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THE MEDICAL ECLECTIC,

DEVOTED TO

Reformed Medicine,

GENERAL SCIENCE AND LITERATURE.

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ORIGINAL COMMUNICATIONS.

ANNUAL ADDRESS BEFORE THE ALUMNI ASSOCIATION OF THE ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.

By ROBERT SAFFORD NEWTON, JR., M.D.,

MR. PRESIDENT AND MEMBERS OF THE ALUMNI: It is with pleasure that I have the honor of delivering the annual address to-day. It is a singularly happy one to me, as I once more meet my old friends and classmates whom I have not seen for several years; but, though absent, my thoughts were ever turned towards my *alma mater*, and my great aim was to so perfect myself in the profession that I could lend additional aid to her upon my return. This long separation, spent entirely among strangers, has given me new ideas and opportunities to reason over many of the doctrines of my college days, and, doubtless, there are some of the older heads who will suspect me of having

"strayed," but my only plea is sincerity in what I do and what I think.

Our school in the last thirty years has made giant steps in the path of progress, but I fear that its success has turned the thoughts of our men from the study of that subject which alone can make the practice of medicine a science and rid it of all its uncertainties.

Pathology in our school has been entirely overshadowed by our materia medica. If this continues our school must accept the term "empiric," for medicine administered for diseases of which we know not of, is a lottery in its results which is alike dangerous to the sufferer and most unsatisfactory to the physician. Against my views comes the therapist, who says, "I want to cure my patients. I know what I have done, and what I can do." But watch the course of such thinkers. With the cases they meet mostly, simple plans succeed; but once in a while presents itself a case out of the ordinary, then what is the result? Having no foundation to guide them they administer this remedy, that remedy, and to some medical journal comes, "an anomalous case"—"a case in practice," etc. etc. Such is the proving of my views. From my own experience in the great Hospitals, and constant association with the great diagnosticians, I as firmly believe that a man cannot be a true physician without pathology as I do that a man cannot be an artist who is color-blind; and it is about as hard to convince the one as it is the other of the want of success. I appeal more especially to the young men of the school, for it is through them that it will be maintained and carried on, and when we once allow ourselves to drop into a routine the chances are that our routine becomes part of us, and is ever with us; and I might, *apropos*, quote Crockett, in "First be sure you're right, then go ahead."

Pathology is urging its claim stronger and stronger each day; and bringing the solution that it does to the most difficult problems, must be heard. It seems but yesterday that the books teemed with the hereditary causation of carcinoma and phthisis. But with the microscope came the revelations of causes that gave us something else to think of than trying to blame our ancestors for all our troubles. To sketch the advance of pathology

would require tomes, but to call attention to its most recent truths is within my province. The long debated question as to how carcinoma extended itself into new fields, when no evidence of its existence had ever been detected in the blood has at last been solved by the genius of MM. Cornil and Ranvier, who have demonstrated that in the cell-growth special lymphatic spaces are produced, and it is through their extension that carcinomatous matter is conveyed.

When Addison was studying the pathology of his disease he met with a class of cases which presented similar symptoms, but were characterized by absence of bronzing and post-mortem evidences of changes. To this disease he gave the name "idiopathic or essential anæmia," which almost describes the conditions.

It is seen alike in youth, childhood, and adult life. It begins insidiously and progresses slowly to a fatal issue. The percentage of red corpuscles are reduced from ninety-five to a quarter of that, or, as I have seen, even so low as thirteen per cent., while the white corpuscles are unchanged. Its cause was unknown until Neumann and Bizzozero proved that the marrow of bones contains, in an areolar network, which is quite similar to that of the lymphatic glands, numerous colorless contractile cells, which entirely agree in character with lymph cells and are part of the blood-producing structures. This led to an examination of the bones, and at last research was crowned with success by finding that in all cases the sole change was a gelatinous degeneration, which destroyed these lymph spaces. Thus the diminution of the corpuscular elements or the anæmia is explained.

Ever since the clinical features of diabetes have been observed, physicians have always been at a loss to explain the sudden and unlooked-for death which so often carries off the sufferer. To refer it to uræmia, causing coma, is untenable, for it is a well established fact that while a healthy person will excrete three grammes of urea for every fourteen pounds of weight, a diabetic subject will excrete from four to seven grammes. In these cases of sudden death post-mortem reveals no abnormality, but pathology, with its deeper penetration, detects the peculiar sweet

breath of such persons, and likens the smell to chloroform or acetic ether. From the chemical examination of diabetic urine, Petters detected "acetone," a volatile ethereal liquid allied to chloroform in its properties. With this discovery came additional research, showing that "acetone" is a frequent product of the acetous fermentation which takes place in the stomach of dyspeptics; and, as proved by Anthon and Kaulich, may arise from fermentation of grape sugar.

To this must be added Dr. Foster's experience in preventing death from acetonæmia, in diabetic coma, by administering agents which prevent fermentation.

When Broca stated that the power of speech was located in the posterior part of the third left frontal convolution, he gained no credence, until pathology demonstrated that all lesions affecting this region produced that anomalous condition known as aphasia, where the patient loses the memory of words; with perfect power of utterance, is yet incapable, from want of words, to join in conversation; with perfect vision, is unable to read even to himself; and with perfect command over his arm and hand, cannot make himself understood or even write, and yet every other function of life is perfectly performed.

With the discovery of bacteria pathology was revolutionized. It is no longer a matter of doubt as to why some wounds readily produce unhealthy pus, why unbroken surfaces become erysipelatous, or diphtheria an epidemic, for its unmistakable identity furnishes the clue, just as it solved the cause of cholera and showed why dysentery followed an army.

Again, what a death-blow pathology gave to spontaneous origin when it proved the tapeworm of man to be the developed ova of *Cysticercus cellulosa* of the cow, and the hydatid to be the *Tænia echinococcus* of the dog.

Living as we do, in a cold climate, there is a large class of diseases which never develop themselves, but of which a knowledge is important.

For many years clinicists have observed a milky condition of the urine, which had all the appearance and character of chyle, and yet the rationale of how chyle came into the urine was never understood until Dr. Lewis, of Calcutta, discovered the

filaria hominis sanguinis, a minute worm-like creature, the 75th of an inch in length, $\frac{3}{32}$ inch in breadth, which he found not only in the urine but in all tissues, and it is by the passage of this parasite that channels are formed which produce the chylous exudation in the peritoneal and pleural cavities and the chyluria.

I might recite many more interesting discoveries, but having already trespassed upon your time, I will conclude by expressing the hope that my address has made some impression towards the proper study of this great subject. With many thanks for your kind attention, I have the honor of concluding.

NEW YORK, March, 1879.

A CASE OF DIFFICULT LABOR, WITH HAND AND FOOT PRESENTATION.

BY HIRAM P. HUBBELL, M.D.

MAY 20, 1878, I was called to see Mrs. G. at 5 A. M.; found her in labor with second child; she had been but eight months in gestation, and had not felt life for several days. Had been in pain thirty hours; pains came on quite regularly and often. I made an examination and found the os dilated about $1\frac{1}{2}$ in. Membranes protruding, but could not determine presentation. In the course of four or five hours the os had dilated to $2\frac{1}{2}$ inches. Membranes very tense and firm, and pains severe. With considerable difficulty I succeeded in rupturing the membranes with finger-nail, when a large quantity of fluid discharged. I now found presentation to be one foot and one hand of left side. Introduced my hand into the vagina and returned the hand into the womb, and attempted to introduce my hand into the womb to bring down the other foot, but pains came on very severe and the womb contracted down so firmly to the foot that I could not enter my hand far enough to reach the other foot, which I found to be flexed upon the abdomen of the child. Upon removing my hand the pains nearly ceased and the patient became easy, and she being very much exhausted, I concluded to let her rest. I

gave her a preparation of gelsemine lobelia inflata, and sanguinaria every half hour. She remained free from pain until 8 P. M., when I gave her a small Dover powder and left her to rest through the night, with directions to call me if pain came on during the night. I called next morning at 8 A. M., and found patient in little pain; she had rested some through the night. Upon making an examination I found the foot and hand presenting as before. Introduced my hand into the vagina and crowded the hand back as far as possible, but could not reach the other foot. I then concluded to deliver by one foot, and accordingly introduced a fillet and attached it to the foot and made traction on this at each pain. As labor progressed the hand would present, when I would press it back and draw down upon the foot. Pains now came on very hard, and the delivery progressed slowly. As the hips of the child came to the superior strait the pains were *very* severe, and I had to use a great deal of force on the foot to make any progress. When the hips had passed down sufficiently I introduced my finger in the flexure between the thigh and abdomen and drew down the right foot. The body passed down readily now until the head came to the superior strait; here the progress of the child stopped, and it became necessary to use mechanical aid again. (I had turned the child while passing down so that the face presented at the spine.) I now reached my finger in and worked it around the chin and into the mouth, and with gentle traction upon the jaw and *very* hard pains, the head came down and the child was delivered at about 11 A. M. The child was dead and decomposition commenced; it would weigh about 8 lbs.

HARPERFIELD, N. Y., Feb. 1879.

A STRANGE CASE.

By J. H. HARRIS, M.D.

ABOUT the middle of April, 1876, I was called to see a young woman, 18 years of age, in child-bed. She had given birth to a living child just twenty days before, and was "not doing well," as her husband expressed it. On my arrival, I found her free from fever, but delirious, with pulse very weak and unsteady, and was informed that delirium had prevailed almost entirely for five or six days. To all human appearances, death seemed inevitable. She had "flooded a sight," said her attendants, a great deal of which they declared "looked like lumps of flesh and other truck." She had been treated by an Old School physician for "flooding;" however, the labor was conducted by an old woman. The patient herself declared that she was "with twins," and protested she should not be "put to bed" at the very time, immediately after the birth of the one of which I have just spoken. These "old grannies," with us, all deliver in a sitting posture, in the lap of another, or some male. The mother of this young woman remonstrated somewhat with "the granny," telling her that she apprehended that "there certainly must be another child behind," in which opinion she was better confirmed upon examining her daughter. Thinking granny right, however, the husband forbid further interference, saying, "they would tamper with her until she flooded to death like his first wife." The old woman in this case had broken off the navel-cord just at its union with the placenta, in a fruitless endeavor to disengage and dislodge the latter; I did not at once make an examination per vaginam, as I did not deem it necessary, but found a considerable enlargement in the region of the womb. I ordered a weak toddy of corn-whiskey, as it alone could be conveniently procured, to be given in proper quantity and at regular intervals during the night. In the morning there was no delirium, and on being asked, my patient said she felt better. I ordered a continuance of the stimulant. About noon I made a per vaginam examination, which discovered the parts to be astringed