California Living Donor Law the recipient must pay the medical costs of the organ-tissue procurement of all living organ-tissue donors.

272. All defendants have entered the ongoing conspiracy. As a result Defendants Kaiser and Defendants DOE NEONATAL FORESKIN RECIPIENTS have direct knowledge of the fraudulent unjust enrichment.

273. According to a 2016 report, ***"Kaiser also says there's no extra charge for circumcisions, even though its bills may say otherwise. Williamson's coverage has an annual family deductible of $9,000. The total bill for his son's delivery was $13,179, of which he was responsible for $8,207. The bill included an itemized $4,773 charge for "circumcision using clamp/other device," which translated to an out-of-pocket cost of $3,077."*** [36]

274. In the case at hand Defendant Kaiser has been been active purveyor of a drug-device, Dermagraft. Dermagraft is derived from neonatal foreskin. Dermagraft expires after six months from its manufacturing date. Dermagraft treatment bills out for around $25,000 annually. The costs of this hybrid skin-wound care can be reimbursed by insurance and/or Medicare. Dermagraft states "***derived from donated newborn foreskin tissue***" (see Exhibit E)

THIRTEENTH OF ACTION

FOR

LOSS OF CONSORTIUM

275. PLAINTIFF repeats, realleges and incorporates by this reference each and all of the allegations contained in paragraphs 1 through 274.

276. As time has gone on PLAINTIFF made anecdotal observations that the so-called "turtlenecks" as group have a higher rate of marriage retention. None of them are divorced. They all have children with one wife. The PLAINTIFF has noticed numerous male victims of neonatal foreskin theft marketed as circumcision have higher rates of divorce, less happiness in romantic relationships and substance abuse issues.

277. The anecdotal observations of the Plaintiff are supported by research on the behavior of **"circumcised"** and uncircumcised adult males. In November 2020 a research paper, **Neonatal male circumcision is associated with altered adult socio-affective processing,** hypothesized, ***"We hypothesized that early-circumcised men, compared to men who did not undergo neonatal circumcision, would display an alteration in socio-affective processing, characterized by higher attachment insecurity and emotional instability, lower empathy and trust, higher sexual libido and unrestricted sociosexuality (i.e., high number of sexual partners), and higher stress and risk-taking attitudes."***

278. The research concluded, "***We also found that early circumcision was associated with increased libido and sociosexual behavior. Studies on early stress show that precocious sexuality and unstable pair bonding are associated with insecure attachment (Belsky et al., 1991, 2012; Sung et al., 2016), and that individuals low in emotional stability are less likely to maintain stable relationships (Young et al., 2017), hence scoring high in sociosexuality. We found that the EC group also scored higher in sensation seeking. Sensation seeking is a potent predictor of a wide array of behaviors such as sexual risk-taking, reckless driving, smoking, alcohol use, and use of illicit drugs"*** [38]

279. As a result of being a victim of neonatal foreskin theft marketed as circumcision the attachment, behavior and sexuality of the Plaintiff has been permanently altered. The Plaintiff has a

higher probability to have lower emotional stability, a preference for short-term sexual encounters and a lower probability of being able to maintain long-term intimate relationships.

280. Former female romantic partners have expressed to the Plaintiff that sexual intercourse with an ***"uncircumcised"*** male provides a higher level of sexual pleasure. The Plaintiff has encountered female potential romantic partners that require a male sex partner to have an unaltered foreskin.

281. The PLAINTIFF is aware a former pornographic actor, Ron Jeremy, has been deemed "circumcised" and has been implicated as a serial rapist in Los Angeles County.[39]

282. The Plaintiff is aware many other male pornographic actors are victims of neonatal foreskin theft marketed as circumcision. As a result they embody the promiscuous behavior mentioned in the research paper, **Neonatal male circumcision is associated with altered adult socio-affective processing.**

283. A former agent/employee of Defendant Kaiser, Dr. Edgar Schoen, admitted the so-called "circumcision" procedure performed on neonatal victims including the Plaintiff as an effect on their sexuality.

284. In February 1987 the Plaintiff was 9-years old A former agent/employee of Defendant Kaiser, *Dr. Edgar Schoen*, **Chief of Pediatrics** wrote ***"if your foreskin is gone, you are now up the creek."*** in his pedophile poem, **Ode to the Circumcised Male**.

285. The word, **"SEX",** is in the title of his 2005 book, **CIRCUMCISION, SEX, GOD AND SCIENCE MODERN HEALTH BENEFITS OF AN ANCIENT RITUAL.** In fact the word, sex, is before **"GOD"** in the title

286. Schoen attempted to justify the adverse effects of neonatal foreskin theft marketed as circumcision on the sexuality of its victims including the Plaintiff in Chapter 7 of his book. The chapter is titled, **Sex and Sensitivity**.

287. The rights of PLAINTIFF to experience the sacrament of marriage with a God given foreskin and the right to make an informed decision about moving forward with or without a foreskin as an adult was taken away by the ongoing fraudulent conspiracy of Defendant Kaiser and DOES 1 through 100 to engage in neonatal foreskin theft marketed as circumcision.

288. All Defendants were aware they were permanently interfering the right of PLAINTIFF of to engage in self-discovery of his sexuality during his adolescence and after reaching the age of majority.

289. .All Defendants were aware aware the procedure performed that marketed as a Biblical circumcision yet completely different would result in a permanent loss of sensitivity for the intimate body part of the Plaintiff.

290. The Plaintiff has a permanent scar on the whole diameter of his penile shaft past the glans as a result of being victimized by all Defendants.

291. In order to simulate the ridged band motion of his removed foreskin to an intimate partner the Plaintiff must use ribbed condoms. The Plaintiff did not discover this fact until during the investigation of this matter.

292. Increased sensation seeking behaviors and sexual risk-taking by victims of neonatal foreskin theft marketed as circumcision have created a societal problem for the United States and world at large. According to As Geoff Rogers, co-founder of the United States Institute Against Human Trafficking (USIAHT), puts it, "***The United States is the number one consumer of sex worldwide. So we are driving the demand as a society.***"[40]

PRAYER

WHEREFORE, PLAINTIFF prays for judgment against Defendants as follows:

1. For an award of special, general, and exemplary damages according to proof;
2. For civil penalties;
3. For treble damages;
4. For prejudgment interest, according to proof; and
5. For such other and further relief as the Court deems just and proper.

Dated July 25, 2023

By: _____
DOUGLAS O'CONNOR, **IN PRO PER**

DEMAND FOR JURY TRIAL

PLAINTIFF demands a trial by jury of all issues so triable in this action.

Dated July 25, 2023

By: 

DOUGLAS O'CONNOR, **IN PRO PER**

DATED: July 25, 2023

X 

DOUGLAS O'CONNOR
In Pro Per

FOOTNOTES

[1] https://en.wikipedia.org/wiki/Brit_milah

[2] https://cirp.org/library/history/peron2/

[3] https://en.wikipedia.org/wiki/Feast_of_the_Circumcision_of_Christ

[4] http://www.brityy.org/content.asp?dept=1017&article=617

[5] https://www.cnn.com/2013/04/07/health/new-york-neonatal-herpes/index.html

[6] https://jezebel.com/john-harvey-kelloggs-legacy-of-cereal-sociopathy-and-1777402050

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[9] Circumcision - history - P C Remondino (circumstitions.com)

[10] Peter C. Remondino, MD: The Man and His Library - San Diego History Center | San Diego, CA | Our City, Our Story

[11] https://www.amazon.com/Circumcision-Sex-God-Science-Benefits/dp/1439219109

[12] Isodermic grafting (unmc.edu)

[13] FORESKINS AS SKIN GRAFTS - PMC (nih.gov)

[14] Foreskin isografts - ScienceDirect

[15] https://pubmed.ncbi.nlm.nih.gov/15256965/

[16] The Fate of The Foreskin (cirp.org)

[17] Clonal variation of derepressed phosphatase in chromosomally mosaic cell cultures from a child with Down's syndrome - PubMed (nih.gov)

[18] *https://digicoll.lib.berkeley.edu/record/218334?ln=en*

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[20] Human epidermal growth factor: isolation and chemical and biological properties - PubMed (nih.gov)

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[22] AG01523 (coriell.org)

[23] Steroid 5alpha-reductase in cultured human fibroblasts. Biochemical and genetic evidence for two distinct enzyme activities. - ScienceDirect

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[25] https://www.cdc.gov/nchs/data/hestat/circumcision_2013/circumcision_2013.htm

[26] Circumcised v Uncircumcised - 6 Answers About Uncircumcised Dicks. (menshealth.com)

[27] https://www.donornetworkwest.org/about-donation/types-of-tissue-donation/

[28] https://www.circumcisionisafraud.com/book

[29] https://en.intactiwiki.org/wiki/Edgar_J._Schoen

[30] Circumcision in America: Are baby boys' foreskins for sale? | by Anthony Losquadro | Medium

[31] Tufts is closing pediatric beds, and doctors and patients are stressed (boston.com)

[32] https://www.thermofisher.com/order/catalog/product/C0045C

[33] Human Epidermal Keratinocytes, neonatal (HEKn) (thermofisher.com)

[34] Human Epidermal Melanocytes, neonatal, lightly pigmented donor, (HEMn-LP) (thermofisher.com)

[35] https://www.today.com/style/cate-blanchett-sandra-bullock-swear-penis-facial-t125259

[36] https://thetyee.ca/News/2006/07/25/Circumcision/

[37] Cutting healthcare costs shouldn't be this painful - Los Angeles Times (latimes.com)

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[39] https://www.cnn.com/2021/08/25/entertainment/ron-jeremy-sexual-assault-charges-indictment/index.html

[40] https://fightthenewdrug.org/report-the-us-is-one-of-the-biggest-consumers-of-sexual-exploitation-in-the-world/

EXHIBIT A

Hebraic Circumcision.

(From an old sixteenth century Italian print in the author's collection, representing the scene of the Holy Circumcision.)

No. 11 IN THE PHYSICIANS' AND STUDENTS' READY REFERENCE SERIES.

HISTORY

OF

CIRCUMCISION

FROM THE

EARLIEST TIMES TO THE PRESENT.

MORAL AND PHYSICAL REASONS FOR ITS PERFORMANCE,

WITH A

HISTORY OF EUNUCHISM, HERMAPHRODISM, ETC., AND OF THE DIFFERENT OPERATIONS PRACTICED UPON THE PREPUCE.

BY

P. C. REMONDINO, M.D.
(JEFFERSON),
Member of the American Medical Association, of the American Public Health Association, of the San Diego County Medical Society, of the State Board of Health of California, and of the Board of Health of the City of San Diego; Vice-President of California State Medical Society and of Southern California Medical Society, etc.

PHILADELPHIA AND LONDON:
F. A. DAVIS, PUBLISHER.
1891.

flowery and warm, spiced language of the Orient, than any supposed nastiness, on account of which they are classed among the prohibited. To those, and the readers of Amelie Rives's books, or other intensely realistic literature, I need not imitate the warning of Ansonius, who warned his readers on the threshold of a part of his book to "stop and consider well their strength before proceeding with its lecture." Metaphorically speaking, the general theatre-going, or modern literature-reading public, can be considered pretty callous and morally bullet proof. I shall therefore make no apology.

Some fault may, perhaps, be found with some of the occasional style of the book, or with some of the subjects used to illustrate a principle. To the extremely wise, good, and scientific, these illustrations were unnecessary; this need hardly be mentioned; and the passages which to some may prove objectionable were not intended for them, either with the expectation of delighting them or with the purpose of shocking them. These passages, they can easily avoid. This book, however, was written that it might be read: not only read by the Solon, Socrates, Plato, or Seneca of the laity or the profession, but even by the billy-goated dispositioned, vulgar plebeian, who could no more be made to read cold, scientific, ungarnished facts than you can make an unwilling horse drink at the watering-trough. Human weakness and perversity is silly, but it is sillier to ignore that it exists. So, for the sake of boring and driving a few solid facts into the otherwise undigesting and unthinking, as well as primarily obdurate understanding of the untutored plebeian, I ask the indulgence of the intelligent and broad-minded as well as the easily inducted reader. Cleopatra was smuggled into Cæsar's presence in a roll of tapestry; the Greeks introduced

their men into Troy by means of a wooden horse; and the discoverer of the broad Pacific Ocean made his escape from his importunate creditors disguised as a cask of merchandise. So, when we wish to accomplish an object, we must adopt appropriate means, even if they may apparently seem to have an entirely diametrically opposite object. The Athenian, Themistocles, when wishing to make the battle of Salamis decisive, was inspired with the idea of sending word to the Persian monarch that the Greeks were trying to escape, advising him to block the passage; this saved Greece.

There is a weird and ghostly but interesting tale connected with the Moslem conquest of Spain, of how Roderick, the last of the Gothic kings, when in trouble and worry, repaired to an old castle, in the secret recesses of which was a magic table whereon would pass in grim procession the different events of the future of Spain; as he gazed on the enchanted table he there saw his own ruin and his country's and nation's subjugation. Anatomy is generally called a dry study, but, like the enchanted brazen table in the ancient Gothic castle, it tells a no less weird or interesting tale of the past. Its revelations lighten up a long vista, through the thousands of years through which the human species has evolved from its earliest appearance on earth, gradually working up through the different evolutionary processes to what is to-day supposed to be the acme of perfection as seen in the Indo-European and Semitic races of man. Anatomy points to the rudiment—still lingering, now and then still appearing in some one man and without a trace in the next—of that climbing muscle which shows man in the past either nervously escaping up the trunk of a tree in his flight from many of the carnivorous animals with whom he was contemporary, or, as the shades

performance can in no way have developed from either phallic or other warlike rites or usages; but we must accept its origin as a purely religious rite,—a covenant of the most rigid observance, coincident in its inception with the formation of the Hebraic creed in the hills of Chaldea.

What Herodotus or Pythagoras may have written concerning the practice among the Egyptians was written, as already remarked, some nine centuries after Moses had recorded his laws; Moses himself having come some centuries after Abraham. Herodotus is quoted as representing that the Phœnicians borrowed the practice from the Egyptians, in support of the theory that Egypt was the central nucleus from whence the practice started, and not that it traveled toward Egypt from Phœnicia. The difference in the ages, already mentioned, at which the rite was practiced—that of Phœnicia and Israel being at one time identical—shows that the testimony of Herodotus in this one particular was the result of faulty judgment, as we find the people who have borrowed the practice from the Egyptians, as well as their descendants, closely follow their practice in regard to the age at which the operation should be performed. Another evidence of the strictly religious nature of the rite, as far as the Hebrews are concerned, lies in the fact that, with all their skill in surgery and medical sciences,—they being at one time the only intelligent exponents of our science,—they never made any alteration or improvement in the manner of performing the operation. It is evident that even Maimonides, a celebrated Jewish physician of the twelfth century, who furnished some rules in regard to the operation, was held under some constraint by the religious aspect of the rite. As a summary of this part of the subject, it

perineal band, which not only protected the glans in its thorny passage through life, but also acted like a protecting ægis to the scrotum and its contents, the prepuce became a superfluity; not only a superfluity, but, now that its natural office had been replaced by the perineal cloth, it actually began to be a nuisance, as its former free contact with the air had retained it in a state of vigorous and disease-resisting health which was now fast departing. As Montesquieu observes, in the causes that led to the decline and fall of the Roman Empire, those seasons of trials, tribulations, and struggle for existence are those of health and progress and healthy life, and the periods of luxury and idleness are those of degeneracy and decay. So with the prepuce, the luxury and idleness, voluptuousness and consequent feasting incident to its being supplanted in its original functions by the perineal cloth, which left it thenceforth unemployed, led it in the pathway of disease and death. This first innovation in civilization was to the prepuce the beginning of its decay and fall. Like Belshazzar in his great banquet-hall in ancient Babylon, the prepuce might have read the hand-writing on the wall, "*Mene, Mene, Tekel, Upharsin*," and foreseen the gory end that awaited it. Like to other human affairs, however, even in his fallen estate a kind word can be said for the prepuce. Puzey, of Liverpool, has found it of extreme value, and even unequaled by any other part of the body, for furnishing skin-grafts,[81] these grafts showing a vitality that is simply phenomenal, considering the laxity of its tissues and its seemingly adipose character. There is no doubt, however, that for skin-transplanting there is nothing superior to the plants offered by the prepuce of a boy, and where any large surface is to be covered this should undoubtedly be chosen, as offer-

ing the greatest and quickest success and the least chances of failure. This is really the only disadvantage that can be charged against circumcision, as in a strictly circumcised community they would be debarred from this great advantage. An uncircumcised individual could be procured, however, to supply the deficiency. It is related that in the latter part of 1890, a Knight Templar, in Cincinnati, required a great supply of grafts or skin-plants to cover a largely-denuded surface, and that the whole of his Commandery chivalrously and generously supplied the needed skin-plants in a body. A few healthy prepuces would have been more efficacious. In advising the use of the prepuce for these purposes it must not be overlooked that in case of a white man it would not do to use skin of any other color besides his own. We have no data to base any assertion as to the relative action of skin-grafts taken from Mongolians or Indians, but we have very reliable data in relation to the proliferating action of those of the negro,[88] which induces a growth of epidermis of its own kind; so that preputial grafts from the negro, combining the extra vitality and proliferation of the preputial tissue with the strong animal vitality of the negro, if applied to a white man, might not produce the most desirable cosmetic effects, especially if on one side of the countenance.

But, taken as a whole, when considered in its relation to onanism, nocturnal enuresis, preputial calculus, syphilis, cancer, and a lot of nervous and other ailments, or induced abnormal physical conditions, we can really conclude that the days of the prepuce are past and gone, that it has outlived its usefulness, and that those whom a religious or civil ordinance or custom happily makes them rid of it are people to be greatly envied. As

judgment and my practice for may years, in these reflex irritations, to pursue the radical course of circumcision. I believe thoroughly in the Mosaic law, not only from a moral but also from a sanitary stand-point. All genital irritation should be thoroughly removed. It is all very well to instruct the mother or the nurse to keep the parts within the prepuce clean, but they can not or will not do it. Complete and proper removal of the covering to the glans takes away all the cause of disturbance. Dr. Sayre takes a more pronounced position on this subject than the majority of those who have discussed his paper. An improper performance of a surgical procedure is no argument against the operation, but rather against the operator. For the reasons I have given, I am in favor of the radical application of the Mosaic rite of circumcision."

Dr. J. Lewis Smith, the president of the Section, believed in the evil results of the reflex irritation due to abnormality of the prepuce. In many instances the causative relation of the preputial disease to the symptoms which it produces is not so apparent as it may be in others, but after correct treatment of the prepuce they disappear. There was one result of phimosis which, he observed, neither Professor Sayre nor those who contributed to his paper noticed. The expulsive efforts accompanying urination sometimes cause prolapsus of the rectum, and frequently produce inguinal hernia. In a lecture before the Harveian Society (*British Medical Journal*, February 28, 1880), Edmund Owen, Surgeon to St. Mary's Hospital and to the Hospital for Sick Children, says: "Perhaps the commonest cause of hernia in childhood is a small preputial or urethral orifice, and next to that I would put the smegma-hiding or adherent prepuce." Arthur Kemp

sults Dr. Holgate has not given the profession any information.[104]

One of the most interesting and instructive papers that it was ever the fortune of the writer to listen to, touching on the subject of reflex nervous diseases or neuroses due to preputial adhesions, was one prepared by Dr. M. F. Price, of Colton, California, and read at the semi-annual meeting of the Southern California Medical Society, at its Pasadena meeting in December, 1889. In the course of the paper he gives a considerable number of examples, of which some extracts are herewith given: One case was a boy aged seven, who for two years had had frequent attacks of palpitation of the heart; when seen by Dr. Price the little heart was laboring hard, beating at a furious rate (far beyond counting), with a loud blowing or splashing sound, and the pulse at the wrist a mere flutter. The breath was inspired in a series of jerks, the face flushed and somewhat swollen. The chest-wall was visibly moved at every thump of the heart. The doctor attended the child for a month without the little patient making any appreciable improvement. Some time during this period of observation the father happened to mention that the boy sometimes complained of his penis hurting him at the time of an erection. This led the doctor to examine the parts, when he found a long prepuce, with a mucous membrane adherent to the glans, about a line beyond the corona, the whole circumference of the organ. With the use of cocaine and a blunt instrument the adhesions were removed, with an immediate amelioration of all the reflex symptoms. The very next paroxysm was lighter and less exhausting; the improvement was continuous. The child soon went to school and had no further trouble; but, in the doctor's opinion, the two years'

EXHIBIT B

EXPERIENCE AND REASON—BRIEFLY RECORDED | OCTOBER 01 1975

Report of the Ad Hoc Task Force on Circumcision

Hugh C. Thompson; Lowell R. King; Eric Knox; Sheldon B. Korones

Pediatrics (1975) 56 (4): 610–611.
https://doi.org/10.1542/peds.56.4.610

There is no absolute medical indication for routine circumcision of the newborn. The physician should provide parents with information pertaining to the long-term medical effects of circumcision and noncircumcision, so that they make a thoughtful decision. It is recommended that this discussion take place before the birth of the infant, so the parental consent to the surgical procedure, if given, will be truly informed.

A program of education leading to continuing good personal hygiene would offer all the advantages of routine circumcision without the attendant surgical risk. Therefore, circumcision of the male neonate cannot be considered an essential component of adequate total health care.

Topics: advisory committees, male circumcision

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AMERICAN ACADEMY OF PEDIATRICS CIRCUMCISION STATEMENTS

The AAP made statements about circumcision in 1971, 1975, 1977, 1989, and 1997. Here they are:

1. 1971 statement.
2. 1975 statement.
3. 1977 statement.
4. 1989 statement.
5. 1997 statement.

The AAP issued a new statement in March 1999, which is in a different file.

1971 STATEMENT OF THE AAP

[CIRP note: All AAP policy statements in this file have been superseded by the new policy statement that was issued on March 1, 1999.]

American Academy of Pediatrics, Committee on Fetus and Newborn. Standards and Recommendation for Hospital Care of Newborn infants. 5th ed. Evanston, IL: American Academy of Pediatrics: 1971.

Extract of text on circumcision:

Page 110:

Circumcision

There are no valid medical indications for circumcision in the neonatal period.[4]

4. Preston, E. N.: Whither the foreskin? A consideration of routine neonatal circumcision. J.A.M.A. 213:1853, 1970.

Citation:

- American Academy of Pediatrics, Committee on Fetus and Newborn. *Standards and Recommendation for Hospital Care of Newborn infants*. 5th ed. Evanston, IL: American Academy of Pediatrics, 1971:110.

1975 STATEMENT OF THE AAP

[CIRP note: All AAP policy statements in this file have been superseded by a new policy statement issued on March 1, 1999.]

Thompson HC, King LR, Knox E, et al. Report of the ad hoc task force on circumcision, *Pediatrics*, Vol. 56 No. 4: Pages 610-611, October 1975.

Committee on Fetus and Newborn

Report of the Ad Hoc Task Force on Circumcision

The Committee on Fetus and Newborn of the American Academy of Pediatrics stated in 1971 that there are no valid medical indications for circumcision in the neonatal period. The present committee has undertaken a review of data to support arguments "pro" and "con" circumcision of the newborn, and finds no basis for changing this statement.

Nevertheless, traditional, cultural, and religious factors play a role in the decision made by parents, pediatrician, obstetrician, or family practitioner on behalf of a son. It is the responsibility of the physician to provide parents with factual and informative medical options regarding circumcision. The final decision is theirs, and should be based on true informed consent. It is advantageous for discussion to take place well in advance of delivery, when the capacity for clear response is more likely.

The followup is a summary of factors relating to neonatal circumcision which may be presented to parents for their consideration before deciding on the procedure.

PREVENTION OF PHIMOSIS

A diagnosis of phimosis cannot be made with assurance in the newborn period because the cleavage plane between the glans and the deep preputial layer of the penis is not well developed at birth. There is a real need for research which will improve diagnostic accuracy in this area. It therefore follows that "phimosis of the newborn" is not a valid medical indication for circumcision. Circumcision performed later in life in the approximately in the 2% to 10% of male with true phimosis has the disadvantage of anesthetic risk and increased cost. Circumcision done after the newborn period should be performed when trauma to the genitalia is least likely to induce psychologic problems. (e. g., before the boy starts school)

FACILITATION OF HYGIENE

Circumcision, properly performed, eliminates much of the need for careful penile hygiene. If circumcision is not elected, the necessity for lifelong penile hygiene should be discussed with the parents, preferably before birth of the infant. Factors such as climate, the social and emotional reaction of prospective parents to penile cleansing, and the ability to understand and facilitate good hygiene, etc. should be taken into account when recommending whether circumcision should be performed.

CARE OF THE PENIS

There is evidence that carcinoma of the penis can be prevented by neonatal circumcision. There is also much evidence that optimal hygiene confers as much, or nearly as much protection. Although circumcision is an effective method of method of preventing penile carcinoma, a great deal of unnecessary surgery, with attendant complications would have to be done if circumcision were to be used as prophylaxis against this disease. Promulgation of the principles of adequate hygiene is an alternative prophylactic measure.

CANCER OF THE PROSTATE

There is presently no convincing scientific evidence to substantiate the assertion that circumcision reduces the eventual incidence of cancer of the prostate.

CANCER OF THE CERVIX

A review of existing literature indicates that noncircumcision is not of itself of primary etiologic significance in the development of cervical cancer in women.

BALANITIS AND VENEREAL DISEASE

Balanitis, infection of the foreskin, is painful and occurs only in uncircumcised males. If this occurs, staged surgical corrections may be necessary - first a dorsal slit to allow inflammation to subside, and then a secondary circumcision. **[CIRP note: This is inaccurate. Balanitis is infection of the glans. Posthitis is infection of the foreskin. Balanoposthitis is infection of both the glans and the foreskin. Circumcision leaves a foreskin remnant, which may partially cover the glans. Thus, any of these conditions may occur also in circumcised males.]**

Adequate studies to determine the relationship between circumcision and the incidence of venereal disease have not been performed.

SURGICAL RISKS AND AFTERMATHS

Circumcision is a surgical procedure that requires careful aseptic technique, systemized postoperative observation, and evaluation after discharge from the hospital.

The immediate hazards of circumcision of the newborn include local infection which may progress to septicemia, significant hemorrhage, and mutilation. Incomplete removal of the prepuce may result in phimosis.

Neonatal circumcision predisposes to meatitis, which may lead to meatal stenosis. The incidence of this complication is unknown, since the diagnosis of "meatal stenosis is seldom made on objective grounds. Meatal stenosis is seldom, if ever, associated with hydronephrosis or other objective evidence of urinary tract obstruction, such as a diminished urinary flow rate. Meatitis undoubtedly results in painful urination, but "meatal stenosis appears benign except in rare instances.

CONTRAINDICATIONS TO CIRCUMCISION

Prematurity, neonatal illness, any congenital anomaly (especially hypospadias), or bleeding problems are absolute contraindications to neonatal circumcision. The procedure

is also contraindicated in the immediate neonatal period or until complete neonatal physical adaption has occurred (usually 12 to 24 hours). The avoidance of circumcision in the delivery room is particularly important because neonatal disease is not always apparent at birth. In addition, it entails protracted exposure of infants to significant cold stress.

CONCLUSIONS

There is no absolute medical indication for routine circumcision of the newborn. The physician should provide parents with information pertaining to the long-term medical effects of circumcision and non-circumcision, so they may make a thoughtful decision. It is recommended that this discussion take place before the birth of the infant, so the parental consent to the surgical procedure, if given, will be truly informed.

A program of education leading to continuing good personal hygiene would offer all the advantages of circumcision without the attendant surgical risk. Therefore, circumcision of the newborn cannot be considered an essential component of adequate total health care.

AD HOC TASK FORCE ON CIRCUMCISION
HUGH C. THOMPSON, M. D., *Chairman*
LOWELL R. KING, M. D.
ERIC KNOX, M. D.
SHELDON B. KORONES, M. D.

Citation:

- Thompson HC, King LR, Knox E, *et al.* Report of the ad hoc task force on circumcision. *Pediatrics* 1975;56(4):610-1.

1977 STATEMENT OF THE AAP

[CIRP note: All AAP policy statements in this file have been superseded by a new policy statement issued on March 1, 1999.]

Committee on Fetus and Newborn: *Standards and Recommendations for Hospital Care of Newborn Infants*. Sixth Edition. American Academy of Pediatrics; Evanston, IL 60204.

Extracts related to circumcision:

Pages 83-84:

THE PRENATAL PERIOD

Parents should seek consultation with their pediatrician prior to their infant's birth and participate in parent education classes. Members of the medical and nursing staffs who communicate effectively a nd are aware of the needs and anxieties of expectant mothers

and fathers should plan and conduct the education program. Classes and other educational material should be informal and include both demonstrations and an opportunity for personal participation. This is the time to discuss infant feeding, circumcision, the possible effect the pregnancy or new infant might have on an older sibling, and other concerns about the infant, the pregnancy or other aspects of family life.

Page 66-67:

CARE IN THE NORMAL NEWBORN INFANT CARE AREA

Circumcision

There are no medical indications for routine circumcisions, and the procedure cannot be considered an essential components of health care.[7] If an infant is circumcised, the procedure must be delayed until the infant is at least 24 hours old and stable, without bleeding tendency or any other illness. Circumcision must never be done at time of delivery.

Reference:

7. Committee on Fetus and Newborn: Report of the Ad Hoc Task Force on Circumcision. *Pediatrics*, 56:610, 1975.

Page 121:

THE INFANTS-- THEIR CARE AND SURVEILLANCE

Skin Care of the Newly Born Infant

The skin is a protective organ, and any break in its integrity affords au opportunity for initiation of infection. In addition, it is clear that protection against invading pathogenic organisms is afforded by skin secretions or contents and, in older infants by the normal skin biota. At birth the infant does not have protective skin flora, has at least one and, later, possibly two open surgical wounds (the umbilicus and the circumcision site), and is exposed to fomites and personnel that harbor a variety of infectious agents.

Citation:

- Committee on Fetus and Newborn: *Standards and Recommendations for Hospital Care of Newborn Infants*. Sixth Edition. American Academy of Pediatrics; Evanston, IL, 1977.

1989 ADDENDUM TO 1975 STATEMENT

[CIRP note: All AAP policy statements in this file have been superseded by a new policy statement issued on March 1, 1999.]

EXHIBIT C

mother-child resemblances as adulthood approaches, again without apparent influence of the sex of the child.[4]

STANLEY M. GARN, PHD
TIMOTHY V. SULLIVAN
The Center for Human Growth and Development
The University of Michigan
300 North Ingalls Bldg
Ann Arbor, MI 48109

1. Ruvalcaba RHA: Familial sexual precocity. *AJDC* 1986;140:742.
2. Garn SM: Continuities and changes in maturational timing, in Brim OG, Kagan J (eds): *Constancy and Change in Human Development*. Cambridge, Mass, Harvard University Press, 1980, pp 113-162.
3. Garn SM, Bailey SM: Genetics of maturational processes, in Falkner F, Tanner JM (eds): *Human Growth*. New York, Plenum Publishing Corp, 1978, pp 307-330.
4. Garn SM, Rohmann CG: Interaction of nutrition and genetics in the timing of growth and development. *Pediatr Clin North Am* 1966;18: 363-379.

'Ode to the Circumcised Male'

Sir.—Before the mid-1970s, the American standard of care included neonatal circumcision, a minor surgical procedure that promoted genital hygiene and prevented later penile cancer as well as cervical cancer in female sexual partners. More recently, evidence has suggested that adequate hygiene is all that is needed and that circumcision is an unnecessary and traumatic procedure. In 1983, the American Academy of Pediatrics and the American College of Obstetrics and Gynecology jointly agreed that routine circumcision is not necessary,[1] and third-party payers are increasingly refusing to pay for the procedure. Whether recent evidence of a decreased incidence of urinary tract infections in circumcised male infants[2] can stem the anticircumcision tide is questionable.

The purpose of this communication is to offer some solace to the generations of circumcised males who are now being told that they have undergone an unnecessary and deforming procedure, which may also have been brutal and psychologically traumatic. To them I offer these lines:

Ode to the Circumcised Male

We have a new topic to heat up our passions—the foreskin is currently top of the fashions.
If you're the new son of a Berkeley professor, your genital skin will be greater, not lesser.
For if you've been circ'ed or are Moslem or Jewish, you're outside the mode; you are old-ish not new-ish.
You have broken the latest society rules; you may never get into the finest of schools.
Noncircumcised males are the "genital chic"—if your foreskin is gone, you are now up the creek.
It's a great work of art like the statue of Venus, if you're wearing a hat on the head of your penis.
When you gaze through a looking glass, don't think of Alice; don't rue that you suffered a rape of your phallus.
Just hope that one day you can say with a smile that your glans ain't passé; it will rise up in style.

EDGAR J. SCHOEN, MD
Department of Pediatrics
Kaiser Permanente Medical Center
280 W MacArthur Blvd
Oakland, CA 94611

1. American Academy of Pediatrics and American College of Obstetrics and Gynecology: *Guidelines for Perinatal Care*. Evanston, Ill, AAP/ACOG, 1983.
2. Wiswell TE, Smith FR, Bass JW: Decreased incidence of urinary tract infections in circumcised male infants. *Pediatrics* 1985;75: 901-903.

Gastric Acid Aspiration Possible During Flexible Endoscopy Without General Anesthesia

Sir.—I wish to comment on Dr Bendig's[1] recent article, "Removal of Blunt Esophageal Foreign Bodies by Flexible Endoscopy Without General Anesthesia."

I suggest that Dr Bendig has been fortunate in avoiding pulmonary aspiration of gastric contents in his patients, a life-threatening complication. Animal studies have suggested a critical gastric volume of 0.4 mL/kg and a pH of 2.5 or less as predisposing to serious pulmonary aspiration.[2] Pediatric patients are even more likely than adults to exceed this critical volume and pH.[3,4] Coté et al[5] found 50 of 51 pediatric patients to have gastric pH less than 2.5 immediately after induction of general anesthesia. Of these 51 children, 76% had gastric pH less than 2.5 and gastric volume greater than 0.4 mL/kg, placing them at risk for acid aspiration syndrome.

I suspect that many of Dr Bendig's patients were also at risk for acid aspiration both intraoperatively and postoperatively, despite the six-hour nothing-by-mouth period. Dr Bendig used chlorpromazine hydrochloride, meperidine hydrochloride, and diazepam to sedate his patients, a combination similar to "lytic cocktail," except for the substitution of diazepam for promethazine. In addition, t
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General anesthesia wi
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suggest that the risks f
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Despite Dr Bendig's c
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would not arrive in time.
more prudent to have an
volved at the start. I also
one takes Dr Bendig's su
couragement to perform
dure without appropriate
sonnel and equipment.

MICHAEL J. KIBEL
Department of An
Geisinger Medical
Danville, PA 1782

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Assessment of risk factors relat
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70-72.

In Reply.—Dr Kibelbek with the potential risk o
gastric contents utilizi

EDGAR SCHOEN, MD

GENETICS, EAST BAY AREA

2003 Sidney R. Garfield, MD
EXCEPTIONAL CONTRIBUTION AWARD

In 1968, Edgar Schoen, MD, then Chief of Pediatrics, Oakland, hired Ronald Bachman, MD, to join his department. The two became friends, colleagues and collaborators.

Dr. Schoen supported Dr. Bachman in establishing a clinical genetics practice and helped him obtain a Kaiser Foundation Research Institute grant to create a cytogenetics laboratory.

Dr. Bachman co-founded the Regional Genetics Program, establishing centers in Oakland and Santa Clara (later moved to San Jose).

Expanded to Sacramento and San Francisco, it is now the largest clinical genetics program in the country, if not the world.

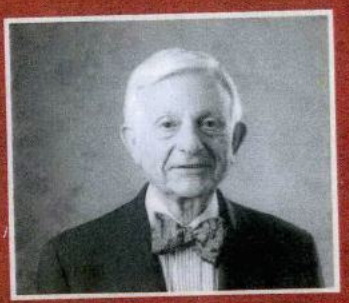
The story came full circle in 1990, when Dr. Schoen stepped down as Chief of Pediatrics and he accepted Dr. Bachman's invitation to join the Genetics Department to oversee the Regional Genetics Screening Programs.

EDGAR J. SCHOEN, M.D.

CIRCUMCISION, SEX, GOD AND SCIENCE

MODERN HEALTH BENEFITS OF AN ANCIENT RITUAL

Religion trumps science in the prevention of HIV/AIDS, a modern plague which has killed over 25 million people. Circumcision has deep roots in Judaism, Christianity and Islam. It is highly protective against acquiring HIV. Universal circumcision would save millions of lives. Repeated attempts at developing an HIV vaccine have failed, as the virus mutates. Scientific studies have proven circumcision also helps prevent many sexually transmitted infections, infant kidney infections, genital cancer and other disorders. This book documents the evidence of major health benefits of this biblical procedure.



Dr. Edgar Schoen *is one of the foremost authorities on all aspects of circumcision in the world and his new book is a fair, honest and insightful account of the extensive health benefits of this simple procedure. It is so good to have an authoritative book like this to turn to.*

– **Brian J. Morris, PhD DSc FAHA**
Professor of Molecular Medical Sciences
The University of Sydney, NSW 2006
Australia

ISBN 978-1-4392-1910-2
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In a vision Sister Agnes swallowed the divine foreskin, and experienced an orgasmic sensation which she was able to recapture simply by touching her tongue. Christian theology tells us that Christ went to the heavenly father with a perfect body. Does this imply perfection in the circumcised state?

In order to understand the origin of secular circumcision in the United States it is necessary to fast forward to the mid-nineteenth century and the medical practice and beliefs at the time. The current practice of circumcising almost all US boys as a health measure began in the late 1800s as the result of the influence of some of America's most respected physicians, the most notable being Dr. Peter Remondino, a well known California physician.

"Circumcision is like a substantial and well-secured life annuity; every year of life you draw the benefits. Parents cannot make a better paying investment for their little boys." These words were written more than a century ago by Dr. Remondino in a landmark 1891 book titled History of Circumcision: Moral and Physical Reasons for Its Performance. This classic review, which went through 2 printings at the turn of the 20th century, established Remondino as one of the pioneers in the era of modern circumcision in the United States because it was the first publication to analyze and document the medical reasons for infant circumcision. Some of the claims of circumcision benefits by Remondino and others were later found to be erroneous (egs the foreskin causes masturbation and emotional disorders), but many were proven to be scientifically

Review of MC evidence in current issue of sBMJ

Sat May 6, 2006 2:10 pm

"Halperin, Daniel \(PRETORIA/RHAP\)" <dhalperin@...>
tomcoates20000
Offline
Send Email

FYI, this comprehensive review has just been published in the student
British Medical Journal:

"Male circumcision: time to re-examine the evidence"
http://www.studentbmj.com/issues/06/05/editorials/179.php

Stef really gets most of the credit for this effort.

(Stef, one thing I can't figure out is where/how to find the references,
do you know?)

Cheers,

Daniel

-----Original Message-----
From: Halperin, Daniel (PRETORIA/RHAP)
Sent: Monday, May 01, 2006 10:12 PM
To: 'Edgar.Schoen@...'; emi@...; drgweiss@...;
r.short@...; thomas_wiswell@...;
vernon@...; xcastellsague@...; abrody@...;
beritmila@...; brianm@... d.edu.au;
circlist@...; clinic@...; corm@...;
dparris@...; drgweiss@...; drneil@...;
greatpx@...; Gene.Pawlick@...; icirc@...;
info@...; lsnellman@...; pottsmalcolm@...;
mjharbinson@...; neil@...;
pedsuro@...; peggbob@...; pottsmalcolm@...;
circ_info@...; rcbailey@...; rdreynolds@...;
sabailis@...; sabailis@...; slockman@...;
smoses@...; smoses@...;
drstuttaford@...
Subject: RE: My Recent circ pubs

Ed,

Thanks for sending the list, very impressive! You are clearly The Expert
in this field...

BTW, what about the evidence on MC and prostate cancer?...

Cheers,

Daniel

----Original Message----
From: Edgar.Schoen@... [mailto:Edgar.Schoen@...]
Sent: Saturday, April 22, 2006 9:27 PM
To: emi@...; drgweiss@...;
r.short@...; thomas_wiswell@...;
vernon@...; xcastellsague@...; abrody@...;
beritmila@...; brianm@... d.edu.au;
circlist@...; clinic@...; corm@...;
dparris@...; drgweiss@...; drneil@...; Halperin,
Daniel (PRETORIA/RHAP); greatpx@...; Gene.Pawlick@...;
icirc@...; info@...; lsnellman@...;
pottsmalcolm@...; mjharbinson@...;
neil@...; pedsuro@...; peggbob@...;
pottsmalcolm@...; circ_info@...; rcbailey@...;
rdreynolds@...; sabailis@...;
sabailis@...; slockman@...; smoses@...;
smoses@...; drstuttaford@...
Subject: My Recent circ pubs

Folks - Some of you have asked me about my recent and pending publications on circ. In 2005 I had an article in Arch Dis Child which
was an invited Commentary on infant UTI s - this is interesting because
of the resistance of the British medical establishment to circumcision-
the authors discovered that uncirc infants have 10X the risk of UTIs , a
fact established 20 years ago by Tom W and confirmed by multiple studies
since.
However they seemed oblivious to other benefits of circ, which I pointed
out in my commentary. My book was published in May 2005, and many of you
have seen it. This year there was a Cost Analysis paper in J Urol published in March 2006, which many of you also have seen. In Jan 2006 I
had a letter in J Urol on the increasing prevalence of circ in the US which Had been shown by Nelson-- I cited multiple surveys in the US
which indicate the prevalence of circ in the US is about 80%, much higher than is generally recognized - the difference is postneonatal circ (about 10%) and failure to code newborn circs (about 15%), which
leads to an official underestimate. There are 2 publications pending. One is a Commentary criticizing the policy of the AAP - this will be published in Pediatrics within the next few months. The second is a letter commenting on Van Howe's recent article in Clinical

Pediatrics on
"meatal stenosis" - this also has been accepted and will be published within the next few months. I am attaching some of this material.

One of the problems in getting across the multiple benefits of circ is that they involve many disciplines and each interest group has blinders
on and only sees that benefit that concerns them. I find this true in the communications I receive from many of you. The best illustration is
the preventive benefit against HIV acquisition, which is by far the most
important world effect, particularly in sub-Saharan Africa. Many of you
are concerned with this effect naturally , but there is a lack of knowledge about the other 10 benefits of circ among the HIV investigators. Similarly in the US where HIV is not the greatest problem, particularly among heterosexual middle cl;ass parents - to them
the important points are the prevention of infant UTIs and genital cleanliness. To illustrate the great preponderance of benefits over risk, increasingly apparent within the past few years, with many thanks
to the work of Xavier C., I am attaching a slide I show at lectures - 11
evidence-based benefits, the only risk being that of complications which
everyone agrees are rare and usually minor if the procedure is properly
performed by experienced operators. I am also attaching a bibliography
just of my publications on circumcision.
All the best , Ed

(See attached file: Benefits of Circ 4 06.ppt)(See attached file: CIRCUMCISION references 03 01 06.doc)

Message #16 of 264 < Prev | Next >

Expand Messages	Author	Sort by Date
Review of MC evidence in current issue of sBMJ FYI, this comprehensive review has just been published in the student British Medical Journal: "Male circumcision: time to re-examine the evidence" ...	Halperin, Daniel (PRE... tomcoates20000	May 8, 2006 5:06 pm

< Prev Topic | Next Topic >

Message # Go Search: Search Advanced Start Topic

Some Women Find Circumcision Erotic

Wife Gives Husband Erotic Circ

Mary had the baby a week ago. The delivery had gone normally, even though she had been in labor about 6 hours. She had recovered normally, and now, four days after coming home from the hospital, she had decided that she felt well enough to invite her two best friends over to see the baby. Her babies name was William, named after Mary's grandfather. Mary and her husband had decided that they would nick-name him BJ for short. They had been careful to avoid company this past week. Mary was recovering from childbirth, the baby was adapting to life outside the womb, and both parents felt it best to avoid the risk of infection or diseases carried by visitors. Mary had decided early in the pregnancy to nurse the baby. She wanted to enjoy the pregnancy and birth as much as possible, and knew that nursing was far superior to formula for nutrition, immunization to many diseases, and over-all healthy development.

Mary's friends, Beth and Ann arrived around noon, just in time for BJ's lunch. All three women were in their late 20's, and with the birth of BJ, all three had son's under one year old. Beth and Ann watched as Mary opened her blouse, and casually offered her breast to her son to nurse. Typical conversation went on, with both guests commenting on how beautiful young William was. He was a handsome baby, but that took an experienced eye to appreciate. Like almost all newborns, his complexion was slightly flushed, his eye's looked baggy, his body was somewhat football shaped, and he was almost totally bald. He nursed well, and eventually stopped suckling. Mary's indication that he was full. Mary got up to change his diaper. She knew that he'd go to sleep soon, and she wanted him to stay dry as long as possible. She lay William on the changing table and untaped his diaper. As she reached for a disposable towelette, Beth exclaimed, "Mary, Billy's got skin all over the end of his peter! Why didn't you have him circumcised?"

Mary continued changing BJ's diaper. She reminded both friends that she and her husband had been visiting his parents in a small rural town, when Mary unexpectedly went into labor. She explained to Beth and Ann, that the only Ob-Gyn in the small town had been an old male practitioner who was opposed to circumcision and simply refused to circumcise any newborn males. Mary and her husband had decided in advance to have their baby circumcised if it was a boy. Now, Mary went on to explain, they weren't sure what they were going to do.

All three women had discussed several aspects of sex before, including discussions of their husbands love-making skills. These conversations were typically very specific and highly detailed. All three women had agreed that they vastly preferred a circumcised penis to an uncircumcised one. Of the three, Beth was the most adamant. During one of these early conversations, Beth had explained that she had spent 6 months in Germany as an exchange student while in college. She had loved the country, and often remarked what a beautiful country it was.

While in Stuttgart as an exchange student, she had met and eventually slept with two different German students. Both of whom were uncircumcised. Even though both men bathed regularly and kept themselves clean, Beth was turned off by the experience. Beth went on to explain that during intercourse she did not get nearly as much stimulation as usual, because it felt to her as if the men were sliding in and out of their own foreskins, rather than her vagina. Visually, she much preferred the exposed, dry glans of a circumcised male to the erect uncircumcised penis. Oral sex, forget it! She had tried it several times with each male, but eventually refused, and offered to masturbate them instead. For Beth, the look, feel, smell and touch of the circumcised penis had no comparison.

Beth had even admitted that her future husband was uncircumcised when they first met. She had shocked Mary by proudly announcing that she had circumcised him herself a month and a half before the wedding. There was a chorus of, "What!" from both Mary and Ann. It's true Beth replied. I spent some time on the Internet researching circumcision. I found out about a device developed by a doctor in Malaysia called the Tara clamp. It is available in adult and child sizes. It operates much like a Gompco clamp, except that it is left in place until the severed foreskin dies. Then the clamp falls off. And, she went on, unlike the Gompco clamp, the Tara clamp is made out of plastic, and is disposable after you are finished with it.

"Shall I go on?", Beth asked the other two? "Yes", they replied in unison! Well, Beth went on, I discussed the idea one night with Tom before we had sex. I had been stroking his penis gently for several minutes and he was horny as hell. We had discussed circumcision many times before, and Tom knew I was very much in favor of it. While Tom was not as pro-circumcision as I was, he was curious about it as well. He confessed that he had wondered all his life what it would be like to have a circumcised penis. He had masturbated as a child and young adult fantasizing about being circumcised against his will. Not really fighting it, just being told that it was going to happen, and not being able to stop it.

I had expected resistance when I told him about the Tara clamp, and about how it was meant to be used in third world under-developed countries where doctors were not always available to perform male circumcisions. Tom was intrigued, but nervous. My girl friend, Lois, had just finished nursing training and was working as an Operating Room and Recovery Room nurse in our local community hospital. One evening over glasses of wine I showed Lois the literature I had down-loaded off the Internet about the Tara Clamp. The literature even showed the procedure being performed on an adult male. Lois was intrigued. She admitted that it appeared relatively safe, but because of her medical training she still recommended that circumcision be performed by a trained medical specialist. I changed the subject and we talked about other things.

A couple of weeks later Lois and I were having another "girls" night-out, when I told Lois that I had decided to circumcise Tom myself using the Tara Clamp. Lois was so surprised by my statement that she almost choked on her wine. After she settled down, she asked me if I were serious. I assured her that I was. She wanted to know what Tom thought of all this. I told her truthfully that Tom was a little nervous about the idea, but at the same time it turned him on. In fact, I explained to Lois, the role playing of him submitting to me and letting me circumcise him had become a major and enjoyable part of our sex play. As we discussed the idea, Lois seemed to grow to accept the concept more and more. I told Lois that I needed her help. Could she get me a small can of aerosol anesthetic?

I was hoping for Lidocain or something similar in a .2 to .25 percent solution. At first her reaction was, "Of course not. That would be theft.". But I explained to her that I'd buy it if it were available over-the-counter. Over the next few weeks I would bring it up every time Lois and I

were together. One evening, when Tom was playing poker with some guys, Lois called and asked if she could drop by for a minute. I was glad for the company, so I told her, "Sure". Lois showed up a few minutes later, and I offered her a glass of white wine while we chatted and brought each other up to date. I got up and went into the kitchen to refill our wine glasses. When I returned there was a small aerosol can about 4" tall on the coffee table. Lois was watching me expectantly. I picked up the can. It was the anesthetic I had asked her for, and the can felt like it was at least half full. I looked up from reading the label on the can, and Lois was watching me. I thanked her. She nodded then got quiet. After a short pause she asked me, " Will you video tape the operation so I can see it sometime?" You bet! Tom and I had planned to do that anyway.

Beth and Tom had made the Tara Clamp a regular part of their sex play. Beth would place the clamp over Tom's glans, pull his thick foreskin up over the cone and partially close the clamp. Beth would put just enough pressure on the two locking arms that Tom could feel the clamp pinching his prepuce. They had planned for an August wedding. They had both graduated from college the year before, and Tom had gotten a good job with an accounting firm. Tom and Beth planned the circumcision for the second weekend in June. Tom had brought work home from the office, and had made arrangements with his superiors to work on it at home the following Monday and Tuesday. They felt that would give Tom plenty of time for sufficient recovery that he would be able to function normally in his office after that.

That Friday evening Tom came home from work. Beth worked closer to their apartment, so she had beaten him home. Beth had everything set up. Tom let himself into their apartment. All the drapes were pulled, and the living room was dimly lit with a dozen candles spaced randomly around the room. Beth was wearing a sexy negligee. Tom could see that she was excited, because her nipples were erect through the fabric.

Beth handed Tom a shot of bourbon which he drank in one swallow. She asked him to undress in the bedroom and come back wearing only underwear. Beth had bought him a special pair of black silk under shorts for tonight's ritual. Tom came back into the room, almost naked. Beth handed him another shot of whiskey which he obediently swallowed. Beth had a soft FM station on the stereo and she and Tom began to slow dance very closely together. Beth pressed and rubbed her pubic mound into Tom's crotch. Tom knew perfectly well what was about to happen, and he had been semi erect all the drive home from work. The music stopped, and Beth dropped to her knee's, simultaneously giving a little downward tug on Tom's briefs freeing his erect penis. Beth sucked him into her hot, wet mouth. She nibbled on the tip of his foreskin, causing Tom to moan. Then Beth grabbed the base of Tom's penis and held his foreskin forward over the glans, with him still in her mouth. Beth inserted her tongue in between Tom's glans and his foreskin. Beth was secretly ecstatic because she knew this was the last time she'd ever do this for Tom with his foreskin intact. Beth ran her tongue around Tom's glans in a circular motion. This generated more moans, and caused Tom's penis to lubricate into Beth's warm mouth. Beth looked upward, and was pleased to see Tom looking down at her watching her every move.

Beth knew men where more visually aroused than women were. She knew it was much more of a turn-on for Tom to watch her sucking her off, then it would have been if their roles were reversed. Beth enjoyed sex with Tom very much. Soon, she'd enjoy it infinitely more, she thought to herself. But at least half of Beth's enjoyment came from knowing how much Tom loved and depended upon her. She felt needed and protected all at the same time. Beth took Tom's penis out of her mouth and retracted his foreskin. She pulled his foreskin tightly back on the shaft. Not tight enough to cause Tom any pain, but forcefully enough that his shaft skin in front of her fingers was drawn tight and smooth. Then, making sure her teeth were covered by her lips, Beth shaped her mouth into am "O" and started fucking Tom's glans with her mouth. As her lips slid back and forth over Tom's shiny glans, she would tug and release his shaft skin making sure to tug on Tom's frenum

with every stroke.

Beth kept at it for a few minutes until she heard Tom take in a sharp intake of breath. At that point she tugged backward on his foreskin one last time, and positioned her mouth a inch away from the tip of Tom's penis. Tom began to twitch slightly and Beth could feel the large vein on his penis begin to throb. Come shot out of Tom's meatus. Most of it went into Beth's waiting mouth, but some of it ended up on her face, and on her chest. Beth kept stroking Tom's shaft until his orgasm stopped. She released her grip on his now deflating penis.

Tom sat down. "That was incredible", he said to her. "I love you", Beth said. I am touched by the sacrifice you are about to make for me, and want you to know how appreciative I am. I also want you to know that after you are fully healed, I will do anything for you that a man and a woman can do for each other in bed! Beth got up and poured Tom a third shot of whiskey. Tom stayed in the chair as Beth handed the drink to him. He tilted his head back and let the whiskey roll down his throat. Tom was getting very relaxed. Beth came back from the bathroom with a soapy washcloth. She retracted Tom's foreskin and very gently and thoroughly washed his entire penis. Looking into Tom's eye's. she said, "Are you ready"? Tom simply nodded that he was. Beth moved the video camera, which was on a tripod, over to where it would be able to record everything she did. Beth was nervous. If I fouled up, she thought to herself, we'll have a permanent recording of the day I messed up Tom's cock. Beth put the thought out of her mind. She had done extensive research on male circumcision. She had even gone to a nearby medical college one Saturday and spent hours pouring over a hard cover text entitled, Circumcision: An Atlas. The book detailed, in text and black and white photographs of all of the most common surgical procedures for performing circumcision. The book dealt primarily with infant circumcision, but also spent considerable time detailing adult male circumcision as well.

Beth was ready. She picked up the aerosol and sprayed a liberal amount all over Tom's foreskin and shaft skin. She did this three times. Then, she sprayed the foreskin where it bulged over Tom's coronal ridge. Beth knew that this would be the approximate area where the clamp would be applied. She and Tom waited a few minutes for the anesthetic to take effect. While they waited, Beth retracted Tom's foreskin. She then took a bottle of rubbing alcohol, and soaked a couple of sterile cotton balls. She applied the alcohol generously to Tom's glans, inner foreskin area, and after pulling his foreskin back up over the head, she rubbed the alcohol all over the shaft and outside skin of his penis. She wanted to make sure the entire area was clean and sterile. She then sprayed his glans and inner foreskin liberally. She did this several times, and left the skin retracted so the head would dry out. After a few minutes, Tom announced that he thought the numbing spray had taken effect. Beth gently pinched his foreskin with her fingernails, while looking at Tom. Tom shook his head to indicate that there was no pain. Beth then pinched harder, making the skin turn white-ish from loss of blood. Again Tom shook his head. "I feel the pinching sensation, but no pain", he told Beth. Tom was seated in a padded chair with his feet up on an ottoman. Beth reached for the Tara Clamp and tore open the sterile wrapping. The "kit" contained a mini tube of a vaseline-like substance, a plastic handled disposable knife, and the clamp itself. Beth pulled Tom's foreskin back off his glans, and placed the clamp completely over his glans. Then she nudged the foreskin forward covering about two-thirds of the glans. The foreskin went inside the circular plastic ring, but outside the plastic glans cover. Beth grabbed the tip of Tom's foreskin in each hand and pulled the foreskin forward as far up over the clamp as possible.

Holding the foreskin forward with one hand, Beth examined how much skin would be removed after clamping. She wanted Tom cut fairly tight, with little or no foreskin bunching up behind his glans when he was flaccid. Tugging the foreskin forward with one hand, and exerting a slight downward pressure with the clamp, Beth managed to get what she felt was the correct amount of foreskin in front of the clamping jaws. With her right hand, she applied pressure to the two clamping arms, all the while watching Tom's face for any signs of pain. Tom was obviously watching every move Beth made. But with 4.5 ounces of bourbon in him, he was quite docile. Beth was startled to hear the clamp

"click" shut. Tom never grimaced, and she had no idea that the jaws were that close to being closed. She sprayed more anesthetic around Tom's penis on the skin in front of the clamp. Beth knew that she would have to wait a minimum of 5 minutes for hemostasis to begin to set in. She reached for the remote control on the camcorder, and paused the recording. Beth was in no hurry. As exciting at it was for her to be the instrument of ridding her future husband of his foreskin, Beth also wanted to be very careful and get everything right!

Beth actually left the clamp in place for fifteen minutes before reaching for the disposable knife. During those fifteen minutes she had applied another coating of alcohol to the foreskin forward of the clamp. She had also sprayed that same area of skin twice more with the aerosol numbing spray. Beth was pleased to notice that the can was nearly empty now. She picked up the knife, and looked over at Tom. Tom was ready to get this over with, and start his new life as a circumcised man. He said to Beth, "Go ahead baby. Circumcise me." With that Beth pushed down with the knife and felt it cut into the thick layer of skin. Beth knew from her reading that the foreskin was actually two layers of skin. She cut through both and could see the plastic glans cover underneath. Tom hadn't flinched or given any other indication that he was in pain. There was a little bleeding, but what blood there was had a very dark color. This was good. Beth continued cutting around the clamp. She was careful to make the cut as clean and straight and even as possible. She wanted Tom coming out of this with a truly great looking circumcision. Finally she was through and the foreskin slid forward on the clamp. Beth applied a very light coating of alcohol to the raw edge, then a thick coating of the vaseline-like substance that came with the clamp. After that, the made a length-wise cut in the removed foreskin, so it could be taken off the clamp. Essentially they were done. Beth knew that the skin being crushed by the clamp would die or necrotize over the next week or so, and that as the edges of the foreskin healed together the clamp would eventually fall off Tom's glans. Although Beth had never mentioned it to Tom, she expected some odor problems as the necrotic tissue began to rot. Beth looked over at Tom. Tom was lightly dozing. Between the alcohol and the relief at having the operation over, Tom had simply fallen into a light sleep. Beth had intentionally not fed Tom dinner when he had gotten home. She knew the alcohol would work more swiftly on an empty stomach, but more importantly she didn't want Tom getting nauseous and possibly vomiting during the circumcision. Beth left Tom relaxing in the chair and went to put away the alcohol, and throw away the tissue remnant, dirty cotton balls, disposable tools and gauze she had used as a sponge to wipe off the slight amount of bleeding.

Saturday morning Beth and Tom awoke expectantly. While Tom went to the bathroom, Beth ran him a bath, making sure the water was comfortably warm, but not too hot. Tom slowly eased himself into the water. After a quick and careful bath. he got out of the tub, and Beth dried him. They both examined his penis with the Tara Clamp still attached. The wound edges of the foreskin where still red, but they weren't bleeding or leaking any kind of a discharge which would indicate infection.

Tom and Beth took it easy around the apartment all weekend. On Monday, wearing an athletic supporter to support his penis, and a baggy pair of gray gym pants with a T-shirt, Tom started to work on the papers and reports he had brought home from the office. Over the weekend, he and Beth had examined his penis several times a day looking for separation from the severed edges of foreskin, and looking for any signs of infection. So far everything appeared fine. The small remnant of foreskin which extended in front of the clamping mechanism had begun to discolor Saturday afternoon. Now, on Monday morning, 60 hours after the do-it-yourself circumcision, they could both see that the tissue was turning black. If you got real close, you detected a small odor, but over-all it wasn't terribly noticeable. Tom was still very much aware of his penis because of the plastic clamp still attached to him. That night, while bathing the necrotic tissue in front of the clamping mechanism fell off.

Tuesday evening while soaking in the bathtub, he shifted in the tub, and felt the Tara Clamp loosen a little bit. He grabbed the end of the

clamp and moved it from side to side examining it from all angles. He noticed that in one or two places, the healing end of foreskin was visibly detached from the clamp. Tom continued gently wiggling the clamp to see if he could separate it from his skin entirely. After about twenty minutes of gentle but consistent tugging he called out for Beth.

Beth heard Tom call out for her from the bathroom. His voice didn't sound alarmed, but she stopped what she was doing and went to check on him right away anyway. when she got there, Tom proudly showed her that the clamp had come separated from about 3/4's of his foreskin. It remained attached on the underside near the frenulum. Tom asked Beth to check that out and see if it looked loose, and to see if there was any bleeding or tissue infection. Beth reported that everything looked fine, and Tom continued wiggling the clamp. As Beth watched, he gently but firmly tugged the clamp upward, until with a slight sucking sound it popped off of his glans. They both looked at the clamp, and then immediately at Tom's penis. The raw edges where the foreskin had been severed were darker than the surrounding tissue, but they were clearly healing.

From that point on, Beth told Ann and Mary, things went normally. It took Tom two full weeks to heal. The third Saturday morning following his circumcision, Tom woke up with an erection, and woke Beth up to show her. They were both very excited. Beth questioned Tom to find out if he was in any pain or discomfort? Tom assured her that he felt fine. Beth suggested Tom use the bathroom and empty his bladder. Which Tom did. However, when Tom returned he was preceded by his erection. Tom lay down on his back and Beth spent the next 20 minutes touching and looking and at his recently circumcised penis.

Tom encouraged Beth to masturbate him. Beth began touching Tom lightly at first and then gradually applied a firmer pressure with her fingertips. As expected Tom's glans had become drier and as such in it was much easier for Beth to rub her fingertips around the head of his penis than it had been before he was circumcised. Although reluctant to touch the circumcision scar which was still healing, Beth did tug up and down on Tom's shaft skin to see just how tight his circumcision was.

To the delight of both, Beth found that there was a little slack in Tom's foreskin. Beth continued rubbing Tom's penis and as she did so she described to Tom the feelings she was having exploring his new circumcised organ. They both enjoyed stimulating Tom's glans and in rubbing up-and-down over and the coronal ridge with Beth's thumb and forefinger forming a circle. They also found in exciting having Beth stroke her hand up-and-down his penis. This was something that they had not been able to before Tom had his circumcision.

After several minutes of intense manipulation Beth felt Tom's penis expand slightly and as she continued rubbing, he arched his back off the bed slightly and began to climax. Beth wasn't sure whether the strength of his orgasm had more to do with two and half weeks of sexual abstinence or whether it was their mutual delight at Tom's newly circumcise status. One thing Beth was sure of was that Tom had never had such a strong orgasm before, and she was amazed to see his semen as far away as three feet on the sheets. Beth continued to gently rub Tom's penis as his erection subsided, massaging in the small not of remaining semen into the head shaft of his penis.

Before his circumcision, Tom was always extremely sensitive after orgasm. His sensitivity precluded any sexual contact for least 15 or 20 minutes. But now Beth continued gently rubbing Tom's penis, all the while telling them how beautiful his new cock looked and felt. She was glad to see that his erection did not completely subsided and after a few minutes of manual and verbal encouragement he was hard again. All this activity had made Beth extremely horny, and she was more ready than ever to have this beautiful circumcised cock inside her. Beth straddled Tom and grabbed hold of the base of his penis her right hand, as she guided him into her wet vagina. Beth slowly lowered herself

on to Tom's organ until she was sitting on his lap.

Slowly she began moving up and down controlling how deeply he penetrated her. Beth raised up until she felt that just the tip of his penis was inside and with that lowered herself down to get him as deeply inside her as possible. Beth also brought her pelvis forward at the waist to increase the amount of stimulation her clitoris received from the shaft of Tom's penis. Beth kept this up for quite some time enjoying the feelings immensely as she began to feel her own climax approach.

Beth slowed her movements not wishing either of them to come just yet. After a minute or two of slow fucking, she began sliding up-and-down Tom's organ in earnest building to an intense orgasm. This time as she felt tingling inside of her, she continued. Reaching down with her left hand to stroke her engorged clitoris, Beth continued raising herself on top of Tom. She was a little bit surprised when her orgasm hit. The first wave washed over her, and Beth let out a long, low moan. She sat still on Tom's lap with him buried inside her. However she continued lightly rubbing her clitoris as a second and third wave of her orgasm washed over her.

It wasn't her imagination. Tom's staying power was longer that it had been when he was uncircumcised. Beth continued rubbing herself and began moving up-and-down on Tom's penis wanting him to climax. She felt Tom grab her waist and thrust himself deeply into her. She was immediately rewarded with the feeling of his penis throbbing inside her and she knew that he was enjoying his second climax of the day.

Circ-Nurse

I got circumcised at the age of 19 (almost 3 years ago) and the mere thought of a urologist seeing my foreskin wanted me to back out. But seeing how I wanted to be circumcised for as long as I could remember, I did submit to his examination which involved pulling the foreskin back hard to see if there were any adhesions, and then pulling the foreskin forward and stretching it outward to see if I had phimosis. That was rather embarrassing but the doctor was nonchalant about it and scheduled me for my circumcision in a medical room in his office building.

Well, during the morning of my circ, I was surrounded by women who knew I was getting circumcised. They seemed to love to say the word "CIRCUMCISED". I checked in and she looked at my file on the computer. She said in a loud voice that was clear for all to hear "SO YOU'RE HERE TO BE CIRCUMCISED". I gulped and said "yes, mam!". I wanted to run. But I was quickly admitted to to the prep room where I was to strip and put on a hospital gown. Good enough; I was covered. I got onto the table which looked like a giant Circumstraint and then two women came in to prepare me for the operation.

I was immediately uncovered from the waste down, then one of the ladies announced that I was going to be shaved before I was circumcised. GULP! After being completed shaved (and handled) from navel to asshole, one of the ladies pulled back my foreskin and cleaned it with alcohol and then started swabbing my pubic area with some dark red antiseptic, all the while telling me not to "help her out". The two discussed my long foreskin and told me how I was going to be CIRCUMCISED. At that point, I couldn't have gotten it up even if I wanted to, but I began to suspect the ladies were getting turned on by not only handling my shaved penis, but thinking (and talking about) my pending circumcision. But the two women were nice, cut with smooth soft hand, and in some ways comforting. They wanted to hold

me down during the injections but I said, "naw, it's quite alright". They didn't believe me until the injections were done. While the doctor was circumcising me, the women were telling me how the doctor was doing a wonderful job, how my circumcision was going to be good and tight, and that and I'd be looking great afterwards. Made me feel a lot better.

Both were present on each of my two return visits and made sure they got to see my circumcised penis and to rub my bared glans and scar line. Needless to say, getting an erection was no problem this time. Some weeks later I met up with one of the two women for some of the hottest sex either of us has ever had. She continued to talk about circumcision and tells me she told her friends how she helped circumcise me. There is not doubt in my mind that she is really turned on by circumcision. I suspect there are many other women like her as well.

Ben (USA/UK)

Circumcision Slut

Hi! I've just spent the last week going over your website in detail. I must say how wonderful it is... full of important content and sexually arousing at the same time. I'm sending you this note as you indicated you wanted to hear how my interests in circumcision were developed. You asked for it, so here it goes. I hope you'll be patient, as it is a rather long story involving my mother and older brother..

To begin with, my friends and family call me Sissy. I'm a 26 year old, white female, born and raised in Florida.

I've known about male circumcision as long as I can remember. I have a brother who is two years older than I am. He was not circumcised at birth, and my mother regularly bathed us together. My earliest recollections of bathing with my brother (perhaps when I was only 3-4 years old) revolve around my mother's close examination and cleansing of my brother's long foreskin. My mother was foreskin obsessed... obsessed with its looseness, cleanliness and general removal. She regularly talked to my brother about his foreskin and about how he needed to be circumcised. The problem seemed to be that my father didn't allow her to have him circumcised at birth. But back then, all I knew was that a boy had a foreskin that could be "clipped back" and that most other boys seemed to have already been "done." It's not that my mother paid less attention to me in cleansing my own small vagina, but there was never any talk about needing anything "fixed".

During these early years, my brother had his foreskin regularly checked in front of me and other guests. We had a swimming pool, and we would often swim in buff when we were little. This gave my mother and her neighbor friends further opportunity to talk about my brother... "I see you didn't have Junior circumcised, Helen. Isn't his Daddy?" This always led to further conversation on circumcision and my mother to show off Junior's skin and then bare his glans for the women. He was often admonished to keep his skin peeled back while he was swimming, and he did try to do this, especially if there was another little boy in the pool who had been circumcised.

Additionally inspections (or at least questions about) his foreskin also followed our baths as we got older. By the time I was 7 or so, we began bathing separately. Mom even stopped giving Junior his baths (of course, he was nearly 9 and plenty old enough to handle this duty

himself.) However, she always asked if he had washed behind his ears and washed behind his glans. The theory seemed to be if you had to pull back the foreskin far enough to wash back behind the glans on the inner lining, you would surely get the head clean too. In any case, this occurred routinely until my mother finally had Junior circumcised.

As we grow older, my father was less and less present in our lives. At the time, I just thought he was away on business. So, during one of these extended "business trips" mom made an announcement one evening that I'll never forget. I was about 10 years old, which made Junior about 12. He was beginning to grow up, and was getting taller. I knew from sneak peeks that he "dinky" as I called it, was also growing but that it still didn't have any hair around it like our dad's did. That evening, mom announced that she had decided to have Junior circumcised and that the following week, we would be going to see our doctor who was going to do the procedure. "We" I thought to myself... why would "we" be going to the doctor. Later that week, mom told me that I was going along and that I would be able to watch my brother being circumcised, if I wanted to. She said it was up to me, but that this was an important event in my brothers life and that it was also important that I knew all about circumcision if I was going to have boys of my own. Shortly after my brother was fully circumcised, my father left and never returned.

My brother didn't put up too much of a fuss when the day came for his circumcision. Junior's real name was James, after my dad. He had dark black hair, and blue/gray eyes. He was pretty thin, but played on the basketball team in Junior High, and ran track in High School. I remember asking him if he was afraid of being circumcised. He said he wasn't, but that he still wasn't sure he wanted to have it done. We talked about it for only a little bit more and then he clamed up as he usually did. He didn't like talking about his foreskin and circumcision... not the way I did. I had become obsessed.

The fateful week finally arrived and we went off to the doctor's office where Junior was circumcised. I didn't know it then, but he was circumcised (as my mother and I watched) using a Gomco Clamp. I only remember the large silver bell and the thing being covered up by his excessively long foreskin. I do remember my mother saying to make sure "it was good and tight". I thought she meant the clamp at the time, as the lady doctor kept on turning this screw. I would later come to find out that they were talking about making sure he had a tight circumcision. This would ultimately be the case.

During the first few months after Junior's circumcision, I got to see his bared glans regularly. Mom was constantly checking it out "to make sure he was healing properly." She also included me in the checkups, and even commented that my interest in caring for his incision might be an indication that I might one-day become a doctor or nurse, myself. Little did she know that my interest was in my brother's peter and how it looked after being circumcised.

This was the beginning... it is how I became a circumcision slut! From that day forward, I began to get boys to show me their "weenies". Most were circumcised. That didn't matter to me... I loved seeing them and checking out their scars. Most didn't even know they were circumcised. I told them. Most required a look or feel of my pussy in return. I complied. I just loved seeing the loose circs with the skin rolled up behind the glans... I loved them tight with the scar back the shaft... and I even loved teasing the uncircumcised boy in our neighborhood and telling him how he was going to be circumcised (He sometimes cried, but always listened intently when I told him how the thing was put on my brothers dinky.)

This continued for the intervening several years until one day, I was horsing around with Junior. One thing led to another, and I found myself

begging to see his circumcised cock. Junior was 16 and I was 14. It seemed ages ago since I had seen his clipped cock. Back then, it was still hairless and small. But when he showed it to me now, it was a the mighty monster of a teen boy. He had a tuft of black hair just aobve it, and it hung down, kind of plump with a large pink crown. I asked if I could examine it closer, and he sort of mumbled that he didn't care. This would be the beginning of my sexual relationship with my brother. It started out with the "exams" which ended in "rub my bare head, Sissy"... and ended in regular blowjobs, with my brother having free access to my pussy and ass whenever he wanted it. I just couldn't get enough of the cock I had seen before-circ, during-circ, and post-circ. It was a 10" beauty, with a light brown cigar-band ring around a very fat shaft!

During my early high school years, I regularly brought up circumcision to my girlfriends. We talked about which boys were circumcised and how the circ looked. We would go up to boys and ask them outright, if they had been circumcised or not. Some didn't seem to know.... Others knew and proudly said they were and offered to show it to us... and others (who weren't circumcised) usually turned red in the face and refused to answer. We had a rule... you didn't suck uncut. If the boy was a perfect 10, you could fuck with him, but never, ever suck it. (cock cheese, etc.)

About a year after the sexual exploits with my brother began, disaster struck. My brother (17 at the time) was laying back on my pink bedspread, front of his sweat pants pulled down and I was down on my knees with my dress up and pussy exposed. I was sucking him off after school, as I had done many times before, while I diddled my pussy. This brought me to multiple orgasms. Unbeknownst to me however, my mother was in the hallway watching the circumcision slut she had created blow the son that she had circumcised. The next day while Junior was out, she took me aside and told me that she knew what was going on. To my surprise however, she didn't scream and yell. She told me all about the problems with incest and asked if we had intercourse. I lied and said it was only oral sex and that I wanted to do it. She seemed to be concerned that Junior had coerced me into giving him head. Nothing, of course, could be further from the truth. (In fact, in sweatpants without underwear I could always see his bared glans rim and could keep my hands off his dick.)

So, our sexual activity continued throughout high school and to this day. I still love sucking his cock and remember how he was circumcised while I watched. It wasn't long after my mom caught me blowing Junior, that she would also begin to service his studly circumcised cock. I have three small children of my own. My first is a girl, and the second was a boy. He is 4 now and still is uncircumcised. I'm hoping to have one more son, and I think I will circumcise him with a Plastibell at birth. Eventually of course, his older brother will need to be circumcised, perhaps while my daughter watches... just like it occurred with me and Junior.

I hope this isn't too long of a story. I could tell you many more facts and stories which involve circumcision. I'm glad to have found your website and CIRCLIST so I can be with a group of people who have interests similar to my own. I've found it is rare that females have much of an interest in circumcision, and guys routinely circ'd also have little interest. Seems as though the guys that had skin and got it clipped, like my brother, have the most interest in this subject.

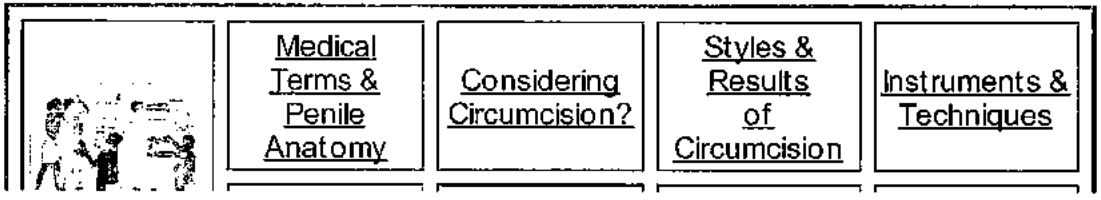


EXHIBIT D

< Back

What to know about circumcision

by Kaiser Permanente | September 20, 2022

Circumcision is a minor medical procedure during which a doctor removes the foreskin covering the tip of a penis. Whether to get your infant circumcised is a very personal decision for your family. Many people base it on religious teachings, cultural factors, or health issues. The procedure is considered a personal decision and not one that is medically indicated.

If you decide to have your infant circumcised, a clinician will use a medication to numb the area before the procedure. The medication will be either by an ointment or injection. The procedure usually takes place before you leave the hospital, but can also be done at a later time.

Circumcision benefits

There are certain benefits to circumcision, such as:

- A lower chance of urinary tract infections in the first year of life
- Reduced risk of some types of rare cancers of the penis or foreskin
- Reduced risk of some sexually transmitted infections later in life, such as HIV or herpes

Circumcision risks

Like any other procedure, circumcision does come with risks, including:

- Bleeding
- Cosmetic concerns
- Infection
- Injury to the head of the penis
- Pain
- Scarring
- Loss of function of the penis

These risks are rare. Be sure to ask your clinician if you have any concerns.

Recovering from circumcision

It's normal for your baby's penis to look swollen and red following the procedure. Before going home, a clinician will tell you how to care for it. Your baby may have gauze and petroleum jelly on the penis after the procedure. In most cases, the gauze falls off by itself. However, you may need to gently soak the gauze with warm water to help loosen it.

Before caring for the circumcision area, be sure to wash your hands. Only use plain, warm water to wash the penis after every diaper change. Always pat the area dry, and don't try to remove any film or scabs that form. This is part of the healing process.

Applying petroleum jelly during each diaper change helps prevent the penis from sticking to the diaper. Diapers should be fastened loosely until the penis heals.

Your clinician will tell you whether you should give pain medications to your baby. Be sure to follow their directions exactly.

What to know about the Plastibell method

Some clinicians use a plastic ring called a Plastibell that is tied around the end of the penis. This ring prevents bleeding as the foreskin is removed. If your clinician uses a Plastibell, no special care is needed. The ring should fall off by itself within 10 days after the procedure. Don't pull it off, since this can cause bleeding. It's normal for a black or brown crust to appear while the penis heals.

Caring for an uncircumcised penis

It's pretty easy to care for your child's penis if they aren't circumcised. As your baby grows, the foreskin will naturally separate from the tip of the penis. It's important not to force it back before this happens.

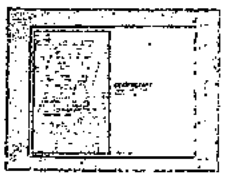
Once the foreskin can easily be moved back, you can do so to wash beneath it. This should be a normal part of your baby's bathing routine.

Tags: Pregnancy | Third trimester | Gestation period 29 weeks

Share

EXHIBIT E

DERMAGRAFT 2" X 3" sheets



Medication name

Generic name:
No detailed drug information available

Uses

Consult your pharmacist.

How to use

Consult your pharmacist.

Side effects

Consult your pharmacist.
In the US -
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or at www.fda.gov/medwatch.
In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

Precautions

Consult your pharmacist.

RESOURCES

Check which drugs your plan covers

Refill prescriptions online

Search for vitamins and natural medicines

SHARE THIS ARTICLE

Drug interactions

Consult your pharmacist.
Keep a list of all your medications with you, and share the list with your doctor and pharmacist.

Overdose

If someone has overdosed and has serious symptoms such as passing out or trouble breathing, call 911. Otherwise, call a poison control center right away. US residents can call their local poison control center at 1-800-222-1222. Canada residents can call a provincial poison control center.

Notes

No detailed drug information available

Missed dose

Consult your pharmacist.

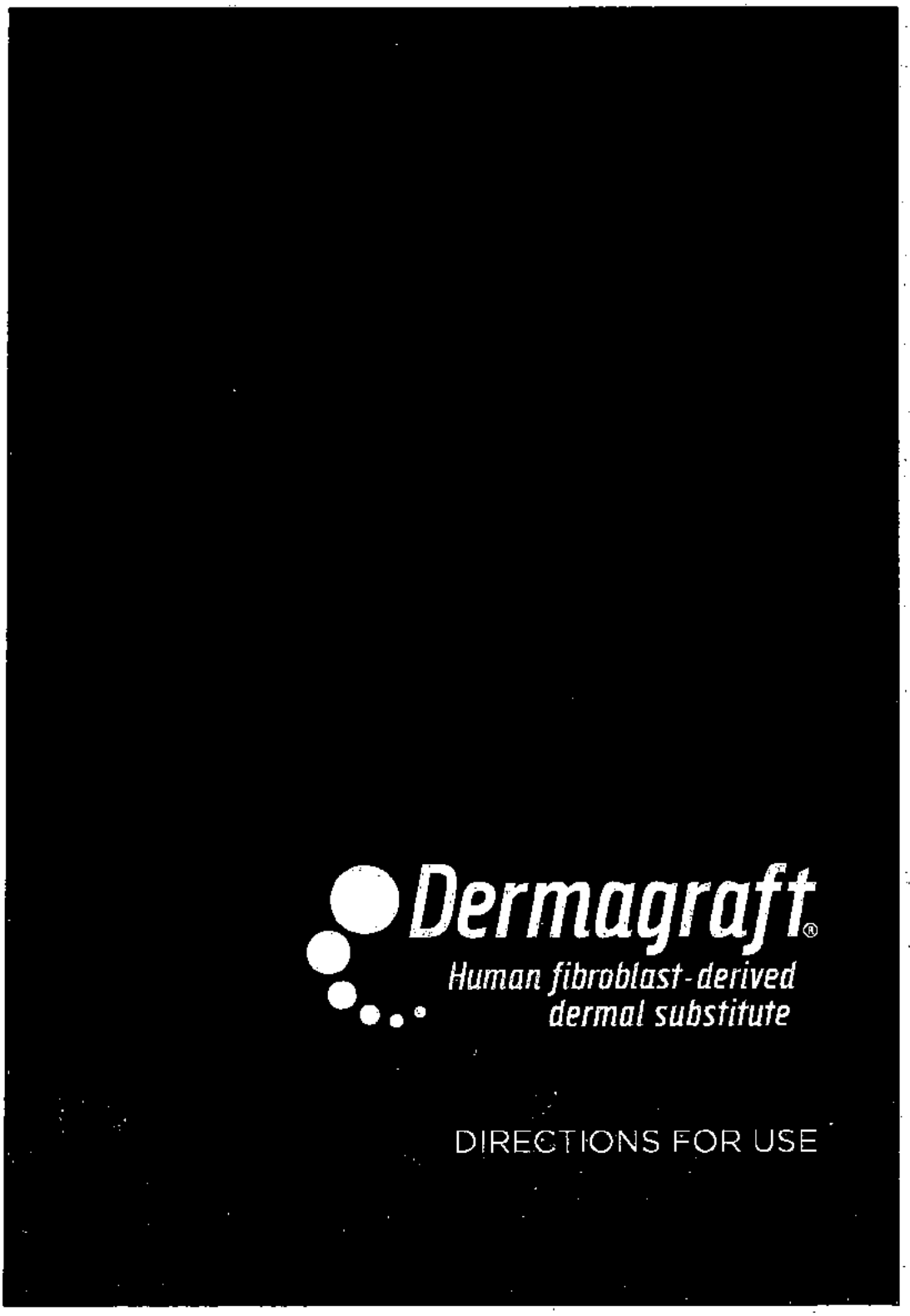
Storage

Consult your pharmacist.
Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company for more details about how to safely discard your product.

Important note

HOW TO USE THIS INFORMATION:
This is a summary and does NOT have all possible information about this product. This information does

Organogenesis inc.
Advancing Healing



CAUTION: Federal (U.S.) law restricts this device to sale by or on the order of a physician (or properly licensed practitioner).

1. DEVICE DESCRIPTION

Dermagraft® is a cryopreserved human fibroblast-derived dermal substitute; it is composed of fibroblasts, extracellular matrix, and a bioabsorbable scaffold.

Dermagraft is manufactured from human fibroblast cells derived from donated newborn foreskin tissue. During the manufacturing process, the human fibroblasts are seeded onto a bioabsorbable polyglactin mesh scaffold. The fibroblasts proliferate to fill the interstices of this scaffold and secrete human dermal collagen, matrix proteins, growth factors and cytokines, to create a three-dimensional human dermal substitute containing metabolically active, living cells. Dermagraft does not contain macrophages, lymphocytes, blood vessels, or hair follicles.

The human fibroblast cells are from a qualified cell bank, which has been extensively tested for animal viruses, retroviruses, cell morphology, karyology, isoenzymes, and tumorigenicity. Reagents used in the manufacture of Dermagraft are tested and found free from viruses, retroviruses, endotoxins, and mycoplasma before use. Dermagraft is manufactured with sterile components under aseptic conditions within the final package.

Prior to release for use, each lot of Dermagraft must pass USP Sterility (14-day), endotoxin, and mycoplasma tests. In addition, each lot meets release specifications for collagen content, DNA, and cell viability. Maternal blood sera testing for evidence of infection with human immunodeficiency virus type 1 (HIV-1), human immunodeficiency virus type 2 (HIV-2), hepatitis B virus (HBV), hepatitis C virus (HCV), syphilis, human T-lymphotropic virus type 1 (HTLV-1)

was coordinated by an FDA registered laboratory in accordance with the Clinical Laboratory Improvement Amendments. These test results were found negative for the purposes of donor selection and found suitable by Organogenesis Inc. During subsequent screening of the fibroblast master cell bank, testing for these same viruses, as well as HTLV-2 and Epstein-Barr virus (EBV) is carried out and found to be negative.

Dermagraft® is supplied frozen in a clear bag containing one piece of approximately 2 in x 3 in (5 cm x 7.5 cm) for a single-use application.

2. INTENDED USE/INDICATIONS

Dermagraft is indicated for use in the treatment of full-thickness diabetic foot ulcers greater than six weeks duration, which extend through the dermis, but without tendon, muscle, joint capsule, or bone exposure. Dermagraft should be used in conjunction with standard wound care regimens and in patients that have adequate blood supply to the involved foot.

3. CONTRAINDICATIONS

Dermagraft® is contraindicated for use in ulcers that have signs of clinical infection or in ulcers with sinus tracts.

Dermagraft is contraindicated in patients with known hypersensitivity to bovine products, as it may contain trace amounts of bovine proteins from the manufacturing medium and storage solution.

4. WARNINGS

None

5. PRECAUTIONS

CAUTION: Do not use any topical agents, cytotoxic cleansing solutions, or medications (e.g., lotions, ointments, creams, or gels) on an ulcer being treated with Dermagraft as such preparations may cause reduced viability of Dermagraft.

CAUTION: To ensure the delivery of metabolically active, living cells to the patient's wound, do not hold Dermagraft at room temperature for more than 30 minutes. After 30 minutes, the product should be discarded and a new piece thawed and prepared consistent with Preparation for Use instructions.

CAUTION: The persistence of Dermagraft in the wound and the safety of this device in diabetic foot ulcer patients beyond six months has not been evaluated. Testing has not revealed a tumorigenic potential for cells contained in the device. However, the long-term response to these cells is unknown.

CAUTION: Do not use the product if there is evidence of container damage or if the date and time stamped on the shipping box has expired.

CAUTION: Do not reuse, refreeze, or sterilize the product or its container.

CAUTION: Always thaw and rinse product according to the Preparation for Use instructions to ensure the delivery of metabolically active, living cells to the patient's wound.

CAUTION: Dermagraft® is packaged with a saline-based cryoprotectant that contains 10% DMSO (Dimethylsulfoxide) and bovine serum. Skin and eye contact with this packaging solution should be avoided.

CAUTION: Do not use Dermagraft after the expiration date indicated on the labeled unit carton.

CAUTION: The product must remain frozen at -75°C ± 10°C continuously until ready for use.

CAUTION: Dermagraft has not been studied in patients receiving greater than 8 device applications.

CAUTION: Dermagraft has not been studied in patients with wounds that extend into the tendon, muscle, joint capsule, or bone. Dermagraft has not been studied in children under the age of 18 years, in pregnant women, in patients with ulcers over a Charcot deformity of the mid-foot, or in patients receiving corticosteroids or immunosuppressive or cytotoxic agents.

CAUTION: Although the cells and product have been tested and screened for selected pathogens and are processed under aseptic conditions, all living tissue may transmit infectious agents.

6. ADVERSE EVENTS

A total of 695 patients were evaluated in four clinical trials, 389 treated with Dermagraft, and 306 treated with Control. Adverse events that were reported in the pivotal 314-patient clinical trial at a frequency of greater than 1% for patients treated with Dermagraft are presented in Table 1. Adverse Event data are also presented combined, from three previous studies.

EXHIBIT F

FORESKINS AS SKIN GRAFTS*

FRANK ASHLEY, M.D.
BROOKLYN, N. Y.

FROM THE SURGICAL SERVICE OF THE WYCKOFF HEIGHTS HOSPITAL, BROOKLYN, N. Y.

OF THE methods now used to cover over large denuded areas, none is simpler than the use of circumcised prepuces. In any hospital having an active maternity service, one may obtain all the foreskins necessary. These are usually discarded, however, if desired as grafts, and if not required immediately, they may be kept in physiologic saline solution in a refrigerator, or may be imbedded in ice cubes. It is possible to keep such foreskins for several days and successful results have been obtained with prepuces that have been kept in the ice box in saline or ice cubes for as long as two weeks.

Although it is generally conceded that autografts are more satisfactory, isografts, such as foreskins, succeed in so large a percentage of cases that they are well worth employing, as excellent results may be obtained. There is much difference of opinion as to the usefulness of isografts. McWilliams[1] states that he had never had any success with isografts and "that reports of success with this type of graft may be relegated to mythology." Our experience with the use of prepuces definitely refutes his contention for about two-thirds of the foreskins transplanted "took" satisfactorily. Nevertheless the vast preponderance of opinion at present is that permanently successful results are never obtained with isografts. In most of the cases reported in the literature, the grafts "took"; that is, they adhered and remained in place for a variable number of weeks but ultimately became detached and sloughed off.

It has been suggested by those who have obtained satisfactory "takes" with isografts that when the blood of the donors and recipient shows isoagglutination, favorable results are obtained. Neuhof,[2] Shawan[3] and others report successful grafts when the donors of the grafts were selected on the basis of blood compatibility. On the other hand, there are others who insist that skin grafting between two persons is never successful even when the donors selected cross match with the recipient, except possibly if the skin is grafted from one identical twin to the other. That the blood groups may play a part in the success of isografts is probable when we realize that group specific substances are present in practically every tissue of the body. However, they are not the sole deciding factor. It is known that skin near mucocutaneous junctions grows well and heals well. Kubanyi[4] has demonstrated from his experimental and clinical work that isoplastic transplants "take" better when infant or embryonal tissues were used. McNealy in discussing a paper by Padgett,[5] in which homografts were declared to be

* Read by invitation before the Brooklyn Surgical Society, November 5, 1936. Submitted for publication November 18, 1936.

impractical and always doomed to failure, cited a case that had come under his care, which had been treated previously elsewhere, of a man who had been badly burned. After granulation had occurred, skin grafting was begun. The first grafts were made of prepuces from recently circumcised children. These grafts grew well. After four or five such grafts had been applied, the previous surgeon decided that it would be too tedious to wait for enough material, and decided to use transplants taken from a nephew. One week after employing these new grafts the patient was again transferred to Doctor McNealy's care, and two weeks after the transplantation of the skin of the nephew, the patient developed a typical allergic reaction. Locally the grafted area became hyperemic and swollen and after a few days those grafts which had been taken from the nephew began to separate and gradually melted away. Curiously enough, the foreskin grafts continued to grow vigorously. However, all subsequent grafts were taken from the patient himself. This is the only reference found in the literature of foreskins used as homografts. There are several reports describing their use as autografts, the most recent of which is the case reported by Dr. Jacob Sarnoff[6] of a young boy who had caught a ring on his fourth finger on one of the spikes of a fence. The weight of his body tore off the ring with the skin of his finger, together with the nail. The boy was circumcised and the foreskin grafted over the raw surface of the finger.

TECHNIC.—Our method for grafting the foreskins is quite simple. In view of the prevailing conflicting opinions as to the value of blood group compatibility between the donor and the recipient, neither the patient nor the infants were "typed." All the foreskins that were available were used. If the prepuces could not be used immediately after circumcision, they were put into normal saline solution and kept in a refrigerator until they could be used. About 90 per cent of the foreskins that we transplanted were preserved in this manner before they were used. Grafting was not attempted until healthy, firm granulations were present. At the time the transplanting was actually done, warm saline solution was poured into the jar holding the chilled foreskins to gradually raise their temperature, the excess solution being poured off and more warm saline added until the prepuces approximately reached body temperature. The mucosa was dissected from the skin and discarded, because it was destroyed in the dissection of the preserved specimens. Using the fresh foreskin, the mucosa is not destroyed in the dissection, and can be used as well as the skin. The skin was then placed in warm physiologic saline while the denuded area was prepared for the transplant. The granulations were cleansed with normal saline only. Exuberant granulations were either curetted or removed with curved scissors or a sharp knife. Bleeding was controlled by pressure with gauze before the foreskins were applied. It is quite important to completely stop all bleeding, for collection of blood beneath a graft will cause it to die. This becomes apparent when one remembers that a graft is parasitic and must exist upon

absorption of tissue juices or lymph during its first two or three days of existence. Hence its intercellular spaces must be open to the circulation of lymph in order that nourishment may be carried to its cellular elements. Whole blood cannot accomplish this requirement and hence, any collection of blood beneath a graft is to be guarded against. After the bleeding was completely controlled, the prepared foreskins were placed with their raw surfaces upon the granulating surface at short intervals and then covered with a strip of porowax large enough to cover over the denuded area. Sterile dressings were placed over the porowax. The dressings were not disturbed for four or five days, when the grafts were examined. Using this simple method, in the cases herein reported, approximately 19 out of a total of 27 foreskins, in one case, and two out of four in the other case, "took" satisfactorily. They grew well and fused with one another and with the edge of the denuded areas.

There are innumerable indications for skin grafting and foreskins could be used in practically all of them to cover over the raw areas. Not only can they be used where thin skin is required, but also where thick skin has been destroyed, *e.g.*, on the sole of the foot, as in the case here reported, for the general tendency is for any graft to take on the characteristics of the skin in its new location. Thus the skin of the graft eventually becomes more like that of the skin surrounding the denuded area, thin skin becoming thicker and thick skin becoming thinner. Skin grafting finds its greatest usefulness in cases where the skin has been destroyed by some traumatism or by severe burns. Grafts might be used for chronic ulcers and to cover over amputation stumps. Using foreskins for the grafts should be well worth trying in such cases. Prepuces should make excellent grafts for plastic work on the eyelids.

CASE REPORTS

Case 1.—No. 36-362, Wyckoff Heights Hospital. A boy, age seven, was admitted January 31, 1936. His right foot had been run over by a train. There was complete avulsion of the skin of the plantar surface of the foot, the back of the heel and from the sides of the foot below the internal and external malleoli, exposing muscles, tendons and blood vessels. Roentgenologic examination showed a fracture of the second and third metatarsals; fracture of the second phalanx of the great toe; fracture of the first and third phalanx of the second toe; and dislocation of the third, fourth and fifth toes. The skin that remained on the foot soon became gangrenous and sloughed. With the slough was separated the distal fragment of the second phalanx of the great toe, the second toe beyond the fracture in the first phalanx and the third, fourth and fifth toes. Wet dressings of saline were used until all the infection had been controlled and granulations had formed. Grafting with the foreskins was begun March 15 (six weeks after admission). On that day three foreskins were employed that had been imbedded in ice cubes. Of these, one "took." The foreskins subsequently used were preserved in physiologic saline in the ice box except for two that were used fresh. On March 19, four foreskins were used. Of these, three "took." On March 24, four were used, two "took." On March 31, three were used, three "took." On April 7, three were used, two "took." On April 11, three were used, two "took," and on May 9, three were used, and three "took." While the foreskins were being transplanted, the big toe began to turn inward so that the bottom of the foot looked like the letter C. When

the grafts seemed firmly attached, a splint was placed at the outer side of the foot and bandaged to the foot in an attempt to straighten it. This was partially accomplished, but the pressure of the splint produced two necrotic areas about one-half inch in diameter, which required four weeks to heal. The remaining time that the boy was in the hospital was devoted to limbering up the foot and reeducating him to walk. At present the foot is entirely covered by apparently healthy skin. The boy walks quite well considering the loss of the three lateral toes and parts of the two medial toes. He uses an ordinary shoe.

Case 2.—No. 36-3693, Wyckoff Heights Hospital. A girl, age 14, was admitted with oblique fractures of the radius and ulna of the left forearm. These were reduced and traction maintained by using a metal splint. Pressure necrosis of the skin occurred at the base of the middle finger of the hand. When the ulcer healed, the finger became markedly flexed and could not be extended. The scar tissue was excised and the finger kept in extension with a splint. Foreskins were used to cover over the denuded area. The first two that were used did not "take," but the two that were used subsequently "took" satisfactorily.

We do not dispute the superiority of autografts over isografts. Nevertheless our experience with the use of prepuces has convinced us that they are well worth using. The fact that the technic is simple and requires no elaborate preparation should make this type of skin grafting a method of choice. When foreskins are used the patient is not left with scars in other parts of his body. Anesthesia can usually be dispensed with for there is comparatively little pain associated with the curettement of exuberant granulations. Practically all of the operative procedures in these cases were accomplished in the ward. The objection might be raised that not enough foreskins may be available at all times. This is quite true. However, if the supply at the hospital is insufficient, arrangements may be made with other hospitals.

Although all our failures were from preserved foreskins, it is very likely that if we had used more fresh prepuces (we used only two) we would have had failures with them, too. Nevertheless we suggest that all foreskins available be saved and not discarded, but be imbedded in ice cubes or in saline for future use. The ice cubes should be thawed out slowly when the foreskins are to be used. To avoid any possibility of syphilitic infection, it would be wise to carefully investigate the donors, although it is not very likely that the spirochaete will survive when the foreskins are preserved.

Our experience with the foreskins has suggested the possibility of successfully using bone and cartilage transplants obtained from stillborn infants of healthy parents, on the theory that such tissues are so rapidly growing as to afford a greater possibility of success.

NOTE.—This study was made at the suggestion of Dr. Russell S. Fowler, Surgeon in Chief of the Wyckoff Heights Hospital, Brooklyn, N. Y., and the work was done under his supervision at the hospital. The foreskins used were obtained from infants circumcised when they were seven to ten days old.

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1944

Isodermic grafting

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ISODERMIC GRAFTING

JOHN WILLIAM WAHL

SENIOR THESIS

PRESENTED TO THE COLLEGE OF MEDICINE

UNIVERSITY OF NEBRASKA

OMAHA

1944

TABLE OF CONTENTS

INTRODUCTION

By grafting we understand the complete separation of a piece of tissue, or part of an organ, or of a whole organ, from its normal connection and its transfer to a different place, either in the same individual (autografting), or in a closely related individual (syngenesiografting), or into another, not directly related individual of the same species (isografting or homografting), or into an individual belonging to a different species or class of animals (heterografting).

It is also necessary to clarify the terms grafting (which is defined above), and transplantation (which can be either a complete or partial separation of a structure from its normal connection and its transfer to a different place). The latter term would of course include tubed pedicle flaps with which I am not concerned in this report.

In this paper I wish to discuss some of the reports of isodermic grafting (skin grafts which are secured from one individual and implanted on another individual) and compare it with autodermic grafting (skin grafts which are implanted upon the donor). It is an accepted fact that the use of autogenous skin grafts is of proved practical value. Such is not the case in the use of

isografts; therefore, some of the problems encountered in isodermic will be discussed. The problem is comparatively recent but one I believe of importance in modern surgery.

TYPES OF SKIN EMPLOYED.

Girdner (1881) reported that he was the first person to record the use of skin taken from a cadaver as a graft to a living human subject. The skin grafts were taken from the inner side of the thigh of a young man who had committed suicide. He first applied the grafts some weeks after the destruction of much of the skin of the left arm and scapular region of a ten-year-old boy by lightning. He cut the piece of skin into many small pieces and used pressure dressings over them. After the dressings had remained on for four days they were removed, and he noticed that about one-fourth of the grafts had failed to take. The remainder had attached themselves to the ulcer and there was a fusing together of the little islands of skin to form a thin delicated skin. A large portion of the newly formed skin was destroyed by an attack of erysipelatour inflammation. Because of this, subsequent grafting was necessary but he believed that there was much less contraction by cicatricial tissue than was commonly witnessed after recovery from such extensive burns.

Bartens (1888) also used the skin from a cadaver for grafting. His results were similar to Girdner's. He transplanted skin to cover a granulating wound of the foot of a fourteen-year-old boy, obtaining his material

from a woman seventy-five years old, twenty minutes after she had died of phemia. He reported that all of his grafts did take and were still present six months after the initial grafting.

Sachs and Goldberg (1943) had success with cadaver skin taken from premature infants in which the only cause of death was prematurity. Within one-half hour after death, split-skin donor grafts were removed with a razor, under aseptic precaution, and placed in sterile normal saline solution. These grafts were kept in a refrigerator until the autopsy had demonstrated the cause of death. If there were no contra-indications to use of the skin, it was cut into small sections about one centimeter square and used as grafts. Sulfanilamide powder was sprinkled on the graft site and the whole area covered with fine mesh petrolatum gauze. These dressings were changed every five days.

Davis (1910) used the skin of amputated limbs from thirty-six to ninety-six hours after amputation. He successfully transplanted pieces of whole thickness skin taken from a leg eighteen hours after amputation, onto healthy undisturbed granulations at various intervals, up to thirty days. The superficial portions of the grafts kept over forty-eight hours sloughed, and only the bases adhered. The skin was kept in an ordinary ice chest in a sterile jar plugged with cotton, containing moist normal salt gauze sponge.

He also observed that whole-thickness grafts which must be preserved for any length of time would take better if the subcutaneous fat was allowed to remain intact until the time the graft was needed.

Baldwin's (1920) method employed grafts one-eighth to one-fourth inch wide and three-eighth to one-half of an inch in length from patients with lax abdominal walls who had entered the hospital for laparotomy. He tacked the skin to a board, keeping it covered with gauze and moistening the skin with warm saline solution. The grafts were then cut away using fine tissue forceps and a sharp knife. These grafts were carefully placed in rows, each graft about an inch from its neighbor. With these larger pieces he would tuck one corner of the graft down into the granulations to prevent possible displacement. After the grafts were in place they were protected by strips of gutta-percha tissue, placed gridiron fashion over the rows of grafts.

He reported success by this method and believed that one great advantage was that the grafting could be begun on any part of the surface as soon as healthy granulations appeared without waiting for the entire area to clean up. He stated that these grafts were very resistant and would grow even in the presence of pus.

Baldwin also found that the redundant scrotal tissue, removed in the course of a varicocele operation, was ideal material. Lucas (1884) reported success with this tissue and believed that this material possessed a peculiar germinal vitality. The vitality of resected scrotal tissue can be shown in a case in which after removing the redundant skin it was put in salt solution and then placed on an ordinary radiator for six hours. Following this, Reverdin grafts were placed on a large ulcer involving a child's abdomen, and every graft took.

In Baldwin's own experience fifty per cent or more of his isografts survived and he believed that isografts would adhere and grow if transplanted in the proper manner, at the right time, and with careful after-treatment. The most important feature of the after care concerned the proper control of granulations. These must be kept in a healthy condition and maintained on a level with the growing skin. The use of sticks of fused silver nitrate was advocated. Exuberant granulations could then be quickly brought back to the correct level by the generous application of the silver while edematous or unhealthy granulations could be stimulated into normal activity by light strokes of the caustic stick.

Lucas (1884) took the prepuce of a patient whom he had circumcised about half an hour previously and cut

from it about twenty-eight grafts which he applied so as to form bridges across the wound. The patient was a two-and-a-half-year-old child who had been severely burned on the abdomen twelve days previous to admission. Lucas believed that the prepuce of a child possessed a germinal vitality, which rendered it peculiarly servicable for grafting. He also claimed that preputial grafts would adhere when those from other parts fail.

Eisenberg (1919) cited a case in which the last phalanx, part of the periosteum of the second phalanx, and the skin down to the lower third of the first phalanx of the ring finger of the left hand was torn off. When Eisenberg saw the patient he had an infected wound, necrosis of the second phalanx, with a great deal of sloughing and destructive tissue, as the boy, sixteen years old, had first wrapped his finger in a piece of rag picked up from the ground. He amputated the necrosed part of the second phalanx by single external flap as there was no skin to form a covering. He then waited until the wound became sterile and granulation had commenced, and, when it was fairly well established, it was evident that transplantation of the skin would be of great service in hastening the cure and would doubtless save some secondary amputation.

Since he felt that grafting was the only quick cure and as he was unable to get grafting material he advised

circumcision and the use of prepuce for grafts. On the thirty-eighth day after the accident he made the wound aseptically clean, keeping the finger covered with a dressing of physiological salt solution while performing the circumcision; then, after having the prepuce emptied of blood he made a few button holes to allow free escape of serum and underlying air, pressed the graft firmly in place. It was then dressed with Dakin's solution, a cotton wool bandage being applied firmly to insure close adaptation of the graft to the granular surface of the finger. On the fifth day the dressing was changed.

Six days later, on removing the dressing, he noticed a line of cicatrization running from the circumference to the graft and from the graft to the open spaces. In sixty days cicatrization was complete and it had remained so at the time of writing.

Baldwin (1920) had nothing but failure with grafts of the prepuces of new-born babes.

Neuhofe (1923) explained the success reported with the use of skin from newborn infants by the fact that full differentiation into blood groups was not complete at birth and the fetus and newborn might be in the class of universal donor.

Sachs and Goldberg (1943) reported successful results in the use of foreskins in their series of sixty foreskins.

About five-hundred pieces of skin and mucosa were grafted and well over sixty-five per cent of the earlier groups of grafts became attached and lived and about seventy-five per cent of the more recent grafts took. They found less frequent dressings and pressure definitely increased the percentage of good results.

They observed that the behavior of the transplanted skin differed little from autogenous pinch grafts. During the first thirty-six hours they became cyanotic. The cyanosis gradually faded and the skin became cornified, resulting in the formation of skin islands. The presence of the transplants of skin seemed to act as a stimulant to epithelialization from the border of the granulation area. Epithelium crowded in toward the transplanted skin islands. At the same time halos of epithelium arose around the skin grafts so that denuded areas were more rapidly covered. Dressings were changed daily and pinch grafts were placed upon the areas as needed.

Even in those cases in which the transplants failed to survive the presence of the skin seemed to act as a stimulant to the patient's own epithelium, as they observed more rapid epithelialization. They stated that although they knew of no method of determining the length of survival of transplanted skin, their experience was that once having taken, the skin did not melt away in several weeks.

Some of their grafts could be distinctly recognized eight months later, and in one of their cases, in which it was followed over a period of two years, there was no loss of grafted skin with the exception of two tiny areas.

Ashley (1937) also reported success with iso-grafts of foreskins. If the prepuces could not be used immediately after circumcision they were put into normal saline solution and kept in a refrigerator until they could be used. Grafting was not attempted until healthy, firm granulations were present. At the time the transplanting was actually done, warm saline solution was poured into the jar holding the chilled foreskins to gradually raise their temperature, the excess solution being poured off and more warm saline added until the prepuces approximately reached body temperature. The granulations were cleansed with normal saline only, and bleeding was controlled by pressure with gauze before the foreskins were applied. Foreskins were then placed upon the granulating surface at short intervals and then covered with a strip of porowax large enough to cover the denuded area. Using this simple method, approximately nineteen out of a total of twenty-seven foreskins, in one case, and two out of four in the other case reported, took satisfactorily. They grew well and fused with one another and with the edges of the denuded areas.

He believed that, although all of his failures were from preserved foreskins, it was very likely that if he had used more fresh prepuces he would have had failures with them, too.

Eisenberg (1919), Baldwin (1920), Ashley (1937), and Sachs and Goldberg (1943) have all emphasized the possibility of syphilitic infection being present in the donor and of its transmissibility to the recipient. For this reason, they suggested the preliminary procedure of doing a blood Wasserman test prior to the actual grafting. Ashley, however, did not believe it was very likely that the spirochaete would survive when the foreskins were preserved.

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Serial Cultivation of Strains of Human Epidermal Keratinocytes: the Formation of Keratinizing Colonies from Single Cells

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Summary

Human diploid epidermal cells have been successfully grown in serial culture. To initiate colony formation, they require the presence of fibroblasts, but proliferation of fibroblasts must be controlled so that the epidermal cell population is not overgrown. Both conditions can be achieved by the use of lethally irradiated 3T3 cells at the correct density. When trypsinized human skin cells are plated together with the 3T3 cells, the growth of the human fibroblasts is largely suppressed, but the epidermal cells grow from single cells into colonies. Each colony consists of keratinocytes ultimately forming a stratified squamous epithelium in which the dividing cells are confined to the lowest layer(s). Hydrocortisone is added to the medium, since in secondary and subsequent subcultures it makes the colony morphology more orderly and distinctive, and maintains proliferation at a slightly greater rate. Under these culture conditions, it is possible to isolate keratinocyte clones free of viable fibroblasts.

Like human diploid fibroblasts, human diploid keratinocytes appear to have a finite culture lifetime. For 7 strains studied, the culture lifetime ranged from 20–50 cell generations. The plating efficiency of the epidermal cells taken directly from skin was usually 0.1–1.0%. On subsequent transfer of the cultures initiated from newborns, the plating efficiency rose to 10% or higher, but was most often in the range of 1–5% and dropped sharply toward the end of their culture life. The plating efficiency and culture lifetime were lower for keratinocytes of older persons.

Introduction

Many mammalian cell types continue to resist attempts at serial cultivation. Fibroblasts taken from tissues can be routinely cultivated either through many cell generations as unchanged diploid cells (Hayflick and Moorhead, 1961) or indefinitely (in the case of rodents) as established lines (Rothfels, Kupelwieser, and Parker, 1963; Todaro and Green, 1963). For other cell types it is much more difficult to develop culture lines, and the majority have originated from tumors (Sato and Yasumura, 1966). For the most part, we are ignorant of the factors that permit any cell type to be serially propagated.

An accompanying paper (Rheinwald and Green, 1975) describes the establishment of a keratinocyte line (XB) derived from a mouse teratoma. Under the special conditions developed for its cultivation (the presence of 3T3 cells at the correct density), it could be propagated indefinitely, maintaining for at least a very long time its ability to express differentiated function. Since, as far as we knew, neither the necessary culture conditions nor the existence of a keratinizing cell line had been reported previously, we decided to study their relevance to the problem of the cultivation of normal human epidermal cells.

In addition to studies of epidermal growth in organ or explant culture (Fell, 1964; Prose, Friedman-Kien, and Neistein, 1967; Flaxman, Lutzner, and Van Scott, 1967), there have been numerous attempts to cultivate disaggregated epidermal keratinocytes in monolayers (Briggaman et al., 1967; Karasek and Charlton, 1971; Fusenig, 1971; Fusenig and Worst, 1974; Yuspa et al., 1970). In general, these studies have shown that disaggregated epidermal cells do grow in monolayers, but to a very limited extent, and have not been satisfactorily subcultured. It is well known that epidermal cells depend for their maintenance and growth upon the presence of fibroblasts or their products (McLoughlin, 1961; Dodson, 1963; Wessells, 1963, 1964; Moscona, 1964; Melbye and Karasek, 1973). The experiments described here show that the limitations observed previously in the cultivation of epidermal cells in surface cultures are not intrinsic, but are due to the complex relation of the epidermal cells to fibroblasts. When these relations are optimized, human epidermal keratinocytes can grow and differentiate very well.

Results

Skin biopsies were obtained from humans of different ages. Disaggregated cell suspensions (see Experimental Procedures) were inoculated together with approximately 3×10^5 lethally irradiated 3T3 cells ($\frac{n}{5}$ layer). The 3T3 cells quickly formed a monolayer on the surface of the dish, but the epidermal cells often required several days to attach. As in the case of the keratinocyte line derived from a teratoma (Rheinwald and Green, 1975), the human epidermal keratinocytes eventually make contact with the surface of the dish and grow as expanding colonies on the vessel surface, pushing away the 3T3 feeders at the periphery. Figure 1a shows a group of fixed and stained colonies resulting from single cells. Keratinocyte colonies are stained red by Rhodanile blue, while the background of the 3T3 monolayer is stained blue.

Among the disaggregated cells obtained from full thickness human skin are many fibroblasts. As noted earlier (Green and Todaro, 1967; Rheinwald and Green, 1975), the growth of fibroblasts is much suppressed by an $\frac{n}{3}$ 3T3 monolayer. Curiously, human fibroblasts are more effectively suppressed than mouse fibroblasts. A measure of the suppression was obtained by comparing cultures inoculated with fibroblasts together with $\frac{n}{3}$ and $\frac{n}{30}$ 3T3 cells. Figure 2 (right) shows dense colonies of human diploid fibroblasts in an 11 day culture containing $\frac{n}{30}$ 3T3. The same inoculum combined with $\frac{n}{3}$ gave no well defined colonies (Figure 2, left). Viable fibroblasts were still present in such a culture and could easily be detected by replating with $\frac{n}{30}$ 3T3, but their growth was obviously much suppressed by the $\frac{n}{3}$ layer. In this way, human epidermal cells could be serially cultivated in most cases without being overgrown, and could be obtained as pure clones uncontaminated with viable fibroblasts.

The growth of the epidermal cells and the appearance of the colonies resemble those of the established teratomal keratinocyte line XB, but there are a number of differences which we describe briefly below.

The Colonies

Round cells could be seen on top of the 3T3 layer a few days after inoculation of the mixture of 3T3 and human epidermal cells. These may have been the epidermal cells, but keratinocyte colonies could be definitely identified only later, after the cells made contact with the dish surface and adopted a typical epithelial pattern. This was easily seen as soon as 4 days after inoculation, when the colonies were quite small. In contrast to the teratomal keratinocyte line, the human epidermal keratinocytes, even at this early stage, were in close contact with each other and began to stratify. As the colonies grew laterally, the centers thickened and the cell boundaries became difficult to discern. The centers eventually acquired a crackled appearance. All human epidermal keratinocyte colonies stained red with Rhodamine B even when they were very small, whereas the teratomal keratinocyte colonies usually stratified and stained red only when the colonies were large.

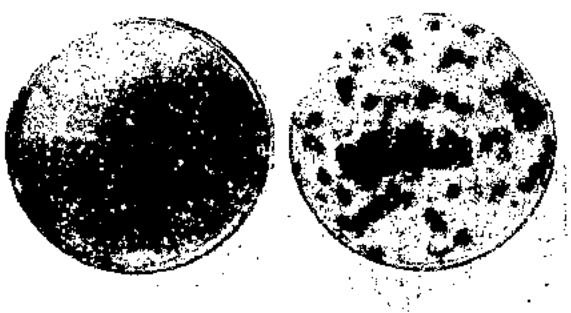

Figure 2. Inhibition of Colony Formation by Human Fibroblasts in the Presence of $\frac{n}{3}$ 3T3 Cells

Cultures were inoculated with 100 strain A human foreskin fibroblasts, together with either $\frac{n}{3}$ (left) or $\frac{n}{30}$ (right) lethally irradiated 3T3 cells. After 11 days, the cultures were fixed and stained with hematoxylin. Suppression of colony formation by the $\frac{n}{3}$ layer is evident.

Figures 3b–d show the appearance of vertical sections through the colonies after staining with hematoxylin and eosin. The stratified squamous epithelium is more regularly organized than that produced by the XB line (Rheinwald and Green, 1975). The surface of the colony is more uniform and there are no round cells. Electron micrographs of similar sections through the colonies confirm the stratified construction, the keratinization (most advanced in the upper cell layers), and the abundant desmosomes in all layers (Figures 4–6). The appearance resembles that of epidermis, and all the cells belong to the same type, keratinocytes. Though they are flattened, the cells closest to the petri dish surface correspond most closely to the germinative cells in normal epidermis, for cell division in stratified colonies takes place in the deeper layers. Colonies containing over 1000 cells were labeled for 1 day with tritiated thymidine and covered with photographic emulsion. Radioautography showed that the nuclei close to the perimeter of the colonies produced abundant grains, but those in the interior of the colonies showed very faint grain density or none at all. When the same cultures were labeled with C^{14}–thymidine, many nuclei in the internal regions of the colonies were labeled. These nuclei were presumably so deep within the colony that β particles emitted from tritium could not reach the emulsion; but even after exposure to C^{14}–thymidine, unlabeled nuclei could be seen in large flattened cells with thickened cell membranes in the superficial layers of the thicker colonies. These nuclei appeared to belong to cells at a more advanced stage of differentiation. Radioautographs of cross sections of large colonies labeled with tritiated thymidine showed that in areas where stratification had occurred, no labeled nuclei were present in the upper layers.

The Effect of Hydrocortisone

Hydrocortisone has sometimes been used to improve growth in 3T3 cultures (Armelin, 1973; Gospodarowicz, 1974), although the reason for its effect remains obscure. The growth of the keratinocyte line XB was substantially enhanced by the ad-

dition of hydrocortisone at 0.1 μg/ml when the cells were growing in medium previously conditioned by 3T3 cells, but not when the 3T3 cells were present in the culture. In the presence of a hydrocortisone concentration greater than 0.1 μg/ml, XB colonies did not stratify and were not stained by Rhodamine B.

In primary culture, human epidermal keratinocytes formed colonies of the same appearance whether hydrocortisone was added or not. In secondary and subsequent cultures, they formed colonies in the absence of added hydrocortisone, but the cells did not have a regular epithelial appearance. The addition to the medium of hydrocortisone (0.4 μg/ml) restored the regular stratified epithelial appearance, and increased lateral expansion of the colonies (Figure 3a). The rate of cell proliferation was increased, since 2 week cultures usually showed about a 2–3 fold increase in cell yield when hydrocortisone was added to the medium. The difference in appearance of the cultures as shown in Figure 3a is partly due to increased proliferation and partly to increased lateral expansion of the colonies.

Hydrocortisone has been reported to hasten keratinization in skin explants (Weissman and Fell, 1962). In intact animals it is thought to suppress epidermal growth (for references, see Jarrett, 1973); this effect is observed on cultured human keratinocytes at concentrations greater than 10 μg/ml. At 0.4 μg/ml, the improvement in growth and colony morphology of the human keratinocytes is sufficient to warrant its inclusion in the culture medium.

Plating Efficiency

When XB teratomal keratinocytes were allowed to grow into stratified colonies, a large fraction could reinitiate colony formation, for the plating efficiency of the cells after trypsin disaggregation was about 40%. The plating efficiency of human keratinocytes was variable but always considerably lower. Table 1 shows that the number of keratinocyte colonies produced by primary disaggregated skin cells was usually 0.1–1.0%. Since most epidermal cells in skin are probably not capable of division and the biopsies also contain dermal cells, this seems a reasonable value. Yet even on subculture, the plating efficiency was only occasionally as high as 10% and was usually 1–5%, even for newborn donors. Toward the end of their culture life, the epidermal keratinocytes of both newborn and older donors plated with an efficiency considerably below 1%.

It is clear that in the early passages the plating efficiency of human keratinocytes is much lower than can be explained by loss of ability to initiate DNA synthesis during the preceding culture. As noted above, examination of colonies by radioautography following exposure to C^{14}-labeled thymidine showed that a large fraction of the cells synthesized DNA during a period of 1 day (>30%). Evidently many more cells divide in a growing colony than can initiate a new colony. Plating efficiency is affected by different batches of fetal calf serum and may be subject to improvement. Increasing the plating efficiency will have a great influence on the actual culture yields (expansion of keratinocyte population) (Table 1), but little influence on the number of cell generations through which the keratinocytes grow (see below).

Growth Rates

The average doubling time of the XB line of teratomal keratinocytes was about 19 hr. Human epidermal keratinocytes in primary or subsequent culture had a doubling time of about 32 hr over the period from the time of inoculation to the development of colonies containing an average of about 1000 cells. Since this includes their period of attachment, it is probable that the doubling time in the exponential phase is appreciably shorter. The growth rate of the keratinocytes did not seem to change much on serial subculture until close to the end of their culture life, when it declined sharply.

Growth Potential of the Epidermal Keratinocytes

Human diploid fibroblasts have a limited growth potential in serial culture (Hayflick and Moorhead, 1961). The number of generations may be as much as doubled by improving the culture conditions (Todaro and Green, 1964); but the cells always die out eventually. The number of generations is inversely related to the age of the donor (Hayflick, 1965). Finite growth potential in animal tissues has since been found to be a property of other cell types as well (Daniel et al., 1975). The keratinocyte strains initiated from humans at different ages from birth to 34 years also showed finite culture lifetimes; all grew for at least 2 transfers, but none grew through more than 6 (Table 1).

The number of cell generations could not be obtained from the dilution at each transfer since the plating efficiency was low. The number of colonies initiated at each transfer was estimated from plates inoculated with 10^3 to 10^5 cells (Table 1, column II). The final yield of cells from any plate (Table 1, column IV) was then related to the number of colony-forming cells. This gave the number of cell generations grown in each subculture.

These values and the cumulative totals are shown in Table 1. It can be seen that of 7 cultures initiated from biopsy, the number of cell generations grown was from 20 to 50. These values are probably on the low side. After stratification of the colonies, cells

Table 1. Serial Cultivation of Human Keratinocyte Strains in Culture

Strain	Age of Donor	Date Plated	Passage Number	Inoculum (Cells) I	Colonies per 100 Cells Inoculated: Keratinocyte II	Colonies per 100 Cells Inoculated: Fibroblast III	Keratinocyte Yield: Cells IV	Keratinocyte Yield: Colonies V	Number of Generations: This Passage	Number of Generations: Cumulative
HFE	n	9/10/74	1	10^5	0.7		10^6	700	10.4	10.4
		9/24/74	2	5×10^4	5		3.8×10^6	2500	10.3	20.7
		10/04/74	3	10^5	2		2.0×10^6	2000	10	30.7
		10/15/74	4	10^5	0.3		2.0×10^4	300	6	36.7
(Expansion of keratinocyte population in culture: 1.5×10^4 fold.)										
HFE (f)	n	1/09/75	1	3×10^4	0.8	0.04	2.6×10^5	240	10	10
		1/24/75	2	10^5	2.5	0.7	1.4×10^6	2500	9	19
		2/07/75	3	5×10^5	1.8	>10	2.6×10^6	9000	8	27
(Expansion of keratinocyte population in culture: 626 fold.)										
A	n	2/11/75	1	5×10^5	0.9	0.8	3.8×10^6	4500	10	10
		2/24/75	2	3×10^5	2.3	1.0	2.5×10^6	6900	9	19
		3/06/75	3	10^5	0.6	1.6	7.0×10^5	600	10	29
		3/21/75	4	2×10^5	0.14	>10	[a]	287	~9[a]	~38
(Expansion of keratinocyte population in culture: 442 fold.)										
B	n	2/11/75	1	5×10^5	2.8	1.8	2.7×10^6	14000	8	8
		2/24/75	2	2×10^5	1.7	6.5	8.4×10^5	3000	8	16
		3/06/75	3	10^5	0.2	4.7	10^5	200	9	25
		3/21/75	4	10^5	[b]	28	[b]			
(Expansion of keratinocyte population in culture: 23 fold.)										
C	n	4/04/75	1	10^5	0.04	0.2	2.7×10^5	40	12.5	12.5
		4/24/75	2	10^5	3.6	0.27	1.3×10^6	3600	8.5	21
		5/08/75	3	2×10^5	7.5	0.2	2.5×10^6	15000	7.5	28.5
		5/21/75	4	3×10^5	0.7	0.1	2.6×10^5	2100	7	35.5
		6/05/75	5	1.1×10^5	0.5	1.2	3.7×10^5	550	9.5	45
		6/17/75	6	2×10^5	0.55		[b]	1100	6[a]	51
(Expansion of keratinocyte population in culture: 1500 fold.)										
E (f)	n	4/24/75	1	10^5	0.15	0.12	1.4×10^5	150	10	10
		5/08/75	2	10^5	8.2	0.1	6.0×10^5	8200	6	16
		5/17/75	3	10^5	10.0		5.8×10^5	10000	6	22
		5/27/75	4	2×10^5	4.8	0.5	4.6×10^5	9600	6	28
		6/04/75	5	1.5×10^5	2.0	0.2	7.5×10^5	3000	8	36
		6/17/75	6	2×10^5	0.5	<0.1	[b]	1000	9[a]	45
(Expansion of keratinocyte population in culture: 560 fold.)										
E (f)	n	4/24/75	1	10^5	0.15	0.12	1.5×10^5	150	10	10
Repeat		5/10/75	2	5×10^4	15.7	<0.1	1.5×10^6	7650	8	18
		5/21/75	3	3×10^5	3.3	<0.1	2.3×10^6	10000	8	26
		6/04/75	4	10^5	1.8	0.2	5.1×10^5	1800	8	34
		6/17/75	5	10^5	1.2	0.4	3.7×10^5	1200	8	42
		6/30/75	6	3×10^4	0.6	1.3	10^5	180	9	51
(Expansion of keratinocyte population in culture: 2.2×10^4 fold.)										
GRE	3 years	2/10/75	1	10^4	0.45	5	5.6×10^4	45	10	10
		2/25/75	2	2×10^4	0.3	0.25	1.6×10^5	60	11.5	21.5
		3/21/75	3	1.4×10^5	0.007	1.8	[b]	10	~5[a]	26.5
(Expansion of keratinocyte population in culture: 45 fold.)										
HAE	12 years	10/25/74	1	3×10^4	0.7		1.1×10^6	200	12.5	12.5
		11/08/74	2	10^4	0.15		2.6×10^5	150	10.5	23.0
(Expansion of keratinocyte population in culture: 952 fold.)										
CS-1	34 years	4/16/75	1	3×10^5	0.1	<0.01	3.8×10^5	300	10.5	10.5
		5/08/75	2	10^5	0.3	0.4	2.2×10^5	300	9.5	20
(Expansion of keratinocyte population in culture: 2.6 fold.)										

in the upper layers do not divide and appear to differentiate toward squame formation; the remaining dividing population would therefore undergo more divisions than would be calculated from the total yield per cell colony.

It is probable that as in the case of human fibroblasts, the epidermal cells of older donors have reduced growth potential, since keratinocytes of ages 3–34 years grew through a total of 20–27 generations, whereas those from newborns grew through 25–51 generations. The plating efficiency of the keratinocytes of older donors was always less than 1%, whereas that of newborns was often in the range of 2–10% (Table 1, column II). It is also possible that the site of origin of the keratinocytes has some bearing on their behavior in culture, for the keratinocytes of the two oldest donors were derived from abdominal skin, while the others were derived from foreskin.

The minimum number of generations through which the keratinocytes grew in culture, 20 cell generations, corresponds to an increase in cell mass of approximately 10^6 fold if all progeny could initiate colony formation, but in view of the low plating efficiency on subculture, such increases in cell mass are not actually obtainable. It is therefore useful to calculate the actual expansion of the keratinocyte population in the course of serial cultivation without correcting for the losses due to low plating efficiency. Table 1 shows that the values varied from 2.6 to over 10^4 fold. The median value was 600 fold. It is quite possible that improvement of culture conditions will result in an increased plating efficiency and thereby permit greater expansion of the keratinocyte populations.

Chromosome Complement of the Epidermal Cells

The established keratinocyte line XB, derived from a mouse teratoma, was found, like many established mouse lines, to have a heteroploid chromosome complement (Rheinwald and Green, 1975). To examine the chromosomes of the human epidermal keratinocytes, it was necessary to obtain the cells completely free of human fibroblasts. This was accomplished by plating primary disaggregated foreskin cells in such number as to yield about 3 epidermal colonies per plate. A colony was isolated, trypsinized, and transferred to dishes containing $\frac{n}{3}$ and $\frac{n}{30}$ 3T3. The purity of the isolated colony was confirmed by the absence of fibroblast colonies on the $\frac{n}{30}$ monolayer. Epidermal cells growing on the $\frac{n}{3}$ layers were treated with colchicine (2×10^{-6} M) for 2 hr, and metaphase preparations were made by conventional methods and stained with orcein. In spite of their large dose of irradiation, abnormal 3T3 metaphases were often seen, but these were easily identified. Well spread human metaphases were counted and found to have the diploid number of chromosomes. The karyotype was not studied in detail.

Dependence upon the 3T3 Cells

Colony formation by human keratinocytes required the presence of the 3T3 cells. The dependence was different from that of the XB line in at least two ways: first, the XB line could grow (poorly) although not keratinize if inoculated at high density in the absence of 3T3, whereas the human keratinocytes could not even initiate colony formation; and second, medium conditioned by the growth of 3T3 cells could substitute for the 3T3 cells themselves in supporting the growth of the XB line, but human epidermal keratinocytes could not initiate colony formation in conditioned medium. We have reason to think that there may be separate factors required for colony initiation and for continued growth of an established colony, and that XB cells and human epidermal keratinocytes may differ in their dependence upon both factors.

Irradiated 3T3 cells were more effective than irradiated human diploid fibroblasts in supporting growth of the human epidermal keratinocytes. Colonies formed when human fibroblasts were used, but they grew more slowly and were less stratified.

Discussion

As a result of lessons learned from the study of a teratoma, it has become possible to cultivate human epidermal cells serially. As in the case of other diploid cell types, the human keratinocytes have a restricted lifetime of 20–50 cell generations. Whereas in the case of fibroblasts there is no way

[a]Estimated from average colony size.
[b]Indeterminate because of excessive fibroblast growth.
(n) Newborn.
(f) Cultures initiated from suspensions of trypsin-disaggregated cells stored viably in the frozen state.
(II) Estimated from cultures inoculated with 10^3–10^5 cells together with $\frac{n}{3}$ 3T3.
(III) Estimated from cultures inoculated with 300–10^4 cells together with $\frac{n}{30}$ 3T3.
(IV) Cell layers were treated with EDTA for 20 seconds, and the 3T3 cells and human fibroblasts were dislodged by vigorous pipetting and aspirated. The remaining cells were then removed with trypsin-EDTA and counted (any residual 3T3 cells were not included; see Experimental Procedures).
(V) Calculated from values in columns I and II. Expansion of keratinocyte populations in culture were obtained as the product of the increases at each passage listed in columns I and IV.

to relate their finite culture lifetime to their lifetime in tissues of the human, a comparison of this type can be made for the epidermal cells.

The average doubling time of cells in the basal layer of human epidermis has been estimated from thymidine labeling indexes to be about 12 days (Weinstein and Frost, 1969). This would permit 30 cell generations per year; over the lifetime of the human, the number of cell generations would be one or two orders of magnitude greater than the number of generations we obtained by measuring the number of progeny in culture. The difference may in part be due to an accelerated differentiation of the keratinocytes in culture and their removal from the dividing population; it is also possible that as in the case of fibroblasts (Todaro and Green, 1964), improvements in culture conditions may lead to extension of culture lifetime.

The use of serially cultivable strains of human epidermal cells should make possible the investigation of a variety of problems for which, up to now, only the fibroblast has been available. Such problems should include:

—the growth and differentiation of the keratinocyte;
—the effect of viruses, including oncogenic ones and especially those specifically affecting epidermal cells, such as the wart virus;
—the behavior of epidermal cells involved in human diseases;
—the testing of drugs affecting the human epidermal cell;
—the practical applications for skin grafting made possible by the production of human epidermal cells in quantity.

Experimental Procedures

Preparation of Cultures

Skin biopsies from foreskin or other sites were placed aseptically into growth medium containing 10% calf serum at room temperature. Within 3 hr, most of the subcutaneous tissue was removed with surgical scissors, and the remaining skin (1–3 cm^2 in area) was minced finely with scissors to pieces less than 1 mm in diameter. These were stirred in 10 ml 0.25% trypsin at 37°C. After allowing 1 min for settling, the supernatant, containing >95% single cells, was withdrawn at 30 min intervals and replaced with fresh trypsin solution. The cells were centrifuged, resuspended in medium containing 20% fetal calf serum and hydrocortisone (0.4 μg/ml), mixed with lethally irradiated 3T3 cells, and plated. The medium was changed 3 to 5 days later, when most epidermal cells had attached, and twice weekly thereafter until the cells were subcultured or fixed and stained.

Subcultures were made after removing nearly all 3T3 cells and viable fibroblasts by exposing the culture to 0.02% EDTA for 15 sec and pipetting vigorously. The keratinocyte colonies, which remained adherent, were then disaggregated to single cells in a solution containing equal parts of EDTA and 0.05% trypsin, and replated together with fresh irradiated 3T3 cells. The keratinocytes were usually subcultured when the average colony size reached about 1000 cells.

Efficiency of colony formation by keratinocytes was determined by plating 10^3 to 10^5 cells together with $\frac{n}{5}$ 3T3, fixing 2 to 4 weeks later, and staining with Rhodanile blue. The extent of contamination by human fibroblasts was determined by plating 300 to 10^4 cells with $\frac{n}{30}$ 3T3. The cultures were fixed 1 to 2 weeks later and stained with hematoxylin for counts of fibroblast colonies. Culture conditions, preparation of lethally irradiated 3T3 cells, staining, and microscopy were carried out as described by Rheinwald and Green (1975).

Radioautography of Keratinocyte Colonies in Situ

Labeled thymidine was added to the medium of cultures for 24 hr [tritiated, 0.5 μCi/ml (50 Ci/mmole); C^{14}, 5 μCi/ml (54 mCi/mmole)]. The medium was then removed and a solution of 0.5% NP40 was added. 2 min later the 3T3 cells were dislodged. The keratinocyte colonies remained attached, but the cytoplasmic compartments became substantially emptied (Tsai and Green, 1973), and the nuclei became easily visible. The cultures were then fixed, stained, dried, and covered with photographic emulsion. After 5–10 days the emulsion was developed.

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