

THE

10

SPECIAL TREATMENT

OF

SYPHILIS, CHRONIC RHEUMATISM

AND

SCROFULA.

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PREFATORY REMARKS.

From the frequent failures, abuses and consequent evils arising from the ill adaptation of the therapeutic agents usually employed in cases of Syphilis, Scrofula and Chronic Rheumatism, I have for some time felt a desire to present the Medical Faculty and the public generally with the results of my observation and experience in the treatment of these pernicious and obstinate diseases. *A knowledge of the distrust with which many physicians are disposed to look upon every thing professing to be new light on such a subject has constrained me to forego this attempt until now. I shall, however, feel amply repaid for the labor thus expended, if I shall prove so fortunate as to offer any suggestions by which the afflictions of the human race can be more effectually relieved, and a higher degree of confidence inspired in the Healing Art.

Medical science, although progressive in its general character, has not for a long time made any material change or improvement in what has been recognized as the established remedial policy in the treatment of these diseases. Aside from the introduction and use of the iodide of potassium during the present century, nothing has been done since the mercurials came to be deservedly regarded as the most powerful and effective agents in the control of diseased action, as peculiarly manifested in the disorders here made the subject of special consideration.

I.—SYPHILIS.

Syphilis, as is well known, is a *contagion*, in the strict sense of the term, and is justly regarded as the worst form of venereal disease. In its constitutional phases it is exceedingly obstinate. It defies the highest recuperative energies of the human system. It is the only disease communicated from one to another, which, when uninterrupted in its progress by remedial agents, never yields to the most vigorous efforts of nature to overcome it; at least I am not aware of any spontaneous recoveries. When, therefore, the sub-

ject of this infection has a correct knowledge of its formidable character, and of the uncertainty of his deliverance from its slothful and insidious ravages, he must, as a necessary consequence, feel the deepest horror in view of his condition.

It is not necessary here to allude to the source of this infection, or to the localities upon which it is well known first to exhibit itself, the chief object being to consider it in its disposition to yield to the action of those therapeutical agents employed to check its ravages and eradicate its evils. The mercurials and the iodide of potassium are, at the present day, the principal remedies most generally relied upon by all the regular practitioners of the Allopathic School in the treatment of syphilis. In fact, so immovably fixed in the minds of a majority of physicians everywhere is the old doctrine that mercury carried to the extent of ptyalism is the only infallible mode of success, that it is regarded as presumptuous in any man to assert a contrary opinion. Before I leave the subject, however, it may perhaps appear that I am inclined to disagree with those who so believe. And I wish it to be understood that I do so, not upon mere hypothesis, but upon the authority of rational principles and well-founded facts.

Syphilis, when it passes from its local to its constitutional form, very soon begins to seriously interrupt the normal process of nutrition as regards both the soft and osseous tissues. The nutrition of the skin, mucous linings, hair, nails, muscles and bones soon become perverted. No other constitutional disorder, so far as I am aware, exhibits so many different phenomena in different subjects. To notice all these different phenomena, however, as presented in individuals of dissimilar susceptibilities, does not fall within the scope of the present design. I shall, therefore, consider it simply in its several grades or stages, each of which viewed separately demands a modification of treatment.

The timely destruction of the *primary chancre* seems to be absolutely necessary to cut off the pass-way from its local to its more diffused constitutional involvement. To accomplish this, various topical applications are resorted to to eradicate the syphilitic virus, and bring as early as possible the specific sore to a healthy granulating one. But unfortunately success does not always crown the efforts to accomplish so desirable an object. Often after days of assiduous attention, when the happiest results are anticipated, some new and, to the skillful eye, more alarming phenomena are suddenly presented, and the hopes of both physician and patient are

sadly disappointed. Soothing washes, pungent styptics and smarting cauterants must be thrown aside at once, and the armor *donned* for a more trying and difficult field of action.

The difficulties so frequently encountered in the effort to correct the infection in the grade of chancre, are such as to render the topical mode of treatment inoperative in many instances. Hence, when the curative result to be brought about by this mode is protracted, we are usually inclined to suspect, and in fact almost sure, to discover a constitutional invasion of the malady; in which case it is necessary to adopt at once a general plan of treatment. These difficulties are chiefly encountered in treating concealed chancre, either of the urethra, or from the condition induced by phymosis and paraphymosis, and also by the indurated or Hunterian form. Bubo—an affection of the absorbent glands of the groin—is so prone to accompany the indurated form of chancre, that it is almost impossible to manage the case with any certainty of success against some degree of general disorder of the system. Some temperaments also seem to be susceptible of earlier constitutional invasion than others.

It has been deemed necessary to make the foregoing somewhat general remarks in regard to the treatment by local applications of syphilis in its primary form, and to the conditions and causes therein, which often combine to baffle the skill of the ablest practitioners, for the purpose of showing more clearly that there is a *want*, a *deficiency* in therapeutical resource which *must* be supplied before better success will ever attend the remedial management of this disease.

Mercury, as has been already suggested, constitutes the principal remedy in syphilis. And to overcome the disease in its constitutional form, this remedy is often pushed so far that the whole system is brought thoroughly under its influence, *until the cell of every texture is imbued with it*, I might say, to a state of amalgamation. The fact that mercury is so employed clearly evinces a necessity for it—a necessity which obtains simply because the profession knows nothing which could be preferably employed to accomplish the object desired. I do not underrate the value of mercury in syphilis or any other disease requiring its use. On the contrary, my experience in the practice of medicine fully justifies me in classing it among the most valuable and efficient agents known to *Materia Medica*. But while I am willing to concede all that its warmest advocates can justly claim for it as a special remedy for

syphilis, I must at the same time take the liberty of recording my observations on its injurious as well as its beneficial effects. In the first place I shall endeavor to give some little idea suggested by my experience as to the difficulty of rightly understanding and regulating the action of mercury as a medical agent. And it is perhaps hardly too much to say that there is not one physician in twenty that can justly claim the ability to accurately graduate or adapt this agent to the control of diseased action. And he who has attained to this eminent degree of skill, will find that it is the result of patient study and long experience, and that he has passed well nigh through the most fruitful years of his professional life. Where is the physician that understands mercury so well that he can give just enough, and no more, to act as a purgative? Will it do this and no more? Will it do this and not vomit? Will it do this and not salivate? These are questions extremely difficult to answer correctly. And yet constitutional syphilis, in which this agent is so usually employed, is too slow in yielding to treatment not to require the greatest circumspection in its remedial management.

The direct tendency of the syphilitic poison to speedily deprave and pervert all the nutritive actions, and the recognized tendency of mercury in its constitutional impressions, to rapidly lower the vital energies, render it extremely difficult to use such a remedy in such a disease with entire safety and certainty of success. For my own part, I never could see the physiological consistency of using a means to the extent of producing a disease in a healthy texture, for the purpose of overcoming a disease known to affect a different texture. The fact is established beyond contradiction, that mercury, when carried to the extent of ptyalism, does pervert more or less the nutritive functions of the osseous tissues. And so rapid and violent at times is its action on these parts, that the most prompt and judicious interference on the part of the physician, is necessary to avert its ruinous consequences. To me it seems strange indeed and unwarranted, that a case of secondary syphilis, characterized perhaps by slight ulceration of the throat or cutaneous eruptions here and there, brought to extreme suffering and peril by the use of a remedy which, in its proper place, is acknowledged to be one of the most beneficial known to the medical profession. Mercurial ptyalism, when severe, is a peculiarly dangerous disease, as will appear from mentioning some of its phenomena, and often ensues when the object of the physician is to produce only a mild mercur-

rial impression, and to maintain that impression until the remedial influence is satisfactorily exerted. And thus, when to syphilitic ulceration of the mucous linings of the mouth and throat, perhaps limited in its character, severe ptyalism is superadded, a truly deplorable and alarming condition of things is presented. The tongue is immensely swollen, and from its increased bulk protrudes from the mouth, coated with a thick, yellowish white fur; the breath is intensely fetid; the parotid and submaxillary glands are frightfully enlarged, and quite painful; the jaws are opened with great difficulty, if they can be at all; the head has to be supported, and the saliva pours in streams from the mouth; extensive ulceration of the gums, cheeks and tongue ensue, with sometimes free and prostrating hemorrhage; the teeth shake and fall out; mortification of the soft parts and necroses of the alveola processes occasionally take place; and frequently death is the result, or if the patient recovers, he exhibits a disagreeable deformity for life. That such a state of things should supervene upon the use of a remedial agent, is exceedingly deplorable, and plausibly accounts for the many bitter prejudices against mercury outside of the medical profession.

These consequences of the use of mercury, are frequently unavoidable from peculiar constitutional susceptibility, yet the prejudices which they excite, have much to do in calling into existence a certain class of quacks and quack nostrums, quite numerous in the land. But often after the patient has passed through these extreme sufferings, this terrible mercurial ordeal, it is not always the case that the syphilitic infection is eradicated. It is possible, or rather not improbable, that it may at some future time reappear. There are many instances in which the disease induced by the use of mercury, is thought to have associated itself with syphilis; or in other words, mercury has so affected the constitution as to result in incurable cachexia, which serves as a congenial and well fortified habitation for syphilis, so that it defies all efforts to dislodge it; or the impression itself of mercury on the constitution, diminishes or paralyzes the recuperative energies of nature to such an extent as to render remedial agents inoperative. And, hence, it is almost impossible to determine whether the disease will or will not return at some time or other, even after it has entirely disappeared through severe ptyalism. Indeed, from my own experience in the treatment of this disease, and my observations on the action of mercury, as commonly employed, I am strongly inclined to the opinion that when early success is not realized, its protracted use serves rather

to harbor the disease than to exert a remedial influence in behalf of nature. It so impoverishes the constitutional resources, when its impressions are maintained for a long time, that often evil consequences unavoidably result. And, in fact, conditions are not infrequently recognized in constitutional syphilis, to which it is totally inapplicable, and hence another forcible illustration of the difficulty of employing it with safety and success as an antisyphilitic agent. And the disease, when presenting in its constitutional involvement these conditions, and offering unusually stubborn resistance to remedial measures, has often, in regard to these unfavorable indications, been successfully treated without the use of mercury, and hence without the risks attending its protracted administration. The length of time required to give mercury a fair trial, in cases of syphilis, often tends to increase the difficulties in its subsequent treatment. For after weeks of valuable time have been thus consumed, it may be found that the disease is unsubdued, and very possibly it may become necessary to abandon this remedy altogether, and adopt some other mode of treatment, the patient in the mean time having been exposed to the enervating and even prostrating effects of the disease and the medicine.

Another reason which induces me to doubt the expediency of resorting to mercurial ptyalism to displace the syphilitic infection is, the fact that this disease, from the rapidity and extent of its action in impairing the vital resources, tends pre-eminently to prepare the way for the easy invasion of other diseases, disposed to affiliate with it, and that prolonged mercurial impressions are calculated to largely increase that tendency. Such a combination of co-operating forces in this direction, is, in my judgment, eminently hazardous. It contributes much to the development of the tuberculous, serofulous and rheumatic diatheses, especially where there exists any predisposition to it, induced by climate, occupation or any other cause.

Again, it is very questionable in my mind whether mercury has any greater remedial virtues in syphilis than it is known to have in other diseases, both acute and chronic, where it is used. Its antiphlogistic agency, its action upon the secretions in general, and on the liver in particular, constitute the chief and at the same time very important objects for which it is employed in other diseases. And take away these virtues, and I would venture the assertion that its therapeutical value in syphilis would be well nigh destroyed. If this view be correct, it should be administered for the same pur-

poses and with the same precautions in this disease as in any other. I mean to say that we should not continue the use of mercury with the persuasion that it possesses a *specific* influence in the control of syphilis, which it does not possess in the control of other diseased action. Furthermore, from my observation on the results of mercurial ptyalism, I have well nigh reached the conclusion that the use of mercury to the extent of producing this impression is unwarrantable in any disease and under any circumstances, and it is earnestly hoped and predicted that its employment for this purpose will be eventually abandoned by the medical profession. I am aware that most of the standard writers confidently recommend this use of mercury in the treatment of syphilis. But if this as a remedial means is as infallible as their views would incline us to believe, whence arises the necessity for the extensive use of the iodide of potassium? This medicine has grown much in professional favor of late years, and seems destined to stand side by side, if not above, the mercurials as an antisiphilitic agent. Its beneficial influence seems to be more especially exerted in the more chronic grade of the disease, technically known as *tertiary syphilis*. In this stage all the phenomena of the preceding one are exhibited with increased aggravation. The disease manifests greater energy and activity in its work of destruction. Every general feature of health begins to disappear. Every organ and tissue, if not already in the monster's grasp, is imminently threatened. Here the physician, however skillful his manœuvres or effective his weapons, finds a foe in every way worthy of his steel. Here the mercurials are almost totally inapplicable: for disintegration has become so palpable and rapid, that nothing calculated to increase it is for a moment to be thought of. It is here that the iodide of potassium comes into use and affords some degree of hope to the poor sufferer. But being inadequate of itself to meet the combination of difficulties presented, yet as the only means, in any material degree to be relied upon, the physician pushes it with all the energy which prudence will allow, and supports it by all the auxiliary measures which skill and experience can suggest. Tertiary syphilis, as before intimated, presents the most fearfully aggravated and intractable form of the disease, and the best remedies known to the profession very often fail to effect a radical cure. This fact first suggested to me the idea that if there was any *specific* for syphilis—any remedy which could thoroughly eradicate the disease and restore the patient to health—that remedy had not yet been discov-

ered. I believed that the boundless resources of nature could furnish a better weapon with which to combat this monster of diseases, than had yet been fashioned by the Healing Art.

The belief, it seems to me, is a rational one, that a merciful Providence has provided a special remedy for every one of the multitude of diseases which infest the habitation appointed unto fallen man. And it is the peculiar province of medical science, to trace out these wise provisions and employ them in the alleviation of human suffering. The healthy action of the human body—its normal development and support—depend upon elements abundantly supplied by the three great kingdoms of nature: the animal, vegetable and mineral, and so diseased action must be corrected by agents, it is reasonable to conclude, as abundantly supplied from the same sources. Hence the inference is altogether rational, that many diseases, now regarded as incurable, would not be so regarded had scientific investigation completed her full round of discovery.

From the early pathological view which I took of syphilis, and from the perplexity and disappointment which I often met with in endeavoring to control the disease by the rules laid down in the standard medical authorities, I became ambitious to discover, if possible, a vegetable eutrophic which would correct the perverted nutritive action induced by the disease, and which could be prolonged in its use, without in any degree impairing the constitutional resources, until the system, by its own recuperative powers, could emerge from the syphilitic diathesis.

After subjecting to rigid test many vegetable agents, circumstances rather accidental in their nature, at length fortunately brought to my notice a plant, indigenous to the mountains of Virginia, but unknown, I believe, as yet to the United States Pharmacopœia. Whether this plant is known and classified by Botanists, I know not, but I am fully confident its medicinal virtues have escaped the notice of the medical profession. Its valuable properties are found in the root.

By submitting it to different pharmaceutical tests, I found that it yielded its active principle more completely to ether than to any other solvent, and that it loses much of its active principle by keeping, yielding much less readily to the action of solvents in its dry than its green state. I here propose to call this plant *Eutrophia*, as indicative of its effects on the system. Of its botanical character, I may have more to say hereafter. Of its medicinal virtues, I have already made the most complete and satisfactory trial, and will now

state, briefly, the result of the most careful and minute observation on its action. Its effects upon the system are sensibly manifested by a marked tendency to stimulate almost all of the secretory actions; it possesses narcotic properties, as is evinced by its tendency to produce vertigo when taken freely, and exercises over the circulation a decidedly sedative influence. When given in doses of three grains each, repeated four or five times a day, it displays a power in renovating the energies of all the nutritive functions which proves it in syphilis and in all other diseases of a cachectic tendency, one of the best eutrophics ever produced from the vegetable kingdom. So much for the Eutrophia itself. To make it, however, fulfill more completely the object desired, I have combined with it, in the form of a fluid extract, the properties of *stillingia* and *dulca-mara*. The properties in these plants, of which I avail myself, reside in their roots; the medicinal importance of which has not, I think, been duly appreciated by the profession. The root of *dulca-mara* is not officinal, and, if I am not mistaken, there is no regular officinal extract of the *stillingia* root. The process by which I am enabled to completely exhaust these roots of their valuable properties is somewhat different from any known to the established rules of Pharmacy,—a difference necessarily imposed by the nature of the materials. They all lose their active principle on being kept, but when submitted in their green, or fresh state, to the action of the proper solvent, at an elevated temperature, they readily yield their entire properties, by the rule of displacement. The solvent which I prefer for this purpose, is *proof* apple brandy. It seems to succeed better than diluted alcohol, (upon what principle, I am not able to say.)

For a period of several years, it has cost much perseverance, patient thought and tedious experiment, before I could rest satisfied with the result of my efforts to bring to perfection this valuable eutrophic. But I feel no regrets for the time and labor thus expended, for I have such entire confidence in its remedial virtues, that I cannot but hope and believe that it will contribute very greatly to the relief of the sick and suffering of our race.

I will now state in some detail the results accomplished by this preparation in the treatment of syphilis in its different grades. A majority of the cases which I have treated, for the last eight years, presented the constitutional phenomena, and of this grade of the disease, every case had been treated with the mercurials and iodide of potassium. In several of these cases, the "surface indications"

were so numerous and extensive as to present almost an exact resemblance to confluent small pox. From the superior border of the chest to the commencement of the lower extremities, the entire exterior was covered with a well-formed incrustation, in many sites discharging a viro-purulent matter. These cases were characterized by cachexia, the combined result, as I thought, of the disease itself and injudicious treatment. Persevering with a judicious system of medicated fumigation baths, to which I attach much importance in the control of such conditions, and with the eutrophic, I was able to discharge these cases permanently relieved. I have treated successfully cases that have visited the celebrated Hot Springs, in Arkansas, for relief in vain. I have treated, with complete success, several cases of what is called syphilitic ozæna. I can say in all candor and truth, what few physicians can claim to say in point of success, that so signal has been the efficacy of this vegetable eutrophic in my hands, that I do not know of a single instance of its failure in the many cases which have come under my treatment in the past eight years.

I have never found it necessary to make mercury, or the iodide of potassium, the basis of a plan of treatment for constitutional syphilis, since I have been able to bring to bear this vegetable preparation for that purpose. When I believe mercury to be called for in any particular case, to facilitate the remedial action of this preparation, my rule is to give the chloride in purgative doses, every fourth or fifth night, until the indications are sufficiently fulfilled; and I find that its employment in this way secures all the benefits it can bestow, without incurring any risk of the evil consequences so liable to follow its protracted use. When its use as a purgative appears inadmissible from any contraindications in the general state of the system, my rule is not to use it at all. My mode of treatment in the primary grade of the disease is, first, to bring the system to a point not favorable to an inflammatory type of diseased action, whenever this step is indicated by the general condition of the patient. To accomplish this, I most usually rely on saline purgatives. The management of the condition of chancre is in accordance with the usual rules prescribed for its treatment. I may here state that I use almost altogether in syphilitic ulceration the comp. tinct. of iodine and the salt of the sulphate of copper. I have found these to serve all purposes in the topical management of the sores. And further, in all cases of primary syphilis, I am most confident that the system can be fully protected against a constitu-

tional invasion of the disease by a timely and judicious use of the vegetable eutrophic. I know of no case, under my treatment, of the primary form in which constitutional involvement supervened, even though in many instances every cause favoring this result existed; such as indurated chancre with bubo, the conditions of phymosis and paraphymosis, and concealed chancre of the urethra. And this I have every reason to attribute to the eutrophic which I invariably use in cases of primary syphilis. In treating the more chronic and extended form of the disease termed tertiary syphilis, I use the eutrophic for the first ten days, and then the iodide of potassium for a week, after which I resume the eutrophic and continue its use until the cure is completed. Every other indication in regard to diet, clothing, &c. is required to be strictly fulfilled. I have had my patients tell me that ten days' use of this medicine, to use their own language, made them shed like a snake. They have informed me that it gave them more substantial relief in ten days than they had experienced from the continual use of mercury and potash for two years. From reliable facts furnished by experience and observation, I am fully satisfied that this preparation will supply every want or deficiency heretofore so much felt to exist in the means of successfully treating syphilis, and that it will very greatly increase the *safety* as well as the certainty of success in its remedial management. Mercury is too variable in the intensity of its action, and too difficult to properly graduate and control, not to be attended, under all circumstances, with the risk of most injurious and even ruinous consequences. The iodide of potassium is by itself insufficient to meet all the indications presented in the disease. But the grand principle upon which rests the therapeutic value and efficiency of this vegetable eutrophic is, that while it exerts a revolutionizing influence on every part of the system invaded by the disease, it improves rather than impairs the constitution of the patient, and hence can with perfect impunity be indefinitely prolonged. This cannot with equal justice be claimed for any of the established remedies which, according to standard medical authorities, form the basis of their plans of treatment in constitutional syphilis. Another most important feature in the eutrophic is, that when the indications require the use of the mercurials, it in some way shields the system against their violent effects, which otherwise might be produced when neither intended or desired by the physician. This protection it invariably affords when the mercury is given in my usual way; that is, in purgative doses

every fourth or fifth night, and the eutrophic is used all the time in doses of half an ounce four or five times a day.

Upon these merits alone, then, of the preparation I would earnestly recommend its adoption by the medical world as a most valuable and efficient medical agent in all grades of syphilitic infection. I would also urge its general adoption upon another very reasonable ground, namely: that there is on the part of the medical profession a settled belief, or at least a tendency thereto, that syphilis, when fairly engrafted upon the constitution, is incurable. Such a belief is calculated to retard the advance of medical science, and to circumscribe the benefits which it bestows upon the human race; to lull scientific research in a field most spacious and perhaps fertile in remedial discovery; and to leave a large class of infected beings without help or hope, to drag out a wretched remnant of existence, and to bequeath, it may be, to innocent posterity a life-long inheritance of infirmity and woe.

CHRONIC RHEUMATISM.

The subject of special notice in the second place is Chronic Rheumatism. This is a peculiar and painful affection, characterized by constitutional irritation and great susceptibility to external impressions, styled in technical phraseology the *rheumatic diathesis*. Medical authorities recognize some three or four kinds of rheumatism or rheumatic irritation. My purpose here, however, is to notice only the chronic grade, as this is another form of diseased action strongly inclined to induce enervation and perversion of the constitutional forces, though in a different mode from that induced by the disease just noticed. In this case the injury to the constitutional resources arises from long-continued nervous irritation with local pains, which are prominent characteristics of this grade of the disease. Chronic rheumatism is not infrequently the remote sequence of the inflammatory types of the disease termed acute and sub-acute rheumatism, and frequently its origin may be found in a previous mercurio-syphilitic condition of the system. The joints are commonly the parts affected by this disease. These are sometimes but slightly swollen, and rarely ever changed in external appearance, but are the seats of a heavy, dull aching pain, with which the patient constantly suffers.

Rheumatic irritation is the result of two leading causes, one of which I consider the predisposing, the other the exciting cause. The rheumatic diathesis is the predisposing cause, and may exist from some peculiar constitutional irritability, or may be the effect produced by the operation of other causes. The injudicious use of the mercurials in other obstinate diseases has, I think, much to do in producing the rheumatic diathesis; in some cases, also, the previous existence of syphilis exerts a strong influence in the same direction. With all the boasted theories about the cure of rheumatism, practitioners of medicine never make any effort to obviate the supervening of this diathesis in the treatment of the acute form of the disease. When acute rheumatism subsides under the influence of the antiphlogistic agencies necessary to prevent a fatal issue, which is exceedingly rare, except where there is metastasis to some vital part, as the heart or nervous centres, the patient is left to convalesce just as in any other inflammatory affection. Nothing is done specially to obviate the susceptibility to the chronic forms of the disease which are so liable to follow the acute. My experience, however, has led me to believe that the system can be so managed, when passing through the subsiding shades of acute rheumatism, as to be fortified against the invasion of the chronic forms of the disease. I repeat, that if special attention was directed to the thorough eradication of the disease in the acute form, when the constitutional forces are regaining their wonted vigor, the conclusion is altogether reasonable that attacks and consequent suffering from chronic rheumatism would be much less frequent. How these subsequent attacks might be prevented became early a subject of inquiry with me. From my knowledge of the renovating influence of the vegetable eutrophic, which has been previously noticed in my remarks on syphilis, I came to the conclusion that there might be a point in the progress of recovery from acute rheumatism, after the inflammatory symptoms had measurably disappeared, where this preparation might be successfully applied to eradicate all vestiges of the disease, so that the system would not be predisposed thereby to subsequent attacks of chronic rheumatism. Putting this idea into practice, general success, even beyond what I could reasonably anticipate, has been realized, since in the many cases of acute rheumatism which I have treated since introducing the vegetable eutrophic, no symptoms of chronic rheumatism have subsequently appeared. This subject, although of great importance, has never received the attention of Physicians. Instead, therefore, of leaving my patients

to recover their health under the ordinary tonic treatment, and take all the chances of the sequents of the disease, I adopt a course of treatment to protect them, if possible, against its recurrence in a chronic form. To accomplish more effectually this end, the following is my mode of practice. Laxatives are used for two or three weeks, and with them the vegetable eutrophic, from four to six weeks, for the benefit of its general tonic influence. The laxatives commonly selected, are the bitartrate of potassa and flowers of sulphur, in doses sufficient to keep the bowels open, without retarding the action of the recuperative forces. In addition to this, there is invariably enjoined the strictest attention to the condition of the skin, which is required to be daily sponged with weak ley and brandy, and often with luke-warm water, with chloride of sodium dissolved in it. When the strength of the patient will justify it, baths are used of warm or luke-warm water, and frequently medicated vapor baths, such as are deemed serviceable. I am more of a hydropathist in the treatment of rheumatism than most other physicians. This course of practice I pursue in the declining stages of acute rheumatism, when the patients would generally be discharged as needing no further medical attention.

I must mention the fact again, that in all the cases of acute rheumatism, which I have thus treated, no symptoms of chronic rheumatism have thus far appeared. This, I believe, is mainly due to the influence of the eutrophic. I am confident, therefore, from careful observation upon the action and effects of this preparation, that it can be employed in the convalescing stage of acute rheumatism as a protecting agency against subsequent chronic conditions of the disease, with the happiest results.

I will now advert to the special mode of practice which I pursue in the chronic form of rheumatism, and will do so with as much brevity as justice to the subject will allow. To set forth more clearly what I regard as the remedial policy most successful in thoroughly correcting the rheumatic habit, I must necessarily consider its two grades somewhat together. Rheumatic irritation in the sub-acute form, is located in the muscles. And while it is more disposed to change its locality, and on this account more liable to fatal metastasis, than either of the other types, it nevertheless generally yields more readily to the control of remedies. Sub-acute rheumatism may exist almost any where in the system, but it is most frequently seated in the muscles of the lumbar region, in those of the walls of the chest, and of the face and neck, presenting lumbago,

pleurodynia, torticollis, &c. The disease, in this form, is often recognized as existing in the muscles of the hip, and sometimes in the ligaments of the joint and pelvis, and perhaps also in the neurilemma of the sciatic nerve, constituting what is called sciatica. The heart is very liable to be attacked by rheumatism in this form, and no doubt many instances of sudden death occur in consequence of violent attacks upon this important organ, by which its muscular action is at once suspended. There are many other internal localities which may be visited by the disease in this form, which need not here be noticed, my object being to notice the disease in its general aspect.

The treatment of sub-acute rheumatism involves the use of quite a variety of remedies, both general and local. This arises, in part at least, I have no doubt, from the different opinions which prevail among standard medical authorities as to the true nature of the disease. The mercurials, colchicum, and the alkaline mode of treatment, all have their zealous advocates. The want of success in treating the disease, is due to the fact, that what is done often amounts only to a mere palliation, instead of a radical cure of the disease. The treatment fails because it is discontinued before a thorough cure is effected, or the remedial plan itself is defective. The plan of treatment which I have found to be most satisfactory and successful, involves the use of both general and local remedies, and is as follows: opium and colchicum are given in large doses combined, for the purpose of overcoming the rheumatic exacerbations; the vegetable eutrophic and laxatives, with the assistance of vigorous hydropathic measures, are employed to destroy the rheumatic diathesis. With these potent agencies I have been able to overcome the most obstinate cases of this form of rheumatism. With regard to chronic rheumatism I feel justified in asserting the opinion that it can be more successfully treated than is in any wise believed by even the most distinguished practitioners of medicine. Generally speaking, failure is as much due to want of perseverance and confidence, in the final result, as to any deficiency in medical resources. Physicians fail as much from not persistently continuing to do what is necessary to secure permanent relief as from not thoroughly comprehending what is necessary to be done. I must be allowed to state here, as the result of observation, what seems to me a common professional fault: namely, that physicians generally expect too much—anticipate too important curative results from peculiar isolated modes of treatment. I have been brought into

contact with physicians of high reputation, who were not long in manifesting a decided leaning to some particular hobby—a marked partiality for, and confidence in, some particular remedy or mode of treatment suggested by, or, at any rate, in harmony with their own idiosyncrasies.

Much time is often unnecessarily consumed in treating chronic affections, for the simple reason that results are looked for, which the remedies and plan of treatment adopted cannot accomplish. In this way not only is much valuable time lost, but the disease actually gains ground, while the patient's hope of recovery declines, and his confidence in the skill and honesty of his physician is weakened. Time is a most important matter in the control of all kinds of diseased action, and the too great loss of it is often the cause not merely of failure but of a fatal issue.

I consider the vegetable eutrophic a very important addition to the remedial means for the treatment of the chronic forms of rheumatism. And having an honest desire, as every right-minded physician especially should have, to contribute whatever I can to the alleviation of disease and suffering, I feel it to be nothing less than an imperative duty to recommend to others a preparation in which I have such entire confidence myself. I am fully persuaded that whoever will give the eutrophic a fair trial in the treatment of chronic rheumatism will have no cause to condemn it for want of efficiency. Its great value in this disease is due to its renovating influence on the nutrition of the system. It corrects and reinvigorates the nutritive functions which have been perverted and enervated by disease. Whether it exerts this most important influence immediately on the digestive and assimilative functions, or more remotely on the circulation at the point where it gives up the material for the respective tissues I am not prepared to say.

SCROFULA.

I shall in the third and last place notice some of the phenomena presented in the tuberculous or scrofulous diathesis. This is a constitutional affection characterized by depression of the vital energies and a persistent tendency to organic dissolution. It has given rise to a great deal of speculation among medical observers, who have manifested much laudable ambition to excel in ascertaining its true nature. But the most diligent medical research has thus far failed to settle the question. It is quite foreign to my present purpose to indulge in any speculations on this part of the subject, as the ground has already been so thoroughly explored by the most scientific of the medical profession. But whatever may be its true pathological history, much more can be done on its therapeutical management than is generally conceded by medical authorities. Here, too, physicians do not make that patient and vigorous effort to relieve the poor sufferer which ought to be made, but on the other hand are most likely to exercise their professional shrewdness in concealing their inability to successfully manage the disease. After prescribing the remedies usually recognized as the most beneficial, if the disease exhibits much obstinacy, they, perhaps, after a sort of half trial, usually become careless, while the patient loses confidence, and hence the disease holds unopposed possession of the field. The symphatic glands, both external and internal, are the parts most usually affected by this disease. Most generally the scrofulous inflammation is first evidenced by slight enlargement of some one or more of the glands of the neck, which has perhaps come on very gradually, with little or no uneasiness in the affected glands or its immediate vicinity, often not sufficient to attract the attention of the patient specially to the point attacked. Glandular inflammation at first frequently appears to be fluctuating: that is, the affected gland sometimes perceptibly increases in bulk, then seems to be stationary for a while, then again increases, until remedial interference is demanded to check it, otherwise it will continue to increase, until destructive consequences, either locally or generally, and sometimes both, ensue. If the remedial measures are too long delayed, the disease is almost certain to go on to its suppura-

tive stage, which is frequently a slow process, months being required for the matter to form and vent itself. The abscesses thus created in the glands and cellular tissue are difficult to heal, and continue to discharge their peculiar matter for a long time. Many of the superficial glands are often affected at the same time, producing, in many instances, an unsightly deformity in the region affected. The constitutional involvement seems to be wanting in some cases, while in others it is quite well marked even before the tumefaction of the glands is perceptible. The indications or symptoms of external scrofula are quite various, and are manifested in different localities. By these the medical observer may determine its probable degree of activity; that is, whether it is slow or rapid in its movements. The conditions by which the scrofulous diathesis is thought to be marked may be said to consist of the following, a bloodless aspect of the complexion; the face and upper lip especially in a bloated condition; frequently running sores in the posterior regions of the ears, and vesicular eruptions on the neck, and sometimes on the outer coats of the eyes, acid secretions from the skin; the bones soft and weak, pulse feeble and excitable; muscles wasted and flabby: slight swelling and hardness of the glands of the neck; tonsils inflamed and swollen, and general debility, indicated by an accelerated pulse and hurried breathing, consequent upon any exertion, such as walking up a hill or up stairs. Frequently there are paroxysms of febrile action, indicated by excited pulse and restlessness at night. These symptoms often attend or precede the deposition of the peculiar tuberculous matter known as the tubercle of phthisis or consumption. The scrofulous habit may not exhibit all these symptoms; that is, it is not necessarily required that they all exist to constitute the scrofulous habit proper. Yet they do exist to a greater or less extent in the external form of the disease. I could mention other localities favorable, and even accustomed to the invasion of external scrofula, but deem it unnecessary, as my chief object here is to explain the mode of treatment which has proved so successful in the cases of this disease which have come under my control.

This general morbid condition of the system evidently depends on some peculiar effects or impressions upon the constitution, produced, no doubt, by a combination of causes, which may be considered as both inherent in the system itself, and adventitious. The constitution can receive such impressions in the incipient germinal stages of its organization, that the morbid condition of the strumous

adult is not inaptly represented by the crumbling of an edifice built of originally imperfect and unsound materials. The morbid phenomena everywhere presented in the system, seem to indicate, as it were, a general running down of the machinery of vitality—a kind of exhaustion of the vital forces and functions, as if all had been fulfilled, of which they were originally capable. This exhaustion or paralysis of the constitutional energies in scrofula is often prematurely induced by the operation of external and adventitious causes tending to produce general debility of the system, such as foul, damp air, scanty and meagre diet, indolent habits, excessive and exhausting indulgencies, mental depravity, and the effects of certain diseases, such as small pox, measles, syphilis, &c. And no doubt even where there is no hereditary predisposition to the scrofulous habit, it may be brought on by a combination of causes, which tend to lower and impair vital action, and alter and impoverish the blood.

A most important and even essential point in the treatment of scrofula is to correct the constitutional habit, from which the tuberculous deposition or other marked phenomena of the disease are produced. If this condition is suffered to remain unremoved, no plan of treatment will ever result in any permanent benefit, but may be productive eventually of serious injury; for it has been often observed that the topical treatment of the scrofulous tumors, to induce their recession, has been followed by pulmonary consumption. There is danger, therefore, of doing the patient serious damage if much effort is made to remove the external phenomena of scrofula. As a preliminary step, imperatively necessary, in order to secure every possible advantage which may be derived from the special treatment of scrofula, we should enjoin a thorough change in all the circumstances and habits of the patient, which are in any degree favorable to, or promotive of, diseased action; such as a sedentary occupation, confinement to crowded apartments, habitual exposure to sudden changes of temperature, &c. The remedies, or at least medical preparations employed in the treatment of scrofula, in its external form, make up quite a considerable list; and a judicious selection and combination of these, with a discriminating application of them, according to the indications presented, furnish the best evidence of professional skill, and the best assurance of success. Of these remedies I may here mention some of those considered by medical authorities the most efficient and reliable as the various preparations of iodine: such as the iodide of potassium, iodide of

iron, biniodide of mercury, and iodine uncombined in solution. For the impoverished state of the blood, with the consequent anaemic condition of the system at large, the preparations of iron are brought conspicuously into use. These are numerous, and quite efficacious in a debilitated state of the system. In short, the tonic plan of treatment is the one usually adopted to control this wasting disorder. The revolutionizing agency of mercury cannot be employed here, because it is too much inclined to associate itself with the disease in the pernicious work of disorganization already going on. I will add, that cod-liver oil and the anodynes complete the list of principal remedies in scrofula.

The plan of treatment for scrofula, which, in my experience, has been crowned with signal success, involves the use of only three remedies—the vegetable eutrophic, Lugol's solution of iodine, and cod-liver oil. These I am honest in the belief, constitute, to so express it, a ternary specific, adequate to the complete eradication of the scrofulous habit; at least they embrace all that I have found necessary to permanently relieve obstinate cases of this disease. From my experience, therefore, in regard to scrofula and the extraordinary success which I have met with in the cases treated with these three remedies, I am fully persuaded that there is no certainty of success in treating the disease without them. I mean to say that these three remedies, judiciously applied, will cure the great majority of cases, where the system is not too much impaired or exhausted to avail itself of offered aid. With these and the *vis neditatrix naturæ*, I have been able to do what other physicians considered medical impossibilities; with these I have raised patients abandoned by friends and physicians as hopeless; with these, not only I, but whoever else avails himself of their power, will be able to conduct others out of this strumous slough of despond into the flowery pathway of health.

I will now mention, somewhat in detail, a few instances of the successful treatment of cases considered by physicians incurable. I was called to visit a married lady, of some forty years of age, who was confined to her bed with prolapsus and ulceration of the womb, which had all the while escaped detection on the part of her other medical attendants. This being my first practice in the family, I felt, as was natural, quite anxious to discover the true cause of her protracted illness. I treated her for the conditions already mentioned, and her health was restored. On account of my success in this case, my attention was called to a negro girl, who, I was in-

formed, had been afflicted for some two years, and had been treated by several of the best physicians in the country without receiving any permanent benefit therefrom. Her general appearance was delicate and unhealthy, and both her eyes were shaded with little curtains of oil silk. On removing these, I discovered quite a diffused opacity of the conjunctiva, induced by lymphatic infiltration, from the active inflammation which had been allowed to go on for some time. This condition of her eyes was what is called, technically, strumous ophthalmia. The lymphatic glands of the neck were much enlarged and indurated, some having passed to the suppurative stage, and still discharging the purulent matter. Her pulse was rather quick, and quite feeble, and her skin dry, and of an ashy appearance. Her condition, I was informed, was hereditary. Her owner proposed to give me half her value if I would restore her to perfect health. I thought him inclined to overtask my professional skill by asking me to undertake what then seemed to me an impossibility. I proposed, however, with his consent, which he readily gave, to try the effect of a favorite prescription, which, if it did no good, would do no harm. I therefore put her on the use of the eutrophic and the iodide of starch, as I found her stomach too irritable to bear the more active preparation of Lugol's solution with the cod-liver oil. I also blistered her temples repeatedly. In the course of two months her troubles all disappeared, and she grew up to be a stout and healthy woman. No indications of a return of the disease has appeared during the seven years which have elapsed since the case was treated.

The next case which I shall mention was a white girl, about sixteen years of age, who had been neglected on account of her inability to pay for medical attention. When I first saw her, it was believed by her neighbors and friends that she would not live beyond two weeks. Upon close examination I found her suffering with a large femoral abscess, indeed the most extensive I had ever witnessed in any similar case. The muscles of the entire femoral region had been lost in the sweeping suppurative movement, which extended from the hip joint to within three or four inches of the knee joint. I found that the abscess was discharging by an outlet just posterior to the femoral vessels, and in front of the protuberance of the ischium. By proper incisions I discharged the purulent collection on the outer portion of the thigh, which amounted to fully three pints. I found her general condition quite anæmic, and accompanied with an active hectic fever. There was a bottle of cod-liver

oil in the house, which some charitable friend had sent her. She had taken a portion of this, but, from her great aversion to it, had abandoned its use. I insisted that she should at once resume its use in smaller doses, after taking her usual meals; and I also put her on the use of the eutrophic in half the usual dose before eating. I allowed her the most nourishing diet her condition would justify, and ordered the application to the femoral abscess of cloths, soaked in a strong decoction of oak bark twice a day. The poor girl, under this course of treatment, began to improve rapidly about the time every one who knew anything of her condition had predicted she would die, and it affords me pleasure to say that she entirely recovered, and is now in good health. Her right leg, however, is slightly retracted from some contractions in the posterior muscles of the thigh. Her system seems to continue entirely free from any symptoms of returning scrofula.

The third case which I noticed is that of a negro man, whose scrofulous condition was superinduced by the constitutional effects of syphilis, and perhaps injudicious medical treatment. He was twenty-five years of age, of yellow complexion and slender habit. This case presented the following conditions: general cachexia, extensive suppuration from most of the superficial lymphatic glands of the neck, groin and axilla; considerable ulceration of the skin from its own morbid condition, pulse rather feeble and frequent, appetite variable. This man had been under treatment two years for constitutional syphilis, and had taken freely of the mercurials. I put him on the eutrophic cod-liver oil and Lugol's solution, and he was restored to health in about two months. These three cases are cited, because they were considered hopeless. They are all to-day living monuments of the success of the above treatment. I might instance many other cases to prove the value and efficiency of the eutrophic in the control of the strumous type of diseased action, but deem it altogether unnecessary.

A majority of the cases of scrofula, in which I have been employed, had been treated by other physicians. The remedies they employed, such as the various preparations of iodine, cod-liver oil, &c., and their course of treatment generally, was, in most cases, such as is recommended by standard medical authorities. I do not doubt at all that a majority of physicians who have had the advantages of a liberal professional education, and of any experience in practice, are capable of applying judiciously the prescribed remedies. In fact, the symptoms of external scrofula are too well de-

fined, its morbid phenomena too plainly visible and too easily understood, to allow us to attribute the frequent failures attending its treatment to incorrect diagnosis, or to a want of skill or energy in selecting and applying recognized remedies. Of the cases treated by other physicians, and subsequently by myself, there was none, so far as I remember, in which their diagnosis did not correspond with my own. And yet their treatment, owing to some cause or other, failed. Now where and what is the difficulty? If the course of treatment recommended by eminent medical authorities, however skillfully directed by the practitioner, results in frequent failure, it is certainly an important inquiry to ascertain the true cause of this. It cannot be anything else, it would seem to me, but a deficiency in remedial resources—a deficiency which has existed, and been felt to exist, by physicians ever since scrofula, in its fearful proportions, has been added to the afflictions of mankind. And if this view be correct, whatever will supply this deficiency cannot but be regarded as a most important accession to the means of alleviating human suffering. And this I believe the vegetable eutrophic will do. I have subjected it to rigid and thorough trial in the worst cases of scrofula, and the results prove it to be an invaluable, and, in my judgment, an indispensable remedy in this disease. It exhibits a power and efficiency in correcting and counteracting the morbid tendencies peculiar to scrofulous affections, far superior to any other known remedy in this disease. I have invariably observed, as a part of its beneficial effects, a rapid improvement in all the nutritive actions, evinced by general pallor, giving place to the hues of health, the wasted muscles increasing in size and solidity, the feeble and excitable circulation becoming strong and regular, and the hair ceasing to fall, and taking on new growth and vitality. In a majority of instances there is too strong a tendency to organic dissolution in the scrofulous diathesis for iodine, the iodides, &c., to accomplish all that is required to counteract the morbid movements so general and persistent in the system. These remedies, it seems, fails to meet all the indications presented in so wide a range of morbid action as is manifested by the constitutional phenomena of external scrofula.

As regards the vegetable eutrophic, I will add that I have no disposition whatever to exaggerate its therapeutic merits, for this would only tend to excite prejudice against it, and retard its general adoption as a remedy in the diseases which I have noticed. But I have given it a complete and satisfactory trial, and from careful

observation of its remedial action on the system in syphilis, chronic rheumatism and scrofula, and more especially from the general results of the course of treatment, of which it constituted an important element, I have every reason for confidently recommending its adoption by the medical profession as a most valuable accession to the standard remedies for these obstinate and pernicious diseases. I feel assured that if it receives a fair trial, it will increase rapidly in professional favor, and will contribute very greatly to the relief and restoration to health of a large class of the diseased and suffering of our race.

SUPPLEMENT.

I have entered into such arrangements with the proprietors of the Washington Springs as will enable me to offer my special services to all persons afflicted with syphilis, chronic rheumatism, and the external form of scrofula, who may desire to place themselves in my charge as medical adviser. From my general success in the treatment of these diseases, I have been repeatedly urged to so situate myself that the benefits of my medical discoveries might be accessible to a larger number of persons than fall within the range of a physician's general practice. In selecting a place for this purpose, I aimed to consult mainly the interests of the afflicted, who may choose to avail themselves of the advantages I offer.

The Washington (formerly known as Leech's) Springs are at the base of Walker's mountain in Washington county, within two miles of the Glade spring depot, Virginia and Tennessee railroad. In variety and combination of medicinal properties, these springs are superior to any yet discovered in the mountains of Virginia. Those whose waters have been subjected to chemical analysis are, the chalybeate, alum, magnesia and sulphur. The result in part of the analysis shows the following properties: protoxide of iron, sulphate of alumina and potassa, sulphur, magnesia, soda, potassa, sesquioxide of aluminum and potassium, hydrochloric acid, carbonic acid, protoxide of magnesium, and potassium and protoxide of sodium. The diseases in which these waters are ascertained to be beneficial, are general debility, derangement of the digestive functions, affections peculiar to females, chronic affections of the kidney, bladder, prostate gland, faulty action of the liver, and weak lungs.

I shall also, when deemed necessary for the good of the patient, be able to employ various kinds of baths, such as cold, warm, hot, vapor and medicated fumigation baths. In addition to the varied and extensive remedial resources which will here be made available for the relief of the afflicted, change of locality, relaxation from business engagements, and separation from domestic relations and interferences, contribute much to facilitate a restoration to health.

That my motives may not in any way be misconstrued, I will here state that no charge will be made for services rendered where I fail to give satisfactory relief. This will be honorably and strictly observed in all cases of syphilis, chronic rheumatism and scrofula, when received after proper examination.

I would also recommend to all persons suffering from chronic bronchitis, chronic diarrhœa, chronic gastritis, old ulcers, chronic irritations of the bladder and urinary passages, such as frequent and painful urination and incontinence of urine, enlarged prostate gland, seminal weakness, with great mental despondency, all derangements of the uterine function, such as painful and irregular menstruation, utero-spinal irritation from ulceration and falling of the womb, to visit the Washington Springs, as I feel confident that with the varied medical resources at my command I can be of much service in relieving them.

I will state further, for the information of all concerned, that from two years careful observation of the therapeutical action of these mineral waters, I am convinced that in the chronic affections, in which they are so peculiarly serviceable, they can as remedial adjuncts be used with as much benefit in the winter as in the summer. Patients, therefore, who may wish to visit the Washington Springs, and avail themselves of my professional services, will be received at all seasons of the year.

Boarding accommodations will be furnished at five dollars (\$5) per week, specie rates. Two or three weeks will be given to test professional skill, &c.

But I wish it to be understood by the medical profession, and the public generally, that a special object in view, is to introduce, on a more extended scale, the use of the vegetable eutrophic, which has been previously noticed, and to establish by actual, practical results, its pre-eminent utility in the treatment of the diseases referred to in the preceding article. I am persuaded that as soon as it is thoroughly tried, and its virtues become known, it will be speedily adopted as a standard remedy, and will do much toward obliterating quackery and quack nostrums.

Physicians are respectfully informed that an effort will be made to keep on hand a supply of this medicine, which will be furnished them for the use of their patients in such quantities as they may desire, at a cost of three dollars (\$3) per bottle, the bottles each containing thirty ounces.

REFERENCE.

We, the undersigned, physicians of Washington and Smyth counties, would state that we are personally acquainted with Dr. E. J. Goodwin; that he is a regular practitioner of medicine, and that he has been unusually successful in the treatment of the diseases noticed in the preceding article. His success, we have reason to believe, is attributable to some important addition which he has made to the remedies commonly employed in these diseases.

From an examination of patients, who have recovered under his treatment, we find in their statements, and in the cicatrices left on their persons, abundant evidence that there had been a thorough constitutional invasion of the disease. Some of these cases, we are informed, had been treated by other physicians with the usual remedies without success.

We, therefore, take pleasure in recommending to persons afflicted with these diseases to apply to Dr. Goodwin for medical advice and treatment, which they can do without incurring the risk of having impositions practiced upon them.

W. L. DUNN, M. D.
S. DUNN, M. D.
N. SNEAD, M. D.
R. F. SMITH, M. D.
M. P. WATSON, M. D.
ALEXANDER BEAR, M. D.
H. J. GARRETT, M. D.
W. T. THURMON, M. D.
WM. H. BRAMLITT, M. D.
W. H. KEFFER, M. D.

GLADE SPRING, December 22d, 1865.

From the testimony of other intelligent and observant physicians, and of persons who have themselves experienced the cures, I am not left a chance to doubt the remarkable skill and success of Dr. E. J. Goodwin in the treatment of the specialties, wherein he claims pre-eminence.

E. LONGLEY.

