medicine seeks when he takes post-graduate instruction or which the visiting physician to a hospital obtains as the result of his connection with the institution. It is recognized in medicine that those public hospitals do the best work for their patients in which clinical teaching is practiced. The members of the visiting staff of such an institution are compelled to keep in touch with modern progress or be subjected to the criticism of students. Their patients profit by the mental acuteness which such a training develops. The value of such continuous instruction to the dental profession of Boston cannot be overestimated. Its value in turn to the children who come under their care should be a tangible asset to the community.

Men who would be unwilling to devote time to the deadly routine of a one or two-chair clinic should find in this central clinic with its perfect facilities and large clientele so potent an attraction that the difficulties which the small clinics are suffering in obtaining volunteers should not be met.

The research department of the institution is supported by a fund set aside from the rest of the endowment and should add materially to the World's knowledge of dental conditions.

From the practical standpoint the following figures may of value. The institution will start with an equipment of 64 chairs which may be increased to 106 as needs demand. It is estimated that each chair will care for 12 patients in an eight-hour day. This allows for more than a single filling if necessary. Seven hundred and sixty-eight patients per day can be treated with the initial equipment according to this schedule. With 300 working days per year 230,400 operations can be carried out. This will allow for three treatments annually of 76,800 children. With full equipment 381,600 operations can be carried out or three treatments annually of 127,200 children. In considering these figures it should be remembered that a large percentage of school children will be cared for, as now in dental offices, at the expense of their parents.

It would seem that schemes for school or local dental clinics at the expense of the taxpayers of Boston should be held in abeyance until this splendid charity dedicated to the children has had an opportunity to demonstrate whether it will be adequate to cope with the dental needs of the school children or not.

This foundation seeks the good will of the sister professions, medicine and dentistry, and looks for their co-operation in its effort to uplift the physical standard of humanity.

A WORD ON THE SCIENTIFIC, ECONOMIC, AND SOCIAL PROGRAM OF THE FORSYTH DENTAL INFIRMARY.

BY HAROLD DE WITT CROSS, D.M.D.

DR. LEARY has told you how the Forsyth Dental Infirmary for Children came into existence,

and I will tell you a little about the building and its work. It is very appropriate that this subject should be discussed before a medical society because the medical and the dental men are equally interested in it. The subject has incited much interest not only in this vicinity, but in all portions of this country and all over the world. There are many problems to meet in undertaking the establishment of an institution of this kind, problems in connection with the building, its equipment, and the selection and organization of the staff.

This is the day of endowments. Schools, hospitals and clinics are being endowed, and established in many places; but there is none which compares with the Forsyth Infirmary, in the magnitude of its undertaking, and it is *all* for the children. The exterior of the building is monumental, because it is to serve as a memorial as well as an infirmary. The interior will be constructed with regard to the most improved style of hospital finish. The chairs are to be made without corners and with a smooth metallic surface which can be easily cleaned and sterilized. The instruments arranged in sets, suitable for all ordinary operations, will be placed in suitable metal trays, which, together with the enclosed instruments will be cleaned and sterilized, and a complete, sterile set provided to be used with each patient.

The lavatories are to be of the hospital operating-room type, somewhat modified, and will be provided with an aseptic soap server of new design. The improvements which have been made in the lavatories will no doubt establish a new standard for aseptic fixtures.

The principal rooms of the building are as follows: The infirmary, the main room of the building, is a large, airy, light room and will be equipped with modern dental apparatus for all operations, extracting, orthodontia, surgical and research rooms, a children's waiting room, a permanent and a visiting staff's, a nurses' and a students' room, and a large lecture hall.

The entire staff is to be composed of a consulting, visiting and a permanent force. The visiting staff's services will be gratuitous, but the permanent staff will receive a moderate compensation, and those serving on it will devote their entire time to the work. It is quite possible that a competitive examination may be necessary to obtain a place on the staff. These positions will be filled by recently graduated men, who will find the experience invaluable, and the training will in many ways be the equivalent of a post-graduate course.

The research laboratory will be completely equipped with suitable apparatus, and in it will be an experienced person devoting his entire time to research work. It is to be hoped that many problems, now unknown, will be solved in connection with the diseases of the oral cavity.

The museum will be a repository of pathological specimens and will serve as a centre for the dissemination of knowledge of oral hygiene.

The lecture hall will be used for popular lecture on all subjects of hygiene and oral prophylaxis.

The particular work of the infirmary will be, of course, dental, and will consist of the filling, cleaning, extracting, and straightening of the teeth, together with the necessary operations on tonsils, adenoids, harelip and cleft palate. The two ward rooms and the adjoining diet-kitchen make ample provision for surgical cases to be given proper care.

In the beginning it will be necessary to do considerable extracting in order to clean up the diseased teeth and mouths; but later it is hoped that, due to the care which will be given the children's teeth, the improved condition will be such that more and more time can be given to prophylactic work, gradually increasing such work as the health of the oral cavity improves and as the child feels the importance of the care of his teeth. In this way teaching the child the importance of prophylaxis creates the way to continue this work in adult life, and may assist in creating the need of specialists in this line of work.

It will be possible to do complete work in this infirmary; complete in the sense that a few fillings will not be made in the front teeth, while decayed and loosened roots are allowed to remain in the less accessible parts of the mouth. This is frequently done in many clinics on account of the inability of the little patient to pay for the material or from indifference on the operator's part. *All necessary* work will be done for each patient, continuing the appointments and following up the child, through the school nurse or otherwise until the entire mouth is clean and healthy, including the nose and throat. This is bound to give better results than the desultory methods which are often the best that can be offered to the needy child.

And while the expense attendant upon this complete work on the teeth and mouths of the children will be such as can be easily met by the poorest, coming here for treatment, it will be necessary to so control the work that undue advantage will not be taken by those better able to pay for the services. Through a social secretary it will be possible to get in touch with the school nurses and charitable workers in order to know who the deserving ones are.

Above all it is our duty to see that a wise expenditure of the magnificent endowment of the Forsyth Dental Infirmary for Children accomplishes that which its donor intended, namely, to give the children of this vicinity clean and healthy mouths.

Through the courtesy of the Dental Hygiene Council, I am able to show wax models of children's mouths, made from life, which show more eloquently than any words of mine, just what the Forsyth Dental Infirmary for Children intends to do. It will devote its money and the energies of the trustees to change these

mouths from a diseased, germ-feeding place to a healthy and beautiful masticating apparatus.

Clinical Department.

ABNORMAL PERITONEAL SACCULATION OF THE OVARIES CAUSING ACUTE PAIN, WITH A REPORT OF THREE CASES.

BY EDWARD REYNOLDS, M.D., BOSTON.

CASE 1. Private Records, Series B, No. 3351. A neurasthenic and somewhat ill developed girl of 22 years. The little finger of the right hand was contracted by a congenital web. Complaining of sharp pain, varied by acute exacerbations, in the lower abdomen and back, mostly right-sided. This pain was of about a year's duration and the acute attacks were accompanied by frontal and occipital headaches, with hot flushes, and sweating of the right arm only. During these attacks she was somewhat hysterical. On examination there was a small uterus in retroversion, with some tenderness over the right broad ligament, but nothing else abnormal was felt. After two months' observation, and failure to obtain relief by minor means, the pain was plainly becoming more severe, and operation was advised. On Jan. 15, 1911, the abdomen was opened by a small exploratory incision and the movable fundus drawn up. The left ovary was at once seen to be moderately enlarged and cystic, but in normal peritoneal relations. The right tube was visible throughout the greater part of its length, but at its distal extremity appeared to fuse with the broad ligament. On more careful inspection it proved to disappear into a slit in the broad ligament about three-quarters of an inch long and with edges so sharply defined as to be clearly congenital. Upon traction on the tube the ovary was visible lying within a peritoneal pocket, the mouth of which was too small to permit its withdrawal. The utero-ovarian ligament was perceptible at the inner angle of the slit. This was seized with forceps, and after some manipulation it proved possible to so rotate the ovary within the pocket as to bring it to the opening by one pole, in which position it was possible to withdraw it. It was moderately enlarged by several small follicular cysts and two good sized corpora lutea. After resection of both ovaries, closure of the sacculus, a suspension of the uterus, and the removal of the appendix the abdomen was closed. The patient made a good recovery and the attacks of ovarian pain ceased.

CASE 2. Private Records, Series B, 3496. An apparently well developed, though somewhat neurasthenic girl, 25 years old. Complaining of pain in lower abdomen, more especially on left, for seven to eight years, increasing and continuous for last three to four months, and has had one severe "spell" of this pain. Her physician, Dr. J. P. Carroll of Woburn, was clear that her pain, as he had seen it, was at times so severe that something must be done about it. On examination right ovary, the size of a large English walnut, believed to account for the pain. Operation recommended. Abdomen opened April 3, 1912. Left ovary normal. Right ovary much enlarged, lying caught in shallow pocket on