

HISTORY OF MEDICINE

Uvulectomy — the making of a ritual

Linda Hunter

On the third day (for a boy) or the fourth day (for a girl) they take out the uvula and mark him with his family marks. The barber-doctor comes and does it.¹

The surgical removal of the uvula, uvulectomy, is widely performed in much of Africa today. Also known as staphylectomy or kionectomy, it is a procedure that has been practised in various places and at various times through history.² Uvulectomy in Africa varies in detail, but generally involves placing a stick or tongue depressor under the uvula, and cutting it with a curved, sickle-shaped knife. Some of the variations include holding the uvula between the tines of a reed fork (Morocco), severing the uvula with a snare of twisted strands of horsehair (Ethiopia), and the use of a hot knife (Egypt).³⁻⁵

The practice of uvulectomy falls into one of two categories: ritual uvulectomy and therapeutic uvulectomy. Ritual uvulectomy is performed routinely, usually at birth. Although various reasons may be ascribed to it, the primary reason is tradition. Often the procedure itself is part of a birth or naming ceremony. Therapeutic uvulectomy is performed as a remedy for various ailments.

There has been considerable speculation as to the reasons for uvulectomy. Those who perform it offer various explanations, the Western medical community has its views, historians are curious about the origins, linguists wonder about the effects on speech. Most of this speculation ignores the fact that uvulectomy has become a ritual and, as such, defies logical explanation.

In the production of speech, the uvula can be one of the articulators. A uvular sound is described phonetically as one produced by the vibration of the uvula or with the back of the tongue near or in contact with the uvula. The removal of the uvula raises the expectation that uvular sounds cannot be produced and that there might be problems with hypernasality. However, in none of the sources on uvulectomy in Africa is any speech problem mentioned. It seems likely that although the uvula *can* be an articulator, it *need* not be. The approximation of the back of the tongue to the throat produces an acoustically equivalent sound. Furthermore, the uvula is a passive articulator. The muscle of the uvula is a weak unpaired muscle;⁶ the important muscle tissue is in the velum and cutting of the uvula therefore does not affect velic closure.

Origins

Historians speculate on the origins of uvulectomy. Hippocrates (460-355 BC) recommended seizing an inflamed uvula with the fingers, pressing it against the palate and cutting off the end. Galen (129-200 AD) suggested not operating upon the uvula until it had assumed the physical characteristics of leather.⁷ During the 11th century, Seville and Cordoba in Spain became the headquarters for specialisation in surgery. Uvulectomies were performed either with a scalpel or by dipping of the uvula into burning caustics held in a spoon-shaped device. After the 11th century the practice of uvulectomy essentially died out in Europe. There was one brief flourish of popularity, mainly in England and France during the 19th century, when James Yearsley introduced and advocated uvulectomy as a cure for stuttering. The practice of uvulectomy did not diminish in other areas, however. Apffel⁸ speculates that the practice of uvulectomy in northern Morocco may have originated after the 'reconquista' with a Muslim refugee who may have been a disciple of Spanish physicians. Imperato⁹ and Maclean⁹ assert that the procedures performed by Hausa barber-surgeons are derived from early Arabic medicine. Abdalla,¹⁰ on the other hand, feels that while bloodletting came into northern Nigeria with Islam, tribal marks, uvulectomy and hymenectomy are indigenous because there is no reference to uvulectomy in the works on prophetic medicine. He believes that the practice of uvulectomy in the Sudan might be a remedy borrowed from Hausa settlers or pilgrims on their way to Mecca.

There is an important difference between ritual and therapeutic uvulectomy in terms of the reasons given for the procedure. Where uvulectomy is performed as a remedy, respiratory ailments, cough, hoarseness, laryngitis and stuttering are all conditions thought to be alleviated by surgery. Uvulectomy is a logical, if not medically proven, procedure for these afflictions. The uvula is central, visible and accessible. It would seem understandable to blame it for cough, hoarseness or even 'blocked' speech. While it is true that the removal of the uvula may not effect a cure, it also, except in cases of prolonged bleeding, seems to do little harm.¹¹ Furthermore, there may be psychological benefits from belief in it as a cure.

Where uvulectomy is performed routinely, reasons offered for it are: (i) that it facilitates breast-feeding and speech and ensures better health throughout life;³ (ii) that it decreases thirst;⁵ (iii) that it prevents infants from choking;⁸ and (iv) that it prevents infant diarrhoea.¹² Apffel,³ however, has suggested that uvulectomy originated as prophylactic surgery. He found that 'neonatal uvulectomy is followed by total atrophy or rather nondevelopment of the regional lymphoid tissue'. He could not see or feel tonsils or adenoids in any of his uvulectomised patients, and found that the incidence of middle ear infection was very low. He posits, therefore, a close interdependence between the uvula and the surrounding lymph glands.

It is possible that uvulectomy was at one time thought to be a prophylactic against sleeping sickness. The swelling of the cervical lymph nodes is the most noted symptom of sleeping sickness in areas where the disease is endemic. The lack of swelling associated with uvulectomy might make it appear that the person was immune. It is interesting to

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note, in this regard, that 'enlargement of the neck glands as a sign of sleeping sickness was widely known also among the former slave traders who refused to buy slaves who showed this sign'.¹³ Sickle-cell anaemia is another disease which exhibits lymph node and tonsil enlargement.¹⁴ Although this is not widely reported in the American literature on sickle-cell anaemia, a study in Accra, Ghana, described lymph node and tonsil enlargement in 50% of sickle-cell patients.¹⁵ While uvulectomy would neither prevent nor cure sickle-cell anaemia, it could appear to alleviate one of the symptoms and part of the pain.

The naming ceremony

But it is important to realise that once any procedure becomes a ritual, and particularly if it has religious associations, the original motivation blurs in the minds of the people who practise it. In Hausa-speaking areas of northern Nigeria and Niger, which are predominantly Islamic, newborns are transformed from creatures into human beings at a naming ceremony on the 7th day after birth when they receive a Muslim name. In addition, on or slightly before the naming day, the baby's head is shaved, it is given identifying scarification marks on the face and chest, and uvulectomy and hymenectomy are performed by a barber-surgeon. After being excised, the uvula is sometimes pressed on the forehead of the infant and then put in an opening in a wall or on a lintel.^{10,16} Among the Hausa, therefore, uvulectomy may have begun as prophylactic medicine, may have originated with Islam or may have always been part of the naming ceremony. At present it is considered just that: part of the naming ceremony. It is only when people are pushed for an explanation that they will give a reason such as the facilitation of breast-feeding or prevention of choking. Once a practice becomes a ritual the question of 'why' loses relevance. Why is the baby's head shaved? Why is the baby given scarification marks? Why is the baby's uvula removed? Because these things are done at a naming ceremony. The reason for the rituals is the naming ceremony.

A reason is usually given for therapeutic uvulectomy, e.g. someone stutters or has a sore throat. That person has a uvulectomy in order to try to change the situation. Neither cause and effect nor change are issues in ritual uvulectomy. Ritual uvulectomy ensures continuity, and is performed on infants because it was performed on their parents and on their parents before them. Whatever the origins of uvulectomy, the procedure is now considered an integral part of Islamic ritual, at least in Hausa society. It is only performed by Muslim barber-surgeons and is but one of many rituals of purification. Another significant aspect of ritual uvulectomy is that, as ritual, the actual surgery does not have to be performed. A common substitute among the Hausa is to wash Qur'anic verses off a prayer slate and feed the infant the inky water.

With the expansion and spread of Western medical practices in Africa, uvulectomy has been the object of some controversy. Haddock and Chiduo¹¹ feel that uvulectomy is an 'undesirable and sometimes dangerous procedure', primarily because in East Africa the belief in the efficacy of uvulectomy can lead to a delay in diagnosing pulmonary tuberculosis. Wall,¹⁶ Fleischer¹⁷ and Ijaduola¹⁸ all mention severe postoperative bleeding as a consequence of uvulectomy. Prual *et al.*¹⁹ note that barber-surgeons claim

never to have heard of any complications, but based on their research in Niger they suggest that a dialogue between medical institutions, the barbers' associations and women's associations should be initiated. In spite of these misgivings, there does not seem to be any decline in the practice.

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50 years ago . . .

Your letter of April 30th, together with the result of the voting in the referendum, was considered by the Council of the [British Medical] Association at its recent meeting. The Council, as you know, had previously expressed the opinion that it would unhesitatingly meet the wishes of our members in South Africa, and I am now instructed to give formal notice to the Medical Association of South Africa (British Medical Association) under Clause 7 of the Agreement of June 15th, 1927, to exclude, after December 31st, 1945, the Medical Association of South Africa (British Medical Association) from being a corporate group of the British Medical Association.

The effect of the Council's resolution is that as from January 1st, 1946, the Association in South Africa will be an independent entity and will cease to be an integral part of the British Medical Association.

(Letter dated June 29th, 1945 to Dr C. M. Murray, Medical Secretary, Medical Association of South Africa, from Charles Hill, Secretary, British Medical Association, *S A Medical Journal*, 8 September 1945, p. 317).