PERINATAL LESSONS FROM THE PAST

Robert Felkin MD (1853–1926) and Caesarean delivery in Central Africa (1879)

Peter M Dunn

It was as a pupil at Wolverhampton Grammar School that Robert William Felkin met the explorer David Livingstone, who inspired him with his tales of Africa. And when he met A M Mackay, a medical missionary from Uganda, in London in 1877 at the age of 24, he became determined to visit Africa.

By 1875 he had become a medical student at Edinburgh University, but before completing his training, he was sent to Uganda in 1878 by the Church Missionary Society. He travelled up the Nile to Khartoum, where he met General Gordon, and then on through what was then wild and unmapped country to the Great Lakes. There he met Emin Pasha, the Governor of the Equatorial Province, and was presented to King M’tesa, whose personal physician he became in 1879. When a Muslim anti-missionary movement threatened the lives of his fellow Christians, Felkin warned the King that, should any harm come to them, a great disaster would befall his people. As a sign he foretold that the sun would be darkened; in due course the anticipated eclipse occurred and Felkin was established as a great “medicine man.” During his stay in Uganda he studied the local diseases and also undertook anthropological measurements of the pygmies. Of particular interest, though, were his studies on childbirth.

In 1880 he returned down the Nile and on to England in the company of envoys of King M’tesa to Queen Victoria. Later that year he returned to Africa, travelling widely but spending most of his time in Zanzibar where he actively campaigned against the slave trade. In 1881 he returned to Edinburgh to complete his medical studies (LRCP, LRCS,Ed, 1884). While still a medical student he became a Fellow of the Royal Society of Edinburgh, a Fellow of the Royal Geographical Society, a member of the Royal Geographical Society, a member of the Anthropological Institute of Great Britain and a corresponding Fellow of the Berlin Anthropological Society. As a final year student he gave a lecture to the Edinburgh Obstetrical Society on 9 January 1884 entitled “Notes on Labour in Central Africa.” It is from this lecture that the following fascinating account of a Caesarean delivery is taken:

On Caesarean section

“So far as I know, Uganda is the only country in Central Africa where abdominal section is practised with the hope of saving both mother and child. The operation is performed by men, and is sometimes successful; at any rate, one case came under my observation in which both survived. It was performed in 1879 at Kahura. The patient was a fine healthy-looking young woman of about twenty years of age. This was her first pregnancy ... The woman lay upon an inclined bed, the head of which was placed against the side of the hut. She was liberally supplied with banana wine, and was in a state of semi-intoxication. She was perfectly naked. A band of mbuga or bark cloth fastened her thorax to the bed, another band of cloth fastened down her thighs, and a man held her ankles. Another man, standing on her right side, steadied her abdomen (fig 1). The operator stood, as I entered the hut, on her left side, holding his knife aloft with his right hand, and muttering an incantation. This being done, he washed his hands and the patient’s abdomen, first with banana wine and then with water. Then, having uttered a shrill cry, which was taken up by a small crowd assembled outside the hut, he proceeded to make a rapid cut in the middle line, commencing a little above the pubes, and ending just below the umbilicus. The whole abdominal wall and part of the uterine wall were severed by this incision, and the liquor amnii escaped; a few bleeding-points in the abdominal wall were touched with a red-hot iron by an assistant. The operator next rapidly finished the incision in the uterine wall; his assistant held the abdominal walls apart with both hands, and as soon as the uterine wall was divided he hooked it up also with two fingers. The child was next rapidly removed, and given to another assistant after the cord had been cut, and then the operator, dropping his knife, seized the contracting uterus with both hands and gave it a squeeze or two. He next put his right hand into the uterine cavity through the incision, and with two or three fingers dilated the cervix uteri from within outwards. He then cleared the uterus of clots and the placenta, which had by this time become detached, removing it through the abdominal wound. His assistant endeavoured, but not very successfully, to prevent the escape of the intestines through the wound. The red-hot...
iron was next used to check some further 
haemorrhage from the abdominal wound, 
but I noticed that it was very sparingly 
applied. All this time the chief ‘surgeon’ was 
keeping up firm pressure on the uterus, 
which he continued to do till it was firmly 
contracted. No sutures were put into the 
uterine wall. The assistant who had held the 
abdominal walls now slipped his hands to 
each extremity of the wound, and a porous 
grass mat was placed over the wound and 
secured there. The bands which fastened the 
woman down were cut, and she was gently 
turned to the edge of the bed, and then over 
into the arms of assistants, so that the fluid in 
the abdominal cavity could drain away on to 
the floor. She was then replaced in her 
former position, and the mat having been 
removed, the edges of the wound, i.e. the 
peritoneum, were brought into close apposi-
tion, seven thin iron spikes, well polished, 
like acupressure needles, being used for the 
purpose, and fastened by string made from 
bark cloth. A paste prepared by chewing two 
different roots and spitting the pulp into a 
bowl was then thickly plastered over the 
wound, a banana leaf warmed over the fire 
being placed on the top of that, and, finally, a 
firm bandage of mbugu cloth completed the 
operation.

Until the pins were placed in position the 
patient had uttered no cry, and an hour after 
the operation she appeared to be quite com-
fortable. Her temperature, as far as I know, 
ever rose above 99.6°F, except on the 
second night after the operation, when it was 
101°F, her pulse being 108.

The child was placed to the breast two 
hours after the operation, but for ten days the 
woman had a very scanty supply of milk, and 
the child was mostly suckled by a friend. The 
wound was dressed on the third morning, 
and one pin was then removed. Three more 
were removed on the fifth day, and the rest 
on the sixth. At each dressing fresh pulp was 
applied, and a little pus which had formed 
was removed by a sponge formed of pulp. A 
firm bandage was applied after each dress-
ing. Eleven days after the operation the 
wound was entirely healed, and the woman 
seemed quite comfortable. The uterine 
discharge was healthy. This was all I saw of 
the case, as I left on the eleventh day. The 
child had a slight wound on the right shoul-
der; this was dressed with pulp, and healed in 
four days.”

After qualifying Felkin pursued his medical 
studies in Heidelberg and Marburg, receiving 
an MD there in 1885. He was able to give 
advice to H M Stanley on the route to follow in 
his mission to rescue Emin Pasha, beleaguered 
by the forces of the Mahdi who had captured 
Khartoum and killed Gordon in January 1885. 
Back in the UK he was appointed lecturer in 
tropical medicine to the Edinburgh Medical 
School, a post which he held from 1890 to 
1900. During that period he also made further 
visits to Africa, practised privately, and pub-
lished a several books on Africa, on tropical 
diseases and their geographical distribution. 

In 1914 Felkin was in Germany at the 
outbreak of the Great War but was able to get 
back to the UK after a few weeks and for a time 
served with the National Guard. But in 1916 
his health broke down as the result of malaria 
and other diseases contracted in Africa and he 
decided to emigrate to New Zealand. He spent 
the remainder of his life there, practising as a 
consulting physician between bouts of ill 
health. His strong personality, clinical acumen, 
combined with a kind and generous nature 
brought him patients from far afield, including 
Australia. On 28 December 1926, he died at 
Havelock North in the North Island. He was 
vived by his wife, a daughter, and two sons.

1 Anonymous. Robert William Felkin, MD, FRS. Ed. 
2 Felkin RW. Notes on labour in Central Africa. Edin Med J 
1884;29:922-30.
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