NEUROSES IN NATIVE AFRICAN TROOPS.

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The patients forming the subject of the following paper were natives of East, West and South Africa. The South African group are mainly Basutos, mostly non-English speaking, and hence interviews had to be carried out with the aid of an interpreter. To obtain correct perspective of their types of illness it is of course necessary to know thoroughly their customs, beliefs and mode of living. For the sake of brevity illustrations are given only from the Basuto tribe, although it must be borne in mind that there is considerable difference between this and the other groups in this respect.

The Basuto lives under a tribal system of primitive patriarchy. Each tribe is a closely knit unit of related families and is ruled by a headman, chief or sub-chief. Each chief is himself responsible to a paramount chief. They are a pastoral people leading a simple life in small villages. Their religion is monotheistic, and consists largely of prayers to God through their ancestors. Strict tribal customs, code of morals and superstitious beliefs govern their lives. Education as Europeans understand it is unknown; some, however, do attend missionary schools, commencing at the age of 8 or later, depending on how far from the village the school is situated. A few living deep in the hinterland may never have seen a white man, car, ship or the ocean. Many have been employed in the mines, working for six or nine months a year, carefully saving their money to buy more cattle and land at home.

Marriage occurs between the ages of 20–25. Commonly a man will ask his mother to tell his father that he would like a certain girl for his wife. Just as often the parents will choose the wife. She is usually from another village and incest laws are to-day similar to those of Europeans, the nearest blood relatives allowed to marry being cousins. Dowries are decided on between the two fathers, the boy's father paying perhaps 20 sheep, 10 cows and a horse, whilst the girl's father will supply blankets and household goods. The marriage ceremony lasts three days, and the girl, after due examination, will be proclaimed a virgin by the old women of the village. The bride may never call her father-in-law by his name—a taboo known as "Obitsitsematsaikalebitso." The couple set up house in the man's village.

When the wife thinks she is pregnant she goes to a well and places a pitcher filled with water on her head and then allows the container to fall to the ground and break. Immediately she departs for her mother's house and announces that the pitcher fell from her head. She does not return to her own home until a male relative of her husband comes for her. Until the seventh month of pregnancy intercourse is prohibited. Delivery is carried out by the witchdoctor, and the birth is announced to the husband by pouring water over his head if the child is a girl, and whipping him gently if a boy. Outside the door of the house a reed will be nailed if the child is a boy, and two reeds for a girl. Breast-fed till the age of 4, the child sleeps in his mother's blankets till he is 8 years old, and in the same room until 16.

At the age of 16 the boys go up into the mountains for a period of three months. Here they undergo ritual circumcision and are taught by the elders of the tribe their laws, customs, and especially implicit obedience to their fathers. They are extremely reticent about their stay in the mountains and are bound to secrecy by terrible oaths.

Divorce is carried out easily but is not common. The wife may return to her

father's house only if he is willing to repay the dowry given for her. A man may divorce his wife by returning her with her dowry to her father's house; children of the marriage are divided equally, an only child being kept by the mother. Their families are small, two or three children, and their expectation of life is about forty years; it is rare to find a patient with both parents alive. The father is feared and respected, demanding constant, implicit obedience from both his wife and children. All love and devotion are expended entirely on the mother.

Legal disputes are settled by the paramount chief and his court, composed of all chieftains, sub-chiefs and headmen. They are empowered to order any native to appear before them. Justice is dispensed mainly by fines. Stealing a horse will cost the thief two horses for the defendant and £9 or three cattle for his chief. An adulterer will pay the court £9 or three head of cattle. The fine for rape is £18 or six cattle to the court, but if the girl becomes pregnant the indemnity goes to her father.

The witchdoctors, however, are the people to whom the natives turn when in difficulty. They are of two types: the first is a herbalist recognized by the Government who unofficially may dabble in magic, and the second a pure exponent of sorcery. For these people, living at an almost animistic stage, all events, both natural and unnatural, all good or evil, and every sickness are attributed to spirits. The witchdoctors are thought to possess more "Mana" than other people, easier access to the higher spirits, and thus better able to placate the evil influences.

In a case of sickness the witchdoctor called in will examine the patient, burn some incense and make some incantation. He will order all members of the household to stay indoors and the house to remain in darkness. While the people are asleep the witchdoctor will return secretly to the house to bury herbs and bones at the corners of the house and at the threshold of the door. An assistant meanwhile makes subtle enquiries about the household, their friends and enemies. The following morning the witchdoctor returns and produces the "Litaola"—small joint bones of various animals. After sprinkling some water about the room he throws the bones on the floor and recites a tale, eventually describing the people who have sent a spirit to bewitch the patient. The father of the house, his arms having been anointed with snake oil, digs for the bewitched herbs and bones and discovers them by directions from the witchdoctor. The curse should then leave the patient, who is given medicine, bathed, anointed and blessed. If death should occur, it must be due to some more undiscovered bewitching material.

Wherever possible the witchdoctor prefers to throw his bones near a river, for by the waterside he has greater powers of protection against the "Tokoloshe"—the evil spirit of these people. The tokoloshe is envisaged as a small ugly black dwarf covered with hair. Children when persistently bad and disobedient are threatened with this legendary bogy man, and if their behaviour continues to be unruly, arrangements are made with the local witchdoctor to supply the tokoloshe—in reality, a small child dressed in black goat skin. At night, whilst the delinquent child is asleep the dwarf will pounce on him, emitting strange cries. In the ensuing struggle the hairy body is felt and gives rise to the utmost fear and terror. The next day the witchdoctor is called in and impresses on the child the necessity of good behaviour to appease the tokoloshe, and rids the child of the spirit by burning herbs and sacrificing a sheep.

The tokoloshe is said to have been brought to Basutoland by the Batembu tribe people, easily distinguished as they cut off the terminal phalanx of the left small finger of children soon after birth. It is said that before the advent of the Batembu the women of Basutoland used baboons as horses, but when the Batembu arrived the baboons died out and the tokoloshe came. A native under the influence of the tokoloshe has been described to me as follows: "His body becomes soft and useless. He will not answer when spoken to, but when walking will speak to himself. He may laugh but will deny laughter. Sometimes he will eat, but sometimes he may refuse because of the tokoloshe. He can see the tokoloshe, but is afraid to tell people. He may kill somebody by order of the tokoloshe, or the tokoloshe may kill him, or he may wander away never to be seen again. This state may last one or two months and then he gets better and may tell what happened to him."

Dreams, which are usually interpreted literally by these people, may also be influenced by the tokoloshe. If one dreams of water or crossing a river, of Europeans, of being bitten by snakes or chased by dogs or horses, of a terrifying sight, or if one

cries out during sleep, then the tokoloshe's influence is at work and one must consult the witchdoctor. The tokoloshe works by instilling a poisonous medicine called "Hophatsa" through a minute, undetectable wound in the skin. To cause death "Sejeso," an especially strong preparation, is used. Snake fat is especially feared by the tokoloshe as the fat is impervious to medicines and is therefore used as a protective anointing.

These primitive people with their almost animistic philosophy live under the control and guidance of the witchdoctor. All situations, both natural and unnatural, from delivery at birth, instruction and teaching of laws, marriage, pregnancy and death come under the witchdoctor's influence.

They are recruited into the army by their chiefs, who have been told to supply a certain number of men. Owing to their unswerving loyalty and strong tribal spirit they never refuse the call. They are mainly employed on routine labouring and dock work, but others are on gunnery duties or used as medical orderlies. Their new life of intensive training and discipline, without the possibility of any personal prominence and the necessity of subordinating their own wishes is a complete contrast to their carefree, lethargic, lackadaisical village life. Whereas before each man lived as his own master, tilling his own land, now he becomes a small cog in the machinery of the army, where tribal relationship and positions may be completely reversed. The chief's son may be a private and the peasant boy a sergeant—for the efficiency of the army must take priority over customs and taboos.

Hysteria: Motor and Sensory.

The motor manifestations occur on a dramatic and severe scale, and are initiated by trauma or physical illness which has run a prolonged course and necessitated repeated examinations; extremely gross in character, they are much as would be expected in primitive thinking peoples as being consistent with physical disease.

Starting in the manner of the traumatic compensation hysterical manifestations, the mechanisms are of a simple type, joint swellings leading to paralysis of limbs, injury to the back to camptocormia, a subphrenic abscess to gross scoliosis. Anaesthesia, usually total and affecting as much as half the body occurs more frequently than hyperaesthesia. As they are suggestible to a degree, new symptoms may be added easily during examination and changes in gait from day to day are extremely common. The "belle indifférence" is in no people better illustrated, a cheerful grin never being far away when discussing their symptoms. I have never seen tic or tremor in these patients.

Case 1.—The patient, an intelligent young lad, aged 20, was admitted to hospital with paralysis of his right arm and right leg. Since leaving his native land he had suffered from typhus fever, bronchitis and chicken-pox, and subsequently traumatic synovitis of his right wrist and right hip.

He first developed a dropped wrist and then a complete flaccidity of his right arm and right leg. His limbs were completely hypotonic and anaesthetic. Examination of the C.N.S. was negative. He was cheerful and lucid when telling the story of his afflictions. He stated that white doctors could not cure him, and he wished to return home where a native doctor would certainly find a remedy. He said it was better to lose his life than suffer this sickness, which he attributed to poisoning by men in his company, who were jealous of him. He made two exceedingly dramatic pretences at suicide, carefully packing his clothes and writing his last letters home.

He was treated with electrical convulsion therapy and his paralysis disappeared overnight. He then became extremely hypochondriacal, wheezing and complaining of his stomach. He showed little emotional control and gave way to bouts of crying and frenzy. His change from a cheerful bedridden paralytic to an unhappy dejected-looking emotional hysteric was extremely dramatic.

Case 2.—This patient, aged 30, was admitted from a hospital where he had been undergoing treatment for nasal obstruction. He had developed malaria during his treatment and later acute bronchitis. He complained of devils running about his head and limbs. His legs became spastic, and he could walk only with difficulty and the aid of a stick. The spasticity increased and he was unable to walk more than a few steps. The Kahn test was positive in his blood, but his

C.S.F. was normal. His C.N.S. showed no abnormality beyond exaggeration of all reflexes. Sensation was normal.

He stood upright on his toes and walked with a peculiar swinging gait, his hands resting on his thighs.

He was treated by means of re-education with walking exercises, and improved in rapid fashion, being able to return to duty after three weeks.

The mechanism was probably a kind of response to the rigors experienced in the course of his malaria.

CASE 3.—This patient, a left-handed man, sustained an injury to his left scapula by falling. He developed a hysterical contracture of his left elbow-joint. He was given pentothal and his arm straightened. On recovery from pentothal he became very emotional, ran screaming through the ward, rushed outside, commenced to eat the sand, and threw himself about. He quietened down, but his contracture returned.

A similar reaction occurred when sterile water was injected into his scapula at the site of the injury. By suggestion he was encouraged to straighten his arm. His face expressing severe pain and beads of perspiration appearing on his forehead, he eventually succeeded in pushing his left forearm out with his right hand.

HYSTERIA: SENSORY.

CASE 4.—This patient had complained of snakes causing pain in his stomach, loss of appetite, nausea and loss of weight. On examination he was seen to be wearing a tight cord round his abdomen. This he explained was to prevent snakes leaving his stomach and travelling to his head. He had been X-rayed and investigated for tape-worm, but nothing abnormal was discovered.

His history showed that his father had died recently and his mother had hinted that she might marry again. He was a simple immature dependent type, of below average intelligence, who found difficulty in adjusting himself to army life and found relief in his hysterical symptoms.

HYSTERICAL FITS.

These are always associated with an easily recognizable conflict, and in many cases associated with temper, tantrums, behaviour disorders with singing and shouting. The mishandling and interference of onlookers who attempt restraint renders diagnosis from epileptic states difficult. The invariable presence of a precipitating cause combined with a careful history of the course of the fit simplifies the diagnosis, and confirmation is always attempted with a phrenazol threshold test.

HYSTERICAL STUPOR.

CASE 5.—At the age of 14 the patient started work while at the same time his grandfather died. His grandfather, he stated, had been bewitched and the spirits later passed into his own body. He was treated by a witchdoctor with native medicine and was cured. He was unable to give any definite symptoms, but just stated he had been bewitched and was very ill. He had taken medicine at various times from different witchdoctors, and considered that mixing the medicines had caused discord amongst the spirits in his body.

He was serving in Tripoli as a batman and was exposed to extremely heavy bombing raids. The spirits then began to attack him again at this time. He stated that he was not afraid of the bombing raids. He sang and shouted to drive the spirits away. He became torpid and content to lie on his bed all day. His face was expressionless; he would not speak. This proved to be a gross dissociated state of clouded consciousness of a hysterical type due to exposure to severe stress. When he was told he would be returning to his unit, he became noisy and restless, and had violent outbursts of hitting his head. His restless condition persisted, with sudden outbursts of animal-like cries and croup-like breathing. After a short while he relapsed into his stuporose condition. He was boarded for evacuation and made a complete and uninterrupted recovery until told one day that he had developed scabies, which would mean isolation from his friends. He ran out of the consulting room and made a dive at the wall, inflicting a small scalp wound. He began once again his croup-like breathing and emitting of strange sounds. Placed

in bed he was stuporose and dissociated for a few hours, but the next day became normal again when he was told that isolation was no longer necessary.

CASE 6.—This patient complained of generalized aches and pains. He had had intercourse in June, 1943, and developed gonorrhoea. His platoon sergeant had had intercourse with the same girl on the same evening, but did not develop gonorrhoea.

As the sergeant had handed the patient a drink of water and a cigarette when they had finished he attributed his sickness to being bewitched. He stated: "The doctor tells me I am fit for duty while I am very sick and I think that the disease which the sergeant gave me is unknown to the white doctor."

His history showed he had been married earlier in the year. He exhibited gross guilt feelings about his illicit intercourse and subsequent venereal infection.

He was admitted to hospital in a stuporose, semi-comatose state. Grossly dissociated, he was content to lie on his bed quietly most of the day and had to be encouraged to eat. On the second day he was still strange in manner and muttered and whimpered when a newcomer came into the ward. After a few hours he became very emotional, wept profusely and his pains disappeared. He became far more cheerful after being treated with E.C.T., and told that he would be returning to his unit. He later became aggressive, attacked two other patients, was very emotional and theatrical.

HYSTERICAL PERSONALITY.

The theatrical personality type is extremely common. In these, personal prominence is impossible in the native's new life, and lack of sympathy combined with a feeling of insecurity serve also as precipitating factors for illness.

CASE 7.—The patient joined a new company as a bright, cheerful, happy-go-lucky man. He became unhappy and oppressed as he was the only member of his tribe in this company. He wandered from tent to tent with all his kit at night. If checked, he would scream and shout for the guard to come and protect him.

He walked in a most peculiar fashion, changing and varying his gait, and was extremely noisy. His body was twisted and contorted, changing its shape often. He performed various antics, chattering, laughing loudly and mimicking people. He was removed to hospital and settled down as soon as he met members of his own tribe, becoming cheerful and happy once again. His love of self-display was evident, as he would greet each visiting officer to the ward with a native dance called "Kasinjet." If ignored on ward rounds he became very sulky, petulant and unhappy until brought into the limelight once more.

PHOBIC STATES.

These cases show a regression to childish behaviour combined with very primitive thinking. Unpleasant situations are invariably found to be present and are dealt with on this primitive and infantile level.

The tokoloshe, the small black ugly dwarf with its body covered with hair, figures prominently in these fear reaction states. This legendary bogy man of childhood is associated with sensations of choking and headaches, while depression, in cases with guilt feelings, is a prominent feature. The mental defective and the more simpler type are especially prone to this type of disorder, and in combination with gross hysterical behaviour resemble superficially the schizophrenic patient.

CASE 8.—Whilst road making at Tobruk this patient complained of inability to sleep at night. He stated that when he went to bed a dwarf would come and attempt to seduce him. The dwarf was about two feet tall, had hair over its body, had an ugly face and was female. She went for his throat as he refused to have anything to do with her. He could not fight against her without special medicine, and so had to run from his bed in an attempt to escape.

The dwarf had been purchased by a woman whom he had loved and had intended marrying. His parents, unfortunately for him, had chosen another girl to be his wife. He still loved the original girl. He was a simple man who had undergone severe bombing raids. He stated that he was not afraid of the bombs, but had never heard so much noise in his life. The noise would not permit him to work, so he had to run away. He undoubtedly had been very shaken, although he would not admit it.

This was a phobic state precipitated by intense bombing. A choking sensation with severe headaches was interpreted as an attack by the "tokoloshe." Feelings of guilt over his late girl friend led to the belief that she had purchased the dwarf and sent it from Basutoland to North Africa in revenge for the treatment she had received from him.

He settled down and improved with E.C.T.

CASE 9.—Death in the family makes it obligatory for all near relatives to be present at the funeral. For the dead man's soul to rest in peace all direct male members must be present to throw soil over the coffin, to cut off their hair, to wear black and render sacrifices. A similar ceremony usually occurs one year after death.

The patient received notification by letter of the death of his father. He complained of being pestered by a dwarf which appeared to him in a threatening manner and asked him what he was doing away from home. The spirit, he knew, would not let him rest until he returned home to look after his mother. From being a happy, gay and carefree man his personality changed. He became petulant, sullen, refusing to work or obey orders and attempting to run away from the camp to escape from the dwarf.

This was a phobic state due to his inability to carry out his funeral obligations, to look after his mother, and also to the primitive fear of the dead which necessitates appeasement of the dead man by mourning and sacrifice.

TREATMENT.

An established routine is used in treatment of hysterics in these natives. The patient is interviewed as soon after admission as possible. One complete and thorough physical examination is carried out. Routine Kahn is always taken, and lumbar puncture when the blood is positive or trypanosomiasis is to be excluded.

As early as possible suggestion and persuasion with, if necessary, pentothal or ether narcosis is used, and in all cases of functional motor paralysis, remedial exercises following convulsion therapy, either chemical or electrical, are found useful later. Route marches, physical exercises and games, combined with occupational therapy and ward work help in their rehabilitation and readjustment to army life.

Whenever possible, men are kept with their own tribal groups, and competitive games, such as "Morabaraba," group singing and dancing encouraged. Care in their dress and personal cleanliness is insisted on and morale kept as high as possible by attention to monetary and welfare matters, writing of letters home for the illiterate and exceptionally sympathetic patient handling.

Well trained, interested medical orderlies are of paramount importance, and it has been found that native orderlies working with their own tribes are particularly useful.

The native has such a profound respect for the magical powers of medicines that medical treatment when given is made as dramatic as possible. One such patient, complaining of functional eye pains, was treated by instilling bland drops into the eyes and methylene blue capsules by mouth. It was suggested that the spirits would be driven out of his eyes into his urine, and the patient proved profoundly impressed by the blue urine which washed away his symptoms.

Of all types of hysterical cases seen 60 per cent. were returned fit for duty within 10–14 days. 80 per cent. of motor hysteria cases were returned cured. Many of the remaining 40 per cent. of hysterics regraded as unfit were complicated by varying degrees of mental deficiency, and although relieved of their symptoms their liability and proneness to relapse rendered them unfit for further service.

DIFFERENTIAL DIAGNOSIS.

In those of low intelligence, states of clouded consciousness, primitive thinking and childish behaviour renders differential diagnosis from schizophrenia difficult. Careful and painstaking elucidation and interpretation of what they say combined with a knowledge of their normal beliefs to allow a correct assessment is essential.

The description of an illness as due to poisoning by medicines, or snakes introduced into the food by an enemy, or the sending of spirits, from their native lands thousands of miles away, to persecute them may stimulate paranoid delusions. The wish is often projected, and "I want to go home" becomes "I hear a voice calling me home." Their acceptance of telepathy, and when the past is not differentiated from the present and dreams are interpreted literally, makes skilled

interpretation essential to differentiate their symptoms from those of the schizophrenic. Primitive man thinks visually, and to him the thought is the deed.

Stupor in the hysteric, although common in these people, is never so profound or prolonged. A craving for sympathy and attention is so strong that the hysterical mute cannot accept being ignored for long. One patient, ignored for three days on ward rounds, suddenly burst forth into vulgar abuse complaining that no attention was paid to him.

The gross apathy and the general picture of the schizophrenic is the same as in Europeans. Consideration of the general behaviour in all fields and the complete recovery after removal of precipitatory stress confirms satisfactorily the diagnosis of hysteria.

Depression occurring in phobic cases or in the chronic and intractable motor paralysis, where the secondary desire to go home has arisen, are never sustained or of psychotic character. Classical cases of mania are rare in these patients, and the states of excitement in hysterics show neither the flight of ideas, distractibility or prolonged elated mood.

The absence of true anxiety states is striking, for although observed in natives of Mauritius, Singalese and Cape coloured personnel, I have never seen a case amongst these more primitive races. The tremulous sweating patient, with his vague changing fears and complaints of disturbance of his respiratory, digestive and circulatory organs is not seen. The primitive method of thinking by visual imagery with externalization and projection of emotion with its attachment to an external object is in my opinion the reason why the anxiety state is an unnecessary or impossible reaction.

A knowledge of the native's normal beliefs is, of course, essential, for his explanation of organic pain in terms of animals, witchcraft, devils and magic may lead to an assumption of functional disease in an organic illness.

Conclusion.

1. The African natives, secure, peaceful and safe, living under a simple system with strong family and tribal ties, are sent into the army—an unknown world and a complete change of environment, full of danger.

Intensive training, discipline and routine increases and heightens their already great suggestibility and proneness to hysteria. Their lack of education leads to the dramatic and gross expression of symptoms.

2. Except in the dramatic severity of expression, hysteria in natives is similar to that occurring in Europeans when primitive behaviour and beliefs are accounted and allowed for.

3. The early recognition of an hysterical overlay in physical diseases, especially of the limbs, cannot be too strongly emphasized. The suggesting of symptoms or signs in cases requiring repeated physical examination must be avoided.

4. Differential diagnosis from manic-depressive psychosis and even schizophrenia is not difficult when careful observation is carried out with adequate knowledge of their environmental and cultural background.

5. Symptoms must be evaluated in relation to their normal primitive beliefs, and recognition of the natives' ordinary description of organic disease is essential.

6. Intelligence tests comparable with the Raven Matrix are still under trial. The mental defective, as judged on normal everyday standards, is, however, certainly useless to the Army. This simplicity and proneness to hysteria associated with phobias renders him a serious liability.

7. Their readiness to respond to kindly forms of treatment and suggestion is remarkable. Sympathetic understanding, therefore, of the Africans' problems on the part of European Officers and N.C.O.'s and a knowledge of how they can be best handled and assisted with their army and home difficulties as they occur will not only increase their efficiency, but will also act as a potent prophylactic measure, against neurotic, particularly hysterical breakdown.

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