County Societies, and ten or fifteen more counties are expected to be in line within the next few weeks. On February 10 the Omaha Medical Society reorganized as the Douglas County Medical Society and adopted the official constitution and by-laws.

Fillmore County (Neb.) Medical Society.

On January 28, at Geneva, this society was reorganized on the lines suggested by the American Medical Association, with the following officers: Dr. B. B. Mozee, Geneva, president; Drs. John W. Archard, Grafton, vice-president, and Dr. C. F. Morsman, Strang, secretary and treasurer.

Belmont County (Ohio) Medical Society.

At the January 7 meeting, held in Bellaire, Dr. James C. M. Floyd, Steubenville, state councilor, presented the subject of reorganization, after which the society, after making slight amendments to meet local needs, unanimously adopted the constitution and by-laws suggested for county societies by the American Medical Association. The following officers were elected: President, Dr. James G. Wilson, Colerain; vice-president, Dr. Arlington W. Diven, Martin's Ferry; treasurer, Dr. Alfred C. Beetham, Bellaire; secretary, Dr. James S. McClellan, Bellaire; censors, Drs. James O. Howells, Bridgeport, Joseph W. Cooper, Bellaire, and J. C. Archer; delegate to the Ohio State Medical Society, Dr. J. Park West, Bellaire, and alternate, Dr. Brady O'N. Williams, Martin's Ferry.

Societies.

Huntington (W. Va.) Medical Society.—This society met, January 8, and elected Dr. Thomas J. Prichard, president; Dr. Archibald Crary, vice-president; Dr. Isaac R. La Sage, treasurer, and Dr. Thomas W. Moore, secretary.

Chicago Medical Society (Evanston Branch).—This branch society was organized, January 15, by Dr. William A. Evans, president of the county society. Dr. William L. Ballenger was elected president, and Dr. Ernest L. McEwen, secretary.

Vermilion County (Ill.) Medical Society.—At the regular meeting in Danville, February 9, the certificate of the Illinois State Medical Society, accepting the Vermilion County Society as a regularly-affiliated branch, was received and ordered framed.

Gloucester County (N. J.) Medical Society.—At the annual meeting, January 15, Dr. E. Mortimer Duffield, Glassboro, was elected president; Dr. William Brewer, Woodbury, vice-president, and Dr. George E. Reading, Woodbury, secretary and treasurer.

Duval County (Fla.) Medical Society.—At the annual meeting in Jacksonville, January 17, Dr. Sheldon A. Morris was elected president; Dr. John H. Douglas, vice-president; Dr. Jay H. Durkee, secretary and treasurer, and Dr. Columbus Drew, corresponding secretary.

Harrisburg (Pa.) Academy of Medicine.—At the annual meeting, January 30, the following officers were elected: President, Dr. John B. McAlister; vice-presidents, Drs. William J. Middleton, Steelton, and Martin L. Walford; secretary, Dr. Thomas S. Blair, and treasurer, Dr. E. Harold James.

Manila (P. I.) Medical Society.—At the annual meeting, January 6, the following officers were elected: Dr. J. M. Donelan, president, and Dr. W. E. Musgrave, secretary-treasurer. The councilors of the society are as follows: Drs. Paul C. Freer, John R. McDill, John Maye, H. W. Yemans and Frank S. Bourns.

Harlan County (Neb.) Medical Society.—An auxiliary of the state and national medical societies was organized at Orleans, January 21. Dr. William H. Banwell, Orleans, was elected president; Dr. Samuel M. Baker, Alma, vice-president; Dr. Campbell, secretary, and Dr. Dickson R. Waggoner, Stamford, treasurer.

Medical Society of the Missouri Valley.—The spring meeting of this association will be held in Council Bluffs, Iowa, March 19 and 20. The membership of this society includes Iowa, Nebraska, Missouri, Kansas, North and South Dakota physicians. Dr. Charles Wood Fassett, St. Joseph, Mo., is the secretary.

Atlantic County (N. J.) Medical Society.—At the annual meeting held in February, the following officers were elected: President, Dr. Theodore Senseman of Atlantic City; vice-president, Dr. Edmund A. Madden, Absecon; secretary and treasurer, Dr. Edward Guion, Atlantic City, and reporter, Dr. A. Burton Shimer, Atlantic City.

Chautauqua County (N. Y.) Medical Association.—The second annual meeting was held in Jamestown, January 20. Dr. Orrin C. Shaw, Cassadaga, was elected president; Drs. Era M. Scofield, Jamestown, first vice-president; Dr. Vacil D. Bozovsky, second vice-president, and Dr. Henry A. Eastman, Jamestown, secretary and treasurer.

Dawson County (Neb.) Medical Society.—A meeting of the physicians of the county was held at Gothenburg, January 23, at which a medical society was organized with the following officers: President, Dr. Edwin O. Boardman; vice-president, Dr. Barton B. Baker, Lexington, and secretary and treasurer, Dr. P. Emmet Plumb, Gothenburg.

Greene County (Ark.) Medical Society.—At the annual meeting, February 2, held at Paragould, Dr. James W. Johnson, Paragould, was elected president; Dr. E. L. Kennedy, Marmaduke, vice-president, and Dr. Adolphus G. Clyne, Bethel, was re-elected secretary and treasurer. The new constitution and by-laws of the Arkansas Medical Society were adopted.

Chatham County (Ga.) Medical Society.—At the annual meeting held in Savannah, January 7, the following officers were elected: Dr. Marion X. Corbin, president; Drs. J. Lawton Hiers, and George R. White, vice-presidents; Dr. J. Walter Williams, treasurer; Dr. Ralph M. Thomson, recording secretary; Dr. Gustaf H. Johnson, corresponding secretary, and Dr. Elton S. Osborne, librarian, all of Savannah.

Harrison County (W. Va.) Medical Society.—At the regular meeting, held at Clarksburg, February 4, the constitution and by-laws recommended by the American Medical Association and the West Virginia Medical Association for county societies was adopted. The following officers were elected: President, Dr. Thomas M. Hood; vice-president, Dr. S. L. Mason; secretary, Dr. Chester R. Ogden, and treasurer, Dr. Robert A. Haynes, all of Clarksburg.

Douglas County (Omaha) Medical Society.—At the annual meeting in Omaha, January 13, Dr. Harry M. McClanahan, Omaha, member of the House of Delegates of the American Medical Association, presented the general plan of reorganization suggested by that body, and a general discussion of the subject followed. Dr. William H. Christie, Omaha, was elected president; Dr. H. P. Hamilton, Omaha, first vice-president; Dr. F. W. Faulk, South Omaha, second vice-president; Dr. Joseph M. Aikin, Omaha, secretary, and Dr. Millard Langfeld, Omaha, treasurer.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Regular Meeting, held Jan. 2, 1903.

The President, Dr. John M. Fisher, in the Chair.

Fibromyoma of the Round Ligament.

DR. MELVIN M. FRANKLIN reported a case of fibromyoma of the round ligament in a patient aged 29. The tumor, which was about the size of a walnut, was situated in the inguinal canal, just without the internal abdominal ring. Pressure on the growth caused considerable pain and nausea. The tenderness was markedly increased during menstruation. The periods had always been normal and she suffered with dysmenorrhea.

DISCUSSION.

DR. JOHN C. DACOSTA did not remember having ever had such a case. He had two cases of pure fibroma of the broad ligament.

DR. W. KRUSEN said that such a rare tumor is interesting from a diagnostic standpoint because it may be mistaken for lipoma, ovarian or intestinal hernia or enlarged lymph glands. Another interesting point is that during pregnancy these tumors often increase in size and also during menstruation. This probably indicates their relation to the uterus. The most frequent situation is on the right side.

DR. E. E. MONTGOMERY said that tumors of the round ligament are very rare. We can readily realize that in the round ligament, which contains both muscular structure and blood vessels, there is ample material for the development of this class of tumors, whether we assign their origin to the muscular structure of the round ligament itself or to the muscular wall of the blood vessels. Their infrequency in the round ligament

is readily explained by the fact that the structure is rarely subject to injury.

DR. JOHN M. FISHER said that Dr. Clark, a few years ago, reported a case of coincident sarcoma of the uterus with fibromyoma of the round ligament, demonstrating the importance of making a microscopic examination.

Preliminary Report of an Operation for Abdominal Pregnancy of Twenty-One Months' Standing.

DR. C. P. NOBLE reported the clinical history of this patient, who was a multipara, 30 years of age. She missed her menstrual period in March, 1901. Two weeks later she was taken with a sharp, agonizing pain in the right iliac region, diagnosed by her physician as appendicitis, and was in bed for three weeks. Two months subsequent to the date of expected labor she consulted a gynecologic dispensary where a diagnosis of "tumor" was made, and medicine given "to dissolve it." She remained under this treatment for three months. She was finally sent to the Kensington Hospital for women, Philadelphia, with a diagnosis of fibroid. Dr. Noble made a presumptive diagnosis of abdominal pregnancy and verified the diagnosis by an abdominal section. The fetus occupied the left side of the abdomen, extending into the pelvis; the uterus was pushed to the right and elevated. The round ligament and tube ran over the face of the "tumor." The sac was so thick that it was impossible to outline the fetal parts. The ovarian and uterine vessels on the involved side were ligated, the fetus and sac elevated out of the pelvis and the lower end of the mass turned upward. By getting at the mesentery vessels from below and behind it was possible to control the bleeding without difficulty. The uterus was not removed. The patient made a satisfactory recovery.

DR. E. E. MONTGOMERY spoke as follows: The case presented by Dr. Noble is one of very great interest from a diagnostic standpoint. Everyone who has had an opportunity of observing a large number of patients appreciate the frequency of cases which will come under his observation, where it is difficult to determine whether he has to deal with a pregnancy, fibroid tumor or other abdominal growths. I remember a case which came under my observation years ago at Jefferson Hospital of a woman who had gone fifteen months from the time she conceived without delivery. Two months subsequent to her conception she had what she supposed to be an abortion. There was a discharge of clots of blood and she suffered great pain. A bloody discharge continued for some weeks subsequently. A few months later she recognized fetal life, and again became reconciled to the fact that she was pregnant. At the completion of what should have been the normal period of gestation, however, labor did not occur. At the time the patient came under our observation she presented a tumor which filled the abdomen to nearly the size of a woman at full term of pregnancy. Examination revealed fluctuation while percussion over the tumor gave resonance. On examination per vaginam the uterus could be recognized situated in front and somewhat to the left of the mass. While a portion of the tumor felt solid, one was unable to palpate and recognize distinctly its parts. The history of the case and the conditions present led me to form the diagnosis of ectopic gestation, in which the fetus had undergone maceration and decomposition, and the resonance in the sac was the result of the gas thus formed. On opening the abdomen we found a condition similar to that which I had expected. The uterus was in front of the mass, the tumor occupied the abdomen above and the wall of this tumor was made up of a membranous sac to which the placenta was attached at the upper part. The placenta was without vitality, was easily pulled off with the portion of the sac to which it was attached and without hemorrhage. The entire lining membrane of the sac was covered with macerated material. With the removal of the fetus, the sac was thoroughly cleansed, stitched to the abdominal walls and packed with iodoform gauze. The intestines were closely adherent to it and formed a part of the sac wall, so it was impossible to attempt its removal. The convalescence was slow; patient finally recovered.

The second case which comes to my mind is that of a wife of a physician in the upper part of the state. On examination a tumor was recognized to one side of the uterus, which filled up the pelvis. The history and the examination of the case led me to unhesitatingly pronounce it a fibroid tumor. It had been in existence for two years. The patient was unwilling to submit to operation, became pregnant, and gave birth to a child without interference to the sac, and, so far as I know, she still carries it.

Another patient treated at the Jefferson Hospital is of diagnostic interest. She had a mass which had been pronounced pregnancy by several physicians. One physician, an eminent gynecologist in the city, pronounced this a pregnancy and saw the patient several times during the supposed gestation. The woman, however, did not attain to the size she supposed to be proper, and the time passed beyond which labor should occur. She was brought to the hospital and even then the growth was considered a delayed pregnancy. There was found situated in the vagina a mass the size of a fetal head, so divided as to lead to the belief that the fontanelles could be felt between the masses. On examination over the abdomen a mass could be pushed away and felt to rebound against the hand. This was supposed to be the body of the fetus. In examining this patient, however, I felt satisfied from the surfaces intervening between the vaginal mass and the finger that it could not be within the uterus. If it was a fetus it was evidently situated anterior to that organ. I hardly believed that we would likely find an ectopic gestation in that situation. The sensation of free movement of the upper part was due to the fact that the tumor was connected with the fundus of the uterus by a rather thick, yet flexible, pedicle, which permitted the fundus to be pushed away and to return against the hand. The latter was favored by a considerable amount of ascites. As soon as the abdomen was opened a considerable quantity of fluid was discharged and the mass projected into the wound. A number of fibroid tumors occupied the body of the uterus.

I think these cases indicate the difficulty in diagnosis which will sometimes lead the patient to go for some length of time under the observation of careful men and they be mistaken for other conditions.

DR. W. KRUSEN said: Dr. Noble's interesting case recalls a postmortem which I had in 1893 while a resident at Jefferson Hospital. I had the opportunity, through the courtesy of Dr. Hearn, of making a postmortem in the case of a patient in the northern part of this city. The abdomen had been gradually increasing in size for ten months and no menstruation had been present for that time. The patient had been seen before in consultation by the late Professor Parvin and the condition was such that operation was thought inadvisable. The patient died, and on postmortem there was found within the abdominal cavity a full-sized fetus, larger than the size of a baby a month old. A hematoma occupied the position of the uterus. The head of the fetus was directly under the spleen. The case illustrates the tolerance of the peritoneum to the development of the fetus. This was a case in which undoubtedly rupture had occurred. The hemorrhage had not been such as to produce death and the fetus had gone on to full development, weighing over ten pounds. The specimen is now in the museum of the Jefferson Hospital.

The very interesting and perplexing question to the surgeon is the treatment of the live placenta in cases of ectopic gestation. I have had an opportunity in two cases of having to contend with this difficulty.

DR. C. P. NOBLE in closing the discussion, said: The point raised by Dr. Krusen is of course the crucial one, how to deal with the hemorrhage. These cases are so rare that there are very few of us who have the opportunity to acquire views from practice. This is the first full term pregnancy of this kind that I have ever seen. I have operated on nearly a hundred cases of ectopic pregnancy, but this is the first one advanced beyond the fourth month.

I think it is best to enucleate the whole sac provided one can do preliminary ligation. If the placenta is attached to the intestines we know that we can not do preliminary ligation. On the other hand, if the placenta is in the pelvis we know perfectly well how to deal with the ovarian and uterine arteries

or with the anterior branch of the internal iliac. I should prefer to enucleate the sac under those circumstances. In a case having its blood supply from the mesenteric vessels my own action would be to pack the sac with gauze and leave it.

Therapeutics.

[It is the aim of this department to aid the general practitioner by giving practical prescriptions and, in brief, methods of treatment for the diseases seen especially in every-day practice. Proper inquiries concerning general formulae and outlines of treatment are answered in these columns without allusion to inquirer.]

Cinnamon.

The oil of cinnamon in aqueous solution, according to the *Med. World*, is a splendid local antiseptic and disinfectant. It is recommended as a substitute for corrosive sublimate, as an application to prevent suppuration in recent wounds where stitches have been taken. The points in favor of its use are that it is cleanly, non-toxic and a cheap dressing. It is also used as a douche after parturition when a douche is indicated. Three or four drops of the oil may be added to two quarts of warm water and used as long as there is odor to the lochia.

Shoemaker recommends cinnamon in finely-powdered form, given in doses of one to one and a half drams, as an efficient remedy in acute dysentery. It has some hemostatic properties and is employed in the form of an infusion in milk or the oil may be given on sugar. In the palliative treatment of carcinoma of the stomach it is recommended that 10 or 12 ounces of the bark be placed in three quarts of water and boiled down to one quart, decanted without filtering. One pint of the mixture should be drunk every 24 hours.

In gonorrhea it may be used as follows:

℞. Olei cinnamomi ..... m. i-iii | 06-20
Liq. petrolati ..... ℥i 30 |

M. Sig.: Cleanse the urethra with dilute hydrogen dioxid and inject the cinnamon solution. One drop of the oil of cinnamon to the ounce should be used the first day, gradually increasing to three drops.

As an antiseptic dressing in the form of an ointment the following have been recommended by M. Championnière:

℞. Retinol ..... ℥ix 35 |
Ceri (sterilized) ..... ℥iii 12 |
Cinnamol ..... m. viiss | 50

M. Sig.: Apply locally.

Retinol is a product of the destructive distillation of resin and is frequently employed as a solvent for different preparations as iodol, camphor, cocain, codein, creosote, etc. Cinnamol, according to Shoemaker, is a freshly-distilled essence of cinnamon.

℞. Cinnamol ..... m. viiss | 50
Ceri steril. ..... ℥iii 12 |
Beta-naphthol ..... gr. viii | 50
Retinol ..... ℥ix 35 |

M. Fiat unguentum. Sig.: Apply locally; or:

℞. Ess. geranii ..... m. xv 1 |
Ess. cinnamomi ..... m. viii | 50
Retinol ..... ℥iss 45 |

M. Sig.: To be applied locally; or:

℞. Ess. thymi ..... m. xii | 75
Ess. geranii ..... m. xii | 75
Retinol ..... ℥iss 45 |

M. Sig.: Apply locally.

Acute Coryza.

Sternberg, in an abstract in the *Month. Encyc. of Pract. Med.*, calls attention to a simple treatment which is a revival of an old method. It consists in eliminating liquids from the diet for twenty-four hours in order to dry up the secretions and relieve the congestion in the head, nose, conjunctiva and the irritating discharge from the nose. If the treatment is continued for two days the coryza will usually be brought to an end, and it will not usually be followed by a cough. The treatment is regarded as a prophylactic against otitis media or the extension of inflammation into the adjacent nasal cavities.

The treatment must be begun early in order to make it a success. The presence of fever is no contraindication to the treatment, but it should not be carried out when chronic nephritis is present.

Dandruff.

The following outline of treatment is recommended by *N. Y. Med. Jour.* in the treatment of dandruff:

℞. Olei bergamot ..... gtt. ii | 12
Ung. hydrarg. oxidi rubri ..... ℥iv 15 |
Adipis benzoinati ..... ℥iss 45 |

M. Fiat unguentum. Sig.: Apply locally; or:

℞. Sodii boratis ..... ℥ii 8 |
Glycerini ..... ℥iii 12 |
Aquæ q. s. ad ..... ℥v 150 |

M. Fiat lotio. Sig.: Apply locally.

Where there is some constitutional disturbance the following mixture may be employed:

℞. Vini ferri ..... ℥iss 45 |
Liq. potassii arsenitis ..... ℥i 4 |
Syr. simplicis ..... ℥iii 12 |
Aquæ q. s. ad ..... ℥iv 120 |

M. Fiat mistura. Sig.: One teaspoonful to be taken after each meal.

Typhoid Fever.

W. R. Perry, in an article in the *Amer. Pract. and News*, states that he has obtained unusually good results from the use of the following antiseptic combination:

℞. Tinct. iodi ..... ℥iss 6 |
Acidi carbol. ..... ℥ss 2 |
Spts. chloroformi ..... ℥ii 8 |

M. Sig.: Two to four drops every three or four hours.

Dysphagia in Acute Anginas.

Le Prog. Med. recommends the following to relieve the pain in swallowing in the acute anginas:

℞. Pulv. talci |
Pulv. acid borici, āā ..... gr. xlv 3 |
Orthoformi ..... gr. xv 1 |
Cocainæ hyd. ..... gr. 3/4 | 05
Pulv. menthol ..... gr. 1/3 | 02

M. Fiat pulvis. Sig.: A small amount to be insufflated into the throat through a glass tube just before eating.

[The foregoing combination is of service in any condition where disease of the throat or larynx is accompanied by pain on swallowing food. But it should be prescribed and used strictly under the care of the physician on account of the orthoform and cocain it contains.]

Croup.

L. Lozansky, in *Merck's Archives*, recommends the use of creosotal in croup, measles, and whooping cough. He usually begins with large doses and continues with reduced doses after apyrexia sets in, in order to prevent relapse. The following formula is employed by him:

℞. Infusi ipecac. ..... ℥iss-℥iii 45-90 |
Sol. ammon. anis. ..... m. xv-xxiv 1-1 | 65
Creosotal ..... m. xlv-lxx 3-5 |
Syr. senegæ ..... ℥iv 15 |

M. Sig.: One teaspoonful every half hour for four doses, then every hour, and finally every three hours. When the temperature ranges high the following combination is recommended:

℞. Sodii salicylatis ..... gr. xv-xxx 1-2 |
Creosotal ..... m. xlv-lxx 3-5 |
Emuls. amygd. ..... ℥iii 90 |
Syr. ipecac. ..... ℥iv 15 |

M. Sig.: One teaspoonful every half hour for four doses, then every hour, gradually increasing the interval.

Clinical Use of the Iodids.

Wild, in an abstract in the *Internat. Med. Mag.*, states that both clinically and experimentally the sodium salt has proved less toxic than the potassium. He states that the two chief objections to the potassium salt are the liability to cause iodism and the marked depression it produces.

The sodium salt should be substituted when symptoms of iodism make their appearance, otherwise the potassium should