circumcise is abolished for any subsequent sons. However, not only is this exemption applied to the children of that mother, but if any sister of that mother produces a son or sons then circumcision should not take place. However, the children of any brothers of the afflicted mother's progeny are not exempt, nor so for the children of any of the father's siblings. This set of rules clearly demonstrates an understanding that the bleeding disorder is transmitted through the mother's genetic contribution.

Had the advisers to the Russian Royal House, descendants of Queen Victoria, been equally well informed, the course of European modern history might have been quite different!

Of course with modern treatments available and males with haemophilia now able to survive to reproductive age, the genetic pattern may be modified, but this does not diminish respect for the powers of observation possessed by the early semitic tribes who established the original rules.

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The article on circumcision made interesting reading.[1] However, in defining clinical indications for surgical procedures we must tread carefully. We as physicians have a duty of care to the patients (vulnerable children) and we must firmly adhere to the principle 'first do no harm'. Infection, scarring, and anaesthetic reactions are all potential complications for a procedure with no clinical indication other than cultural/religious. The medicolegal issue is raised if and when a problem occurs. Medicolegally, liability arises when complications occur for the GP (in referring) and for the surgeon in carrying out the circumcision. It is an issue in the Republic of Ireland for parents of children that they have to wait on an 'elective surgical list' for a procedure they (the parents) feel is necessary in early infancy. We had a tragic death in 2003 of a 4-week-old infant of Nigerian parents who died from bleeding complications following a home circumcision. The man who carried out the procedure was ultimately found 'not guilty of reckless endangerment' by a jury of his peers. Interestingly, the judge directed the jury that 'they could not bring their white Western values when they decide this case'. One would hope that such leniency would be shown to the medical profession should complications occur!

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Authors' response

In reply to the letters received, it would appear that the article has been largely misunderstood. Clearly, our assumption that an issue such as circumcision does not largely polarise opinion is far from the truth. However, the actual point of the article was not to raise issues of ethics regarding the correctness, or otherwise, of neonatal circumcision, nor to impose it as a compulsory procedure. As stated in the closing paragraphs, we were merely making suggestions of a logistical and socio-political nature. We agree wholeheartedly that the articles in the *BMJ* were far better at discussing whether circumcision was an abuse on the rights of the child,[1] but that was never the purpose of our article.

The advice to the authors of the emotive letters received would be to take a more pragmatic approach to the issue, and indeed the article. As it stands, neonatal circumcision is not technically recognised, by any of our professional bodies, as a 'barbaric and inhumane'[1] act, and nor is it illegal. What was aired in the article was the view that the current regulation of the procedure by private practitioners may leave something to be desired, and a possible solution was posited, numbers were not exactly crunched, but reducing complications post-procedure would presumably reduce costs to the NHS.

Now, we would obviously welcome a debate on the morality and ethics surrounding the issue of medical intervention/surgery, major or otherwise, in neonates and children, but this was not the piece for that. The point being made was noted by one respondent himself, in that there is a role in harm reduction.[2] The bottom line remains that circumcision is currently legal; circumcision is also currently poorly regulated. Suggestions were made as to the way forward. Our 'extraordinary argument'[2] is not actually an argument — our role IS to advise, but ISN'T, currently, to legalise or outlaw any medical procedures. We can advise what is and isn't legal, but of those procedures that are legal, our professional duty is merely to advise and then carry out patients' wishes.

We were obviously delighted to receive the responses, but apologise for the ambiguity that may have been present within the article. The points made would be better saved for an article, when written, that is actually discussing the ethics of circumcision.

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