# Alcoholism in Contemporary African Society*

BY

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I was a little puzzled when the Rev. Rea asked me to open this conference on "Alcoholism in Contemporary African Society." I think he was looking for someone who might be able to provide some real facts and conclusions as to the size of the problem and, as so often happens when a person is in difficulties, he turns to a physician for help. Perhaps, too, since alcoholism is largely a medical disorder, he has turned to me for such scientific facts. And as it is one of the tenets of my profession that a doctor must always respond to a call, I felt that I could not refuse so old a friend as the Rev. Rea.

I would be failing in my task to-night if I claimed to be able to define the exact prevalence in Shona society of alcoholism in either its acute or chronic forms. Alas, I can only tell you of my experience based largely on practice in the medical wards and to some degree on my contact with the Shona in the rural districts.

There are three sources to which we may turn for information on the effects of alcoholism in any community. These are social workers or organisations, the clergy and doctors; each can provide valuable and accurate data. In European society any one of these can gauge the frequency with which homes are broken, the extent of divorce, the frequency of suicide and accident. The doctor, too, can judge how much illness results from alcoholism because he knows the special effects alcohol has on the body. For instance, we know the degree with which we find delirium tremens in a community is an index of the extent of drinking. I remember well how, when I first came to Rhodesia, I was surprised at the many cases of delirium tremens I was called upon to treat. In other words, I was able to deduce that alcoholism was a common disorder in European society.

But when we come to study this problem in Africans, its extent is not so readily measurable, for two important reasons. The first is that in the rural areas the majority of Africans live under a subsistence economy. The whole family in a village works as a unit, and if one member falls by the way (say from disease or alcoholism) the economy of the family is strong enough to stand this, for all hands pull together and more or less make up for the poor effort of the alcoholic. If the husband drinks and is a mere passenger, his wife or wives, children and other relatives maintain the economy. In traditional society we do not meet the broken homes, divorces or even suicides that we do in European communities from this cause. When I studied the records of the courts of certain chiefs in Mashonaland I was struck by the fact that alcoholism practically never appeared as a reason for conflict. Now I do not want to infer that chronic alcoholics are not met with in African rural society. Of course they are encountered, but I think the African alcoholic is not such a danger as he would be in the town, where he lives under a cash economy and so many mouths depend on the money he earns.

I regret that to-night I cannot tell you how many African homes in towns are broken by the habitual drinker. This information we may be able to obtain from African social workers, the ministers of religion and other people coming into close contact with the Africans in their townships. I suggest that this might be a useful study for your society to undertake.

If it can be shown that beer-drinking is almost a daily occurrence, then it is quite possible that alcoholism is very prevalent and serious. The mere fact that Africans often drink beer is not in itself proof that they are addicted to alcohol and that alcohol is having a deleterious effect on the population. Similarly, in African society the drinking of beer is indulged in by everyone —children as well as adults—although I must point out that in strictly traditional Shona society infants, children and women were permitted only to drink the sweet and weaker form of brew. Still, all drink beer. But how often do people drink beer in the villages? Is it every day or is it once a week, once a month or so? I do not think we possess precise information on this point. Drinking tends to be seasonal, for it follows the phases of agricultural pursuits. The *Hoka* ceremony is probably known to all of you. Much beer is consumed at the time of weeding and ploughing and at the harvest. It is a feature of African life to drink beer on all religious and social occasions. It is indeed a national feature of this society. But even this should not be taken to mean that chronic alco-

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holism is frequent and assumes dangerous proportions. I would prefer to suggest that acute alcoholism in which men and women become drunk on these social and religious occasions is much more a feature of African society than of European communities in Rhodesia.

These festive occasions are not without their dangers, for when I came to analyse the causes of culpable homicide and attempts to do grievous bodily harm to others or of arson, I discovered that almost always an acute bout of drinking was the cause of the criminal offence. Men and women congregate and, being a happy occasion, feelings are allowed to run high, and as a result quarrels and fighting often break out and someone suffers. But again let me remind you this form of acute alcoholism is not to be confused with chronic alcoholism, for the next day the affected individual can return to his work and continue with his daily routine until the next social occasion.

Now I have already referred to the fact that there are certain peculiar and deleterious effects which alcohol has on the nervous system of the European. I have mentioned delirium tremens; other less well-known disorders are peripheral neuritis, Korsakoff's psychosis, acute hallucinatory psychosis and Wernicke's encephalopathy.

In the African we rarely encounter delirium tremens. I cannot recall ever having made this diagnosis in an African, but this is not to mean that chronic alcoholism is rare. Further, I have not met a definite case of peripheral neuritis which I could attribute to alcohol. What has, however, struck me very forcibly in recent years is that the pattern or picture of chronic alcoholism tends to assume a different one to that in the European, and unless we are aware of this difference we shall overlook the chronic African alcoholic. Whereas I formerly held that pellagra—a very common disorder in the African—was a result of a diet too rich in maize, we are now finding that practically every sufferer from pellagra is an alcoholic. We used to think that African-brewed beer is rich in vitamins and very nourishing. For many years now mine authorities have issued beer as a ration to their workers; we never realised that if taken in excess, such as upwards of one gallon a day, the beer might affect the health of the individual.

Another serious manifestation of chronic alcoholism appears to be that very interesting and frequent disorder known as porphyria, in which the patient's face becomes pitch black and blisters form on his fingers. He is very liable to develop liver disease and some may become mentally deranged.

Also very important in African practice is a condition to which I refer for convenience as "temporary mental confusion" (periodic African psychosis). Alcohol is not the only cause of this. The patient (generally a young man) becomes mentally confused and completely unaware of his whereabouts for several or more days, and then for some unknown reason makes a complete recovery from this state.

Another unusual effect of alcoholism in the African is that characterised by a state of coma or unconsciousness following a sudden and severe lowering of the blood sugar. This condition goes by the name of "spontaneous hypoglycaemia." After drinking heavily—and it may be a few days later—the man suddenly becomes unconscious. He is admitted to hospital in this serious state, which responds very dramatically when sugar is given into his veins. We have some reason, but by no means enough evidence, to suspect that cirrhosis of the liver in the adult African is also far from rare. Up to now we have attributed this very common and serious disease in Africans to other causes, but we are now beginning to suspect that alcohol may be an important factor, just as it is in the European.

I hope, therefore, you will not think that these serious effects of alcohol in the African occur only in the urban dweller. This is not so, for I find that the majority of these patients come from the rural villages. Therefore I can say to-night that chronic alcoholism is a real and serious problem in African society and is sufficiently common to justify the holding of this conference. I base my reasons on personal contact with the African in his villages and, above all, on my experience in my medical wards in the hospital.