

## **SURGERY, GOD AND TRADITIONAL AFRICA: A THEOLOGICAL REVIEW**

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### **Abstract**

This paper examines the art and science of surgery from its earliest origins to its theological and cultural dimensions within traditional African societies. It traces the historical development of surgical practice, emphasizing its divine foundation as acknowledged in ancient civilizations such as India, and highlights Africa's vital contributions to modern medical knowledge. The study presents evidence that many African communities possessed advanced and effective surgical systems long before European contact and colonization. It argues that African practitioners not only performed complex medical procedures but also contributed significantly to the foundational principles of surgical science. In doing so, the paper addresses a major gap in existing scholarship that often marginalizes Africa's role in global medical history. Findings reveal that traditional African surgical practices predated those of Europe, and that several modern medical treatments have roots in ancient African civilizations. Surgical procedures such as trephination, caesarean section, and bone setting were performed in Africa centuries before their recognition in Western medicine. The study also questions the exclusive attribution of Sushruta of India as the "father of surgery," suggesting instead that surgical knowledge is both divinely inspired and culturally plural. Employing an analytical and interpretative methodology, the research concludes that traditional Africa made pioneering contributions to surgery, though these achievements were later distorted by colonial domination. Ultimately, the paper affirms that God is the supreme author, originator, and sustainer of surgery — ancient and modern alike.

**Keywords:** Surgery, God, Ancient Africa, European Colonization, Founding Father.

### **Introduction**

The purpose of this study is to critically demonstrate, through historical and theological analysis, that numerous African societies possessed thriving and sophisticated systems of surgical practice long before the arrival of Europeans and the onset of colonial domination. The study argues that surgery, often portrayed as a Western scientific innovation, has deep spiritual, cultural, and empirical roots in

traditional African civilization. The methodology employed combines **expository, narrative, analytical, and critical approaches**, guided by the *Colligation Theory of Explanation*, which seeks to synthesize historical evidence into coherent interpretation. The discourse is situated within the broader framework of **globalization—both cultural and technological—** since medical science, and by extension surgery, represents one of the most globally integrated domains of human experience. The study is systematically organized into the following sections: title page, abstract, introduction, subheadings, conclusion, and references.

Surgery, according to the *Encyclopaedia Britannica*, is a branch of medicine concerned with the treatment of injuries, diseases, and other disorders by manual and instrumental means.<sup>1</sup> It encompasses such procedures as the repair of broken bones, control of internal bleeding, removal of diseased tissues or organs, and even the reattachment of severed limbs.<sup>2</sup> Historically, surgery has been as old as humanity itself. Some ancient civilizations—including those of **India, China, Egypt, and Hellenistic Greece**—developed remarkably advanced surgical systems.<sup>3</sup> The 16th-century French surgeon **Ambroise Paré** once defined surgery as “to eliminate that which is superfluous, restore that which has been dislocated, separate that which has been united, join that which has been divided, and repair the defects of nature.”<sup>4</sup>

Although surgical practice dates back to antiquity, it was not recognized as a respected branch of science until the nineteenth century. The increasing knowledge of human anatomy, the discovery of **anesthesia**—that is, the induction of loss of sensation using drugs—and the advent of sterile surgical procedures together transformed surgery into a safe and effective medical practice. By the twentieth century, technological innovation accelerated the pace of surgical advancement, allowing for more precise and less invasive procedures.<sup>5</sup>

Archaeological and anthropological evidence further reveals that surgical techniques such as **suturing lacerations, amputating limbs, and draining wounds** existed thousands of years ago. For instance, the **Dakota people** of North America used a bird’s quill attached to an animal bladder to extract pus from infected wounds. Likewise, the discovery of **Stone Age needles** suggests that early humans sutured injuries using plant or bone materials—similar to the **Maasai people** of East Africa, who used acacia thorns for stitching. **Ethnic groups** in India and **indigenous communities** in South America developed an ingenious method of wound closure using **termites or scarabs**, whose mandibles acted as natural clamps when applied to lacerations.<sup>6</sup>

This introduction thus establishes a crucial premise: surgery did not originate in a single culture or continent but evolved across civilizations through observation, experimentation, and divine inspiration. **Traditional African communities**, often dismissed as “pre-scientific,” possessed a profound understanding of human anatomy and healing practices that rivaled—and in some cases preceded—those of the classical world.

## **Types and Classification of Surgery**

Surgery, as a discipline, encompasses several specialized branches that have evolved over centuries through clinical innovation and experience. It is performed by **specially trained physicians known as surgeons**, who may practice either general or specialized surgery depending on their field of expertise. The scope of surgery is broad, covering both **life-saving interventions** and **corrective or aesthetic procedures** designed to improve human well-being.

Major surgical subdivisions include **neurosurgery**, which deals with the brain, spinal cord, and peripheral nerves; **orthopaedic surgery**, concerned with the repair of bones, joints, and ligaments; **thoracic surgery**, which focuses on diseases of the chest; and **vascular surgery**, which addresses disorders of the blood vessels. In addition, **plastic surgery** involves the reconstruction or cosmetic enhancement of bodily features, while **paediatric surgery** focuses on surgical operations in infants and children.<sup>7</sup>

Other important categories include **colon and rectal surgery**, which treats conditions of the anus, rectum, and intestines, and **exploratory surgery**, which serves as a diagnostic procedure when other medical tests fail to determine the nature of an ailment. In modern times, technological advances such as **laparoscopic and endoscopic surgeries** have expanded these classifications by enabling minimally invasive approaches that reduce patient trauma and recovery time.

## **Classification of Surgical Procedures**

Surgical procedures are generally classified according to their **urgency, necessity, and purpose**. They are typically grouped into five categories: **optional, required, elective, urgent, and emergent** surgeries.

- **Optional surgery** refers to procedures that are not medically necessary but are chosen by the patient, such as some types of cosmetic or reconstructive surgery.<sup>8</sup>
- **Required surgery** is indicated when only surgery can correct a medical problem—such as cataract removal—but the operation can be delayed without immediate risk to the patient's life.
- **Elective surgery** involves conditions that may not be life-threatening but for which surgical intervention will yield significant improvement, as in the removal of cysts or benign tumors.
- **Urgent surgery** is performed when a patient's condition, though not immediately fatal, could deteriorate without prompt treatment—for example, appendectomy or gallbladder removal.

- **Emergent surgery** is carried out when immediate intervention is essential to save the patient's life or prevent irreversible damage, such as in trauma cases or ruptured internal organs.

Common examples of surgical operations include **tonsillectomy**, **appendectomy**, **hysterectomy**, **kidney transplant**, and various **endoscopic** and **minimally invasive procedures**. Each of these interventions reflects not only medical necessity but also centuries of experimentation, adaptation, and cross-cultural exchange in surgical knowledge.

By classifying surgical practices in this way, medical historians can trace how the human understanding of disease and anatomy has evolved from primitive procedures to the sophisticated, technology-driven surgeries of today. These classifications also serve as a foundation for examining how traditional African surgical systems—rooted in observation, herbal knowledge, and spiritual insight—fit into the global history of medical science.

## **A Historical Overview of Surgical Medicine**

### **The Neolithic Period**

The art of surgery, like most human innovations, evolved from necessity. The earliest known practitioners—those of the **Neolithic period**—developed rudimentary surgical methods to treat injuries, relieve pain, or, in some cases, expel what they perceived as evil spirits. One of the oldest procedures, **trepanning**—the drilling of holes into the skull—dates back to approximately **8000 BC**. Archaeological evidence suggests that while the purpose may have been spiritual, the outcome often relieved medical conditions such as **epilepsy, migraine, or mental disturbance**.

In ancient **Egypt (circa 3000 BC)**, surgical practice became increasingly sophisticated. Egyptian surgeons immobilized fractures, excised tumours, and sutured wounds with **linen thread**. Through their detailed work in **mummification**, they developed an extensive understanding of human anatomy, which significantly improved their medical diagnosis and treatment of living patients. As Friedenbergr notes, mummification effectively transformed Egyptian mortuary specialists into the earliest anatomists.

Similarly, in **India around 400 BC**, surgery expanded its scope through remarkable reconstructive innovations. Surgeons such as those described in ancient texts reconstructed noses and ears that had been mutilated as punishment. “Surgeons rebuilt the nose, for example, by inserting two small pipes to create nostrils, then suturing skin from the cheek, in the shape of a leaf.” This ingenious operation foreshadowed modern **rhinoplasty**.<sup>9</sup>

By the **Middle Ages**, the practice of surgery had become separated from both **magic and religion**. Surgeons—often craftsmen or barbers—performed their trade near battlefields, providing first aid to soldiers, setting broken bones, and cauterizing wounds. Despite its association with manual labour, these practices laid the foundation for future scientific surgery.<sup>10</sup>

### **Ancient Civilizations and Early Procedures**

Historical evidence from Egypt reveals that by **2500 BC**, surgical circumcision was a common and codified medical practice, performed on both males and females. Egyptian texts describe other complex procedures such as **castration**, **lithotomy** (the removal of bladder stones), and **amputation**. Ancient medical papyri provide detailed instructions on the management of fractures and wound repair, highlighting a methodical approach to surgery that challenges assumptions of pre-scientific medicine.

In **India**, Hindu surgeons treated fractures, removed bladder stones and tumours, and performed tonsillectomies. Their innovations in **plastic and reconstructive surgery**, particularly in the use of **forehead skin flaps for nose reconstruction**, reflect an advanced understanding of anatomy and tissue viability as early as **2000 BC**.<sup>10</sup>

### **The Middle Ages**

During much of the **Middle Ages (5th–14th centuries AD)**, the reputation of surgery declined in Europe. It was viewed as a menial craft inferior to theoretical medicine. Barbers, who travelled from town to town, doubled as “surgeons,” performing **bloodletting**, **tumour removal**, **tooth extraction**, and **stitching wounds**. Despite this, a number of scholarly efforts elevated the discipline. In **1316**, French surgeon **Guy de Chauliac** published *Chirurgia Magna (Great Surgery)*, a monumental work detailing the treatment of hernias, fractures, and growths using slings, weights, and surgical incisions.<sup>11</sup> This text helped restore surgery’s status as a legitimate scientific pursuit.

By this time, France recognized a distinction between the “**barber-surgeons**” (**surgeons of the short robe**) and the “**academic surgeons**” (**surgeons of the long robe**), the latter being trained physicians who regarded the former’s primitive methods—especially bloodletting—as outdated. This hierarchy marked an early stage in the professionalization of surgery.

## The Early Modern Period

The **16th to 18th centuries** were characterized by a revival of scientific curiosity and experimentation. The French surgeon **Ambroise Paré**—often hailed as the *father of modern surgery*—introduced the method of **ligating arteries** to control bleeding, replacing the barbaric practice of cauterization with boiling oil or hot irons. This innovation drastically reduced patient mortality and marked a turning point in surgical care.

However, surgery remained limited to superficial operations because pain and infection posed grave risks. The introduction of **anesthesia** in **1846**, by American dentist **William Morton**, revolutionized surgery by allowing physicians to operate painlessly. Later, in **1865**, **Joseph Lister**, inspired by **Louis Pasteur's** discovery of bacteria, developed **antiseptic procedures** using carbolic acid spray, greatly reducing postoperative infections.<sup>12</sup>

By the **late 19th and early 20th centuries**, surgeons had begun performing operations on the **abdomen, brain, and spinal cord** with increasing confidence. The discovery of **X-rays** by **Wilhelm Conrad Roentgen** in **1895** revolutionized diagnostic precision. Blood banks established in **1937** further advanced surgical safety, and the development of **antibiotics** in the **1940s** minimized the risk of infection. The **operating microscope** of the 1950s enabled delicate microsurgeries on the eye and inner ear, as well as the reattachment of severed limbs.<sup>13</sup>

## Scientific Surgery

The **18th-century British surgeon John Hunter** is widely regarded as the *father of scientific surgery*. He introduced experimental investigation into surgical practice, emphasizing evidence-based procedures over tradition. Hunter's meticulous studies of **fracture healing, vascular repair, and tissue regeneration** transformed surgery from an empirical craft into a scientific discipline.<sup>14</sup>

## The Founding Fathers of Surgery

While **Sushruta of India (c. 600 BCE)** is traditionally celebrated as the “founding father of surgery,” the historical record shows a multiplicity of pioneers. Sushruta's treatise, the *Sushruta Samhita*, written in Sanskrit, provides detailed accounts of **diagnosis, prognosis, and operative techniques**, including descriptions of **plastic and cosmetic surgery**.<sup>15</sup>

In **Alexandria**, physicians such as **Herophilus of Chalcedon** and **Erasistratus of Ceos** laid the foundations for **anatomy and physiology**, performing dissections and developing techniques for **ligature, hernia repair, and ophthalmic surgery**.<sup>16</sup> Their work established a vital intellectual link between African, Greek, and later European medicine.

By the **13th century**, **European barber-surgeons** performed amputations and treated fractures but held lower social status than university-trained doctors. The discipline only achieved academic recognition during the **Age of Enlightenment (18th century)**, through figures like **Andreas Vesalius**, whose anatomical research bridged classical and modern medical science.<sup>17</sup>

Finally, the consolidation of modern scientific surgery during the **European Enlightenment** was solidified by John Hunter's empirical methods and anatomical collections. He demonstrated that surgery must rest on **scientific observation, experimentation, and ethical restraint**, setting the foundation for the evidence-based medical practice that continues to shape the modern world.<sup>18</sup>

### **Africa's Contribution to Surgical Medicine: A Historical Analysis**

Africa's role in the origin and development of surgical medicine provides compelling evidence that challenges the Eurocentric narrative which presents scientific medicine as an exclusively Western creation. Long before colonial contact, African societies demonstrated remarkable expertise in anatomy, pathology, and surgical treatment. Their methods reflected both empirical observation and a deep understanding of the interconnectedness of the human body, spirituality, and nature.

This section highlights Africa's enduring contribution not only to the **evolution of surgery** but also to its **global legacy**. Historical records reveal that the earliest documented surgery in Africa dates back to **Herophilus (circa 335–280 BC)**, who established the world's first medical school in **Alexandria, Egypt**. Herophilus and his contemporaries laid the intellectual foundations of **anatomy and physiology**, performing dissections and developing procedures such as **carotid artery compression** to induce unconsciousness, **nerve blocking** to achieve analgesia, **cataract extraction**, **lymphadenectomy**, and **fracture immobilization**. Their innovations were centuries ahead of similar practices in Europe.<sup>19</sup>

In addition to these medically sound procedures, early African surgeons also performed operations that reflected cultural or spiritual motivations, such as **uvullectomy** to treat sore throats and **clitoridectomy** as a ritual or moral safeguard. Although some of these practices are controversial today, they attest to an organized and experiential medical tradition that predated the advent of Western medicine.

### **Precolonial and Early Colonial Interactions**

The first significant contact between European and African medical systems occurred during the **Portuguese expedition to West Africa in 1482**. However, the European medicine of the period was largely empirical and in many ways less advanced than indigenous African practices. As Easmon and Solanke note, "modern medicine" as an institutional system in Nigeria did not emerge until around **1850**, nearly four centuries after the Portuguese arrival.<sup>20</sup> This timeline undercuts the assumption that

European influence introduced medicine to Africa; rather, it formalized and later displaced existing systems of indigenous knowledge.

### **Neurosurgery and the Legacy of North Africa**

In **North Africa**, particularly during the **Pharaonic and medieval Islamic periods**, surgical techniques reached impressive levels of sophistication. Archaeological papyri record operations such as **trephination**—the surgical drilling of the skull—and **brain aspiration** during mummification. These procedures demonstrate both a practical and symbolic mastery of the human body.

The **Arab physicians** of the Middle Ages, who inherited and advanced Egyptian medical traditions, refined these techniques further. Prominent scholars such as **Avicenna (Ibn Sina)**, **Rhazes (Al-Razi)**, and **Avenzoer (Ibn Zuhr)** produced detailed descriptions of neurological disorders and their surgical management. Among them, **Abulcasis (Abulkassim Al-Zahraoui)** of Córdoba (936–1013 AD) stands out as the **pioneer of neurosurgery**. In his thirty-volume treatise, *Al-Tasrif*, he devoted an entire section to brain surgery, describing the use of surgical instruments, the management of cranial injuries, and even postoperative care.<sup>21</sup>

### **Sub-Saharan Africa and the Case of Bunyoro (Uganda)**

The sophistication of African surgical practice is perhaps most dramatically illustrated by the **Bunyoro kingdom of Uganda**. In **1879**, during a missionary expedition, the British medical student **Robert Felkin** witnessed a **caesarean section** performed by Bunyoro surgeons under **general anaesthesia**—decades before antiseptic and aseptic surgery became standardized in Europe. Felkin documented that the patient, a twenty-one-year-old woman, was anaesthetized with **banana alcohol** before the operation. The surgeon meticulously cleaned the abdomen and his hands with the same solution, then made a precise incision to extract the baby. Bleeding was controlled using a **white-hot iron rod**, and the wound was sealed with **iron spikes** and covered with sterile grass mats. Both the mother and child survived without infection.<sup>23</sup>

At the time, Europe was only beginning to develop **antiseptic techniques** through the work of **Louis Pasteur** and **Joseph Lister**. Concepts like handwashing, surgical asepsis, and the use of alcohol-based disinfectants were still met with skepticism in the West. Yet Bunyoro's practitioners had already institutionalized these practices as part of their medical ethics and training.<sup>24</sup>

Moreover, the people of Bunyoro practiced **protective inoculation** against endemic diseases such as syphilis. As recorded by **Lambkin (1903)**, children were inoculated to prevent recurrence of infection later in life, a practice conducted for purely medical—rather than religious—reasons.<sup>25</sup> These revelations shattered long-held colonial stereotypes that dismissed African medicine as superstitious. When Felkin

returned to England and presented his findings, they were initially met with disbelief, as European scholars could not reconcile advanced surgical techniques with their image of a “primitive” Africa.<sup>26</sup>

### **Traditional African Surgical Societies**

Across the continent, numerous African ethnic groups maintained specialized surgical traditions that combined technical skill with spiritual discipline. Among these were the **Kisii people of Kenya**, known for performing **craniotomies**—surgical openings of the skull—to treat head injuries or alleviate pressure. The practitioners, called *ababari ernetwe* (“surgeons of the skull”), used sharpened tools made from metal or obsidian and performed their work under strict ritual conditions.<sup>27</sup>

The **Dogon people of Mali** developed expertise in **circumcision, dental surgery, and fracture management**, while the **Ancient Nubians of Sudan** performed **tumour excisions** and **limb amputations** with remarkable precision. Excavations of Nubian burial sites reveal **surgical instruments** and evidence of healed bones, indicating both medical success and post-operative survival.<sup>28</sup> Similarly, the **Khoisan of South Africa** were renowned for tooth extraction and wound care, while the **Hausa** of West Africa excelled in bone-setting techniques that remain influential in traditional medicine today. These examples demonstrate that surgical knowledge in Africa was not sporadic or incidental; it was **systematic, hereditary, and professionally regulated**. Skills were transmitted through **apprenticeship systems**, often linked to spiritual guilds or family lineages that ensured quality control and ethical responsibility.

### **Reassessing the Narrative**

The evidence presented here dismantles the myth that Africa was devoid of scientific medicine before European contact. The continent’s medical history reveals a continuum of innovation—spanning anatomy, obstetrics, neurology, and orthopaedics—that parallels, and in many respects anticipates, developments elsewhere in the world. Therefore, to study the history of surgery without acknowledging Africa’s role is to perpetuate an incomplete and distorted account of human medical evolution. The African experience shows that the **quest to heal and restore the human body** is not the achievement of one civilization or era but a shared divine gift expressed through different cultures and times.

### **Founding Father of Surgery: Theological Reflection on God as the Ultimate Surgeon**

The debate over who should rightly be called the *founding father of surgery* often centers on notable historical figures such as **Sushruta of India, Ambroise Paré of France**, and **John Hunter of Britain**. While each of these men made pioneering contributions to surgical science—Sushruta through early codified techniques, Paré through arterial ligation, and Hunter through scientific experimentation—they were

not the originators of the art itself. Rather, they built upon an existing and divinely inspired process that predates human civilization.

To trace the *true* origin of surgery, one must look beyond human history to the **biblical account of creation**, where the earliest recorded surgical operation was performed—not by man, but by God Himself. The narrative in **bible29** recounts how, upon observing Adam’s solitude, God decided to create a suitable companion for him. The text states: “And the Lord God caused a deep sleep to fall upon Adam, and he slept; and He took one of his ribs, and closed up the flesh thereof.”<sup>30</sup> This event represents the archetype of surgery. First, God induced **a state of deep sleep**—the earliest instance of **general anesthesia**—so that Adam would not feel pain. Although the text does not describe the means by which this sleep was achieved, divine authority alone suffices as explanation: He who created the human body commands its functions, including sleep and consciousness. Second, God **opened Adam’s side, removed a rib, and closed the incision**—a perfect parallel to the surgical process of incision, tissue removal, and closure.<sup>31</sup> Thus, long before the discovery of anesthesia, antisepsis, or surgical instruments, the divine act in Eden established the fundamental principles of surgery. The modern surgeon, therefore, imitates—knowingly or unknowingly—the divine technique of the Creator.

### **Divine Wisdom as the Source of Human Knowledge**

Theologically, this narrative affirms that **God is the true author and founder of surgery**. Human discovery and innovation are not independent creations but manifestations of divine revelation. The book of **Jeremiah 10:12** declares: “He hath made the earth by His power, He hath established the world by His wisdom, and hath stretched out the heavens by His discretion.”<sup>32</sup> Similarly, **Proverbs 2:6** asserts: “For the Lord giveth wisdom: out of His mouth cometh knowledge and understanding.”<sup>33</sup> This means that every advancement in medical science, including surgery, flows from divine wisdom imparted to humanity. The capacity to study, experiment, and heal is itself a gift from the Creator.

Scripture further emphasizes that God grants wisdom generously to all who seek it. **James 1:5** affirms, “If any of you lack wisdom, let him ask of God, that giveth to all men liberally, and upbraideth not; and it shall be given him.”<sup>34</sup> The Old Testament also provides a practical example in **Exodus 31:2–3**, where God fills Bezalel with wisdom, knowledge, and understanding to excel in craftsmanship—demonstrating that divine insight extends to all fields of human endeavor, including science and medicine. In this sense, the great surgeons of history—Sushruta, Paré, Hunter, and others—were instruments of divine revelation. Their discoveries were not isolated strokes of genius but revelations granted through inspiration, intellect, and observation of the natural laws established by God.

## **From Revelation to Discovery**

The Genesis narrative further suggests that the divine pattern of surgery was revealed to humanity through the faculties of **reason, reflection, and creativity** that God endowed in man. At creation, the human being was given not only life but also intellect. Adam, before the Fall, had no need to innovate or solve environmental problems, as all was provided in Eden. It was only after expulsion from the Garden that necessity—the mother of invention—compelled humanity to explore, adapt, and apply knowledge.

Thus, the discovery of surgical practice represents the unfolding of divine wisdom through human experience. Each surgical breakthrough—from the ancient trepanning of Neolithic Africa to the aseptic techniques of modern medicine—mirrors humanity’s gradual awakening to divine order in creation. **Daniel 2:21–29** affirms that God “revealeth the deep and secret things,” while **1 Corinthians 2:10** declares that “God hath revealed them unto us by His Spirit.” The Spirit, therefore, is the divine medium through which hidden knowledge, including medical insight, becomes accessible to humankind. Consequently, the first operation ever performed—the extraction of Adam’s rib—was both **a divine act of healing and the origin of human surgical understanding**. Every subsequent surgical achievement, whether in Africa, Asia, or Europe, reflects this original model. The Creator remains the **Supreme Surgeon**, the author and sustainer of all healing processes.

## **Theological Implications**

Understanding God as the founder of surgery elevates the discipline from a mere mechanical art to a **spiritual vocation** rooted in divine compassion and creativity. Surgeons, in this view, act as co-laborers with God, restoring order and harmony to the human body—the microcosm of creation. This theological interpretation also bridges the perceived divide between faith and science, demonstrating that reason and revelation are complementary, not contradictory, paths to truth. Therefore, while Sushruta, Paré, and Hunter may rightly be acknowledged as fathers of **specific traditions of surgery**, the ultimate origin, authorship, and wisdom of the practice belong to **God—the Creator and Eternal Surgeon**.

## **Conclusion**

The evidence presented in this study affirms that the art of surgery is not merely a human invention but a divine revelation progressively manifested through history. After the Creator fashioned humankind in His own image, He endowed humanity with intellect, wisdom, and creative ability—gifts that made possible the development of surgery and the medical sciences. Long before European intervention, traditional African societies possessed profound medical knowledge and surgical skill. Through observation, experimentation, and spiritual intuition, African healers successfully performed procedures such as trepanning, bone-setting, caesarean section, cataract

extraction, and tumour removal. Their understanding of antisepsis, anesthesia, and anatomy challenges the Western assumption that civilization and science originated solely in Europe. Africa's early medical achievements formed a vital foundation for later global surgical practice.

The first recorded act of surgery—God's removal of Adam's rib to create Eve—stands as the divine prototype of healing and creativity. This operation in the Garden of Eden established the spiritual and physical principles underlying surgical science: anesthesia, incision, extraction, and closure. Every surgeon, from ancient practitioners to modern specialists, thus reenacts the divine pattern first demonstrated by the Creator. Africa's contributions to medical knowledge were systematic, empirical, and spiritually grounded, though colonialism later disrupted and obscured these traditions. Nevertheless, their legacy continues to inform both medical anthropology and postcolonial studies of science.

Ultimately, this theological and historical review concludes that God is the author and sustainer of all surgical knowledge. Human innovation merely reflects fragments of divine wisdom revealed through time and culture. Modern science, therefore, should be understood not as a rival to revelation but as its unfolding expression. By integrating faith, reason, and history, humanity acknowledges that the pursuit of discovery is sacred—a reflection of the Creator's image within man. In essence, traditional Africa made pioneering and enduring contributions to the art of surgery, yet the ultimate source of all surgical wisdom—ancient or modern—remains God, the first and greatest Surgeon of all.

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