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Chapter 1: Don’t Look Away

In Giovanni Bellini’s famous painting, *The Circumcision* (painted circa 1500), a group of people witnesses the circumcision of a newborn boy. Upon examining the painting, two aspects are immediately evident: First, the baby’s genitals are concealed from view by the hand of the circumciser. Second, almost everyone in the room is looking away during the procedure (except, of course, for the man performing the operation). These two details express an almost universal characteristic of circumcision: most laypeople do not concern themselves with surgical (and often queasy) matters. As a result, the question of how the circumcision is performed is shrouded in mystery for most, as many feel they are better off ignoring the technical components of the operation. In truth, however, while many look away during a *brit milah* (ritual circumcision), those who pay close attention have opened their eyes up to an incredible tension between modern medicine and Jewish tradition.

The question of if Jewish ritual circumcision should be performed has been debated hotly on and off over the past two centuries. And while the controversy surrounding the morality of circumcision is timely and fascinating, I intentionally do not focus on that issue. Instead, this thesis gives voice to a lesser-known debate, through framing the *hows* of traditional ritual circumcision and their confrontation with modernity in America. Specifically, I focus on three aspects of the procedure: The act of *metzitzah b’peh* (oral suction), the use of anesthetics and the diversity of instruments used. Each topic reflects a struggle between a rapidly growing medical field and the strong will of those who are traditionally minded.

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1 CIRCLIST - History in Art, [http://www.circlist.com/history/art.html](http://www.circlist.com/history/art.html). Picture can be found on cover and in Appendix.
Doctors vs. Mohalim

It may be a surprise to most that there are multiple ways of performing a circumcision and that there is no one, generally accepted technique. Rather, there are significant differences in practice, depending on the operator and the setting. The technique chosen by the operator reflects his or her training; doctors recommend different instruments and practices than do traditional mohalim (ritual circumcisers), and more progressive mohalim differ from both in attempting to take the best from both worlds. Doctors abide by medical findings, advocating strongly for the modern practice of surgery. Many mohalim, on the other hand, point to a thousands-year old tradition, the performance of which should be kept as consistent as possible from generation to generation. Changing the technical aspects of the procedure constitutes a breach of tradition—which is often a strong reason to avoid innovation entirely.

The contents of these chapters may even surprise some mohalim and doctors who perform the ritual regularly. How could so routine and simple an operation be enveloped in so much controversy? Their surprise may be due to the fact that circumcision technique is passed down from teacher to student—whether it is mohel to mohel or attending to resident. Either way, a teacher of circumcision technique may presume that his way is the most logical for the performance of the ritual, simply because that is what his teacher taught him. The result is an often-unknown tension between doctors and mohalim, for the simple reason that they do not learn the details of the practice from one another.

Some practitioners, of course, are very much aware of the tensions at play, as will be seen especially with the case of metzitzah b’peh. There are passionate personas on either end of the spectrum that advocate strongly for a particular position, with little room for negotiation. It is these moments that highlight the contradictions between an ancient code and a modern
viewpoint. These contradictions are worth our attention and should not only concern scholars and surgeons. The arguments over proper procedure at a circumcision reflect the broader struggles of Judaism in the modern world. Each person is free to strike his or her own balance between these two values, based upon their commitment to tradition and modernity respectively.

Before embarking on the analysis of this tension, we must first understand how it was created. How did circumcision arrive in America? Why did it become a medical practice as well as a ritual practice? The answers to these questions provide a useful framework for the chapters that lie ahead.

Background

Circumcision, literally “to cut around,” is the removal of the foreskin surrounding the penis. It has existed as a Jewish ritual act for thousands of years. Beyond Judaism, there is evidence that other cultures have circumcised their young for quite some time; three thousand year-old circumcised Egyptian mummies have been discovered. Muslims also circumcise young boys, but not always at eight days old—sometimes they aren’t circumcised until the onset of puberty. Since its inception, Jewish ritual circumcision has been a religious ritual and not a medical operation. Consequently, until recent times the procedure has been dominated by mohalim (ritual circumcisers). In America, the skill was once high in demand, with few being able to execute it properly and responsibly. Well-known late 18th and 19th century mohalim included Barnard Jacobs of Philadelphia, Abraham I. Abrahams of the New York area, and

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2 Some modern methods involve making a circular excision around the glans, while others, including all pre-modern methods involve a linear excision of the entire foreskin at once. It’s unclear as to why the word circumcision developed in the manner that it did, if the procedure did not involve “cutting around” until modern times.

Abraham Galland of California⁴. Jacobs traveled hundreds of miles to perform the act; parents sometimes waited years beyond the eight-day-old requirement until he arrived⁵. Doctors during colonial times were, for the most part, unfamiliar with the practice of circumcision. This meant that the traditional techniques—as had been taught and practiced for generations—were certainly used by most everyone who performed the operation. There was no strong impetus to change any of the aspects of the procedure.

The monopoly that mohalim held on milah eventually faded away. The medicalization of circumcision occurred relatively quickly in Europe, starting in the late 19th century⁶. Physicians there believed that circumcision provided a number of benefits for the child, including stopping a child from masturbating—a practice that some thought could lead to insanity. One doctor even suggested that circumcision could cure a rare paralysis condition found in some newborns. The practice of circumcision in Europe became more popular, and eventually spread to America. While many of the original medical indications for the procedure are no longer valid today, the significant increase in circumcision in Europe and America resulted in the procedure becoming almost commonplace.

Currently, the debate over circumcision’s health benefits rages on. The ambivalence over the procedure’s necessity is perhaps the reason for a fluctuation in rates of performance in the United States throughout recent decades, with a decrease in the 80’s and early 90’s and an

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increase in the 90’s and the turn of the millennium\(^7\). Notwithstanding this fluctuation and medical debate over the usefulness of the practice, overall circumcision is still one of the most frequently performed operations in the United States.

With the increase in circumcision in America came the infiltration of doctors’ opinions. As we will see, numerous inventions and innovations were suggested in the past century in order to standardize the practice of circumcision. Moreover, doctors and medical professionals felt strongly that their methods were scientifically proven, modern, and overall better for the newborn than the traditional methods that echoed ancient forms of circumcision. Medical findings and developments forced *mohalim* to ask whether their traditional circumcision techniques should be modified. Should *metzitzah b’peh* be maintained? Should surgical clamps be utilized, even if they violate the necessity for blood to flow at the procedure? Should anesthesia, be used to mitigate pain? In each case, as we shall see, rabbinic authorities differed.

These differences in opinion provide the ingredients for a clash between tradition and modernity. And while a student of Western thought may presume that modern science and medicine are “correct,” often it is hard to make an objective determination as to which method is ideal. While some medical practices such as hygiene and sterilization are obvious—and were even met with wide acceptance by *mohalim*—other developments are more questionable. The use of clamp, for instance, results in a bloodless circumcision. However it is likely more painful for the patient than the traditional method. A circumcision in a hospital setting often takes 15 to 20 minutes, while *mohalim* complete the entire operation in a matter of one to two minutes. Additionally, doctors performing the operation are often inexperienced residents.

Many Jews insist that their child’s circumcision take place in an operating room, and at one point in United States history circumcisions were performed routinely only minutes after birth (we will see that some methods have now been developed to effectively circumcise immediately after birth). Reacting to this reality, a famous mid 20th century mohel named Rabbi Harry Bronstein attempted to develop an instrument that would please doctors and satisfy traditional halakhic requirements. This way, if parents demanded that a circumcision take place in a hospital, or if a doctor performed the procedure without even consulting with the parents because it was routine, the instrument used would not invalidate the brit milah. The success of Rabbi Bronstein’s instrument is open to debate (see chapter V).

Reform, Conservative and Orthodox mohalim must grapple with issues of tradition and change when it comes to circumcision techniques. In an effort to enhance our understanding of each movement’s confrontation with America, I conducted an online survey of 73 mohalim/ot across the country. To my knowledge, this is the only survey of American ritual circumcisers ever conducted in an academic setting. The findings of this research contribute to our understanding of the confrontation with America across the denominational spectrum. A description and depiction of the results of this unique survey are found in the final chapter.

This work will hopefully make readers aware of a tension that few consider. Circumcision is important to everyone who has any interest in Judaism; in an ever-evolving world, the ancient practice of circumcision has continued unabated. The belief that its technical details should only be considered by doctors and mohalim is unfortunate, as the debates and confrontations reveal much. By opening up our eyes, and refusing to turn a blind side to circumcision’s sometimes-gory details, we may learn a great deal about the confrontation between Judaism and modern medicine.
Chapter II: Metzitzah and the Public Side of Circumcision Debate

As mentioned in Chapter I, Brit milah attendees tend to look as far away as possible from the procedure. It’s therefore unsurprising that details of the operative techniques used by mohalim are virtually unknown among laypeople. For the most part, basic terminology and awareness of how mohalim and doctors perform the procedure do not carry any intrigue; heated debates are left to the professionals. There is one glaring exception to this generalization, however: Metzitzah.

According to the Centers for Disease Control and Prevention (CDC), 11 babies in New York City have been sickened with herpes since the year 2000 as a result of mohalim performing metzitzah at their britot. Out of those 11 babies, 2 tragically passed away\textsuperscript{1}. Understandably, the practice of metzitzah has, as a result, garnered significantly more attention than any other aspect of the brit milah procedure. For some it is shrouded by mystery, forcing difficult questions of religion and ethics, and for others who feel (perhaps somewhat begrudgingly) committed to their creed it is cause to continue looking the other way, without stopping the mohel. Doctors, as well as Jews of all backgrounds have become passionate advocates against the practice, some calling it “primitive,”\textsuperscript{2} with others staunchly supporting it in response. The press has covered it, and not solely the Jewish press. Major international media outlets, including the New York Times\textsuperscript{3}, have published articles very recently relating to the practice of metzitzah. It has become, in every some ways, a “hot button” issue.

\textsuperscript{1}“Neonatal Herpes Simplex Virus Infection Following Jewish Ritual Circumcisions That Included Direct Orogenital Suction — New York City, 2000–2011,” Centers for Disease Control and Prevention, June 08, 2012, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a2.htm?s_cid=mm6122a2_w.
Many previous works have framed metzitzah from a specific perspective; Doctors have written about health issues and rabbis have tackled halakhic concerns. In this chapter I attempt to objectively frame metzitzah, gathering the various opinions in one place and understanding what lies behind the various viewpoints. We will see how metzitzah is not only an issue of confrontation between halakhah and modernity, but also show how deeply polarizing the practice has become (despite innovations that attempt to satisfy rabbinic and medical authorities). The decision to perform or not to perform metzitzah b’peh makes a profound statement of religious belief.

**Definitions and Sources**

It is crucial to define the relevant terms and to distinguish between metzitzah and metzitzah b’peh. Metzitzah literally translates as “sucking.” “B’peh” means “by mouth.” If metzitzah b’peh is performed, the mohel excises the foreskin and then sucks the wound orally for a short time. Subsequently the mohel spits out the blood from his mouth, usually into a special metzitzah cup (in hebrew, kos shel metzitzah). One account of the procedure claims that the mohel sometimes takes a small amount of wine in his mouth before performing metzitzah, intended to ease the pain of the procedure. After metzitzah b’peh is finished, the wound is bandaged and the circumcision is complete.

“Metzitzah” (without the word “b’peh attached to it) may be a shorthand way to refer to the above practice of oral suction, but it also may refer to other methods of “sucking” the blood that do not involve the human mouth. These innovations in the procedure will be examined later in this chapter.

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4 See photo of cup in Appendix.
5 Michel De Montaigne and E. J. Trechmann, The Diary of Montaigne's Journey to Italy in 1580 and 1581, (London: Hogarth Press, 1929), 136. In his famous travel logs, Montaigne describes a circumcision that included metzitzah which he witnessed in Rome in 1580.
The practice of Metzitzah b’peh can be definitively traced to at least the 3rd century CE, during the times of the Mishnah⁶. It is highly possible, however, that metzitzah b’peh took place before the 3rd century, CE, when it was first documented in the Mishnah. As Dr. Shlomo Sprecher, a scholar of halakha and medicine writes metzitzah is likely based on a Hellenistic view of medicine⁷. As circumcision of Jewish babies took place even before the 3rd century CE, and Hellenism dates back even further, it is possible metzitzah b’peh has been performed even before the times of the mishnah.

The Mishnah in Masekhet (tractate) Shabbat states: “On Shabbat we do all that is necessary for the milah—we circumcise, we do periah, we suck out the blood and we bandage the wound.”⁸ This statement includes the aspects of the brit milah that we perform even though it is Shabbat. As the Shabbat is one of Judaism’s most sacred times, it is possible that one may have thought that the brit milah ceremony is altered so as not to violate any laws of Shabbat. The statement in the Mishnah seems to imply that metzitzah is an integral part of the circumcision rite. It is listed amongst the other main components of the procedure, and is important enough that it overrides desecration of the Shabbat. We will see below, however, that metzitzah may not be as integral as the Mishnah may imply.

Other references to metzitzah

It’s worth pausing to examine more closely the language used thus far. A close reader may have already noticed that the Mishnah—the text on which all future commentaries on metzitzah b’peh are based—does not itself mention the use of the mouth for the procedure! The statement merely says that “metzitzah” must be performed, not metzitzah b’peh. Likewise, later

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⁶ The Mishna is a set of oral laws codified by Rabbi Judah the Prince around the year 200 CE in the land of Israel .
⁸ M Shabbat 19:2 (author’s translation)
commentaries simply refer to the practice as *metzitzah*. Is this significant? Is “b’peh” implied? If it is not, this would seem to leave unclear instructions; May the wound be sucked with any apparatus, or must it be sucked specifically with the mouth? What is the *precise* definition of *metzitzah*, or any word in Rabbinic literature with the root צצמ (m.tz.tz.)?

Some scholars have briefly addressed the query at hand\(^9\), though none have tackled the problem by examining the appearance of the word *metzitzah* throughout Rabbinic literature\(^10\). This process sheds more light on the definition of a word that is unclear.

Instances of the word throughout Rabbinic literature paint an unclear picture of its true meaning\(^11\). Three sources clearly imply that *metzitzah* refers to sucking with the mouth specifically: First, a Mishnah in the ninth chapter of *Masekhet Parah*, when describing how sanctified water may become unfit for use, states: “All birds render it unfit, except the dove because it sucks.”\(^12\) In other words, birds that “suck” water orally make the water unfit. Second, *Devarim* (Deuteronomy) Rabbah\(^13\) similarly uses the word in reference to oral suction. A story\(^14\) is told of a God fearing Roman senator who attempts to prevent the fulfillment of a decree that the Jews of Rome would be killed in thirty days. In order to postpone the decree, his wife encourages him to kill himself, thereby canceling the Roman senate’s ruling\(^15\). While a disturbing yet intriguing story, for our purposes it is only relevant because of the method of suicide that the senator’s wife suggests: sucking a ring of poison. The word used in the midrash

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\(^10\) Moses Sofer, Kokhvei Yitzhak 1, no. 1 (1845): 49, [http://tinyurl.com/bkumqti](http://tinyurl.com/bkumqti). Hatam Sofer interprets *metzitzah* as it appears in biblical verses (as opposed to Rabbinic literature, as is done here).

\(^11\) All sources quoted that contain the word in question were found in Marcus Jastrow, *Dictionary of the Targumim, Talmud Bavli, Talmud Yerushalmi and Midrashic Literature* ([New York]: Judaica Treasury, 2004), 827.

\(^12\) Translation from Pinhas Kehati, "Parah Chapter 9 Mishnah 3," in *Mishnah: Seder Tohorot Vol. 3*, 103.

\(^13\) Deuteronomy Rabbah falls under the category of *Midrash Aggadah*, literature produced by rabbis that intends to teach ethical lessons or insights based on the themes of the Torah portion on which it is commenting.


\(^15\) *Ibid.* See note 2 on that page.
has the same root as *metzitzah*, and in this context it definitely refers to oral suction. Finally, *Tosefta*\(^\text{16}\) *Sotah* chapter 5, number 9 tells of a famous parable of the ways in which a man may treat his wife: “There is a man who when a fly falls onto his platter he picks it up and sucks it.”\(^\text{17}\) Here too, as with the previous two sources, the same word is used and definitely refers to oral suction.

While it may appear that a clear argument can be made for *metzitzah* referring to oral suction, other sources carry different implications. Jastrow’s dictionary translates the word as “to press, suck; to drain,”\(^\text{18}\) making no reference to oral suction whatsoever. The Schottenstein edition of the Talmud, which provides a translation and an elucidation of the text, translates *motzetzin* as “draw out,”\(^\text{19}\) avoiding any mention of oral suction as well. It is possible that the editors intentionally translated the word in the way they did in order to avoid any political implications that may have resulted from translating the word as oral suction. As *metzitzah* is a polarizing issue, the translation “draw out” is certainly a safer one as it avoids directly mentioning what method is to be used for drawing out the blood.

Finally, and most interestingly, *metzitzah* may have a completely different meaning when used in the context of curing a wound. *Vayiqra* (Leviticus) *Rabbah* tells a story of an exchange between Rabbi Yishmael and Rabbi Yose during the Shabbat\(^\text{20}\). In the midst of the plot, one of the rabbis cuts his small finger, and applies a sponge in order to heal himself. One of the lessons learned from the story is that a sponge does not “*motetz*,” but rather just protects the wound. In

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16 A supplement to and contemporary of the Mishnah, though not included as part of the text Mishnah.
17 An explication of this puzzling metaphor is far beyond the scope of this work. Suffice to say that the fly most likely refers to the wrongdoings of the wife, and the platter refers to the wife.
18 Jastrow, 827
context, the word motzetz does not translate to oral suction, but rather to healing with the use of a sponge. There is room to suggest that the word metzitzah, when used in reference to a wound, refers to treating it with a sponge. While the texts above use the word metzitzah to suggest oral suction, the Vayiqra Rabbah passage is the only one that mentions metzitzah as a method for the treatment of a wound—an example strikingly similar to circumcision. In fact, as we will see below, a sponge was actually suggested as a substitute for metzitzah b’peh in the middle of the 19th century. In short, Metzitzah may very well refer to suction of the circumcision wound with a sponge, just as the finger cut was treated by the rabbi with a sponge in the above story.

It’s worth noting that the midrash teaches that using a sponge to treat a wound is permitted on Shabbat only because it does not heal the wound fully. Treatment of a wound on shabbat is not permitted unless the circumstances are life threatening. The parallel drawn between the case of circumcision and the small finger cut sustained by the rabbi is tainted by the fact that in the context of the midrash, metzitzah is meant only as a method to protect the wound and not to cure it. As we shall see below, metzitzah in the case of circumcision is generally seen throughout the sources to be an important safety measure. It is unclear whether the protection afforded by the metzitzah of a sponge for a finger cut—which heals minimally and is therefore permitted on Shabbat—is different substantially from the metzitzah of a circumcision wound.

Regardless of the above interpretation, later sources have no doubt that metzitzah during circumcision as it is mentioned in the Mishnah refers to oral suction. This is despite metzitzah’s definition as a sponge treatment for a wound (and only referring to oral suction in examples that are totally unlike circumcision). Later interpretations of this passage consistently assume that the Mishnah is referring to oral suction, despite not explicitly mentioning so. Two examples are offered below:

21 Ibid. See note 3 on that page.
Maimonides’ description of metzitzah for circumcision is similar to his description for metzitzah of snakebites, where presumably the mouth is used. Sprecher cites a commentary on the Mishneh Torah\textsuperscript{22} by Nachum E. Rabinovitch, a prominent Orthodox Rabbi in Israel:

The Rambam’s additional phrase explains the technique of meziżah necessary to avoid danger “Until the blood exits from distant places.” This is similar to the technique expressed by Rambam in the first chapter of his work, “Poisons and Their Antidotes.” In that work Rambam refers repeatedly to the value of meziżah in treating a victim of a snake or scorpion bite.\textsuperscript{23}

Additional proof that Maimonides refers to specifically oral suction of the wound is cited by Rabi Jacob Ettlinger, the famous nineteenth century German Orthodox Rabbi and scholar. He writes, “It is obvious that Maimonides means direct oral suction. For in order to pull blood out from distant places, one requires the strength of pulling, and this is not possible through hand pressure.”\textsuperscript{24} Ettlinger believes that Maimonides implies oral suction when he instructs that blood must be drawn from “distant places;” he feels that there is no other way to accomplish this directive besides performing metzitzah b’peh.

Similarly, Rabbi Moses Isserles, the 16th century scholar famous for his commentary on the Shulkhan Aruch\textsuperscript{25} known as the mapah\textsuperscript{26}, assumes that metzitzah in the Mishnah refers to metzitzah b’peh. He writes, “We spit the blood from the metzitzah on the ground.”\textsuperscript{27} Obviously, if Isserlis writes that blood is spit out, he assumes that the mohel has sucked on the wound orally.

Common practice (even to this day) has followed the traditional understanding of the text as presented by Maimonides and Isserles.

\textsuperscript{22} Maimonides’ principle work, a monumental source for Jewish law.
\textsuperscript{25} The most definitive code of Jewish law, written in the 16th century in Safed and published in Venice. The title means “set table.”
\textsuperscript{26} "Tablecloth"
\textsuperscript{27} See Shulkhan Aruch, Yoreh Deah 265:10
Chapter I1: Metzitzah and the Public Side of Circumcision Debate

The Burning Question

With a working (though perhaps perplexing) definition and an understanding of the sources for metzitzah b’peh, we may turn to the burning question: Why? The Mishnah may mention it and later commentaries may help define the practice, but it is worth contemplating why metzitzah is performed in the first place.

The first and most popular rabbinic answer may stun some modern medical professionals: Metzitzah b’peh is performed to keep the child safe. The Talmud holds the earliest explanation of this answer. It records Rav Papa’s ruling in Masekhet Shabbat: “Any expert surgeon who does not perform metzitzah creates a danger, and therefore should be removed from his post.” This statement advances the case for metzitzah; not only is it grounds to forbid a mohel from performing future britot, but it is also a safety mechanism. This first attempt at offering a reason for metzitzah plays a very important role in shaping future debates.

Moving centuries past the Talmud, Maimonides (1135-1204) writes, “…And after that [the mohel] performs metzitzah until blood comes from the furthest places, so that [the child] is not put in danger. And any mohel that does not perform metzitzah should be removed.” Maimonides echoes the opinion of Rav Papa, claiming that metzitzah is performed in order to keep the baby safe.

One may interpret the Talmud and Maimondies’ comments as claiming that metzitzah is performed out of safety for the child, but more importantly that it is an integral aspect of the procedure. That is to say, no matter what advances in medicine may take place, metzitzah still

28 The Talmud is a vast commentary on the Mishnah, spanning over 2,700 pages of text. It was sealed approximately 300 years after the Mishnah was, in 500 CE.
29 M Shabbat 133b
30 Maimonides was the most prestigious scholar of his time. His work has lived on to this day and his scholarship is perhaps unmatched. In addition to his demonstrated vast knowledge of Jewish sources and contributions to Jewish legal and philosophical thought, he was also a medical doctor.
31 Maimonides, Mishneh Torah, the Laws of Milah, 2:2
protects the newborn child and must be performed. This interpretation leaves a Jew committed to halakhah a clear imperative to continue with the practice of metzitzah b’peh even today.

On the other hand, one may interpret the above as a contextual understanding. Despite metzitzah b’peh’s necessity on account of safety, Rav Papa does not say that the practice is an integral part of the procedure; the mohel is removed from his post but the procedure does not seem to be invalidated. There may have been a time in history that metzitzah was thought to have a safety benefit to the newborn baby, but society has outgrown that mode of thinking in favor of newer, more advanced theories of medicine and safety procedures. This clearly allows for the opportunity to alter or cease the performance of metzitzah b’peh if doctors no longer deem it to be safe.

Sprecher presents a theory that follows this logic. While it is clear that rabbis thought for centuries that metzitzah is performed for safety’s sake, it’s not exactly clear why they thought that metzitzah makes the baby safer. He writes:

What exactly is this danger referred to by the Talmud and the Rambam? Neither Hazal nor Rambam feel any need to describe it, presumably because they assumed it would be obvious to any of their contemporaries, who shared the same medical frame of reference, namely, a Hellenic and Hellenistic system of medicine.

The notion that the rabbis instituted metzitzah b’peh because of a Hellenistic view towards medicine paints the practice of metzitzah b’peh as contextual. That is to say, it had to be performed based on a certain view of medicine, but if that view of medicine ceased to exist metzitzah b’peh would no longer provide the same safety and would not need to be performed.

A more Orthodox response to safety and metzitzah b’peh avoids the mentioning of Hellenism. What some rabbis claim instead is the notion of “nishtaneh hateva,” literally “nature has changed.” In his famous commentary to the Mishnah written in the middle of the 19th

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32 Sprecher is referring here to the Rabbis of the Mishnah and the Talmud
33 Sprecher, 18.
century, Rabbi Israel Lipschitz (known as the Tiferet Yisrael, the “Glory of Israel”), writes in regards to metzitzah: “And according to what the doctors say now, the baby may be endangered if metzitzah is performed … But one should not be astonished that this goes against what the Gemara\textsuperscript{34} says, because with some things nature has changed.”\textsuperscript{35} He goes on to claim that the rabbis instituted metzitzah b’peh in order to stop coagulation, a significant opinion that is quoted by many later sources\textsuperscript{36}. Rabbi Lipschitz’s comment here is indicative of an approach to Jewish law that places the burden of proof on modern findings, not on the rabbis.

Interpreters of the Talmud are not eager to point out inconsistencies between the facts of nature and rulings of the rabbis. When the two come into conflict, it is rare that the rabbis are viewed as wrong. Thus, for Rabbi Lipschitz and those with a similar mindset, if metzitzah were to not be performed, it would certainly not be because the rabbis were wrong in instructing us to do so. The contradiction between the rabbis and nature is resolved by saying that nature has changed, instead of saying that the rabbis were ever wrong. In other words, there may have been a time in history in which the rabbis were correct and metzitzah was performed for safety, and at that time the rabbis were correct in their judgment. However because of changes in nature (not because of incorrect judgment in the first place), metzitzah is no longer safe for the baby.

There are those who disagree altogether with the two formulations above. Instead of saying that metzitzah has anything to do with safety, they attempt to explain metzitzah’s necessity to this day by drawing upon Jewish mystical sources\textsuperscript{37}. In his work Chesed L’Avraham, Rabbi Avraham Azulai, the famous 16\textsuperscript{th} and 17\textsuperscript{th} century Kabbalist who resided in Hebron,

\textsuperscript{34} Gemara is the commentary on the Mishnah, together they make the Talmud.
\textsuperscript{35} Tiferet Yisrael, Masekhet Shabbat, 19:2
\textsuperscript{36} Rabbi Yaakov Hagozer of Germany also held the position that metzitzah is performed in order to aid in coagulation. See Zichron Brit LaRishonim (Berlin, 5652), 20, cited in Mordechai Halperin, “Controversy: The View from Israel,” trans. Yocheved Lavon, Jewish Action: Magazine of the Orthodox Union, Winter 2006, note 25.
\textsuperscript{37} Kabbalistic literature dates back to around the 16\textsuperscript{th} century, more than 1,000 years after the time of the Talmud.
writes that Adam sinned with his hands by taking the apple from the tree of knowledge, and with his mouth by eating the apple. As a result of Adam’s sin, man possesses a foreskin when he is born. At a *brit milah* we correct this sin when the *mohel* uses his hands to excise the foreskin and his mouth to perform *metzitzah b’peh*. In this way man is transformed back into his more perfect self.\(^{38}\)

One may wonder how *kabbalists* explain the death and sickness of babies after *metzitzah b’peh* is performed. They may understand the death of newborn babies post-circumcision as due to unknown causes. While the tragedies could have been because of *metzitzah*, this by no means can be proven.

While those who advocate that *metzitzah b’peh* is performed because of safety may claim either that the rabbis are no longer correct, or that nature has changed, *kabbalists* have no such option. Those who believe strongly in Jewish mysticism are forced to say that *metzitzah b’peh* still retains its meaning and practicality to this day. Every baby that is born must correct the sin of Adam; there is no exception to this rule and it will never become outdated. It is for this reason that many Jews with *Hasidic* backgrounds—especially Chabad Lubavitch Jews—insist to this day on performing *metzitzah b’peh*.\(^{39}\) It is the reliance on a strict interpretation of *metzitzah b’peh* that has made the modern debate over its practice even more contentious. Those who do not adhere to Jewish mysticism cannot understand how *metzitzah b’peh* is still a meaningful procedure, given that it is no longer deemed safe for the baby by doctors.

We have seen two main reasons for the performance of *metzitzah b’peh*: Safety (which may mean drawing out the blood or alternatively allowing for coagulation), and mystical explanations. Those who say that a *metzitzah b’peh* is performed for safety may have room in

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\(^{38}\) Referenced by Korobkin, note 11.

\(^{39}\) I personally witnessed *metzitzah b’peh* being performed at a Chabad *brit milah*. 
modern times to stop the practice altogether, or alter it (some who think that metzitzah is done for the safety of the baby still do not stop the procedure to this day, however, as we shall see below). Those who explain metzitzah b’peh mystically have little room to stop the performance of the practice.

There is an entirely separate answer to the question of “why.” This answer is not based on the procedure itself, and in fact may go as far as to ignore the actual reasons cited above. Rather, the continuation of the practice is based on historical and sociological reasons. It is here where the debate truly becomes polarizing within the Jewish community, and it is the topic that we turn to next.

A fierce communal debate

Metzitzah b’peh has been a contentious issue since the middle of the nineteenth century. A doctor from Lemförde, Germany by the name of Philipp Wolfers published a manual for mohalim in which he blasts the practice of metzitzah b’peh, proclaiming that it is immoral. In his lengthy article he argues that metzitzah b’peh is unhealthy for the baby, and lists many illnesses that the baby may contract from the procedure. Interestingly, Wolfers mentions a second reason that metzitzah b’peh should not be allowed: because it is disgusting. Apparently, he felt that there was a need for the non-Jews in his midst to view circumcision favorably, lest they come to ban the procedure. As we shall see later, circumcision’s public perception among non-Jews as well as Reform Jews was incredibly important to some.

While the entire manuscript is written in German, the first page contains a verse in Hebrew, which says, “You shall keep my laws and statutes and you shall live by them, not that

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40 Philipp Wolfers, Die Beschneidung Der Juden, Eine Anweisung Fur Beschneider, Arts Und Weundartze (Lemförde-Hanover, 1831). For a photo of the cover and the first page see Appendix.
you should die by them." Though Jacob Katz, a prominent Orthodox Jewish historian, claims that Wolfers is not a learned man, his reference here to BT Yoma 85a is fitting for his work. Wolfers intends to use his manual to warn people of the dangers of circumcision (citing *metzitzah b'peh* among other examples), which may include death.

Following Wolfers’ manual, more documented cases of sickness due to *metzitzah b'peh* began to surface. In 1837, six years after Wolfers published his manual in Germany, a Doctor named S. Wetheim in Vienna wrote to Rabbi Eleazar Horowitz, a prominent Orthodox rabbi who served in the city, asking if *metzitzah b'peh* needed to be performed at *britot*. According to the doctor, *metzitzah b'peh* had infected “several” children and “many” had died from their illness.

In response, Rabbi Horowitz wrote that he did not believe that *metzitzah b'peh* was necessary as it was only instituted in the times of the Talmud for reasons of safety. However, before offering a final ruling Rabbi Horowitz needed to ask his mentor, Rabbi Moses Schreiber, also known as the Hatam Sofer.

The Hatam Sofer’s entrance into this story would prove to be quite significant, and it is where the drama begins. The Hatam Sofer was known for his staunch conservatism and his strong objections to Reform Judaism. He was also known for coining the phrase, “HeHadash asur min HaTorah,” a pun on a phrase in the Talmud, intended to convey his rejection of new ideas and his steadfast commitment to traditions of old. Given his background, it is somewhat

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41 Ibid.
43 For an estimation of the amount of babies affected by *metzitzah b'peh* see Shmarya Rosenberg, "History of Metzitzah B’Peh Disease Transmission: A Partial List,” [http://failedmessiah.typepad.com/files/history-of-documented-metzitzah-bpeh-infections.pdf](http://failedmessiah.typepad.com/files/history-of-documented-metzitzah-bpeh-infections.pdf). Note: This source is not academic and is biased. However, it is footnoted and presents factual information.
44 The correspondence between Rabbi Horowitz and Dr. Wurtheim, as well as the printed letter from the Hatam Sofer (described below) are all found in *Kokhvei Yitzchak* (Vienna, 1845). Translations from the original German as quoted above are taken from Katz, “The Controversy over the Mezizah.” For a photograph of the original letter written by the Hatam Sofer see the Appendix.
surprising to learn that the Hatam Sofer responded to Rabbi Horowitz saying that metzitzah b’peh is “found only amongst the Kabbalists … and it is not necessary to be stringent if the physicians have invented other remedies in its place.” The Hatam Sofer goes on to say that the word metzitzah, if traced to its biblical roots, does not necessarily translate to oral suction. Rather, it may be translated simply as drawing out or squeezing.

In writing this responsum, the Hatam Sofer (whether he realized this or not) kindled a small spark that ignited the metzitzah controversy. Following his ruling, some communities relied on his “other remedies,” implementing a sponge during metzitzah (as suggested by Doctor Wurtheim). Numerous halakhic authorities as well as those who believed strongly in maintaining traditions, however, were outraged. What the Hatam Sofer had apparently been unaware of when he wrote his responsum was the other motivation behind Dr. Wertheim’s request of Rabbi Horowitz. Not only did he think that metzitzah b’peh was unacceptable for medical reasons, but he also found the practice to be “disgusting,” just as Wolfers had a few years earlier. As Katz notes, “It seems clear that Dr. Wertheim revealed his innermost thoughts, that metzitzah deserves to disappear for reasons unrelated to the danger associated with it.” These other reasons, as Katz notes, were “aesthetic.” If the Hatam Sofer had known the other reasons behind Wertheim’s requests, it is possible that his response would have been different.

In order to understand why this would have been the case, one must understand the sociological and religious developments of the time period. Western Europe in the middle of the nineteenth century was a time of great change for Judaism. Reform Judaism was emerging, and as we have already mentioned the Hatam Sofer and many others like him worked to fight against the Reform movement. Wolfers’ and Wertheim’s characterizations of metzitzah b’peh as

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46 Ibid.
47 Katz, 363.
disgusting are characteristic of a larger problem that some Reform Jews had with the *brit milah*. Moreover, many physicians had qualms about circumcision, as this was prior to medical findings in the late 19th century that suggested the procedure may have health benefits. The mid-nineteenth century featured concerted efforts on the part of some Reform Jews and physicians to ban circumcision altogether, especially in Germany. Increasing medicalization of the practice, as well as a desire to abandon the traditions of old contributed to this phenomenon.48

Many traditionalists were thus concerned that if *metzitzah b’peh* was no longer allowed, Reform Jews and non-Jews who objected to circumcision would use this as a launching pad to advocate for further restrictions on the circumcision procedure, eventually banning it altogether. This concern was increased dramatically with the Hatam Sofer’s signed letter, as many Reformers were now able to point to signs within the Orthodox movement that change was necessary. If those who were committed to tradition were advocating for change, especially someone of the Hatam Sofer’s stature, it must mean that change was absolutely necessary.

Subsequent rabbinical authorities worked feverishly to advocate for *metzitzah b’peh*, in order to neutralize the effect of the Hatam Sofer’s responsum. There are a great number of responsa written on the topic, and it is not the goal of this work to summarize every single one49. The aim of these responsa was not to fight against the Hatam Sofer, but rather to provide more ammunition in a battle against the Reform movement and opponents of circumcision in general in which the Hatam Sofer had set them behind.

49 A synopsis of some of the major opinions expressed in the latter half of the nineteenth century is featured here. It is important to note that many of the authorities who offered comments did not direct them at the Hatam Sofer. This was not a debate amongst scholars, but rather a focused argument intended for the general public. For extensive summary see Katz, “The controversy Over the Mezizah” who quotes nearly every major responsum written on the topic. Also see Shields, 36-48. A comprehensive hebrew article and defense of *metzitzah* can be found in Rabbi C.C. Medini, *Sedei Hemed*, vol. 8 (1891-1912), 236-281.
Chapter I: Metzitzah and the Public Side of Circumcision Debate

Rabbi Abraham Bernstein, who lived from 1838-1910, author of the famous work the Avnei Nezer, argued vehemently for metzitzah b’peh. Shields notes that Bernstein held the opinion that “the direct oral suction technique was proclaimed by God to Moses at Mount Sinai, and therefore may not be altered.”

Rabbi Jehiel Epstein, also a prominent Russian posek and the author of the famous halakhic work “Aruch HaShulkhan” writes that we should be wary of doctors who forbid metzitzah b’peh, though we should ensure that the mohel has a clean mouth when he performs the ritual. Perhaps the most strongly worded responsum was penned by Rabbi Moses Schick (1807-1879). He proclaimed that every circumcision absolutely must have metzitzah b’peh, and that the doctors of their time should not be listened to. He writes in reference to the poskim who have relied on the opinions of doctors that their words are “ease of mind.” He also says that metzitzah b’peh is necessary for the safety of the child.

Rabbi Schick, as well as all of the above quoted rabbis needed to show the Orthodox Jewish world that metzitzah b’peh was still relevant and necessary. This is why some stressed that the law was obligatory, and others stressed that it was important for the health of the child. If constituents could not be convinced that metzitzah b’peh was required by their religion, the practice would die out and opponents of circumcision would have won the battle.

Some took a more intriguing strategy, claiming that the Hatam Sofer had not actually intended what he had written. An anonymous letter written by a doctor provided a much-needed boost for the Orthodox camp. If a physician was willing to admit that metzitzah b’peh posed no danger, it would mean that previous leniencies could be undone. The anonymous

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50 Shields, 40.
51 Jehiel Epstein, "244:19," in Arukh HaShulkhan (1894—1898).
52 Arbiter of Jewish law, authors of responsum.
53 While this may not sound terrible in English, in hebrew “kalut da’atam” is a strong way of saying that someone had severe lack of judgment.
54 “Der Treue Zions-Wachter,” letter from Anonymous, November 24, 1846. Published originally in German. All quotations from the letter in English are taken from Katz, 376-377. For a photo of the original letter, see Appendix.
source, who is labeled as an expert, not only says that the danger is minimal, but he also goes as far as to suggest that the original letter signed by the Hatam Sofer was forged. Katz notes, “In an aside, he [the anonymous doctor] warns against relying on the names of authorities like the Hatam Sofer, whose ruling was ‘forged or distorted’”55.

There are those who to this day claim that the fact that the letter was not published as part of his formal responsa signifies that he did not fully back the written opinion. However Katz notes that the responsa were published posthumously by his family members, so it was at their digression not to include his letter in his formal responsa56.

We have seen that the European religious-politics surrounding metzitzah b’peh influenced the Orthodox to come out strongly in favor of upholding the practice, in order to preserve tradition in light of those who opposed circumcision. Those who were part of the Reform movement, on the other hand, were heavily influenced by the opinions of doctors, but perhaps more importantly by Western European culture and the idea that metzitzah b’peh was disgusting. The confrontation between tradition and change hinged on something much greater than metzitzah b’peh, namely views about religion and its role in the modern world.

Rabbi Sampson Rephael Hirsch attempted to bridge the gap between the two sides, endorsing a solution that, he hoped, would please both parties57. In his work of responsa entitled Shemesh Marpeh, after first supporting metzitzah (note: not b’peh) as a significant portion of the circumcision procedure, Rabbi Hirsch introduces the new innovation as a solution to the problem at hand. In his words, “Our hearts are therefore pleased, and we are sure that every Jew who is steadfast in his belief and trembles to speak to God will be pleased with us, with the reception of

55 Ibid. 377.
56 Korobkin, note 18
57 For a more lengthy discussion of the intriguing difference in tone in Rabbi Hirsch’s written and non written endorsement of the new tube, see Korobkin, Jewish Action 2006.
a new invention from the expert doctors … that has no possibility for infection, and the requirements of halakha are fulfilled.” Instead of the mohel sucking the wound with his mouth directly, a tube was invented that is placed over the penis after the circumcision. The mohel then sucks on the tube, and draws blood out of the wound. The process is safe, as the mohel does not touch the baby’s penis with his mouth at any point. However the process is still “b’peh” as the mohel uses his mouth to suck on the glass tube.

Many Orthodox mohalim began to accept this solution, especially in Western Europe. Three other prominent rabbis of the time, Rabbi Isaac Elchanan Spector, the famous Russian posek of the nineteenth century, Rabbi Tzvi Pesach Frank, former chief Rabbi of Jerusalem in the early 20th century, and Rabbi Abraham Isaac Kook, a famous late 19th and early 20th century religious Zionist rabbi and scholar, endorse the opinion that stringency is forbidden in cases when the mohel or baby may be put at risk. This innovation also migrated to the United States, where it became a very popular option for mohalim who wanted to preserve and honor the tradition of metzitzah b’peh but did not wish to risk sickening the child.

**Sickness in the United States**

The earliest documented case of sickness possibly due to metzitzah b’peh in America can be traced to 1873 in New York City. Dr. R.W. Taylor, Surgeon to the New York Dispensary

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58 Sampson Rephael Hirsch, "Section 55," in *Shemesh Marpeh*.

59 For a picture of the tube see the Appendix. Contrary to popular belief, the tube has no resemblance to a straw. Sucking the blood is meant to draw the blood out from the “furthest places,” as Maimonides wrote. Sucking the blood with a much smaller straw would do nothing to accomplish this.


61 Tzvi Pesach Frank, "Yoreh Deah: 214," in *Har Tzvi*. He writes that there is no reason to be stringent in regards to metzitzah b’peh, however if one uses a tube he must be sure that he has learned how to do so from an expert.

62 Abraham Isaac Kook, "Section 142," in *Daat Kohen* (1910). He writes: “But if there is a suspicion that there may be danger from metzitzah, and that it may cause some type of disease in the mohel's body, mouth, or teeth, or if the baby will be harmed from metzitzah b'peh ... there is no reason to be stringent...”

in the area at the time, describes his findings after extensive research into four cases of “syphilis” among circumcised Jewish boys. The four cases tragically resulted in the death of the newborns. However, Dr. Taylor claims that there is no proof that metzitzah b’peh caused the babies to become sick, that he had examined the mohel, and that there was no evidence that he was syphilitic.

Interestingly, Dr. Taylor distinguishes between “higher class” and “lower class” Jews. Those who are higher class, according to Dr. Taylor, employ a rabbi or a physician to circumcise their children, and sucking of the wound does not take place after the excision. Lower class Jews, on the other hand, employ “non professionals” who perform the sucking ritual. Dr. Taylor describes this ritual as an “old method” that is “nearly obsolete.” He concludes his report by saying, “The most effectual means of preventing such contagion [syphilis], then, consists in the abolition of the custom of sucking the wound.”65 Notwithstanding the fact that physicians no longer worry about contraction of syphilis from metzitzah b’peh, Dr. Taylor’s conclusion is significant. Already in 1873, not long after cases had been reported in Europe, metzitzah b’peh was a possible suspect in the death of babies. It was recommended by a distinguished physician that the ritual not be performed.

Of perhaps greater interest in the report is Dr. Taylor’s claim that many had already abandoned the custom, and that it only existed among the lower class of Jews. While it may be presumptuous to judge history by this one source, it is telling that the United States did not see the same group of adamant defenders of the practice that Europe did in the nineteenth century. While many in Europe at this time were advocating for the performance of metzitzah b’peh, a

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64 The article describes Dr. Taylor as “Surgeon to the New York Dispensary, Department of Veneral and Skin Diseases.”
65 Taylor, 579.
great number of Jews in the New York area, at least according to Dr. Taylor, did not perform the ritual with any regularity.

Twentieth Century Debate

Despite the 1873 recommendation of Dr. Taylor, and the claim that only the lower class performs the ritual, metzitzah b’peh never ceased completely in the United States. The attention the controversy receives has increased and decreased in waves over the past century.

Beginning in the twentieth century, likely as a result of the popularization of the circumcision and the resulting increase in the number of physicians and health professionals who paid attention to the procedure and its dangers, metzitzah b’peh picked up steam and morphed into the fierce debate that it is today. The cast of players includes: Numerous American rabbinical authorities, the foremost Orthodox names including Rabbi Moshe Feinstein, Rabbi Moshe D. Tendler, Rabbi Joseph Soloveitchik; Medical journals that have published articles with increased frequency about the topic; Politicians, including Mayor Michael Bloomberg of New York City; The New York Board of Health; Orthodox Rabbinical organizations, including The Rabinical Council of America and Agudath Israel of America. While many have come out against the practice of metzitzah, there has been enough support for the practice in order for a lively debate to take place.

The Reform Jewish community in America has completely eliminated metzitzah as part of the brit milah ceremony (this is confirmed by survey results I present in Chapter VI). As Lewis Barth, a Reform Rabbi and Professor Emeritus at Hebrew Union College notes, “…due to halachic, polemical, and … aesthetic considerations, one can surmise that when the reformers eliminated the practice, it was for more than strictly hygienic reasons…”66 Indeed, Reform Jews

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66 Lewis M. Barth, Berit Mila in the Reform Context ([United States]: Berit Mila Board of Reform Judaism, 1990), 64.
have seen no value in upholding a practice that is so harshly rejected by medical professionals. Reform Jews have also seen no reason to develop an alternative method for metzitzah, as there is no imperative to maintain the tradition if there is no health benefit.

Conservative Jews have tried to remain more faithful to the Jewish tradition. In an email correspondence with Rabbi Joel Roth, a leading scholar of the Conservative movement, I was informed of the following: “I don't believe that we have a written teshuvah on the matter but at Brit Kodesh [a class to train mohalim] I absolutely forbid them from doing metzitzah ba-peh (by mouth). I suggest instead that they do it with a pipette, or even by squeezing with a gauze pad. In the final analysis, I don't think that a circumcision is invalid even if no metitzah has been done.”67

One with little exposure to this lively debate may presume that Orthodox rabbis uniformly support the more stringent opinion, especially given the fact that Conservative and Reform Jews both reject metzitzah b’peh (reacting to progressivism with a strong defense of traditionalism is a common theme throughout Jewish history). And while this has been the case often, the opposite has also proven to be true.

Many Orthodox rabbis in the United States have come out against the ritual. Rabbi Moshe Feinstein, one of the most prominent arbiters of Jewish law in this country’s history, writes, “Metzitzah is not part of the mitzvah; it is only for healing.”68 The famous and distinguished Rabbi Joseph Soloveitchik, who was not known for his halakhic rulings but rather his philosophical works, maintained that metzitzah b’peh should not be performed. One account

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67 Rabbi Joel Roth, "Circumcision Questions," e-mail message to author, December 8, 2011.
writes, “Rav Soloveitchik strongly adopted the Chatam Sofer's approach. As a matter of fact, his father, Rav Moshe Soloveitchik, would not permit a Mohel to perform Metzitza B'peh”\(^{69}\)

Additionally, the Rabbinical Council of America—an organization dedicated “to advance the cause and the voice of Torah and the rabbinic tradition by promoting the welfare, interests, and professionalism of Orthodox rabbis all around the world—"\(^{70}\) has written two “Halachic clarifications”: The first, on March 1\(^{st}\) 2005 stated,

> Based upon a careful study of the available halachic and scientific literature, as well as a review of sanctioned practice by numerous reliable Torah authorities past and present, it is the position of the RCA that the requirement of Metzitzah is fulfilled completely and unambiguously by the use of oral suctioning through a tube, as practiced by many mohelim in our communities. Therefore, according to this viewpoint, the use of such a tube is not only permissible, but is preferred (instead of direct oral contact) to eliminate any unintentional communication of infectious diseases. This protects both the mohel and the newly circumcised child.\(^{71}\)

The second writes, “Those who wish to follow their customs in accordance with the above-noted authorities are certainly entitled to do so, but the RCA is firmly of the opinion that in light of current realities and medical knowledge it is proper, and preferable, to use a tube.”\(^{72}\)

A concern in the 1980s actually centered around the mohel’s safety, not the baby’s\(^{73}\). Authorities were concerned that the circumciser, who may not know the sexual history of the parents of the baby, may contract AIDS through the baby’s blood. Rabbi Yosef Shalom Elyashiv, one of the most prominent poskim of the past century whose influence reached the entire Ashkenazic world in his home country of Israel and internationally, wrote that metzitzah

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\(^{70}\) Rabbinical Council of America (RCA) - About Us, [http://www.rabbis.org/about_us.cfm](http://www.rabbis.org/about_us.cfm).


was not a crucial component of the procedure—especially when there is a concern that the mohel may contract the AIDS virus.\textsuperscript{74}

The fact that the above American rabbis have advocated against \textit{metzitzah b’peh} is quite intriguing, as with a plethora of other issues involving tradition confronting modernity Orthodox rabbis tend to rule on the side of conservatism. The opinion of the Orthodox rabbinate also stands in stark contrast to the political drama that took place in Europe in the middle of the nineteenth century. The United States has imposed a modern, Western perspective on medicine on many of its Orthodox rabbis. It’s telling that the \textit{metzitzah b’peh} debate has yet to take other countries such as Israel by storm; while there have been some articles\textsuperscript{75} published on the topic, it has not received the same media attention.

While rabbis have spoken against \textit{metzitzah b’peh}, doctors have perhaps had even more to say. The medical issues at play are more severe than the halakhic ones, and while rabbis have strong feelings about medicine and its role in Jewish law, doctors have felt compelled to condemn \textit{metzitzah b’peh} in the strongest terms. A 2005 \textit{New York Times} article reports that from 1988 until 2005, five babies were sickened with herpes—in all cases, the illness was linked with \textit{metzitzah b’peh}.\textsuperscript{76} A March 2012 article in The \textit{Jewish Daily Forward} reports two cases of infants in New Jersey who had been sickened with herpes who fortunately survived.\textsuperscript{77}


\textsuperscript{75} Gesundheit, B., D. Greenberg, S. Walfish, R. Dagan, G. Koren, D. Malkin, and MD Tendler. "Infectious Complications with Herpes Virus after Ritual Jewish Circumcision: A Historical and Cultural Analysis." \textit{Harefuah} 144, no. 2 (2005): 126-32. Note that Rabbi Moshe Tendler, an American rabbi, is an author of this Israeli medical journal article. While Israeli Rabbis have come out against metzitzah b’peh, the strongest voices have been American.


Finally, a 2004 research article in *Pediatrics* describes how adults may transmit the Herpes HSV1\textsuperscript{78} disease to babies when sucking on the wound orally. The article concludes:

Our findings provide evidence that ritual Jewish circumcision with oral metzitzah may cause oral–genital transmission of HSV infection, resulting in clinical disease including involvement of the skin, mucous membranes, and HSV encephalitis. Furthermore, oral suction may not only endanger the child but also may expose the mohel to human immunodeficiency virus or hepatitis B from infected infants.\textsuperscript{79}

Moreover, some claim that the HSV1 form of Herpes is present in a large percentage of the population. In a unique collaborative effort between Orthodox Judaism and modern medical research, Rabbi Moshe D. Tendler, a prominent rabbi at Yeshiva University and also a biologist, coauthored the above *Pediatrics* article. In an interview with the Jewish Telegraphic Agency he said, “What people don't understand is how widely disseminated the herpes virus is. Statistics say that 80 percent of the adult American population carries it, as you well know from how many people in their lives acquire a cold sore.”\textsuperscript{80} The herpes virus carried by adults, which could range from having absolutely no symptoms to cold sores, has the potential to make infants seriously ill or worse, cause death.

The operative word in this case is “potential.” While some are absolutely certain that these illnesses have been caused by *metzitzah b’peh*, others claim that correlation does not necessarily prove causation, despite the strikingly small odds that the herpes instances following *metzitzah b’peh* are random.

The New York City Board of Health lies within the former camp, claiming that *metzitzah b’peh* has definitely infected and killed newborn boys. The Board has tried on more than one

\textsuperscript{78} Herpes Virus type 1
occasion to warn residents of New York that their children are at risk if the ritual is performed at a *brit*. On December 13th, 2005 the New York City Health commissioner described a fact sheet that had been prepared for parents, detailing the risks of the procedure. More importantly, the letter argues: “With an estimated average of fewer than 30 cases of all forms of infant herpes infections occurring per year in New York City, the odds of one *mohel* being associated with 3 cases of neonatal herpes are infinitesimally small (about 6.9 million to 1).”

Following the Board’s recommendation in 2005, New York City Mayor Michael Bloomberg attempted to ease tensions and make peace with what the *New York Times* referred to as a “formidable voting block.” The mayor is quoted as saying, “We're going to do a study, and make sure that everybody is safe and at the same time, it is not the government's business to tell people how to practice their religion.” Negotiations with the Ultra Orthodox community ensured that *metzitzah b’peh* could continue uninterrupted and the mayor ensured the community that circumcision would not be regulated by the Board of Health. In return, Mayor Bloomberg received support from the Ultra Orthodox community in his reelection bid.

In September 2012, the New York City Board of Health attempted for the second time in seven years to intervene with ritual circumcision practice. This time, instead of merely warning the Jewish community of the risks involved with *metzitzah b’peh*, the Board proposed, and then passed unanimously a controversial proposal: parents who intend to have *metzitzah b’peh*

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83 Ibid.


performed at their child’s brit must sign a form of consent, acknowledging that they understand the risks involved with the procedure. Many in the medical world support this measure, as it helps to raise awareness about the danger in which a mohel might place a newborn child. Many who are part of Ultra Orthodox communities may be unfamiliar with the medical risks of metzitzah b’peh and would therefore benefit from a consent form. Others in the Jewish community have supported the measure, including the Rabbinical Assembly, Conservative Judaism’s board of Rabbis. Additionally, Rabbi Moshe Tendler supported the New York city proposal and even suggested it be adopted in the nearby suburbs of Rockland County, New York.

The Ultra Orthodox and Chassidic communities of New York seriously objected to such a measure. On the other hand, vocal opponents of the New York City Board of Health have supported their right to perform metzitzah b’peh. In contrast to the RCA, Agudath Israel of America supports metzitzah b’peh and wrote a letter to Mayor Bloomberg on September 4, 2012 outlining its concerns over the proposed consent form. The letter expresses the fears of many Orthodox Jews—that circumcision will become a regulated practice and that metzitzah b’peh is only the first step in the process. The letter states, “The bottom line, Mr. Mayor, is that the city's current effort to discourage and regulate the practice of metzitzah b'peh has generated concern,

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Also see video of vote: "NYC Department of Health (DOH) Vote on Metzitzah B'Peh," YouTube, September 13, 2012, [http://www.youtube.com/watch?v=Qae3smWK4Fg](http://www.youtube.com/watch?v=Qae3smWK4Fg). Video shows presentation prior to voting, end of video shows unanimous vote taking place.


chagrin and even outrage in many parts of the Orthodox Jewish community.” It concludes by entreating Mayor Bloomberg to negotiate with the Agudah, as was done successfully in 2006.

Some scholars have responded to the recent controversy by arguing for metzitzah b’peh. Dr. Daniel S. Berman, a prominent Orthodox Jewish physician, wrote an article in the Spring of 2012 highlighting the problematic aspects with many of the conclusions reached by medical professionals regarding the risks of metzitzah b’peh. According to Dr. Berman, the ritual is not as dangerous as some claim it to be. While there may be a certain risk, it is no greater a risk than others taken by Jews on a regular basis in ritual observance. He writes:

On a similar note, within the practices of Judaism, one can argue that there are many activities that carry a certain amount of risk. The most obvious one would be the lighting of candles in a house for Chanukah or Shabbos. Unfortunately, there have been tragedies associated with these candles … Driving or walking to shul to help make a Minyan on an icy or snowy day can be dangerous. Yet, we do accept certain levels of risk within Halachah.

Dr. Berman accepts that metzitzah b’peh is a risk that Jewish parents should be willing to take, in order to preserve the tradition of old.

The current argument within the Jewish community, and the confrontation between tradition and change has heard echoes from history; in some ways the Jewish community is reliving the script of 150 years ago. There remains a small yet vocal group of Ultra Orthodox Jews in America who continue to support the practice, most likely for the same reasons that their forefathers did in Western Europe—in order to fight against those who want to abolish circumcision. Indeed, there are many Orthodox Jews who fear what may happen if metzitzah b’peh is discontinued.

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Chapter I: Metzitzah and the Public Side of Circumcision Debate

Conclusions

Metzitzah b’peh reflects a tension between modern medicine and ancient tradition, as the differences between the various denominations delineate the boundaries of ritual practice in light of modern research. While the press often covers the debate, it is nonetheless easy to lose sight of the significance of this rich dialogue. Metzitzah b’peh is much more than a tragic story in a newspaper; the ritual forces us to make importance judgments about tradition’s role in our lives. How far does tradition take us when lives could possibly be in danger? This same question is addressed in the coming chapter with regards to pain prevention.

Any Jewish ritual practice requires one to weigh modernity and tradition, determining the role religion plays in day-to-day life. These pressing questions should be pondered as frequently as possible, and Metzitzah b’peh is worth contemplation for this very reason.
Chapter III: Debates over pain prevention

It is common for the parents of a newborn to be quite nervous at the notion of circumcision. Perhaps the most obvious reason that a mother or father would object to the procedure is that the operation is presumed to be painful for the child. The sounds associated with a circumcision include the mohel’s blessing and sometimes the dull chatter of a crowd of observers in the background. But more present than any other noise is the shrieking of the baby. The parental instinct is to shield the child from any possible harm, and intentionally removing part of the baby’s body would seem to violate this principle. It is for this reason that many have argued—most recently in San Francisco in 2011—against circumcision, advocating on behalf of the baby’s rights as a human being. Some argue, on the other hand, that circumcision is not all that painful¹, and that maintaining the thousands-year-old covenant takes precedence over the moments of possible pain felt by the child.

The truth is that any surgical procedure has the potential for pain, and circumcision is no exception. The possibility for pain varies depending on who performs the operation, how it is performed, and most importantly, the age of the patient. Adult circumcision is far more complex, involving a larger foreskin and greater risk of complications; it is almost sure to produce pain during and after the procedure. However, the circumcision of a newborn is a completely different operation. It is difficult to gauge the amount of pain a newborn experiences during the procedure. Some have argued that newborns do not possess fully developed nerve endings, and thus do not feel pain comparable to that of an adult. Others argue that neonatal circumcision is indeed painful, and that the amount of pain is sufficient enough to render the procedure traumatic for the newborn.

¹ My own father, a practicing mohel for over 15 years, analogizes the pain a baby feels at a brit milah to minor dental work—usually uncomfortable and somewhat painful.
This chapter explores the Jewish debates surrounding pain during neonatal circumcision, and the various actions (if any) taken to prevent pain. While some may presume that a traditional mohel would not include anesthesia in his technique, this often is not the case. Common practice and rabbinic rulings permitting anesthesia contradict any preconceived notions one may have about traditional mohalim avoiding pain prevention. Unlike the other issues explored in this thesis, pain prevention is not always a point of contention between halakha and medicine. This is largely because Jewish law and tradition cite contradictory sources on the matter. As a result, tradition and change do not always confront one other.

However, the periodic agreement of rabbis and doctors about anesthesia’s necessity does not mean that the topic of anesthetics is uncontentious. When there is debate, it is fierce, with doctors and rabbis on one side citing medical studies and halakhic sources respectively, and on the other side citing competing sources. Some say that pain is minimal, and the hassle of anesthesia is not worth the possible advantages. Others say that the traditional procedure must be altered, and promote medical innovations that minimize pain for the child.

Brief History of Anesthesia for Circumcision

For years it was thought that newborns do not possess the developed nerve endings required to feel pain during circumcision. As such, even though anesthesia has been commonly used in America for decades, the issue of numbing the penis during circumcision has arisen only recently. In the past 15 years, doctors and mohalim have been forced to confront American medical research that indicates anesthetics may have a positive effect on the baby. A 1993 study

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found that “…”EMLA[^4] may be a useful agent for pain management in neonatal circumcision.” Another study[^5] published in 1997 concluded, “An anesthetic should be administered to newborns prior to undergoing circumcision.” According to a *New York Times* article reporting on the 1997 findings, the researchers “…stopped enrollment early because they decided that it would be unethical to circumcise any more newborns without an anesthetic.”[^6] These two major studies, coupled with other significant findings[^7] with regards to topical creams in the 1990’s, led the American Academy of Pediatrics to recommend “analgesia” in its policy statement[^8] released in 1999. Today, doctors and *mohalim* in America usually elect to use two specific types of anesthetics: Dorsal penile nerve blocks (injections with a needle), and topical creams applied by hand.

Topical creams are less effective but are easier to apply. A short time before the operation, the anesthetic cream is rubbed on the site of the operation. Often, the penis is wrapped so that the cream can more easily take effect. By the time the time for circumcision arrives, the penis is numbed and the operation proceeds. While studies have endorsed the usage of EMLA, others maintain that the cream does not adequately numb the area and its usage may be inconsequential. Others raise minor concerns about the risk of methemoglobinemia[^9], a condition in which oxygen cannot be delivered to the cells.

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[^4]: A topical anesthetic cream prescribed by doctors
Injections, on the other hand, are more complicated and require more training to administer. Before the operation, a needle containing anesthesia is injected into the penis, numbing the area. This form of anesthesia is more painful to administer than EMLA cream, however more effective in preventing pain. Those who contemplate using this form of anesthesia must make a utilitarian decision: If the pain inflicted at the procedure is greater than the pain of injecting the needle into the site of the operation, then anesthesia is beneficial. If it is not greater, than the child may be better off without an injected anesthetic. Some claim that any pain inflicted in the administration of a dorsal penile nerve block offsets pain of the procedure\textsuperscript{10}. Dr. Julian Wan, a Urologist and medical scholar, endorses the use of anesthetics if they are administered humanely: “Many methods work well—and familiarity and expertise with any single method can result in minimal to no pain during the procedure … the method of circumcision isn’t really the issue—if local anesthesia done effectively, any method can be done safely and humanely.”\textsuperscript{11}

This opinion is not accepted universally, however. Some medical scholars claim that whatever technique is used, there does not exist a perfect method for pain prevention during circumcision. Short of general anesthesia (which physicians often do not recommend for newborns unless absolutely necessary), all of the local anesthetic methods have flaws. As one medical scholar notes, “In order to be fully informed, parents need to be told that the currently available pain relief techniques may blunt the pain, but, even with these techniques, neonatal circumcision is extremely painful, stressful, and produces long-term alterations in neurological response to painful stimuli.”\textsuperscript{12}


\textsuperscript{11} Julian Wan, e-mail message to author, November 25, 2012.

\textsuperscript{12} Van Howe, 90.
Still, others—particularly traditional mohalim, who perform the procedure much more quickly and painlessly than doctors—say that injected anesthesia is completely uncalled for. Many mohalim point to the residual effects post-anesthesia as well as the benefits of their own techniques when objecting to injected anesthesia. Clamps that may take longer and may be more painful may have a greater justification for the use of a dorsal penile nerve block. I was informed by one Orthodox mohel that injected anesthesia only makes sense when a device such as the Gomco clamp is used\textsuperscript{13}. As a result of the potential discomfort and complications of anesthetics, some mohalim rely simply on a pinky finger doused in sweet wine to distract the newborn and (perhaps) dull the pain, though no medical study has shown there to be any analgesic effects of sweet wine during a circumcision.

\textit{Jewish debates over anesthetics}

Jewish tradition contradicts itself on the topic of anesthetics for \textit{brit milah}. Within the Jewish tradition there exists the concept of minimizing “\textit{tza’arah d’yanukah}” (pain to the baby). This would imply that anesthesia is not only permissible but recommended. If there is a way to reduce the pain that a baby may feel, it is our imperative to take all means to do so. However, traditionalists must also contend with a midrash in Genesis Rabbah\textsuperscript{14}, which states that Abraham received additional reward from God because of the pain he felt from his circumcision. Citing this source, some rabbis have claimed that pain is an essential component of the procedure, and eliminating (or even minimizing) the natural feelings of pain is forbidden. Rabbi Meir Arik, the renowned 18\textsuperscript{th} and 19\textsuperscript{th} century Galician Torah scholar, wrote in his work of responsa entitled \textit{Imrei Yosher}:

\begin{footnotes}
\item[14] Genesis Rabbah 47:9
\end{footnotes}
For until now we have not practiced this way [using “sam”15], we should instead uphold what our rabbis have taught us: The milah needs to be accompanied by pain. And we have seen in midrash rabbah ... that because Avraham felt pain, his reward was doubled. Pain is a primary aspect of brit milah ... and we should never, God forbid, invent new methods that haven't been practiced before.16

Rabbi Meir Arik obviously objects to innovations that may threaten the Jewish tradition he holds dear. It is unclear if he actually maintains that a baby must feel pain, or if his admonition against anesthesia is merely symptomatic of his passion for tradition. Either way, his ruling is certainly not widely accepted. As we will see below, most Reform and Conservative, and some Modern Orthodox rabbis permit (to varying degrees) the usage of anesthetics. Differences in opinion and degree of support for anesthetics often hinge on how willing the particular movement is to deviate from traditional practice.

Measuring a baby’s pain against the traditional circumcision technique is difficult, especially when there are competing halakhic values at play (i.e. pain gains extra reward, but it also should be limited). What follows is a discussion of each denomination’s views toward anesthetics at a brit milah.

Reform: At least two Central Conference of American Rabbis17 (CCAR) responsa address the issue of anesthetics during a brit milah (both were written before anesthetics for circumcision were widely used). First, a 1965 responsum concluded that “In general, we should not institute the use of anesthetics as a regular procedure, but we should permit them when the surgeon or the parent asks that they be used.”18 The author of a 1989 responsum similarly claims, “I have seen a number of children virtually sleep through the whole operation. So it is not clear

15 The rabbinic word for anesthesia.
16 Rabbi Meir Arik (Galicia), famously held this position in a responsum: Imrei Yosher 2:140. It should be noted that R’ Arik’s statement is in regards to a convert’s circumcision, which almost always means an older patient. R’ Arik would a fortiori maintain that a newborn should not be anesthetized.
17 The CCAR is an organization of Reform rabbis who offer responsa, among their various activities. The organization was founded in 1889.
that anesthetic is necessary. If, however, the physician feels in a particular case that some kind of local anesthetic would be useful there would be no objection to using it.”  

19 These responsa do not claim, as Rabbi Arik does, that pain is necessary; they both conclude that anesthetics are permissible. However, the Reform movement’s official stance does not explicitly support the usage of anesthetics. It is possible this is because both responsa were written prior to the 1999 policy statement by the American Academy of Pediatrics cited above. There has been no official statement on anesthetics during circumcision by the Reform movement since 1989. One may presume that if a new responsum were to be written, there would be more explicit support for the usage of anesthetics—as the current policy of the American Academy of Pediatrics would have an effect on their position.

**Conservative:** There has only been one responsum addressing the matter of anesthetics at a *brit milah*  

20, adopted by the CJLS  

21 unanimously in 1998. The sources considered and the conclusion reached parallel the CCAR responsum quoted above. In the CJLS responsum, Rabbi Vernon Kurtz writes: “It is permissible to use either a general or a local anesthetic during the procedure of *brit milah* whether the person is a baby or an adult.” It is worth noting that the Conservative movement does not actively support the use of anesthetics, despite the advice of published medical findings released just five years earlier that the accepted responsum cites. The Conservative movement thus only slightly differs from the Reform with regard to anesthetics, in that its responsum directly confronts recent medical research but it still does not advocate for the use of anesthetics.

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21 The Committee on Jewish Laws and Standards. The body within the Conservative movement responsible for interpreting the *halakhah* and approving new responsa.
Some within the Conservative movement claim that while there is no *halakhic* objection to the use of anesthesia, its administration is medically unnecessary. Rabbi Gerald Chirnomas, a once widely employed Conservative mohel in the New York Area is cited in a *New York Times* article to this effect: “The researchers’ conclusions were disputed by Rabbi Gerald Chirnomas of Boonton, N.J., who estimates that he has done more than 11,000 circumcisions without anesthesia or complications.” Chirnomas is further quoted as saying, “I firmly feel that the foreskin is a relatively insensitive piece of skin.” One Conservative mohel’s views cannot speak for an entire movement, though; No generalization can be made as to the use of anesthetics by Conservative *mohalim*.

**Orthodox:** No official American Orthodox responsum has confronted the issue of local anesthetics at a *brit milah*. In 1982, Rabbi Moshe Feinstein wrote a responsum regarding the issue of general anesthetic at a *brit milah*:

> We do not put the baby to sleep so that he does not feel pain, for there does not seem to be a need to change the mitzvah on this account ... [also] we do not put the baby to sleep because the drugs are not good for the baby's health (and adults for that matter). For adults, we give anesthesia because they elect to do so, and because it is preferred over the great pain associated with circumcision. But for babies we do what is better for their health. If there is a need for a child [to use anesthesia], because some surgery must be done in which the baby will scream so much that it will disturb the doctor and his work will be affected, we must give anesthesia. Notwithstanding this condition, we do not administer anesthesia because it is not good for one’s health. And therefore we do not give anesthesia for the circumcision of a newborn.

Though not a direct response, Feinstein’s ruling disagrees with Kurtz’s above; he maintains that it is not permissible for a baby to be put to sleep during circumcision as it may be dangerous for his health. It may be possible to extend Rabbi Feinstein’s ruling on general anesthetic to local anesthesia as well. Rabbi Feinstein’s objection to unnecessarily changing the procedure, coupled

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23 *Igrot Moshe, Yoreh Deah* 4:40 (2).
with the debatable necessity of local anesthesia when a *brit milah* is performed with a traditional technique, suggest that he would likely reject local anesthetics as well. Additionally, Rabbi Howard Jachter, a scholar and prominent Orthodox rabbi in Teaneck, New Jersey writes of health concerns with local anesthetics in a review of the topic:

> My father-in-law Rabbi Shmuel Tokayer reports that he has heard of incidents where the anesthetic cream caused the foreskin to become inflamed. Rabbi Tokayer told me that it is highly imprudent to perform a Brit on an inflamed foreskin … Interestingly, Rav Moshe Feinstein (Teshuvot Igrot Moshe Y.D. 4:40) writes that we do not use anesthetics at a Brit because of the danger associated with anesthetics. His concern might apply to the topical anesthetic creams.\(^{24}\)

Rabbi Jachter also writes in the same article: “One may use a local anesthetic when circumcising an adult because of the great need to do so … absent great need one should not tamper with the traditional character of Brit Milah, which includes experiencing pain.”\(^{25}\) Rabbi Feinstein’s prominence and authority may be sufficient basis within Orthodox interpretations of *halakhah* to forbid the usage of topical anesthetic creams at a *brit milah*.

However, a letter to the editor of the *New York Times* written by Rabbi Moshe Tendler, a renowned Orthodox Rabbi and biologist and bioethics expert, states: “It is a biblical prohibition to cause anyone unnecessary pain … Thirty percent lidocaine in an acid mantle base is effective and should be used even during ritual circumcision.”\(^{26}\) Rabbi Tendler also writes in a letter I obtained from Rabbi Avi Billet, an Orthodox mohel practicing in Florida:

> If the use of an analgesic during milah would make this great mitzvah “more palatable” to the uncommitted Jew, it should surely become part of the routine protocol for bris milah. Indeed, if there is no halachic objection to its routine use, it may very well be a halachic imperative to do so.”\(^{27}\)

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\(^{25}\) Ibid.


\(^{27}\) Obtained from Rabbi Avi Billet in email correspondence, December 8th, 2011.
Indeed, Rabbi Tendler is described elsewhere as saying that “…he has insisted for a decade that topical analgesics be used during the hundreds of circumcisions he has performed or witnessed.” Thus there is no Orthodox consensus on the topic of anesthesia. While Rabbi Feinstein offers muted support for topical anesthetics, while Rabbi Tendler fully supports their use.

Conclusions

In the final analysis, we may conclude that after confronting anesthetics in America, all three denominations permit their use at a brit milah. The Conservative and Reform positions are similar, while the Orthodox position articulates stronger resistance to change but nonetheless has voices that advocate for the use of anesthetics.

Doctors and rabbis alike find themselves on both sides of the argument over anesthesia. Medical studies abound on the topic, with some finding clear indications for anesthetics and others finding them unnecessary. Similarly, various rabbinical authorities disagree about the halakhic requirement for pain prevention, arguing over whether it is a reasonable addition to the traditional brit milah technique. As we shall see in the next two chapters, pain plays an important role in determining what instrument may or may not be used to perform the procedure.

The players on each side of this debate are not clearly delineated, as each has contributors from both “teams.” Given the preponderance of opinions regarding anesthesia on both sides of the aisle, it is difficult to predict what some will or won’t argue. Unlike many issues in which the difference between tradition and change is black and white, anesthesia leaves us with shades of grey. With no clear ruling from medical professionals or rabbis, there is no strong opinion to guide the debate. What is clear is that a debate exists—and it is unique in that its participants do not always maintain what one would anticipate.

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Chapter IV: A Covenant Forged in Blood

Blood plays a fascinating, dichotomous role in Jewish tradition. On the one hand, the Bible and the rabbis who framed the *halakhic* system display a deep disgust for the substance. While the peoples of the ancient Near East consumed blood (it was thought to be a life force), only the Israelites had an absolute, binding prohibition.\(^1\) The Jewish people are instructed not to consume blood when eating animals\(^2\), as the life force belongs to God. Additionally, an extensive legal system regulating a woman’s menstrual cycle forbids sexual relations when there is any indication that blood may have exited the vagina. The rabbis were careful to construct the law in such a way that sexual relations could never occur when the woman has menstruated.

In short, blood is impure, and it should not be commingled with the very physical activities of eating and cohabiting.

On the other hand, blood is a life force, and in some ways a savior. The High Priest sprinkles blood as part of the temple service on Yom Kippur, gaining atonement for the entire Jewish people\(^3\). Sacrificial offerings as mandated by the Bible, which provide the Israelites with a connection to the divine—require blood to flow from the animal. Perhaps most importantly, two covenants with God were forged with blood. First, the Hebrews painted their doorposts with blood from the sacrificial Pascal lamb during the Exodus story. This was done so that the Angel of Death would know to pass over their homes during the last of the ten plagues. Second, the covenant between God and Israel was forged, and is renewed to this day, through the blood of circumcision.

Just as the covenant with God at the exodus of Egypt involved the painting of animal blood on Jewish doorposts, the covenant made with every new generation of Jewish males is

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2. See, for example: Leviticus 17:14, Leviticus 19:26 and Deuteronomy 15:23
3. Leviticus 4:6
forged in the blood of circumcision. According to tradition, in order for a circumcision to be valid, there must be blood. Someone born already circumcised or who has been circumcised outside the ritual framework, must therefore give up a drop of blood from the site of the circumcision in order to be “properly” circumcised.

The blood of circumcision initiates a Jewish male into the covenant. However, the spilling of blood conflicts with modern medicine. Judaism mandates that at least one drop of blood be extracted for circumcision, while modern medicine views “bloodless surgery” as the most humane and advanced of all surgical techniques.

This chapter explores the development of circumcision techniques in the early 20th century, and how new innovations collided with the traditional practices of mohalim. Jewish circumcision techniques have not remained stagnant—they have evolved from the ancient flint stone as depicted in the Bible. And while various rabbinical authorities have recognized and embraced technological innovations, the degree to which a mohel has been willing to adopt new practices has always been contingent upon how staunchly he stands with the traditional views on blood at a circumcision. Circumcision blood has been both an impetus for doctors to change the procedure but also a reason for traditional Jews to aggressively avoid altering the sacred brit milah rite.

Early Sources

The Bible, in two places, commands the Jewish people to circumcise newborn males: First, in the book of Genesis⁴, when God instructs Abraham to circumcise himself and all boys when they are eight days old. Second, in a verse in the book of Leviticus, which describes what

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⁴ Genesis 17:10-14
should be done with a Jewish male when he is born. Aside from these instructions, there is no explicit mentioning of a requirement for blood to flow from the wound.

Exodus chapter 4 alludes to the importance of blood, when Tziporah, the wife of Moses, circumcises their son. After the operation is completed, the test reads: “You are truly a bridegroom of blood to me … A bridegroom of blood because of the circumcision.” Professor Nahum Sarna, author of a commentary on the book of Exodus and a distinguished professor at Brandeis University for many years, notes that the Hebrew for bridegroom, khatan damim, is related to the Arabic stem of h-t-n which means “to circumcise” or “to protect.” He writes, “The enigmatic phrase could convey, “You are now circumcised [and so] protected for me by means of the blood—the blood of circumcision.” In other words, the blood of the circumcision provided protection for the child.

While the biblical requirement for blood is only implicit, the rabbinic requirement is well rooted in a multitude of sources. The Rabbis who interpreted the Bible and codified Jewish law expanded upon the biblical requirement to circumcise, claiming that blood was also required as part of the procedure.

A verse in the book of Ezekiel is famously recited at circumcisions: “And when I passed by you and saw you wallowing in your blood, I said to you in your blood, live, in your blood, live.” The Targum of Jonathan Ben Uziel, an Aramaic translation of the Prophets section of the Hebrew bible, asserts that the blood in this verse is referring to two covenants forged: circumcision and Egypt. His translation of the verse reads as follows, “And I said to you:

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5 Leviticus 12:3
6 Exodus 4:26
8 Ezekiel 16:6
9 Literally “translation.”
Chapter IV: A Covenant Forged In Blood

Through the blood of circumcision will I have compassion for you, and through the blood of the Passover lamb will I redeem you.”¹⁰ While the Targum reads Ezekiel’s reference to blood as an inference to circumcision, his interpretation is not universally accepted. Other commentators, such as Rabbi David Kimkhi, the famous medieval biblical commentator and grammarian from France, wrote that the blood in Ezekiel’s narrative is a metaphor for the mortar used by the Hebrews to make bricks in Egypt.¹¹

In addition to the interpreted verse in Ezekiel, Jewish legal sources mandate that blood must flow from the circumcision wound. The basis for this requirement is found in the Talmud¹², which deals with the question of what should be done when a child is born circumcised, or when a convert is already circumcised. A procedure known as hatafat dam brit, literally the removal of “a drop of circumcision blood” is performed. Maimonides echoes the Talmud’s statement¹³, writing: “If it were not for the blood of circumcision, the heavens and earth would not be sustained.”¹⁴

There are various reasons given throughout the sources as to why blood is a necessary component of the circumcision procedure. The drop of blood removed signifies that the circumcision is more than just a surgical procedure, but rather a covenant with God. Blood is the unique sign of the covenant. Ramban (Nahmanides), the 13th century rabbi from Spain and later the land of Israel emphasizes this point in his commentary to the Talmud, when writing about the

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¹¹ Ibid.
¹² BT Shabbat 135a
¹³ BT Shabbat 137b
¹⁴ Maimonides, Mishneh Torah, Hilkhot Milah, 3:4
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fact that the blessing converts recite after circumcision mentions blood. He says, “The blood of circumcision is the covenant of Israel. And upon this covenant we bless God.”\textsuperscript{15}

Alternatively, there are those who compare the blood to that of a sacrifice to God. One rabbinic source says, “Whoever brings a son to this sacrifice \textit{[brit milah]}, it is as if he offered up all the animal sacrifices in the world before the Holy One, blessed be He, and as if they had built a complete altar in front of Him.”\textsuperscript{16} The sacrifice of animals and a circumcision have obvious parallels; both are acts that require an offering that is counterintuitive. In the case of animal sacrifices, it is the financial loss as well as the animal’s death, and in the case of circumcision it is the child’s pain. A more earthly and obvious parallel between the two is blood: Just as an animal sacrifice requires blood to be legitimate, so too a child’s circumcision.

Circumcisions and sacrifices are also comparable because the rabbis viewed both as methods of connecting with the Divine. \textit{Midrash Tankhuma}, a collection of interpretations of the Bible gathered from various manuscripts, comments on the verses following Abraham’s circumcision at the beginning of Genesis chapter 18. The Midrash comments that after Abraham circumcised himself, he proceeded to circumcise his entire household. God accepts these circumcisions (and presumably the blood that comes along with them) in the same way that he accepts sacrifices from the Jewish people. The Midrash writes, “Since I reveal myself to anyone who brings a burnt offering or a peace offering in order to bless him, how much more so would I reveal Myself to Abraham, who sacrificed himself for Me.”\textsuperscript{17} Furthermore, the Midrash notes that there were so many circumcisions completed that “Abraham piled up a hill of foreskins, and

\textsuperscript{15} Nachmanides, commentary to the Talmud, BT Shabbat 137b. Translated by author.
a river of blood poured forth from his home.\textsuperscript{18} While one may understand this to be a negative consequence, the midrash reassures its readers by saying, “The blood of the prepuce is sweeter to Me [God] than myrrh and frankincense.”\textsuperscript{19}

Notwithstanding the reference to a river of blood, the quantity of blood required at a circumcision is barely addressed in the sources. One may assume, however, that the requirement for blood at a \textit{brit milah} is no more than the amount required at a \textit{hatafat dam brit}. If only a drop of blood is required in order to bring a non-Jew or already-circumcised newborn into the covenant, no more is required for a ritual circumcision. Judaism requires the baby to bleed, but does not revel in the blood or view more blood as somehow praiseworthy.\textsuperscript{20}

Jewish mystical sources also highlight the importance of blood at a circumcision. The Zohar, the foundational Jewish mystical text, writes in regards to circumcision blood:

When a person has a son, he is tied to the Divine presence which is the entrance to all higher gates, the entrance that is bound to the Holy Name. And the blood which is shed at the \textit{milah} is guarded in front of the Holy One, blessed be He, and when the power of severe judgement is aroused in the world, He gazes at that blood and saves the world … We have learned that it is with this blood (of \textit{milah}) that the world merited the sweet scent of kindness, and it is this which preserves all worlds.\textsuperscript{21}

Unlike previous sources, the kabbalistic view underscores blood’s power as a vehicle for saving the world. The blood not only validates the circumcision itself but also provides salvation for the entire Jewish people. It is undoubtedly the influence of views such as this one that are responsible for the upholding of the legal requirement for blood at a circumcision—to this day.

\textit{Early Circumcision Technique- “Freehand”}

The necessity for blood to flow during a circumcision has influenced the technical procedure for performing circumcision. The earliest circumcision techniques known from

\begin{flushleft}\textsuperscript{18} Ibid. \\
\textsuperscript{19} Ibid. \\
\textsuperscript{20} Avi Billet, telephone interview by author, October 24, 2012. \\
\textsuperscript{21} Zohar, \textit{Parshat Vayiqra}, p. 14a. Quotation taken from Goldberger and Marmorstein, 55.\end{flushleft}
antiquity were invariably bloody, as they made use of one of the most primitive tools: a flint stone. In the book of Exodus, for example, Tziporah, the wife of Moses, circumcises their son Gershon with a flint stone\textsuperscript{22}. The biblical account reads, “Then Zipporah took a flint, and cut off the foreskin of her son, and cast it at his feet”\textsuperscript{23} Nahum Sarna notes with regards to the flint used by Zipporah: “Rather than a metal knife, even though the events occurred in the Late Bronze Age. A stone knife is still widely preferred in primitive societies that practice circumcision, a testimony to both the great antiquity of the rite and the inherent conservatism of religion.”\textsuperscript{24} Besides for this account of the procedure, and one other in the book of Joshua\textsuperscript{25}, not much else is known about the earliest circumcision technique. The earliest description of circumcision technique is a picture in an Egyptian tomb of Ankhmahor\textsuperscript{26}. The depiction shows the circumcisers pulling the foreskin above the glans manually, and using what appears to be a stone to excise the prepuce\textsuperscript{27}.

The earliest Jewish methods used nothing but an \textit{izmel}\textsuperscript{28} (a double edged knife). There was no other instrument used; the circumciser, the foreskin, and the knife were the only components of the procedure. The \textit{mohel} would determine for himself using two of his five senses—vision and touch—where to make his incision. The most skilled operators would know where to cut every time, never hitting the glans. The less gifted \textit{mohalim} did not have the same success rate; inevitably they sometimes harmed the baby and in tragic cases, amputated part of the penis. This method has been referred to in modern times as the “freehand” method.

\textsuperscript{22} For a picture of such a stone, see Appendix.
\textsuperscript{23} Exodus 4:25
\textsuperscript{24} See JPS Exodus commentary, 26.
\textsuperscript{25} Joshua 5:2-4
\textsuperscript{27} For a drawing of the depiction, see Appendix..
\textsuperscript{28} Origin is the Hebrew words \textit{Az Mal}. Under the \textit{g'matria} mathematical system that assigns numbers to each letter of the Hebrew alphabet, “\textit{Az}” adds up to the number eight, symbolizing the number of days before \textit{a brit milah}. “\textit{Mal}” means to circumcise.
Current practice by some *mohalim* defies medical recommendations. The requirement for blood continues to govern the decisions and tools chosen by many ritual circumcisers. Circumcision technique is a fascinating lens through which to view a confrontation between modern medicine and traditional *halakhic* requirements.

*The Shield*

Despite the fact that the freehand method fulfills the *halakhic* requirement for blood, the downsides and dangers of potentially amputating the glans prompted a technological innovation in the circumcision procedure. Instead of leaving the success of the procedure in the hands of a potentially unskilled operator, an unknown inventor created the “shield”\(^{29}\) in order to insure that *brit milah* would never result in tragedy. The new invention was a thin, bell-shaped piece of metal that had a small slit in the middle. The *mohel* places the shield on top of the glans, and pulls the foreskin through the slit. When he makes his excision, he can be sure that there is no way that he will accidentally knick the glans, as it is protected by the thin piece of metal. In short, it is foolproof. It also conformed to the requirement for blood to flow, as the shield does not clamp the foreskin to the point of hemostasis.

It is difficult to discern precisely when the shield was invented. There is no known inventor and no patent. Criticism of the innovation only began in roughly the 18\(^{th}\) century, and there is no medieval discussion of the tool. This suggests that the shield is a relatively modern invention, and perhaps gained popularity roughly 250 years ago. Still, the instrument is old enough that it has become an artifact of *brit milah*, sitting behind glass cases in some museums as an exhibit of what circumcision entailed hundreds of years ago. One of the earliest accounts of the shield’s existence came in the late 16\(^{th}\) century, from a man named Michel de Montaigne, a

\(^{29}\) For a picture of the shield, see the Appendix.
famous traveler and writer in his time. He writes in his travel diaries from 1580-1581 of a circumcision he witnessed in Rome at the time:

“...he [the mohel] takes hold of his member and draws towards him the skin which is over it with one hand, pushing with the other the glans and the member within. To the end of this skin which he holds towards the said glans, he applies a silver instrument, which keeps the skin in position, and prevents any injury to the glans and the flesh from the sharp edge.”

The silver instrument described by Montaigne is undoubtedly a shield. Already in the late 16th century, there was a recognized need to improve upon circumcision technique and make it safer for the baby. What is more remarkable about the shield, however, is that unlike other artifacts of Judaism that lie in museums alongside it, the shield is still in use today. While innovations and further developments have certainly occurred within the medical community, there remains a large group of halakhically minded mohalim who refuse to deviate from the use of this centuries-old tool.

Some rabbinic authorities have gone even further, claiming that the shield itself is less than ideal, and should not be used. Rabbi Jacob Emden (1697-1776), a prominent Orthodox rabbi during the middle of the 17th century in Germany, wrote regarding the shield:

There are places where they use an instrument with two horns like small tongs of silver and they place it on the foreskin so that the excision does not hurt the glans. And even with this method, there are those who still fail and the glans itself is placed in the instrument without checking and the excision is made. Therefore it is necessary to be very careful and to apply it gently and with concentration and caution. And the expert there is no need for the instrument, and he gains because he does not cause so much distress and pain to the baby in the way the application of the instrument does.

Rabbi Emden expresses concern that while the shield may be a protective tool, it actually may hurt the baby. A truly skilled operator would not need to make use of such a tool and would

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avoid causing the baby any further pain than otherwise required. Later rabbis echo and emphasize Rabbi Emden's stance\(^\text{32}\).

Others have objected to the shield because it was an unnecessary innovation, which deviated from sacred tradition. Rabbi Chaim Elazar Spira, the famous Austro-Hungarian Hassidic Rabbi who lived in the late 19\(^{th}\) and early 20\(^{th}\) centuries, wrote of his concern in his work “\textit{Ot Khayim V'Shalom}.” After criticizing the “new doctors” and their instruments, he praises the “freehand” method: “And we, [perform \textit{brit milah}] in the way of our fathers, may God be pleasant upon us, and may the work of our hands be established. We will go forth and succeed with the help of God, performing \textit{brit milah} with our hands in a speedy fashion, and the baby will heal with God's help.”\(^\text{33}\) Rabbi Spira not only highlights the fact that the freehand method conforms to the ways of the Jewish ancestors, but also emphasizes an Orthodox ideology that believes that God controls the world and everything that happens within it. Thus, even if a new instrument may be invented for the purpose of safety, the Jewish people should approach it with caution and continue their current practices with confidence and faith that God will care for them.

It’s worth noting that even those who objected to the shield recognized that at least some innovation was required. No authority suggests that circumcision should be done in the exact manner that Avraham and Tziporah performed the procedure. This fact indicates that those who object most strongly to innovation nonetheless must concede that tradition must evolve (albeit slowly and reluctantly).


Even with some initial objections to the usage of the shield, it has nonetheless become a mainstream technique among Orthodox mohalim. This is despite medical advancements in the field of blood control and innovations designed to minimize the amount of blood flow during circumcision. Those who are committed to tradition and halakha would prefer to perform the procedure with the same instruments used by mohalim centuries ago—the technique has proven successful and effective, and most importantly, halakhic. There is therefore no reason to alter the procedure. Others who have no allegiance to Jewish law, however, have felt quite differently.

**Blood control and the modern medical viewpoint**

Even from the times of the ancient Egyptians, humans were aware of the dangers of blood loss. It wasn’t long into human history that man discovered the simple equation: Losing too much blood results in death. However, blood loss in minimal amounts was not only acceptable, but also encouraged. Bloodletting, a procedure in which blood is removed from the body in order to cure a patient, was for two thousand years an often-used remedy for many ailments. In fact, it has been noted, “From antiquity until the mid-nineteenth century, phlebotomy remained the most common, most versatile, and most trusted of surgical procedures.”

It was not until the middle of the 19th century that modern surgical techniques began to develop, and with them came techniques of blood control. With the influence of modern medicine and surgical techniques, bloodletting was no longer a popular or helpful method for curing the sick. A deeper understanding of anatomy revealed that blood was crucial for survival and there was no circumstance in which it would be healthy to lose it.

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One of the pioneering physicians in the history of surgical technique was Dr. William S. Halsted, who lived in the late nineteenth century and early twentieth century. While he was not famous in the field of circumcision, he advanced a notion of “conservative surgery,” specifically when it came to blood loss. Dr. Gert H. Brieger, a medical scholar, notes:

Halsted viewed the careful control of bleeding as central to conservative surgery … The preserving of the patient’s blood was thus a key aspect of conservative surgery, one especially important in the decades before the ready availability of human blood for transfusion and replacement of blood lost from injury or operation.36

Surgeons were careful to develop procedures in which there was minimal blood loss, and circumcision was no exception to this new effort in the medical world. While Jews had performed the procedure for centuries in a ritualistic manner, the new focus on circumcision by doctors sparked a number of different methods for performing the procedure—many of which attempted to control bleeding in a way that the traditional Jewish method did not. An author named A.P. Bertwistle wrote in The Lancet in 1935 of the variation in practice: “In view of the antiquity of the operation and the success of the Jewish technique one would expect a standardised method of circumcision to have been evolved; instead of which each text-book gives a different one.”37

By the turn of the century, a number of physicians had written openly about the need for developing a standardized, bloodless (or as close as possible to it) technique for circumcisions38. Circumcision, we have seen, was becoming an increasingly popular procedure in the United States. This was spurred by a number of factors, including new views on hygiene, the supposed

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potential for the procedure to cure paralysis, and the thought that the procedure may curb masturbation by young boys (which physicians thought to be dangerous). Peter Charles Remondino, a famous Californian physician in the eighteenth and nineteenth centuries, wrote that circumcision “insures better health, greater capacity for labor, longer life, less nervousness, sickness, loss of time, and less doctor bills.” One source notes that “By the early 20th century, there was near-universal agreement among medical professionals that male circumcision was a good thing and should be done on a routine basis.” Because circumcision was increasing in popularity, doctors needed to have a trusted, safe method they knew on which they could count.

Two men set out to provide just that: Hiram S. Yellen and Aaron A. Goldstein (ironically, both Jewish). In 1935 they invented a clamp, known as the Gomco (Goldstein Manufacturing Company). Dr. Julian Yan, a Urologist and Professor at the University of Michigan, notes Yellen’s feelings leading up to the invention of the Gomco: “Friends and family recollect that Yellen was unhappy with the results of some neonatal circumcisions and believed that a better method could be found.”

In addition to an attempt at standardizing the procedure, the Gomco clamp had a secondary goal: eliminating blood from circumcision. In an advertisement placed in 1935, shortly after the invention of the clamp, the device is touted as a “bloodless circumcision

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41 Alanis and Lucidi. 382.
clamp.” 43 The inventors clearly saw a demand for a technique that minimized blood loss during the procedure, and their clamp provided just that.

It differs in almost every way from the traditional shield, both in appearance and in function. While both devices protect the glans, the Gomco is a much larger, multi-piece contraption that requires assembly on the part of the operator. The novelty in the device is its ability to apply a large amount of pressure to the foreskin through the tightening of a sized-nut, thus causing hemostasis through the crushing of the skin. As Wan notes, “The average adult can exert 40 to 100 lb of force turning the dominant wrist in a pronation-supination action to drive the screw nut. The GOMCO clamp converts this force into 8000 to 20,000 lb of hemostatic force against the prepuce.” 44

The inventors succeeded in providing an easy, safe, improved method for circumcision, the clamp became wildly successful. To this day, it is the most widely used method in hospitals—in one survey conducted, 67 percent of doctors say they use the Gomco clamp when they perform the procedure. 45 Virtually no physicians use the Shield when performing a circumcision in a medical setting. Because of the new, bloodless, medically proven technologies that have developed in the past century, many doctors view the shield as outdated and inadequate. One medical review of circumcision instrumentation notes that, “Given the current state of knowledge, such a style of circumcision must be regarded as sub-optimal.” 46

43 “Dr. H.S. Yellen’s Bloodless Circumcision Clamp.” Journal of the American Medical Association 104 (1935): 52. Note: Most editions of the Journal of the American Medical Association, both online and in print, no longer feature the advertisements that were originally published. For a copy of the advertisement for the Gomco clamp, see the Appendix.
44 Wan, 790. Wan provides here a brief, clear description of the clamp’s operation.
While the Gomco is the most widely used method chosen by physicians, there are other techniques that have gained in popularity. Some of these inventions react to historical realities, which is the case with The “plastibell,” a plastic ring with a bell shaped tip inserted usually right after the infant is born\(^47\). As circumcision became a more popular procedure in the United States, to the point where it was commonplace after birth, there was a growing need for a more efficient and cheaper technique. The plastibell only requires the physician to insert a small, disposable piece of plastic under the foreskin, which causes the prepuce to become necrotic and fall off after a short time. The method was invented by two American doctors in the late 1950’s, and was intended to make circumcisions more efficient. The inventors note in an article they wrote reviewing their product, “It [the plastibell] requires no extra equipment, it is fast and economical, and requires no dressing or special care after surgery”\(^48\). Additionally, the duo claim in their patent for the invention “A still further object of the invention is to provide a device, of the type described, which is extremely simple in construction and which can be very inexpensively manufactured.”\(^49\) The plastibell is the second most utilized instrument in hospitals today, with nineteen percent of physicians responding in a survey that they use it.\(^50\)

Other, more modern and creative methods have been invented. One intriguing example is laser circumcision. This option does not require the same assembly as a clamp, but produces equal if not greater hemostasis. Additionally, a study of laser circumcisions found that “postoperative swelling is significantly less frequent than with conventional methods of circumcision.”\(^51\) Another method\(^52\) makes use of electrocautery technology, in which a high

\(^{47}\) For a photo of the plastibell, see the Appendix.
\(^{48}\) Donald M. Kariher, MD, and Thomas W. Smith, MD. "Immediate Circumcision of the Newborn." Obstetrics and Gynecology 7, no. 1 (January 1956).
\(^{50}\) Stang and Snellman, “Circumcision Practice.”
voltage and high current pass through an electrode, resulting in heat. The foreskin is excised after it is pulled over the glans, and there is almost no bleeding.

Finally, a recent *New York Times* article reported on a new method used in Africa to circumcise men—in order to protect the population from HIV. Invented by Israelis (ironically), the method is similar to the plastibell in that it causes the skin to become necrotic and fall off naturally. The inventors claim that the procedure only takes three minutes, and that the foreskin can be clipped off like a fingernail when it dies. The method is so fast that the Times article describes it as “assembly line circumcision.” All of the above methods are far less popular than the Gomco clamp and Plastibell, but nonetheless are still used in some settings.

*Jewish reception of the Gomco clamp and other innovations*

While physicians have flocked to the Gomco clamp and Plastibell since their inventions because of their simple, standardized techniques and ability to provide almost complete hemostasis, Jewish reception of both techniques has been quite different. The new innovations provide us with a fascinating lens through which to view the clash between tradition and modern scientific conclusions. The developments in technique have forced many *mohelim* to make a judgment call: Perform the procedure with the method shunned by doctors, and in so doing go against standard medical opinion, or choose a practice that almost certainly violates the legal requirements of a *brit milah*. Eugene Cohen, author of an Orthodox guide to circumcision, summarizes the conflict well: “*Mohelim* were in a quandary. They would not ignore the ruling of the rabbis, but the instrument was helpful in preventing postcircumcision bleeding. Furthermore,

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numerous hospitals required its use when Brit Milah took place in their facilities."\(^{54}\) The decision whether or not to perform a circumcision with a newer medical invention is much more than a debate over technical procedure. It is a fierce confrontation between Jewish law and medical recommendations. The various Jewish religious movements in the United States have taken to different sides in this confrontation.\(^{55}\)

Based on survey results (presented in Chapter VI), no Reform mohalim choose to use the shield during circumcision, and virtually none object to the Gomco clamp on halakhic grounds. As the GOMCO is the physician’s instrument of choice, many Reform mohalim presumably feel more comfortable using it. This avoids a clash with the findings of modern medicine and western thought. In Lewis Barth’s book, “Berit Milah in the Reform Context,” the procedure is described using the GOMCO method.\(^{56}\) The halachic necessity for blood at the brit milah thus does not play into the equation for Reform mohalim. Still, some mohalim elect not to use the Gomco clamp and choose other methods for personal reasons, such as efficiency and ease of use of other methods.

Conservative authorities show some objection to the Gomco clamp. In a personal communication with Rabbi Joel Roth, a prominent arbiter of halakhah in the Conservative movement, he informed me of his stance on the issue: “I always discourage greatly the use of Gomco because of its potential halakhic issues.”\(^{57}\)

Nevertheless, a responsum from 1951 authored by Rabbi Michael Higger, a Conservative Talmudic scholar in the middle of the 20\(^{th}\) century, permits the usage of the Gomco clamp. He


\(^{55}\) For a comprehensive review of survey data I collected from mohalim across all denominations, see Chapter VI.


writes, “…there are no valid objections to the use of the clamp.”\textsuperscript{58} However, much of Higger’s argument is based on dismissing the halakhic objection to priah\textsuperscript{59} and chituch\textsuperscript{60} concurrently. There are many other halakhic objections to the Gomco clamp that are not addressed by Higger.

These concerns are voiced by numerous Orthodox authorities. Virtually every Orthodox mohel avoids the Gomco clamp, with almost every Conservative mohel acting similarly as well.

With regards to the Gomco clamp, some object because they claim that extra pain is caused to the baby. Jewish law dictates that the circumcision must not be overly painful, and it is clear that applying a clamp and crushing the skin produces far more discomfort than merely stretching the skin and applying a shield. Rabbi Moses Feinstein, one of the most famous arbiters of Jewish law in the 20\textsuperscript{th} century, writes:

With regards to the instruments that have been invented here in order to perform the commandment of brit milah, note that I have written about this clearly before\textsuperscript{61} ... the spirit of our fathers does not rest with these instruments, for we should not change the nature of the mitzvah that has been performed forever, and also there is more pain caused to the baby, and for this reason I do not go to a brit milah where mohalim are using such an instrument...\textsuperscript{62}

The instruments that Feinstein refer to here are the Gomco clamp and any of the other less popular variations of it. His proclamation that he does not even attend a brit milah in which an instrument is employed highlights his deep rejection of any technique that may harm the baby more than required. While it may seem counterintuitive, the reality is that the more modern, medically recommended procedures result in more pain for the baby. The clamping mechanism crushes the skin, as opposed to the shield that merely guards the glans.

\textsuperscript{58} Michael Higger. “The Use of the Gomco Clamp for Circumcision.” 1951. Obtained from Rabbi David Golinkin in an email. See Appendix for a copy of this source.
\textsuperscript{59} The separation of the inner membrane from the glans.
\textsuperscript{60} Excising the foreskin
\textsuperscript{61} Rabbi Feinstein is referring here to a second responsum he wrote on the topic. See Iggrot Moshe, Yoreh Deah, 2:119. The responsum cited here is the more explicit mention of pain to the child, though he also mentions the issue there.
\textsuperscript{62} Moshe Feinstein. Iggrot Moshe, Yoreh Deah, 3:99.
An Orthodox mohel named Rabbi Jacob Shechet highlights this point in a letter to the editor of *American Family Physician*. He writes, “The article on neonatal circumcision techniques did not report the fastest and most humane technique: the authentic traditional Jewish technique of bris. It is the only circumcision procedure backed by 3,700 years of experience ... Because tissue is not clamped or crushed, the procedure is almost painless and no fibrotic tissue remains after healing. Hemorrhaging and other complications are rare.”

Feinstein alludes to another objection cited by many Orthodox authorities in: Changing the procedure is inherently wrong. Orthodox Jews are loyal to tradition, and must perform the *brit milah* in the way that it has been performed for centuries. The Agudath Harabanim of America, an Orthodox organization of traditional rabbis, published a full-page warning against the use of the Gomco clamp in the Torah Journal *Hapardes* in December 1950. The warning enacts the following rulings: 1). It is forbidden to use the Gomco clamp in any way for the circumcision of Jewish babies. 2). This applies to the mohel, the parents of the child, the hospitals or any other places where circumcision takes place. 3). Anyone who uses the Gomco clamp for circumcision of Jewish babies after this warning will be thought of as a sinner and in violation of the holiness of the covenant of Abraham our father. 4). Anyone who uses the Gomco clamp after this warning will be thought of as violating the Sabbath in public (if the clamp is not a necessary component of the procedure, its use cannot be permitted on the Sabbath).

The four reasons given all have a halakhic basis, though the argument can be made that they are symptomatic of a larger objection to anything that is new. The specific objections to the clamp listed are only a result of a general worldview that opposes innovation and safeguards tradition.

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64 *Hapardes* 25, no. 5 (December 1950): 31.
Hapardes published another objection to the Gomco clamp in October 1952. A Brooklyn Rabbi named Jacob Blum published a scathing letter on the topic:

Mohalim who are frivolous in thought and in religion began to use the instrument [the Gomco], and in order to compel their conscience they defamed and slandered themselves and their holy work, when they said that milah according to the tradition will endanger the child, because too much blood will flow, and it will be hard to heal the wound. And this message gave those who hate Israel footing, because it framed traditional mohalim as cruel and as blood spillers. … And of course there are other instruments besides the Gomco clamp, and some mohalim permitted themselves to use these. But of course this is deceiving. Because the prohibition is not only on the name of the instrument, but on the technique, whether it be the Gomco or another one. All of the techniques are equivalent in the final analysis; they were invented by doctors ... and not for mohalim to bring the children of Israel into the covenant of Abraham according to the tradition.

Blum’s rejection of the Gomco clamp is rooted in a clash between medicine and tradition. He is unwilling to accept a change in circumcision technique, because changes are meant for doctors. His fear is that circumcision may turn into a surgical procedure instead of a ritual. Rabbi Moses D. Tendler, a prominent biochemist and rabbi at Yeshiva University in New York, echoes this sentiment: “The use of clamps ... might lead to circumcision becoming a surgical rather than a ritual procedure, performed by non-orthodox physicians, Rabbis or laymen rather than by an orthodox Jew.”

Similarly, a Chabad manual detailing various Jewish laws, including those of circumcision, posits “Regarding the circumcision of Jewish children using the device known as a “gomke” — beyond the fact that this profanes the holiness of this mitzvah, which must be done specifically by hand, by a Jew who observes mitzvos.”

While many Orthodox authorities object to innovations in the procedure, they seemingly ignore the fact that the shield too was initially rejected as a method for circumcision. Eventually,

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65 Jacob Blum, Hapardes 27, no. 1 (October 1952): 45. Translated by author.
67 Some sources inaccurately spell the name of the clamp, unaware that Gomco is an acronym for Goldstein Manufacturing Company.
it was accepted because of the safety benefits it provided. Any rejection that invokes the argument of “never changing the procedure” patently ignores the obvious: circumcision procedures have already evolved. Virtually no one who performs the procedure does so in the same way that Abraham did.

Perhaps the most obvious objection to the use of the Gomco clamp, the plastibell, laser circumcision and similar surgical techniques is the fact that they do not release blood. As has already been demonstrated, blood is a crucial rabbinic requirement during the circumcision procedure. Any technique that avoids this will of course be met with resistance from Orthodox authorities. Only in rare cases, such as when the child has a blood clotting problem or it is anticipated that the bleeding will be uncontrollable, will a bloodless procedure be permitted by some. Various rabbis have addressed the issue of a sick child or extenuating circumstances when a bloodless method may be permitted.

There is only one Orthodox source that gives (hesitant) approval to the use of the Gomco clamp. Rabbi Yisrael Halevi Rosenberg, President of the Ezras Torah Fund (a project of Agudath Harabbanim, intended to help halakhic communities of Jews worldwide) from 1915-1955, writes in a book published by the fund: “And we should not change the way we circumcise [by performing circumcision] with the instrument known as the Gomco Clamp. But if the father of the newborn is only comfortable with this method [the Gomco], then a doctor should perform the procedure (with the clamp).” The instruction for the doctor not to perform the circumcision with the Gomco clamp implies that it would be acceptable for a mohel to apply the clamp. This

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71 Yisrael Halevi Rosenberg. Edut Leyisrael. 144.
opinion is a tiny minority, however, and most likely is no longer held by the Ezras Torah Fund.

Most likely, the lenience existed then, when the clamp was first introduced.

**Conclusions**

Blood is a polarizing force for many religions; it is “both sacred and profane,”

72 Judaism especially recognizes that blood is a crucial life force. It not only sustains us, but is a critical component of Jewish peoplehood. Blood is the first plague in the exodus from Egypt and is painted on doorposts, and thus plays a role in framing the Jewish narrative of freedom. Blood is sacred, which is why it is dealt with seriously and must not be mingled with the carnal acts of eating and sexual pleasure. Given Judaism’s relation with blood, it is no surprise that the substance takes a critical role in the circumcision procedure. The Gomco clamp and other attempts at removing blood from circumcision are a controversial notion, and spark heated debate.

What is ironic and particularly fascinating about the debate over blood is that doctors focus on blood while *mohalim* focus on pain. A procedure with more blood flow ironically results in a less stressful and painful experience for the newborn. Doctors propose controlling bleeding and standardizing the technique, while *mohalim* and rabbis respond that their method is far less painful and has survived the test of time. For the moment, and for the foreseeable future, this confrontation will continue unabated, notwithstanding attempts to resolve it—a topic addressed in the coming chapter.

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Chapter V: Rabbi Harry Bronstein: The Great Compromiser

Rabbi Harry Bronstein possibly performed more ritual circumcisions than any other person in the New York City area between the 1950-80’s. He was an accomplished and highly experienced mohel; according to one account, by 1980 he had performed 20,000 britot. So vast was his experience that some considered him “the mohel.” Another source affirms his success at an earlier time, noting “By the early and middle 1950’s, Rabbi Bronstein was recognized as one of the leading if not the leading mohel of the New York Area.” Rabbi Bronstein himself recognized his prominence, writing “I had a reputation as one of the leading mohalim in the field.”

Born just before the first world war in Wyszkow, Poland (between Bialystock and Warsaw) in May of 1911, Bronstein was raised in Eastern Europe just before World War II. He was surrounded by Jews from a young age, and was ordained as a rabbi in Bialystock, Poland prior to emigrating to Canada in 1933 and subsequently the United States in 1940. He worked as a pulpit rabbi in Canada for a short time, and then for seven years served a congregation in Willmington, North Carolina and worked as a civilian chaplain. Rabbi Bronstein eventually migrated to New York City, where he began his long career as a mohel. He had two years of

\[\text{References:}\]
1. Rabbi Harry Bronstein sometimes went by his Hebrew, and most likely original birth name, Tsvi. Here I refer to him as Harry. For a photo, see the Appendix.
3. Ibid.
7. Carlebach, “Scholar and Hero.”
8. House, Foreign Affairs, Hearings before the Subcommittee on Europe of the Committee on Foreign Affairs, 92 Cong., 1st sess., H. Rept. R. Bronstein testified before the House of Representatives describing his work and experiences with Jews in the Soviet Union.
medical training\textsuperscript{10}, and served as the staff \textit{mohel} at Brooklyn Jewish Hospital and at the Lebanon Hospital in the Bronx\textsuperscript{11}.

An Orthodox Jew and an activist for American Orthodox Judaism, he served as the vice president of the Rabbinical Alliance of America, an organization of Orthodox Rabbis in the United States. He also served as a member of the Executive Committee of the American Agudath Israel\textsuperscript{12}. It was the latter organization, which was headed by Rabbi Eliezer Silver\textsuperscript{13}, that requested of Rabbi Bronstein in 1958 to travel to the Soviet Union to circumcise hundreds of Jewish males (both newborns and adults). This service became a significant part of Rabbi Bronstein’s identity and one of his greatest accomplishments. In addition to circumcising thousands of Jews behind the Iron Curtain, he pioneered an organization to save Soviet Jewry and helped to smuggle valuable manuscripts out of the country in order to be published\textsuperscript{14}.

\textit{Initial Invention}

While becoming a minor celebrity in the American Jewish community for his heroic work abroad\textsuperscript{15}, Rabbi Bronstein simultaneously developed a parallel career as an inventor. It is unclear what precisely motivated his interest in developing new instruments for circumcision. Some facts are clear, however: Rabbi Bronstein initially must have been performing \textit{britot} in the traditional manner that Jews had known for centuries, using the “plain” Mogen shield. While other instruments had been developed by Rabbi Bronstein’s time, such as the Gomco clamp, no

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\textsuperscript{10} \textit{Ibid.}
\textsuperscript{11} \textit{The Jerusalem Post}. "U.S. Rabbi's Unusual Mission to Poland." March 24, 1958.
\textsuperscript{12} Bronstein, \textit{Mifal mutsale esh}
\textsuperscript{13} Rabbi Silver also served as President of the Union of Orthodox Rabbis of the United States and Canada, also known as “Agudas Harobonim.” See Aaron Rothkoff, \textit{Encyclopedia Judaica}, 2nd ed., s.v. "Silver, Eliezer."
\textsuperscript{14} Rabbi Bronstein created an organization called \textit{Al Tidom} (“Do not be silent”) that worked to advocate on behalf of Soviet Jewry. For more information about Rabbi Bronstein’s efforts, see his Hebrew autobiography: Tsevi Bronshṭain. 1999. \textit{Al tidom: perakim mi-maseket pe’ilot rabat-shanim lema’an ha-hatsalah ha-ruhanit shel Yahadut ha-demamah"}. Brooklyn, N.Y.: Mekhon Mutsal me-esh. Also see Gross, “Strange to Relate.”
\textsuperscript{15} "Al Tidom Leader Young Israel Speaker," advertisement, \textit{The Jewish Advocate}, February 8, 1973. Rabbi Bronstein is advertised as a speaker at Young Israel of Brookline, Massachusetts in February, 1973.
\end{flushleft}
other instrument deemed acceptable by Orthodox Rabbis had been developed for circumcision. Orthodox tenets forbade him from adopting a technique that ran counter to Jewish law.

Rabbi Bronstein attempted what most Orthodox Rabbis in his position would not have tried. He sought to develop something that was both new yet still traditional. The first documented evidence of his efforts is a patent filed February 19, 1952\(^\text{16}\). The instrument is now colloquially referred to as the “Nutech clamp,” perhaps an abbreviation for “new technology” (the patent itself makes no mention of that name). It closely resembles the Gomco clamp developed just a few decades prior, with one crucial difference: Rabbi Bronstein specifically mentions in the patent application that his invention will allow for blood to flow from the penis after the foreskin is excised. The patent description explicitly states at the outset, “This invention relates to a circumcision instrument and a method of circumcision which method will conform to the ritualistic requirements of Hebraic Law.” While the construction of the device appears to look similar to the Gomco clamp, Rabbi Bronstein’s modifications allow blood to flow more obviously (as opposed to the scant amount of blood that may flow with the Gomco). This would supposedly relieve the concerns of many traditional mohalim. He writes:

> At one time, due to the advance of medical science, it was proposed to employ the clamping technique for ritualistic circumcision but a reading of the ritualistic requirements disclosed that such circumcision would be improper. A study of the appropriate religious requirements discloses that the ritual provides that blood must flow during the removal of the foreskin from the penis and that therefore, since the conventional clamping technique produces haemostasis\(^\text{17}\), such circumcision cannot be approved. However it is also true that circumcision performed with the aid of a haemostatic clamp prevents the relatively infrequent hemorrhages that sometimes occur in the child after the circumcision. Briefly stated my method comprises … applying pressure to the foreskin sufficient to hold it firmly to the clamp without cutting off the blood supply\(^\text{18}\).

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\(^{17}\) Hemostasis is a medical term referring to the cutting off of blood supply.

\(^{18}\) Bronstein, United States Patent 2,646,047.
In other words, Rabbi Bronstein’s new clamp attempts to conform to the desires of medical doctors, who hope to perform the procedure with a minimal blood loss. It also attempts to satisfy the halakhic requirement for blood to be shed during the procedure.

In essence, the invention is a poor compromise between doctors and mohalim, which is perhaps why it never gained popularity. Nutech clamps are not manufactured today and it is not clear that they were ever mass-produced. There is no definitive reason as to why the invention failed, though it’s possible that doctors viewed the clamp as merely an inferior Gomco clamp—requiring the same ten minute operation time (far longer than traditional methods, which take two to three minutes) and resulting in what doctors considered to be a less desirable outcome: blood (albeit a minimal amount). Rabbis most likely rejected the clamp because it was too radical of a change. The new instrument bore no resemblance to anything ever seen at a brit, and came with a new step in the procedure that was quite questionable: “to make a dorsal slit in the foreskin”\(^{19}\) prior to the commencement of the procedure. While it is not clear that this is forbidden according to Jewish law, many Orthodox Jews objected to causing additional pain to the newborn. And while Rabbi Bronstein explicitly mentions in his patent that this new step is not required, its inclusion in the description of the instrument worried rabbinical authorities.

*The “Mogen Clamp”*

While the Nutech clamp invention was a failure, it was only Rabbi Bronstein’s first attempt at satisfying both doctors and rabbis. His next invention, known today as the Mogen clamp, was quite a different story. The name of the instrument already hinted at its potential success—we have already seen above that the original instrument used by mohalim for centuries

\(^{19}\) *Ibid.*
is known as a *magen*, or hebrew for “shield”\textsuperscript{20}. The instrument itself appears to be a modern, futuristic cousin of the original shield, which made it look like less of a drastic change in instrumentation. The device also provided a possible advantage to doctors, as it allowed for minimal blood loss during the procedure but also was far simpler to use than the Gomco clamp. Instead of assembling a set of component pieces, the clamp is simply applied to the foreskin and closed.

Rabbi Bronstein writes in his patent description:

Various types of clamps have been heretofore used in order to carry out the process of circumcision. All of the previous clamps have been unsatisfactory in one or another particular. Some of the former clamps have been difficult to operate, others have been high in cost, and still others have been dangerous in the hands of careless operators. … In addition the clamp of this invention, when used in the manner recommended, accords to all of the teachings of the ritualistic Hebraic rite of circumcision which requires that blood flow at the time that the foreskin is cut\textsuperscript{21}.

His assertion that previous clamps had been unsatisfactory, while only his own opinion, carries a degree of truth. Previously invented clamps of similar construction to the Mogen carried a much greater risk of glans amputation, as they did not possess a curved inset in the jaws of the clamp and did not have a locking mechanism.

While the previous Nutech clamp was a poor compromise between both sides, this new invention had clear advantages for both doctors and *mohalim*. For doctors, the Mogen clamp fills the same void as other instruments did: the need for a safe, efficient, method for circumcision. For *mohalim*, the clamp does a better job at protecting the baby from possible hemorrhage than the Mogen shield. Additionally, it had a certain appeal to Orthodox authorities, who may have been concerned that Jewish families would choose to have a *brit* performed in a hospital setting.

\textsuperscript{20} The instrument is called a shield because it literally shields the glans of the penis during the procedure. Without the shield, it is more possible that the glans will be injured by an unskilled operator.

by a doctor instead of by a mohel. If an instrument approved by doctors was used by mohalim, they hoped that this would assuage a family’s fears about the procedure and encourage them to elect to perform the brit in a “kosher” fashion.22 Jewish babies who were circumcised with the Mogen clamp would fulfill the requirement for blood to flow from the wound.

In order to advocate for his new instrument, Rabbi Bronstein placed separate advertisements in both medical and Torah journals. What’s most telling about these advertisements is that they have noticeable differences in language and message. In the Journal for Obstetrics and Gynecology in 1956, Rabbi Bronstein pointed to both the ease of use as well as the surgical and medical benefits of the instrument. One advertisement reads, “Circumcision, though a simple operation, has been impeded by the absence of a simple, safe and completely effective instrument. The “Mogen” reduces the technique of circumcision to a simple procedure … Clinical tests have proved that the entire procedure can be performed with the “Mogen” in approximately one minute.”23 In addition to highlighting the many supposed advantages of the clamp, the advertisement mentions that Rabbi Bronstein has been a guest lecturer at medical schools on the topic of circumcision—emphasizing his knowledge of the medical world and neglecting to mention his career as a mohel. The distinction perhaps convinced doctors that Rabbi Bronstein did not have additional, religious motives in inventing the clamp. Two subsequent advertisements24 in 1956, one published in July and the other in September highlight the same benefits of the Mogen clamp, claiming that the Mogen allows for “precise gauging of the prepuce.” All of the advertisements stress that circumcision has become a mainstream

practice, and is no longer a “religious ritual among a few faiths.” The claim that circumcision is a mainstream practice bolsters Rabbi Bronstein’s assertion that a standardized technique is needed.

Rabbi Bronstein eventually started a company called Mogen Ltd. The business sold Mogen clamps and other instruments necessary for circumcision. In a pamphlet published by the company, the medical benefits of the Mogen clamp are similarly lauded, claiming that no bandaging or special aftercare is needed, and showing detailed pictures of the entire procedure performed with the Mogen clamp. The brochure highlights the clamp’s ease of use and simplicity.25

A series of advertisements were printed in the Orthodox Torah journal “HaPardes” in 1955-1956. In a half-page advertisement, Rabbi Bronstein quotes Rabbi Eliezer Silver’s ruling on his Mogen clamp:

After appropriate research and requests, as well as great and significant rabbis viewing how [the instrument] works, they have agreed and given me written permission. The group has been led by "the lion," the genius Rabbi Eliezer Silver (may he live for many days Amen) from Cincinnati who wrote: "Therefore I have found to inform the truth of truths that the "protector" [clamp] known as "Magen" has no connection to the instrument that they call "Gomco" or any other name that has been forbidden by us, the Agudath Harabanim, and by me personally as a Rabbi, and it is permissible to use this [Magen] "protector." With the invention of this instrument the possibility is given to every Mohel who fears and trembles to speak to God to use it, as it will also be accepted amongst the universities and doctors who are most famous in the United States.26

Rabbi Silver’s endorsement of the clamp is highly significant. He was the leader of an intensely Orthodox institution, and approval from his office would seem to grant Rabbi Bronstein the acceptance he was looking for amongst his Rabbinic colleagues. Perhaps most intriguing about the advertisement is Rabbi Bronstein’s insistence that the clamp will be accepted by doctors as well as rabbis. Evidently he felt that this would be a selling point for his clamp. The fact that

25 Mogen, Ltd., The Clinically Proven Mogen Circumcision Instruments. Document received in comunication with Dr. Aaron Kaweblum. No longer published, in possession of author.
Doctors had not previously accepted the methods of circumcision performed by mohalim must have caused tension within the Orthodox world—otherwise there would be no need on Rabbi Bronstein’s part to address the issue.

In two other advertisements placed in that same year, Rabbi Bronstein stresses that he has “improved” upon the clamp that has been used for generations in Europe and the United States (though he does not say what the improvement is, specifically). The advertisements are also sure to note that the Mogen clamp has no connection to the highly controversial Gomco clamp that many Orthodox authorities had deemed forbidden, invented approximately 30 years beforehand. The advertisements also state that in New York many mohalim have already begun to use the clamp; Rabbi Bronstein is emphasizing that his clamp has the potential to become—and is already becoming—the standard instrument used for britot in both hospitals and homes.27

A full-page advertisement (pictured left) featured a picture of the clamp in addition to a copy of a note written by Rabbi Isaac Herzog28, Chief Rabbi of Israel at the time. The announcement under the picture on the left, written by HaPardes, reads:

“With the help of God”:
We bless our friend, the famous, God fearing mohel Rabbi Tzvi Bronstein the Cohen, “candle of Israel,”29 on receiving a written ritual permit from the chief Rabbi of Israel, Rabbi Yitzchak HaLeivi Herzog, (may he live for many days amen) for his new “Mogen” circumcision instrument that he invented. We stress the great value of the instrument, as it makes possible the fulfillment of the commandment of brit milah according to the laws of the Holy Torah, and also fulfills the wishes of the doctors.
—“The center of Mohalim in the United States (Merkaz Hamohalim D'Artzot HaB'rit)”30

28 For biographical information, see Jacob Goldman, Encyclopedia Judaica, 2nd ed., s.v. "Herzog, Isaac."
Immediately this advertisement feels quite different than the above medical journal example. Rabbi Bronstein is lauded as a great, religious figure; his experience in hospitals and medical settings is completely omitted. Interestingly, the clamp is promoted to have “great value” not only because of its halakhic nature, but also because it satisfies the concerns of doctors. Evidently, it was in the interest of Orthodox Jews to find acceptance in the eyes of the medical establishment.

Rabbi Herzog’s certification letter, also printed in the advertisement (in order to validate that HaPardes had not fabricated the ruling), is notable:

> With the help of God, 28th of Tevet 5716\(^{31}\),
> A certification in Israel: That the instrument for circumcision of Rabbi Tzi Bronstein's (may God give him life and guard him) whose name is "Magen," as all of the details have been explained to me by my good friend Rabbi [Reuvain] Grozovsky (candle of Israel), and has already been attested to by the great and famous genius Rabbi Eliezer Silver, (candle of Israel), there is absolutely no fear or doubt, heaven forbid, with regards to its legitimacy for brit milah. Signed Yitzchak Isaac HaLeivi Herzog.\(^{32}\)

Not only does Rabbi Herzog give the clamp his unyielding approval, but he also cites Rabbi Reuvain Grozovsky\(^{33}\) and Rabbi Eliezer Silver, two prominent Orthodox Rabbis of the time. The medical and Torah journal advertisements point to Rabbi Bronstein’s strong feelings about halakhah and its confrontation with modernity (specifically western medicine).

The traditional procedure had bothered Rabbi Bronstein; he felt the need to innovate a new technique, hoping to standardize the procedure. A schism amongst mohalim and doctors had developed over the past few decades. While American medical establishments had advocated for the usage of instruments that allowed for a bloodless circumcision, Orthodox rabbis were not able to accept such inventions. Regardless of the proposed health advantages of new instruments

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\(^{31}\) January 12th, 1956
\(^{32}\) Ibid.
\(^{33}\) For biographical information, see Moshe D. Sherman, Orthodox Judaism in America: A Biographical Dictionary and Sourcebook (Westport, CT: Greenwood Press, 1996), 86-87.
and techniques—namely avoiding the potential (albeit unlikely) for hemorrhage and removing the foreskin and inner mucosa in one cut—adherents to halakhah would not be willing to alter a practice that had stood virtually unchanged for four centuries. Rabbi Bronstein, who approached the procedure from both an Orthodox rabbi’s perspective and a medical professional’s perspective (he had worked in hospitals and receive medical training, as mentioned above), was uniquely positioned to bridge the gap between the traditional, halakhic, world of Judaism and the modern medical establishment in America. Additionally, Rabbi Bronstein’s push for innovation may include the desire—or even the need—to please the American medical establishment with a method of circumcision that was safe, simple and foolproof. Finally, Rabbi Bronstein may have wanted to introduce a circumcision method into hospitals that was “kosher;” that way, Jewish babies circumcised in hospitals by Jewish doctors would receive more proper circumcisions.

Why Rabbi Bronstein worked to mend the schism is a more difficult question to answer. After all, it could have been possible for him to simply ignore modern medical developments, and practice the traditional circumcision technique that he had learned originally. His apparent desire to develop a new circumcision instrument is actually quite puzzling, as Orthodox rabbis such as Rabbi Bronstein are generally unwilling to introduce such drastic changes to such traditional realms of Jewish life.

Medical reaction to the Mogen clamp

The Mogen Clamp is widely reviewed throughout medical literature and has gained popularity as one of three mainstream techniques for circumcision. A 1998 survey of American physicians showed that 10 percent use the Mogen clamp.34 While the article makes no judgment about which instrument is most desirable, the large number of physicians who elect to use the

Mogen is not insignificant. However, it is clear that the Mogen clamp has not become the standard technique that Rabbi Bronstein hoped for.

Physicians who have contributed to academic journals endorse its usage based on personal experience. In a 1971 review article (roughly 15 years after the Mogen clamp had been invented) by Dr. Charles Schlosberg, M.D. claims that after thirty years of experience and over 10,000 circumcisions performed, the Mogen clamp is his preferred instrument. He writes, “Having used and seen various methods of circumcision, such as the circumcision shield and Miller’s Messer (knife), the Gomco clamp, and the plastic bell device, personal preference is for the Mogen clamp, as the technic is easier, quicker, safer, and less irritating to the baby than any other method.”35 His article, while supportive of Rabbi Bronstein’s method of circumcision, is not an academic review per se, but rather a personal account and an endorsement based on experience. Additionally, a 1999 article advocates for the Mogen clamp because “the procedure can be performed quickly, bleeding is rare, and minimal manipulation is required.”36

Additional support for the Mogen clamp is found in a 1984 article, which analyzes the clamp’s usage on 313 babies between 1 day and 2 years of age. The article says, “Besides the low incidence of complications from using the Mogen clamp, there are other advantages to circumcision with this technique. One is the need for a minimum of surgical instruments for this procedure in comparison to other methods … Circumcision by use of the Mogen clamp is an easy, quick, and safe procedure to learn.”37

One study performed compared the Mogen clamp to the Gomco clamp during circumcisions that both used and didn’t use anesthesia. The report concluded: “the Mogen clamp is associated with a less painful procedure than the Gomco. The Mogen clamp with DPNB causes the least discomfort during neonatal circumcision.” Another article compares the Mogen clamp to the Plastibell device, and finds that the Mogen results in a less painful and quicker procedure. It concludes, “After becoming familiar with both techniques, house officers and attending neonatologists universally preferred the Mogen technique because of its greater ease and because it required less time.”

Despite its acceptance by many, there have been drawbacks, and opinions advocating against the usage of the clamp. While the above studies show that the instrument results in a less painful procedure, other reports have indicated that the Mogen clamp carries significant risks when used by an unskilled operator. The design of the instrument—and others of similar construction—means the technique results in a situation where the operator cannot see the glans during the cutting of foreskin and thus performs a “blind” cut. While they haven’t occurred with great frequency, tragedies have been reported. A September, 2011 Los Angeles Times article reported on a case of partial penile amputation during the use of the Mogen clamp resulting in litigation. The article also reports that “There have been numerous reports in recent years of patients being injured by the Mogen clamp, which is much less popular than the other two types

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38 Dr. Julian Wan, a Urologist and medical scholar, critiqued this study in a personal communication with the author: “No one today does any sort of circumcision procedure without the use of anesthesia, so any study comparing procedures with and without anesthesia has basically no credibility. It is now understood that a good anesthetic blockade can be achieved by a variety of means: penile dorsal nerve block, penile ring block and even the use of topical EMLA cream (a topical lidocaine gel). None of these earlier studies really stand up to modern scrutiny.”

39 Dorsal penile nerve block. A type of anesthetic.


of circumcision devices, which are two-part systems that protect the tip of the penis."\(^{42}\) As a result of litigation, Mogen Ltd. went out of business.\(^{43}\) A 2000 letter published by the Food and Drug Administration warns that the Mogen clamp may result in “the removal of an excessive amount of foreskin and in some cases, a portion of the glans penis.”\(^{44}\) Finally, the Los Angeles Times article referred to above cites that in the eleven years since the 2000 FDA notice about the Mogen clamp, twenty injuries have been reported.

It is most likely because of the above cases that some doctors do not recommend using the Mogen clamp; while incidents have been rare the clamp still does carry risks. The debate over the Mogen clamp centers on the construction of the clamp and the skill of the operator. That is to say, some think the instances of injury most likely result from a poorly constructed clamp—and not an inexperienced operator. In a personal communication (February 16th, 2012) I had with an anonymous representative from the Mogen company that Rabbi Bronstein founded, I was told that there are many different manufacturers of the Mogen clamp, some who construct it correctly and others who do not. According to the representative, the Mogen clamp is safe not only when it is used properly, but also when it is manufactured properly. In other words, injuries from the Mogen clamp are due to incorrect construction. On the other hand, this reasoning does not explain Rabbi Bronstein’s assertion in his patent, which states, “With the clamp of this invention … it is impossible for even the most unskilled operator, to damage the glans.” Rabbi Bronstein’s claim is that the jaws of his Mogen clamp can only open to a width wide enough to fit the foreskin, but not the glans as well. If this were true, however, clamps produced by Mogen Ltd. would not have resulted in injury and the company would not have been sued and gone out

\(^{42}\) Molly Hennessy-Fiske, "Injuries linked to circumcision clamps," \textit{the Los Angeles Times}, September 26, 2011.
\(^{44}\) “Potential for Injury from Circumcision Clamps,” letter from David W. Feigel, August 29, 2000,\texttt{ http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm062279.htm}. 
of business. It seems that an unskilled operator will still be able to damage the glans, even if the product is manufactured correctly.

With the advent of new technologies and other methods that do not have the same history of injury, the choice for some physicians is clearly against Rabbi Bronstein’s invention. While initially the Mogen Clamp was praised, proliferation of the invention resulted in susceptibility to faulty manufacturing as well as improper handling of the device by irresponsible operators (as seen in the above cases). While technically the clamp may have benefits, human error has made its desirability more questionable.

Jewish reaction to the Mogen clamp

Rabbinical authorities have also had mixed reactions to the Mogen clamp. Reform Jews have expressed no concern over the use of the Mogen and there is no written responsum regarding the clamp’s permissibility. Conservative Jews have also expressed no concern over the use of the clamp. In fact, Rabbi Joel Roth (a prominent figure within the Conservative movement and frequent arbiter of halakhah) advocates for the usage of the Mogen clamp for all britot. He writes, “I always discourage greatly the use of Gomco because of its potential halakhic issues. And ... the Mogen clamp ...[is] precisely that clamp that I urge people to use.”

Orthodox Jews, on the other hand, have compiled an extensive literature relating to the use of the Mogen clamp during brit milah. Some are comfortable with American advancements in the field of medicine. Rabbi Nathan Gottlieb, an Orthodox Jew and author of a book about circumcision, writes: “The modern mohel … represents millennia of solid Jewish experience. It is a far cry from the days of Moses and Joshua … This generation has witnessed many radical changes in the technique of the timeless law in matters of securing maximum protection of the

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child, hygienic and medical." Others, however, are staunchly opposed to any innovation in the procedure. Rabbi Donny Frank writes in the *Journal of Halacha and Contemporary Society*, “…we are dealing with a ritual whose importance cannot be overestimated. Tampering with its methods, therefore, is no small matter … as innovations continue to be introduced, we need to be guided by competent rabbinic authorities.” Frank represents the viewpoint of many, who see no reason to deviate from the usage of the shield, which has been part of the *brit milah* ceremony for centuries.

Despite the original endorsement by Rabbis Yitzchak Herzog and Eliezer Silver, there are numerous Orthodox Rabbis—in America and internationally—who oppose the clamp. The clamp’s “halachic validity has been questioned” according to one account which describes a Conservative *mohel* in Israel who uses the clamp, but chose not apply for a certification from the Chief Rabbinate of Israel. Another *mohel*, this one Orthodox in practice, writes, “Most poskim … do not approve of the Mogen Clamp or any type of clamping device. Indeed, this instrument has been forbidden by the *Agudas Harabonim*, whose president at the time of writing is Rabbi Moshe Feinstein.” Varying objections and reservations have been offered by different authorities; below is a synopsis of some of the major thinkers’ opinions:

Several poskim have ruled harshly against the use of the clamp. Three opinions of the most prominent arbiters are presented here: Rabbi Yitzchak Weiss (1902-1989), a prominent *Halakhic* authority who spent much of his life in England, never saw the Mogen clamp but nonetheless ruled against its use. He writes in his *magnum opus* entitled *Minchat Yitzchak*:

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47 Ibid. 97.
51 For opinions of more minor poskim who have ruled against using the Mogen clamp, see Rabbi Antschel Katz, *Nakhal Habrit*, 2:32, Shut Be-mar’eh ha-bazak: 2:96.
The clamp that is called "magen," that some "who make new" are using to circumcise children of Israel... I have not seen it ever, and with God's help I will never know what it is... God forbid should anyone circumcise with it ... it is just a change in the tradition of Israel to circumcise with a knife ... not only that, but as I have seen in the writings of mohalim it [the clamp] seals off blood flow before the excision.

Rabbi Weiss’ anger over the clamp is evident almost immediately. Not only does he rule against its use, but the reader can sense his feelings of contempt towards those who would even think to adopt a new technique for circumcision. In his opinion, the procedure is sacred and there is no need to alter it in any way.

Rabbi Eliezer Waldenberg (1915-2006), who lived his entire life in Jerusalem and gained fame for his legal mind and knowledge of halakhah and medicine, expresses intense concern in a four page, lengthy discourse in Tzitz Eliezer, his major work. After describing how he understands the clamp operates, he objects on a number of levels. First, the clamp may kill the foreskin before the actual cut, invalidating the core mitzvah of cutting the foreskin with a knife. The blessing over the circumcision will also then be a bracha l’vatalah, a blessing said in vain.

Additionally, he claims that blood will not flow from the wound after the excision, which not only will invalidate the brit but will also not allow the mohel to perform metzitzah. Rabbi Waldenberg also reports, “The moment the instrument is placed on the body of the child his entire body turns blue from the intense pains that are caused.” This is not only an issue because of how inhumane it may seem, but also because of a concept within halakhah known as tza’arah.

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52 In Hebrew, מתחדשים (mitchadshim). A term of disrespect used to describe those who break with sacred tradition.
53 Rabbi Yitzchak Weiss, Minchat Yitzchak. 24:2
54 For an excellent English summary of many of Rabbi Waldenberg’s rulings as well as an overview of his philosophies, see Avraham Steinberg, Jewish Medical Law, trans. David B. Simons (Anaheim, CA: Gefen Publishing, 1980).
55 Rabbi Eliezer Waldenberg, Tzitz Eliezer, 8:29
56 Dr. Julian Wan informed me in a personal communication that this claim may be disputed: “The concern that a technique which may “kill the foreskin” prior to the actual cut (page 17) is interesting. Technically the foreskin by these methods isn’t dead (necrotic) but only ischemic (without active blood circulation) prior to being cut. Much like a limb can be rendered ischemic with a tourniquet prior to amputation – it isn’t actually dead at the moment of cutting.”
57 A key component of the procedure, according to Rabbi Waldenberg, so much so that metzitza has been allowed on Shabbat. If metzitzah were not crucial, it wouldn’t be allowed on Shabbat.
d’yanukah, the “pain of the baby.” The rabbis wanted the circumcision procedure to be as painless as possible.

Rabbi Waldenberg goes on to express concerns over the violation of the Shabbat through the use of the clamp, as the mohel causes a wound to the child (beyond the circumcision wound)—an act not allowed on the Shabbat.

Perhaps most interestingly, he expresses that he felt great discomfort when he found that Rabbi Herzog had approved of the clamp. He claims that he has proof that Rabbi Herzog had deep regret for allowing the clamp, and he was lied to when the clamp was described to him (who lied to him is not made clear by Rabbi Waldenberg).

Rabbi Waldenerg cites numerous opinions and quotations from other rabbis to bolster his argument. His conclusion is that any mohel who uses the Mogen camp is violating a number of different halakhot. His fiery language throughout the responsum shows his clear contempt for the invention.

Finally, Rabbi Moshe D. Tendler, a Rosh Yeshiva at Yeshiva University writes:

The Mogen clamp should not be used to perform ritual circumcision ... If the clamp is left on for an extended period of time (more than a few minutes), complete hemostasis will result so that no free blood flow occurs. [additionally] The use of clamps (Mogen, Gomco, Cantor etc.) might lead to circumcision becoming a surgical rather than a ritual procedure, performed by non-orthodox physicians, Rabbis or laymen rather than by an orthodox Jew. This would invalidate the circumcision.

While Rabbi Tendler is correct in noting that blood flow can be completely cut off with the Mogen clamp, he is unwilling to trust that the operator of the clamp will know to release it soon enough in order to validate the brit according to Jewish law. His worry that the brit will become a surgical procedure seems to not be a concern of those who have accepted the clamp. Even

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58 A position of great prominence in the Orthodox Jewish world. He is also a professor of Biology.

though Rabbi Bronstein invented the clamp in order to satisfy both doctors and mohalim, the fact that doctors use the clamp at all is reason enough for Rabbi Tendler to rule it impermissible.

In summary, various reasons against the usage of the clamp given include a). Blood will potentially not flow if the clamp is left on long enough (and even if it does flow, this will have lengthened the procedure unnecessarily), b). The clamp causes extra pain to the baby, c). The clamp “cuts” the foreskin instead of the knife, d). The general principle of “khadash asur min HaTorah,” that we should be wary of anything that is new (this same principle was invoked above in Chapter II).

Moving to the left on the spectrum of responsa regarding the Mogen clamp, there are some Orthodox rabbis who have mixed feelings about its usage. Among them is Rabbi Shlomo Zalman Auerbach (1910-1995), the famous Jerusalem rabbi rules that the Mogen clamp may be used in extenuating circumstances. He writes:

There are parents who are prepared to circumcise their children according to Jewish law, only under the condition that a "Mogen clamp" is used. If they do not use a Mogen clamp, then they may not have a brit at all or they will call someone from the "reformers" that will do the brit at a time that is convenient for everyone- at night or before the eighth day or on shabbat (when it does not need to be on shabbat) ... is it possible to use the Mogen clamp as the parents request, and check very carefully that at least some blood will flow? Or is it impermissible because of "Mar'it ayin?" ... Rabbi Shlomo Zalman Auerbach may his memory be for a blessing says that it is ok if there is blood.60

Rabbi Auerbach’s primary concern is that the brit be performed in a manner that is halakhically correct. Therefore, while it is clear that he would not allow the usage of the Mogen clamp on any sort of regular basis, he is comfortable using it when there is a chance that a family may do something that in his mind may be far worse. He is more flexible than any of the rabbis above, who rule that the Mogen clamp is unacceptable under any circumstances.

60 Abraham S. Abraham, Nishmat Avraham (Brooklyn, NY: Mesorah Publ., 2003), 5:84. Abraham S. Abraham was a renowned doctor and pupil of Rabbi Auerbach’s. He is famous for compiling a magnum opus entitled Nismat Avraham, a compendium of rulings regarding medicine and halakhah based on the teachings of his mentor.
Rabbi Moshe Feinstein, perhaps the most prominent *posek* in America in the 19th century, has a seemingly more lenient opinion. In his famous work, *Iggrot Moshe*, he writes about circumcision in multiple places. Regarding the Mogen clamp, Rabbi Feinstein rules that one should not use the clamp because it is an unnecessary change in custom for the Jewish people, and because the clamp causes unneeded pain to the baby. However, Rabbi Feinstein does not say that circumcision with the Mogen clamp is invalidated, as in his perspective blood is drawn during the procedure. He writes, “*a posteriori*, the mitzvah is of course fulfilled.” Rabbi Feinstein seems to leave even more room for flexibility than does Rabbi Auerbach, as he does not specify the circumstances under which the clamp should be used. It is important to note, nevertheless, that Rabbi Feinstein does not endorse mainstream usage of the clamp.

Finally, one of the most famous Rabbinic personalities of the twentieth century, Rabbi Joseph B. (Yosef Dov) Soloveitchik, endorsed the use of the clamp as long as blood is drawn during the procedure. Rabbi Soloveitchik is known for his pioneering work in the areas of philosophy and theology and for his tenure as *Rosh Yeshiva* at Yeshiva University and his work at the Maimonodies school in Boston, Massachusetts. He is not known to be a *posek*, though there are some written records of his legal opinions. One such record is his thoughts relating to the Mogen clamp: “The Rav gave his stamp of approval to the Bronstein Magen and permitted its proper use without any reservations, as long as blood is drawn.”

This opinion is the most lenient modern opinion within the literature relating to the Mogen clamp. Rabbi Soloveitchik’s opinion is no different than the original approval given by Rabbi Herzog and Rabbi Silver.

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We have seen varying opinions within the halakhic literature relating to the usage of the Mogen clamp. What remains clear is that the Mogen shield is by no means fully accepted or rejected amongst the Orthodox world. As Rabbi Howard Jachter notes, “Almost all Mohalim use at least a plain shield … Regarding the Bronstein Mogen, there is no universally accepted practice.”64

It is clear that Rabbi Bronstein made significant efforts in standardizing the circumcision procedure, hoping to mend a clash between tradition and society that had taken the form of a schism amongst mohalim and doctors. However it is not so clear that he succeeded. Certainly, there were aspects of his project that met with success. The initial approval given by Rabbis Eliezer Silver and Yitzchak Herzog were important first steps. The popularity of his clamp clearly grew within the medical field, as demand for the new product necessitated Rabbi Bronstein starting a company.

However, reception for the Mogen clamp has not been as favorable as Rabbi Bronstein would have hoped. While in the initial years following his invention the product seemed promising, in the following decades it was meant with resistance, both from Orthodox Rabbis who were increasingly terrified by a modernizing world as well as from doctors, who continued to prefer new, safer and more foolproof methods of circumcision.

One thing is clear: there is no consensus. As Rabbi Eugene J. Krohn, a prominent mohel (perhaps the most famous mohel in America since Rabbi Bronstein) writes, “The debate continues unabated. Consequently, no decision can be rendered.”65 This points to a tension between halakhah and medicine, or to put it more generally, halakhah and change. It is to this topic that we turn now.

64 Ibid.
Mogen clamp: Magen Yisheinu?

Three times a day during Jewish prayer services, the liturgy refers to God as “Magen Yisheinu,” or “Our shield, our savior.” Can we say the same about Rabbi Bronstein’s Mogen clamp? Rabbi Bronstein set out to be the hero in an argument between two seemingly clashing values: Those who advocate for change and those who grasp onto tradition as strongly as possible.

The debate over circumcision technique is much more than a (somewhat graphic) discussion about foreskins, blood, and the instruments that create that blood. Rabbi Bronstein’s invention attempted to bridge the gap between what was and what is. In some senses, what he attempted to do is representative of most religious tensions in this world. How can pious, God fearing people exist in a world of science and modernity. Can the faith of yesterday confront the realities of today? Rabbi Bronstein thought that the answer was yes—and this is perhaps what made him unique. There aren’t many individuals throughout history who work so hard to compromise between two competing sides. The ones who are successful often make history, and the ones who put in effort but fail are often forgotten. Rabbi Bronstein falls into the latter category. He hoped his Mogen clamp would be a bridge over a seemingly impassible gap. That it could be the “savior.” In some ways, he succeeded; It is telling that the more lenient opinions—Rabbi Feinstein and Rabbi Soloveitchik—come from American Rabbis. Moreover, in Chapter VI, we will see survey results that indicate the wide use of the Mogen Clamp. However, the reality is that a gap still exists today, amidst a debate that seemingly will never end.
Chapter VI: Surveying the Scene

This chapter contains the results from a survey conducted of 73 American ritual circumcisers\(^1\). To my knowledge, this survey is unique; there has never been another academic survey of American mohalim conducted. While medical studies often make use of quantitative data obtained from doctors who perform circumcisions for non-ritual purposes, no other study has specifically focused on mohalim. This survey gives voice to the analyses of the previous pages of this thesis. It confirms much of what has been said thus far, and opens up new questions to ponder. The data collected highlights some of the tensions described earlier, and depicts the Jewish denominational divide in the world of milah.

The survey asked questions about technical practice and denominational identity. The graphs below present the main findings of the survey; brief explanations of each graph are also included. There was one notable limitation of the survey: While many Reform and Conservative mohalim responded, fewer Orthodox and Chabad mohalim did. This was due to the relative difficulty in compiling email addresses and contact information for more observant mohalim. It was far easier to make contact with Reform and Conservative mohalim (This is an interesting fact that deserves study in itself—it is possible that Orthodox mohalim do not advertise as much as other denominations, as many constituents are already familiar with the Orthodox mohel who works in a given area).

Descriptive Statistics: 73 mohalim completed the survey. 37 identified themselves as Reform, 23 as Conservative, 7 as Orthodox, 3 as Traditional, and 3 as Chabad. The mohalim serve a variety of clients; the denomination of the mohel did not determine the denomination of the family hiring him/her. 12 of the respondents have been practicing milah for fewer than 5

\(^1\)The survey was conducted with the approval of the Brandeis University Institutional Review Board (protocol #13035, 2012). See appendix for a copy of the survey.
years, 28 between 5 and 15 years, and 33 for more than 15 years. 31 have performed fewer than 1,000 circumcisions, 35 between 1,000 and 5,000, and 7 have performed more than 5,000 circumcisions in their careers. In short, there was a good variety of experience but a poor variety in denominational identity. What follows is an analysis of each of the graphs below.

**Graph 1:** The Mogen clamp is by far the most widely used instrument. This fact is intriguing, as similar surveys of doctors have revealed that the Mogen is not the most popular instrument of choice for circumcision. The Mogen clamp seems to do an adequate job of satisfying the competing desires for **mohalim**, specifically abidance to tradition and safe and efficient performance. This being said, a far greater percentage of Reform and Conservative mohalim use the Mogen than do Orthodox. This is reflective of the **halakhic** problems cited by some (See Chapter V). No Chabad **mohalim** who responded use the Mogen clamp. The shield method is used by Orthodox, Traditional, and Chabad mohalim exclusively. As it is not recommended by any medical professional, Conservative and Reform mohalim avoid its use.
Graph 2: Respondents were asked to identify the reasons that they choose their methods for milah. The most frequent responses included good cosmetic result, safe, efficient, most healthy, and traditional/halakhic. Of particular interest is the final response, as it demonstrates a clear difference among the various denominations surveyed. By percentage, far more Orthodox, Chabad and Traditional mohalim indicated that halakhah and tradition were key factors in their method of choice. Far fewer Conservative and Reform mohalim indicated that halakhah was important to them in choosing a method. Conservative mohalim trended more toward Reform mohalim in this respect, with their percentage more closely mirroring the Reform lack of concern for halakhah.

Graph 3: Respondents were asked if they were medical doctors. In what was perhaps one of the starkest differences found in this survey, a huge number of Reform and Conservative
mohalim indicated that they are medical doctors, while only one Orthodox mohel did. A mohel’s credentials are indicative of how he or she will approach technical decisions about procedure. It is likely that those with medical degrees place more value in abiding by medical recommendations. This trend is perhaps also indicative of constituents’ desires; Conservative and Reform families may prefer to have a doctor circumcise their children, so more Reform and Conservative doctors find business as mohalim.

Graph 3: Are You a Medical Doctor?

Graphs 4 and 5: A greater proportion of Reform and Conservative mohalim choose to use anesthesia during the procedure than do Orthodox mohalim, while none of the Chabad respondents use anesthesia at all (graph 4). Graph 5 indicates that the injection forms of anesthesia are most popular amongst Reform mohalim. This may be because the methods used by those who are less traditional are often more painful, and the procedure may warrant the use of anesthetics. More traditional methods might not require anesthesia, as indicated by the use (if
ever) of less effective and painful topical creams by Orthodox, Traditional and Chabad mohalim.
Chapter VI: Surveying the Scene

**Graphs 6 and 7:** We have already seen that *metzitzah b’peh* is one of the more polarizing issues at play. The limitation of this survey resulted in fewer respondents indicating that they perform *metzitzah b’peh*. The most traditional, ardent defenders of the practice did not respond to the survey and were harder to make contact with. However, results of this survey do confirm some expected trends. Virtually no Reform and Conservative *mohalim* perform *metzitzah b’peh*, while a greater percentage of Orthodox and Chabad *mohalim* sometimes perform the ritual. Graph 7 indicates that almost all Orthodox/Traditional and Chabad *mohalim* perform the ritual with a substitute when they do not perform it orally. This is indicative of these *mohalim’s* commitment to safeguarding tradition in the healthiest way possible. Surprisingly, some Reform *mohalim* indicated that they perform *metzitzah* with a substitute, indicating that the tradition has still maintained its value even for those who are more eager for change.
Graph 8: Finally, the survey addressed an issue which the previous chapters have not mentioned: the use of a circumstraint. While the traditional *brit milah* involves a *sandek*, a person who restrains the baby (usually on his lap) during the procedure, the circumstraint is a popular invention for the restraining of the child used by many *mohalim* and medical professionals. It restricts the newborn’s movements, and ensures that he will not squirm away (thus endangering himself) during the circumcision. Virtually no Orthodox and Traditional *mohalim* use a circumstraint, and some Chabad *mohalim* have never even heard of it, despite its popularity (indicating a general disinterest with the comingling of medicine and *milah* on their
part). Far more Conservative and Reform mohalim indicated that they use circumstrants, which is indicative of the greater value they place on medical findings and recommendations.

**Conclusions**

In sum, the above results demonstrate the statistical evidence for the controversies and clashes depicted in the earlier chapters of this thesis. Trends demonstrate each denomination’s commitment to tradition and modernity respectively. Studying these trends furthers our knowledge of the struggle to balance tradition and change in the modern world.
Conclusions

Books, articles and headlines frequently participate in the debate over if circumcision is ethical. And while space cannot be given here to address this discussion, suffice to say that a significant amount of ink has been dedicated to the subject. A multitude of activists, those who are anti-religion, and even some Jews support European efforts to ban circumcision. A vocal opposition, made up of Jews, Muslism and Christians in a show of interfaith unity, express their grave concern with outlawing the practice. Circumcision bans terrify some, as the initiative is reminiscent of pre World War II anti-Semitism.

However fascinating and attention grabbing the circumcision-question may be, and despite the issue’s proliferation and growing popularity, there remains an insufficiently tapped field of inquiry, which this work has taken a step toward addressing. An equally, if not more fascinating topic of discussion deals with the technical aspects of the procedure. As we have seen in the chapters of this thesis, there are great debates to be had not only over if circumcision should be done, but how.

Asking these questions broadens the scope of the conversation over this widely practiced ritual. Circumcision is vital to Jews of all backgrounds. The conversation about the practice should therefore not be limited to a simple “yes” or “no” to the question of performing the ritual, but instead should center on important tensions between tradition and change. Reframing the ritual in a historical context, and realizing the development of its technical practice diversifies the dialogue surrounding circumcision. Those who dedicate time and energy to any sort of discussion—whether it be academic or informal—over the ancient ritual should not overlook the great opportunity for furthering and evolving the discourse.
Appendix

Images appear in the order that they are cited in the thesis.

Chapter I, note 1. *The Circumcision* by Giovanni Belinni (circa 1500)
(http://www.nationalgallery.org.uk/paintings/workshop-of-giovanni-bellini-the-circumcision)
Chapter II, note 4. Metzitzah cup, Germany, circa 1930
(http://circecentral.tripod.com/cups.html)

Chapter II, note 40. Cover and first page of circumcision manual written by Wolfers in 1831.
Chapter II, note 44. Original letter as printed in *Kokhvei Yitzchak*, Vienna, 1845.
Chapter II, note 54. Photo of first page of anonymous letter written by a physician in 1846 in defense of metzitzah b’peh.

Chapter IV, note 59. Drawing of tube used for metzitzah b’peh, first appeared in 1888. Taken from Korobkin’s Jewish Action article cited in chapter.
Chapter IV, note 22. Ancient Circumcision “Izmel” Taken from Grossman, Eliot page 11


Chapter IV, note 30. Traditional shield.

Chapter IV, note 30. Advertisement for Gomco clamp.

Chapter IV, note 43. Advertisement for Gomco clamp.

Chapter IV, note 58. Excerpt from responsum written by Rabbi Michael Higger concerning the Gomco clamp. Obtained from Rabbi David Golinkin.
Chapter V, note 1. Harry Bronstein (date unknown)

Chapter V, note 16. Illustration of “Nutech Clamp.” Image from patent, cited in chapter.

Chapter V, note 23. Advertisement for Mogen clamp. Picture from Journal for Obstetrics and Gynecology. Photo modified for clarity

Chapter V, note 26. Copy of full-page advertisement (resized to fit page) for Mogen clamp. Placed in Torah journal *Hapardes*.
Appendix

Copy of Survey Conducted (Chapter VI)

1/1/12
Qualtrics Survey Software

Default Question Block

1. Thank you for agreeing to participate in this survey! I really appreciate your assistance. Please read the "informed consent" below.

Informed Consent

- Purpose of the research: To understand how American ritual circumcisers perform the procedure.
- What will be done with this research: If you decide to participate, you will complete one survey. Some of the questions will be about circumcision instruments. Others will be about the way you perform the ritual procedure.
- Time required: The survey will take approximately 5 minutes to complete.
- Benefits: You may find it interesting to consider your responses to questions about circumcision technique.
- Confidentiality: Your responses will be kept anonymous. When research results are reported, responses will be aggregated and described in summary.
- Participation and withdrawal: Your participation is completely voluntary, and you may refuse to participate without penalty or loss of benefit to which you may otherwise be entitled. You may quit at any time without penalty or loss of benefit to which you may otherwise be entitled. You may also skip any question, but continue to complete the rest of the survey.

To Contact the Researcher: If you have questions or concerns about this research, please contact: Elian Cooper Phone: (973) 715-3376; 615 South Street MB #77, Waltham, Massachusetts 02453; Email: Eicoooper@brandeis.edu. You may also contact the faculty member supervising this work: Professor Sylvia Rabin, rabin@brandeis.edu

By completing this survey, I verify that I am over 18 years of age
You may print or save a copy of this page for your records

☐ I consent to the above
☐ I do not consent

2. Which of the following best describes your religious views?

☐ Non religious
☐ Reform
☐ Reconstructionist
☐ Conservative
☐ Orthodox
☐ Traditional
☐ Hasidic/Ultra Orthodox
☐ Chabad
☐ Post denominational/independent minyan
☐ Prefer not to answer

3. Which of the following best describes the Jewish identity of your clients? (choose all that apply)

☐ Non religious
☐ Reform
☐ Reconstructionist
☐ Conservative
☐ Orthodox
☐ Traditional
☐ Hasidic/Ultra Orthodox
☐ Chabad
☐ Post denominational/independent minyan
☐ Prefer not to answer

4. How many years have you practiced ritual circumcision?

☐ Fewer than five years
☐ Between 5-15 years
☐ More than 15 years
5. Approximately how many circumcisions have you performed?
   - Fewer than 1,000
   - 1,000-5,000
   - More than 5,000

6. Are you a Medical Doctor?
   - Yes
   - No

7. How do you extend the foreskin above the glans?
   - With the use of a hemostat
   - With my hands

8. Do you use a probe?
   - Yes
   - No

9. How do you remove the inner membrane?

10. Which of the following methods do you employ?
    - Freehand
    - "Plain shield"
    - Mogen clamp
    - Gomco clamp
    - Plastibell
    - Other

11. Why do you use this method?

12. Please rank your preference of methods: (1 being the most preferred)
    - Freehand
    - "Plain Shield"
    - Mogen Clamp
    - Gomco Clamp
    - Plastibell
    - Other

13. Do you ever use another method?
    - Yes
    - No
14. Why do you use another method?
- Parents' request
- Doctors' request
- Other reason: [blank field]

15. Do you use any type of anesthetic?
- Yes
- No
- Sometimes

16. Which type?
- Dorsal Penile Nerve block
- EMLA
- Other [blank field]

17. Do you perform Metzitzah b'peh?
- Yes, always
- Sometimes, when asked
- No, never

18. When you do not perform metzitzah b'peh, which of the following substitutes do you use?
- Glass tube
- Sponge
- Other [blank field]

19. Do you ever perform metzitzah with the aid of a substitute?
- Yes
- No

20. Which substitute?
- Glass tube
- Sponge
- Other [blank field]

21. Do you use a circumcision?
- Yes
- Sometimes
- No
- I don't know what that is

Q24. Where did you learn milah and who certified you (if anyone)? [blank field]


Arik, Rabbi Meir. *Imrei Yosher* 2:140.

Barth, Lewis M. *Berit Mila in the Reform Context*. [United States]: Berit Mila Board of Reform Judaism, 1990.


*Exodus*. 4:25-26


Feinstein, Moshe. *Iggrot Moshe, Yoreh Deah* 1:223.


*Genesis* 17:10-14

*Genesis Rabbah* 47:9.


*Hapardes* 25, no. 5 (December 1950): 31.


Isserles, Moses. "Yoreh Deah 265:10." In *Shulkhan Arukh*. 


Joshua 5:2-4


Bibliography


Letter Written Rabbi Moshe Feinstein Obtained from Rabbi Avi Billet in Email Correspondence, December 8th, 2011.

*Leviticus* 12:3

*Leviticus* 4:6


Commentary to the Mishnah


"Masekhet Shabbat." In Babylonian Talmud, 135a.

"Masekhet Shabbat." In Mishnah, compiled by Rabbi Judah the Prince.

"Masekhet Shabbat." In Nachmanides, Commentary to the Talmud, 137b.

"Masekhet Shabbat." In Talmud, 133b.

"Masekhet Shabbat." In Talmud, 137b.


Milgrom, Jacob, Louis Isaac Rabinowitz, and Judith R. Baskin. Encyclopedia Judaica. 2nd ed.

Mogen, Ltd. The Clinically Proven Mogen Circumcision Instruments.


Remondino, P. C. *History of Circumcision from the Earliest times to the Present* ... Philadelphia, 1891.


Roth, Rabbi Joel. "Circumcision Questions." E-mail message to author. December 8, 2011.


Harry Bronstein’s testimony before the United States House of Representatives, November 9-10, 1971


Waldenberg, Rabbi Eliezer. *Tzitz Eliezer*.

Wan, Julian. E-mail message to author. November 25, 2012.


Zweig, Stacy. "Circumcision and the Use of Anesthesia to Control Pain in the Neonate."

   Unpublished paper in the author's possession