

appearance of the surface, disposed to petechiæ; paroxysms of whatever nature, occurring especially late in the day, attended with general prostration; derangement of the alimentary canal; a white or brown clammy state of the mouth, and the whole tract of the alimentary canal, as it were, indicating a tendency to incipient gangrene; green and dark evacuations, with general disturbance of the stomach and bowels, attended with burning sensation, and vitiated and profuse secretions. Where many of these symptoms are present, in a great variety of diseases, it will be found a valuable remedy, and will often of itself in a short time produce a great change in all the symptoms, and restore the healthy functions; the appetite and strength will improve, as the morbid symptoms disappear. We have often given it in typhus and other fevers; in inflammations, in bowel complaints, acute and chronic; in the various nervous affections, scrofula, cutaneous affections, &c., and where most of the above symptoms were present, indicating a peculiar state of the system, have seen the most decided effects. Whereas, when we have given it in those diseases in which it is commonly recommended, and found it to fail, an opposite state of the system has generally been observed. I have given it in a case of severe cough of two or three weeks standing, where there was great coldness and debility, loss of appetite, nausea, periodical nightly spasmodic cough with free and unhealthy secretion, and all the symptoms were relieved *instantly*, as it were; indeed the patient would scarcely cough after commencing the remedy. So in other diseases, when rightly given.

This, however, is not peculiar to this article; it will hold true with many, and probably most, of our most efficient medicinal agents. It is certainly true of mercury, of iodine and its preparations, of quinine, of nit. silver, of ammonia, &c.; and hence these articles have been classed differently by different writers, and viewed differently by different practitioners. If they are appropriately given, they seem to act as tonics; that is, they remove the unhealthy condition. If they are given improperly, if not directly reducing they become so by allowing the disease to continue. Every medicine has its appropriate condition, in which its effects are manifested to best advantage, but which has been too much overlooked by the medical profession. There are, in my view, few medicines which are specific to particular diseases, but many which are so to particular conditions of the system, and when so applied, cure "*cito certe et jucunde*." The profession in general have been too much upon general principles in the application of remedial agents to the cure of disease, and have neglected the specific application of particular remedial agents to particular morbid or pathological conditions.

#### INFLUENCE OF CLIMATE, IN WESTERN AFRICA, ON THE MIND.

[THE writer of the following letter, addressed to the Rev. Joseph Tracy, of Boston. Secretary of the Massachusetts Colonization Society, is Dr. Lugenbeel, whose name has been frequently brought before the medical

public. It is from a source of such respectability, as to entitle it to the fullest consideration. Dr. Lugenbeel is Colonial Physician and a resident of Liberia.]

Dear Sir,—Your letter bearing date December 6th is now before me, and I beg you to accept my grateful acknowledgments for the same, and for the interesting pamphlet which you kindly sent me.

Correct answers to the inquiries you make, relative to “the influence of the climate, or acclimating fever, of Western Africa, on the *mind*,” are not less difficult than important; for, as you are aware, much more extensive and protracted observations are necessary, to enable one to form a correct opinion, relative to the effects of disease on the mental, than on the physical system. That a very great sympathy exists between the mind and the body, even in a state of health, there can be no question. And in all kinds of fevers, in all climates, this sympathy is obvious, to a greater or less extent. That the health of the body depends, in a great measure, on the healthy condition of the mind, and *vice versa*, no one can doubt. And, in the treatment of physical diseases, the judicious physician takes advantage of this, and endeavors to enjoin quietude and *cheerfulness* of mind on his patients; which, in some cases, are *sine qua nons* to their restoration to health. This course is especially necessary in the treatment of the acclimating fever of this country; for it is obvious to all who have carefully observed the effects of fevers on the mind, in this country and in the United States, that the physico-mental sympathy is more clearly exhibited in the former, than in the latter. Indeed, the greatest difficulty that I have to contend with, in the treatment of the fever which usually attacks new comers, within a few weeks or months after their arrival in this country, is to prevent that mental depression or despondency which is so frequently an attendant on the disease. And I have invariably found, in cases in which the patients obstinately and pertinaciously yielded to despondency, and abandoned all hope of getting well, that, sooner or later, their expectations were realized, and death closed the scene. A striking instance of this kind occurred a few weeks ago, in one of the last company of immigrants. The individual, a man about 30 years of age, was the first of the company who was taken sick; and, although his attack was not very violent, and although the urgent symptoms yielded readily to appropriate medical treatment, yet from the onset until his death, a period of about two weeks, he seemed to be determined not to get well; and I found it impossible to inspire him with the least degree of hope. I felt particularly interested in this case; for I was apprehensive that, if it terminated fatally, the result might have an injurious effect on the minds of some of the rest of the company. But, so well convinced were they that he might have recovered, had he exercised a little more patience, and not been so obstinate, that my fears were dissipated even before he died. On the other hand, I have had the charge of cases, in which I had much more cause to apprehend death, in consequence of the violence of the disease, than in the case to which I have alluded; and yet, by being able to induce the patients to banish all

gloomy forebodings, and to bear their afflictions with patient resignation, I have had the satisfaction of seeing them recover, in a reasonable time.

There are comparatively few cases, in which more or less mental despondency does not exist. I have seen several individuals who were all life and cheerfulness, before they were taken sick; but as soon as the fever had taken hold of them, the scene was changed, and they scarcely appeared like the same persons. This depression of spirits generally subsides gradually, after the subsidence of the fever. But as most persons are more or less subject to irregular intermittents, for some weeks or months after the first attack of fever, they are also liable to irregular exhibitions of mental despondency; and I generally find that the condition of the mind, as regards cheerfulness or depression, is strikingly characteristic of the condition of the physical system. It is not unusual for me to visit patients on one day, and find them cheerful and contented; and on the following day, find them melancholy and dejected, and disposed to exaggerate their sufferings; and perhaps, in answer to my inquiries relative to their feelings, they will tell me that they cannot get well.

And here I would remark, that I have observed with pleasure, and have experienced in my own case, the salutary influences of religion on the diseases of this country, to a greater extent than I ever observed, during a practice of two years in the United States. Whenever I have been called to a patient, whose heart and mind were sufficiently influenced by divine grace, to enable him to trust implicitly in God, and to submit patiently to any and every dispensation of Providence, I have been enabled to enter on the performance of the responsible duties of my profession, with far more encouragement of success, than in cases of an opposite character. And, in regard to my own case especially, I confidently believe that the comforts and consolations of religion have had more influence in the preservation of my health, than anything else. When the sting of death is thus removed, the prospects of life in Africa are vastly augmented.

But, as I apprehend your inquiries refer particularly to the permanent effects of the climate and fever on the mind, I will endeavor to state the substance of my observations on this point. And first, permit me briefly to state my own case; for, although I congratulate myself in not yet having become insane, yet I cannot say that, during a residence of fifteen months in Africa, my mind has not become in some measure affected by the peculiarities of this climate, or by the frequent slight attacks of fever which I have experienced. The principal effect that I have observed in my own case, is an impairment of the memory. I find that I cannot retain anything that I read or hear, with as much facility as I formerly could; and many things which were once almost as familiar to my mind as my own name, have "gone glimmering, like the dream of things that were." I also find that I cannot apply my mind to any particular object or objects, either in reading, writing, or meditation, for any considerable length of time, without becoming more or less confused, and experiencing an almost irresistible tendency to wander into the trackless regions of unbridled imagination, or into the visionary fields of unprofitable musings.

I believe that I could acquire more knowledge, by study, in three months in the United States, than I could in a year in Africa.

Another effect which I think I have observed in my own case, is a greater degree of irritability of temper. Notwithstanding I believe I enjoy more religion in this country—live nearer to a throne of grace—than I did in the United States; yet I find more difficulty in preserving an equanimity of mind, amidst the cares of life—an evenness of temper, amidst the changing scenes of time. My mind is more apt to become ruffled by things of comparatively minor importance; and I think I observe a greater tendency to loquacity, and unprofitable disputations; especially when I am feverish, which is frequently the case, even when I am able to go about and attend to the duties of my vocation. The little difficulties of life are also, in imagination, increased in magnitude—the mole-hill sometimes seems like a mountain; and, instead of stepping over the one, I am more inclined to prepare for a flight across the other.

These effects are perhaps more or less observable in the large majority, if not in all cases, of individuals who emigrate from the United States to this country. I have frequently heard persons say that their memory is not as good as it was in America; and, in regard to irritability of temper, I have no doubt that all intelligent and candid persons will acknowledge that they experience a greater liability to err in this respect, in Africa, than they did in America.

In regard to the influence of the climate and fever on different classes of persons, with reference to color, age, habits and intellectual culture; I think my observations justify me in saying, that persons of dark complexion are less liable to be injuriously affected, both physically and mentally, than those of lighter color—the ratio being, *ceteris paribus*, in proportion to the depth of color of the skin. The young are less liable to be affected than the old. And persons of industrious habits and enterprising spirits are, of course, less liable than those of an opposite character. In regard to persons of cultivated intellects, contrasted with the uneducated, I think the former are more liable to mental injury, than the latter, simply from the fact that the fever has more to operate on.

I cannot say, however, that any peculiar traits of character are produced by the influence of the climate, or the acclimating fever of Western Africa; or that permanent mental alienation, or insanity, is more common in Liberia than in the United States. Insanity is by no means common among the natives; and I know of only two really insane persons in the Colony. On the whole, I cannot perceive that the climate, or the acclimating fever, of this coast, has any very marked permanent effect on the human mind, other than the effects to which I have alluded; and even those may be only temporary—dependent, in a great measure, if not altogether, on the frequent febrile exacerbations, to which such persons are subject, in whom those effects are most clearly exhibited.

In answer to your inquiry respecting the interior limits of the fever region, I cannot give anything very satisfactory, in consequence of the circumscribed extent of my observations. From frequent conversations, however, with persons who have travelled to the distance of from 100 to

200 miles inland, I am satisfied that the country, even within 50 miles of the coast, is comparatively healthy. The land is mountainous, the water pure, and the temperature of the atmosphere congenial to the feelings. There can be no doubt that beyond the influence of the low, swampy ground, along the coast, the liability to disease is much less, and the chance of a long life much greater. It is very evident, however, that the physical system of every individual who removes from a temperate climate to a tropical one, must undergo some change—must experience some process of acclimation; which may or may not be attended with much fever, according to circumstances—to the constitutional peculiarities of the individual, the nature of the surrounding country, mode of living, &c. This change, no doubt, must be experienced, whether the individual locates in an elevated region in the interior, or in the immediate neighborhood of the pestiferous swamps along the coast. But, of course, the liability to active or violent disease would be much less in the former than in the latter location; and the individual would, perhaps, be entirely exempt from those frequent irregular attacks of intermittent and remittent fevers, to which all are exposed while residing in the vicinity of low, marshy land.

I think it is very probable that I could enjoy as good health in the mountainous regions of Africa, within less than one hundred miles from the coast, as I could in many parts of the United States.

Yours truly,

J. W. LUGENBEEL.

### PROTRACTED WAKEFULNESS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Some four or five months ago, you said that a correspondent in Wisconsin had inquired if I yet slept; and asked me to reply. I was then gathering strength, and had hope that, with improved health, the blessing would again be restored; but with the month of May came debility and miserable nights.

On the 18th inst., I embarked in a steamboat bound for Bangor, which sailed at 5 o'clock, P. M. The sea air was refreshing, and the voyage, during night, under a full moon, altogether delightful.

About 7 next morning, I landed at Camden, was immediately welcomed by a friend, taken to his house, and introduced to a fine family. After breakfast, expressing desire to go to the top of the rocky hill adjoining the village—the lowest of a range called the Camden Mountains—my friend sent his son with me, who, gun-in-hand, was my conductor to the summit, some seven or eight hundred feet above the level of the sea. There, we spent the forenoon, enjoying charming prospects of Penobscot Bay, studded with islands, and the surrounding country varied in every way, so far as the eye could reach. The hill is overspread with whortleberry and blueberry bushes; so, when fatigued, we had only to drop down, as on a sofa, and partake of delicious fruit.

After dinner, my friend drove me, in a carriage, some five miles back