

News, Notes and Queries

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H. MERSKEY

GOITRE IN TWO AFRICAN SCULPTURES

THE history of goitre in Central and West Africa is obscure. Greenwald¹ thinks that for many regions 'such as Nigeria, most of the Congo, and parts of East Africa the evidence is equally convincing that goiter is of recent occurrence . . .'. This may not be so. It may have been common from an early period even though references to it are few.

In the far north, in the Rif country of Morocco, goitre was reported by Leo Africanus² in 1510 and again by Marmol Caravajal in 1573.³ Mungo Park^{3a} noted it among the Mandingoes of Bambara on the Upper Niger in 1796. Bowditch⁴ found that it was common around Kumasi in Ashanti country. Daniell⁵ saw what may have been transient thyroid enlargement among adolescent girls on the Benin and Biafra coasts. Cameron⁶ referring to the Congo says 'The people here are greatly afflicted with goitre, and strangers residing amongst them are said to feel symptoms of that disease after drinking the water for a few days.' Native words for goitre are recorded in dictionaries by Bentley⁷ and Whitehead.⁸

These are the chief literary evidences for the occurrence of goitre in Africa. Ghalioungui⁹ emphasizes that iodine deficiency is not the only factor in the onset of goitre, it may also be due to genetic and other causes.

In contrast to much European or South American art, African native art is not greatly concerned with the representation of disease. There are exceptions, however, and a very striking one is shown in Plates 1 and 2. It is a West African Yoruba figure in the Wellcome Historical Medical Museum, where it was exhibited from 1952 until 1964.¹⁰ According to William Fagg, it is 'in the characteristic style of Abeokuta, and particularly of the Ogundipe family who have flourished there as brass casters since the foundation of the town about 1830, working especially for the Ogboni society, which formerly exerted considerable political power but was primarily a cult of the earth spirits'.¹¹ The figure shows a kneeling woman. She wears a small waist apron, her hair is dressed into an elaborate crown and she holds a calabash box or lidded bowl—a common form of offering vessel for a particular cult such as that of the river goddess Oshun.

But the outstanding feature is the bilateral swelling of her neck. Within its strongly stylized art form the representation of this figure is basically naturalistic and there can be no doubt that it portrays a pathological condition. Goitre seems to be the most likely diagnosis, with the main thyroid enlargement spreading laterally rather

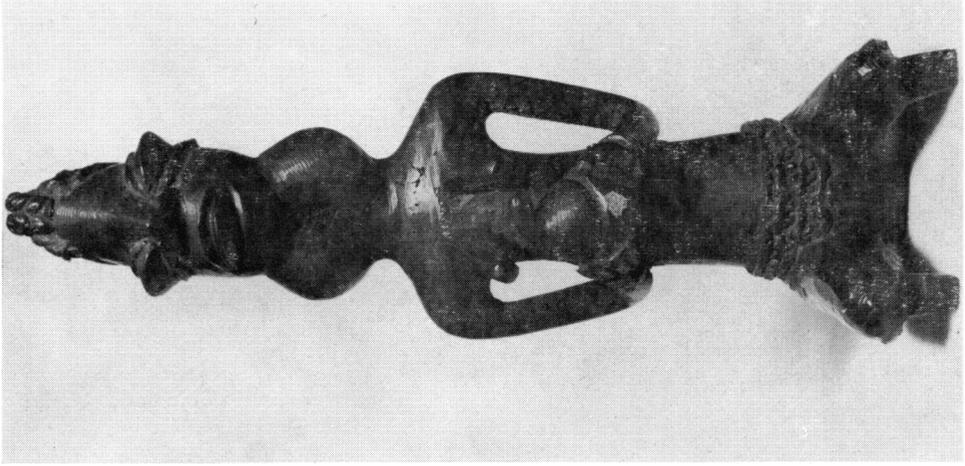
than medially though some fullness of the isthmus, not well shown in the photograph, can be seen in the specimen itself. Among alternative diagnoses enlargement of the cervical lymph glands is the most probable but carries little conviction. The symmetry and smoothness of the swellings, with no trace of lobulation or involvement of the skin, does not suggest a tuberculous or other infective adenitis. Nor does it seem likely that malignant invasion of the glands or Hodgkin's disease is intended. Mumps can be excluded because the swellings are far too low in the neck and do not cross the angle of the jaw. Other possible conditions have even less to recommend them and, although it must always be remembered that when interpreting the portrayal of disease in ancient or primitive art absolute certainty is rarely justified, a diagnosis of goitre for this figurine must carry a very high probability. It should perhaps be mentioned that the gross protrusion of the eyes is a normal stylistic feature of this art form and is not intended to show any abnormality.

It is interesting to compare this Yoruba figure with another African specimen. Plates 3 and 4 illustrate a Babwende figurine from the lower Congo, now in the Ethnographical Museum at Göteborg. Here the diagnosis of goitre seems unequivocal but in this case the tumour shows more medial and less lateral involvement. In addition to the neck swelling the eyes are very asymmetrical, which is almost certainly a deliberate portrayal of a pathological condition. The protruding right eye might be interpreted as a unilateral exophthalmos but this is rare in thyrotoxicosis (Graves' disease). It has also been suggested that the sunken left eye is intended to portray Horner's syndrome (Björnberg).¹² Against this is the fact that it is a very rare condition—in Africans as well as Europeans—and that it is exceedingly uncommon as a complication of goitre. Many other diagnoses of varying probability might be discussed but high priority would have to be given to a *right* sided staphyloma. An elegant description of this condition occurs in the first English edition of the *Workes* of Ambroise Paré (1634).¹³ He says:

Staphiloma is the swelling of the horney and grapelike coat, bred through the occasion of an humor flowing downe upon the eye, or by an ulcer, the horney coat being relaxed, or thrust forth by the violence of the pustule generated beneath. It in shape resembleth a grape, whence the Greekes stile it *Staphyloma*. This tumour is sometimes blackish, otherwhiles whitish . . . The Ancients have many Kindes or differences thereof . . . But in what shape or figure soever this disease shall happen, it bringeth two discommodities, the one of blindnesse, the other of deformity.

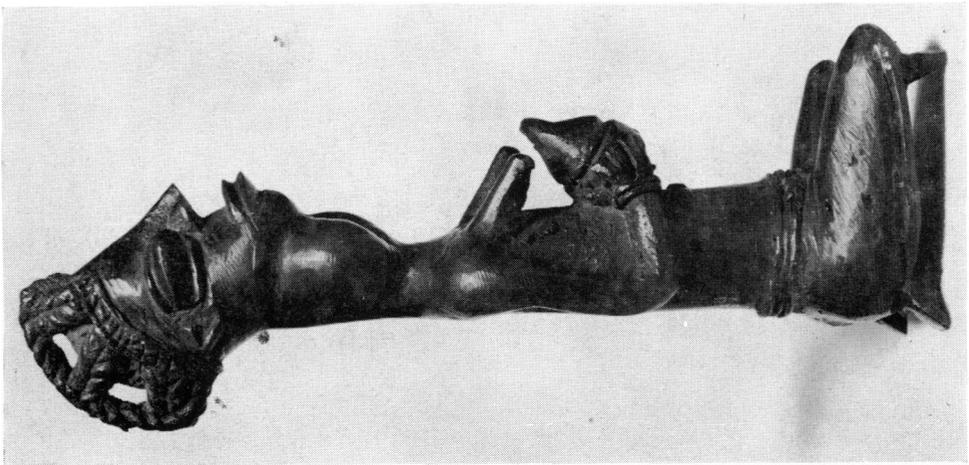
In favour of this as a possible diagnosis is the fact that it is an extremely common condition in Africans and is constantly met right through from the west coast to the Nile. In some tribes it may originate at the site of a scar which is left after the 'couching' of a cataract by a native doctor. In this operation the cataract is removed by incising the eye with a sharp thorn. The immediate results are good but in a high proportion of cases glaucoma eventually develops.

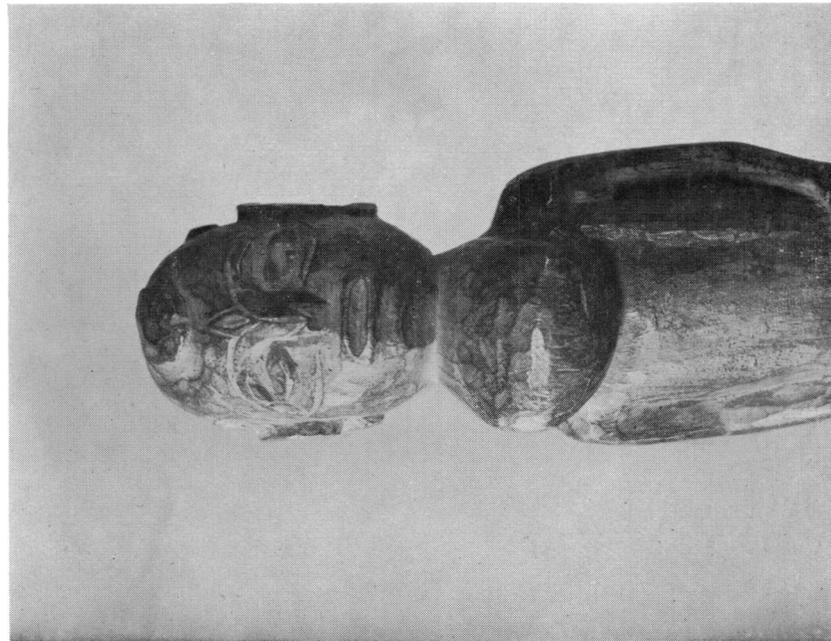
Another possible diagnosis is that the figure is intended to show a shrunken *left* eye due to an old infection. Blindness of this type is another extremely common condition in Africans and its collapsed, atrophic eye-ball is highly characteristic. The commonest cause is a non-venereal gonococcal infection. This is fly borne, primarily attacks children and may reach epidemic proportions. The next most frequent infection is due to the Koch-Weeks bacillus.



Figures 1 and 2.
Frontal and lateral view of
Yoruba cult figure or shrine
furniture, showing pathological
enlargement of the neck. Bronze.
Ht. 21 cm.

(By courtesy of The Wellcome Trustees)

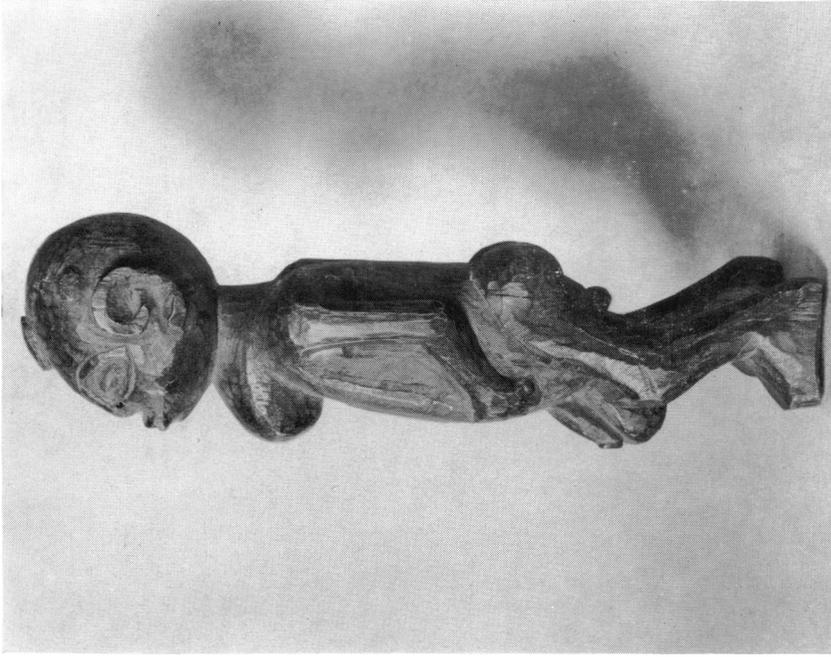




(By courtesy of Göteborg Ethnographical Museum.)

Figure 3.

Frontal and lateral view of Babwende Lower Congo figure showing pathological enlargement of the neck and asymmetry of the eyes. Wood. Ht. 20 cm.



(By courtesy of Göteborg Ethnographical Museum.)

Figure 4.

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ACKNOWLEDGEMENTS

My thanks are due to Dr. F. N. L. Poynter, Director, The Wellcome Historical Medical Museum and Library, London, for allowing me to study and illustrate the Yoruba figure; to Mr. W. B. Fagg, British Museum, London for helpful comments on it; and to Dr. K. E. Larsson, Etnografiska Museet, Göteborg, for allowing me to have photographs of the Babwende figure.

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SIXTH BRITISH CONGRESS ON THE HISTORY OF MEDICINE

University of Sussex, Brighton, 6–9 September 1967

THE theme of this congress, which was organized by the British Society for the History of Medicine, was 'Medicine and Science in the 1860s'. The Congress President was Dr. Douglas Guthrie, and over one hundred residential members took part in the meeting, including a number of foreign delegates.

The first full day of the meeting was devoted to the following papers, given by specially invited speakers: (1) *Clinical Medicine*, by Dr. K. D. Keele. Dr. Keele said that the 1860s constituted a decisive phase in the change from speculative medicine to medicine as an applied science. This is illustrated by the methods of examination