interim solution should be assessed by public officials responsible for reform; however, we believe a permanent resolution of the problem will require on-site medical care for newly arrested prisoners.

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The Foreskin

To the Editor.—We appreciate the book review by Cromie and Kelleher[1] of *The Joy of Uncircumcising: Restore Your Birthright and Maximize Sexual Pleasure* and *Say No to Circumcision: 40 Compelling Reasons Why You Should Respect His Birthright and Keep Your Son Whole* and believe it is important for physicians to read them to learn why thousands of men are dissatisfied with being circumcised. The main reason is a loss of sexual pleasure.

Foreskin contains erogenous tissue with a high concentration of sensitive nerves. According to Dr Ritter, it comprises more than one third of the skin on the penile shaft, about 12 sq in for the average male. During erection part of the foreskin shifts to cover the upper shaft of the penis, a location that would contact the vaginal wall during intercourse and ease penetration. The penile shaft is designed to be loose not taut at erection, allowing the foreskin to act as a mobile sheath and enhance sexual pleasure for both partners.

Foreskin also has the purpose of protecting the glans against irritation. Without this protection the glans loses some of its sensitivity. This has been confirmed by men who were circumcised as adults and by men who restored their foreskin. Both groups of men find that there is significantly more sensitivity and pleasure with a foreskin.

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1. Cromie WJ, Kelleher RE, reviewers. *JAMA.* 1993;269:529-530. Review of: Bigelow J. *The Joy of Uncircumcising: Restore Your Birthright and Maximize Sexual Pleasure.* Ritter TJ. *Say No to Circumcision: 40 Compelling Reasons Why You Should Respect His Birthright and Keep Your Son Whole.*

'Cat': Methcathinone—A New Drug of Abuse

To the Editor.—Methcathinone or "cat" is a new psychostimulant of abuse in Michigan and northeast Wisconsin. Already a few clandestine laboratories synthesizing this compound have been found in these states. It is likely that many more laboratories will spring up nationwide as word spreads regarding the relative ease of synthesizing methcathinone from readily available materials and the drug's high potency and self-reinforcing effects.[1]

Methcathinone reportedly has been responsible for numerous drug overdose deaths within the former Soviet Union but had been previously unknown in the United States.[2] Early in 1992, the Drug Enforcement Administration placed methcathinone into Schedule I of the Controlled Substances Act.[3] By fall of 1992, the first reports in the lay press described the potency and addictive potential of methcathinone as dwarfing cocaine.[1]

According to addicts, methcathinone is more potent and addictive than other psychostimulants. Addicts describe long-lived intoxicating effects of up to 6 days. The typical dose of "cat" is 0.5 to 1 g per day and is administered by intranasal or intravenous routes. The cost is $100 per gram.[1]

Methcathinone is similar in structure and effect to methamphetamine. Tolerance to cathinones has been reported to develop and dissipate quickly in laboratory animals.[4] Tolerance also seems to occur in humans. Cathinones occur naturally in the leaves of the khat shrub (cathine), which are chewed in East Africa and southern Arabia for the mild stimulant effects.[5] Methcathinone, however, is a potent psychostimulant and may produce paranoid psychosis, hyperactivity, agitation, and depression. These adverse effects are self-limited on withdrawal of this drug and require supportive measures. If psychosis is present, antipsychotic agents may be prescribed during the detoxification process. Benzodiazepines are useful for agitation and hyperactivity without psychosis. Following detoxification the methcathinone addict needs to be enrolled in a comprehensive drug abuse treatment program.

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1. Bowles S. Designer drug's potency dwarfs crack cocaine: 'cat' produces high that can last up to six days. *Seattle Times.* September 28, 1992:A1.
2. Zhingel KY, Dovensky BS, Crossman A, Allen A. Ephedrone: 2-methylamino-1-phenylpropan-1-one. *J Forensic Sci.* 1991;36:915-920.
3. 56 *Federal Register* 18824.
4. Pehek E, Schechter M. Discriminative stimulus properties of (+) cathine, an alkaloid of the khat plant. *Pharmacol Biochem Behav.* 1990;36:267-271.
5. Nencini P, Ahmed A. Khat consumption: a pharmacological review. *Drug Alcohol Depend.* 1989;23:19-29.

CORRECTION

Acknowledgment Omitted.—In the Original Contribution entitled "A Case-Control Study of Baldness in Relation to Myocardial Infarction in Men," published in the February 24, 1993, issue of THE JOURNAL (1993;269:998-1003), the acknowledgment of two hospitals was omitted. On page 1003, the second paragraph of the acknowledgment should include Newton-Wellesley Hospital, Newton, under "*Massachusetts,*" and Kent County Memorial Hospital, Warwick, under "*Rhode Island.*"