

common among consumptives, and you cannot imagine a cheerless company. Reading and amusements of all kinds are antidotes for dullness.

Benefits to the individual, the public and the State.—A sanatorium is not a place to go for a few months with an almost certain hope of complete recovery. No doubt some cases are cured in a remarkably short time, but these are exceptional. The rule is a slow improvement, extending over months or even years. We should consider a sojourn at a sanatorium as a means of educating the patient into those rules and habits of living by which alone he can expect in time to entirely eradicate the disease. So the benefits of sanatorium treatment should not be gauged entirely by the condition of the patient at the time of leaving the institution.

The benefits of this education are not limited to the individual. The public at large also gains immensely by it. Whether the patient is discharged as cured, improved or unimproved, he ceases to be a source of infection to the community in which he lives. Besides, his example and instructions will benefit many less fortunate fellow sufferers among the circle of his acquaintances.

We should not forget the purely economic point of view. The return to the State of so many lives which otherwise would have been sacrificed, of so many workers capable of earning a livelihood for themselves and family, is an item of no mean value, even if appreciated in dollars and cents. Estimating at \$1,500 the cost of rearing and educating the average person, it is easy to compute the value to the State of so many lives saved and restored to usefulness.

Clinical Department.

OVARIAN CYST WITH TWISTED PEDICLE: ACUTE SYMPTOMS; OPERATION; RECOVERY.

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B. P., twenty-two years old, unmarried, was seen in consultation with Dr. Richmond of Reading, Mass. She was a tall, neurotic, thin and pale girl. Menstruation was established when she was about fourteen years old, and has followed a regular and painless course. In January her breasts enlarged, milk appeared in them, and during an illness in bed of about two weeks she had a miscarriage. The last catamenial period was in April. In May, exactly four weeks from the date of the April period, the catamenia appeared. About this time, on a Tuesday, she felt badly in the abdomen, complaining of a soreness and an aching through the bowels. On Wednesday she vomited. She was uneasy and restless. Friday evening her temperature was 101.5° F. and her pulse was 110. On Saturday morning she had a

natural movement of the bowels. The Saturday morning temperature was 101.8°, and the pulse 100. Saturday evening the temperature reached 101.5°, and the pulse 120. Sunday morning the temperature was 100.5°, and the pulse 118. I saw the patient Sunday afternoon. She had some pain, referred to the right side of the abdomen, low down.

Examination of the abdomen revealed a moderate fullness below the umbilicus, rather more marked upon the right than upon the left side. Palpation found a firm, fluctuating mass, the size of a child's head, in the right lower abdomen close to Poupart's ligament. This mass was slightly movable, tender to touch, and extended to the median line.

Vaginal examination discovered that the uterus was slightly enlarged, and was lying over to the right side of the pelvis. The uterus lay close to the mass felt by abdominal palpation, and could not be put into its normal position. The blood count was 10,800 whites; hemoglobin 47%.

The patient had noticed that her abdomen had been enlarging during the past few weeks.

A tumor, fluctuating and tender, in the lower right abdomen of a young unmarried girl who had had a miscarriage a few months previously, suggested, in view of the regular catamenia, the presence of pain, the existence of slight fever and the history of slow abdominal enlargement, an ovarian cyst with twisted pedicle. Operation confirmed this diagnosis. The operation revealed a cyst of the right ovary, with its pedicle twisted twice to the right. Flakes of fibrin were found about the pedicle; the surface of the tumor was dark and rough in appearance. The cyst was removed. The recovery was uninterrupted.

Medical Progress.

REPORT ON PROGRESS IN THERAPEUTICS.

BY ELLIOTT P. JOSLIN, M.D., BOSTON.

(Concluded from No. 2, p. 39.)

ALCOHOL FERMENTATIONS.

SEVERAL articles have recently appeared on the action of alcohol in the treatment of tuberculous peritonitis. These depend in great measure on the ideas advanced by Buchner⁷ in 1899, in Munich. He considers the blood to be the chief antibacterial agent in the body, and ascribes its power to the albuminous elements which it contains. These exhibit their action only in the presence of neutral salts, and on account of this quality and also their sensitiveness to heat, they suggest an analogy to the animal ferments. He was strengthened in this belief by the experiments of Berestnew, who found that cholera vibrios, when preserved in active serum for a few days, were changed into granules and, finally, mostly dissolved. From this and other investigations Buchner concludes that the bactericidal power of the body juices is in reality

⁷ *Therap. Monat.*, 1899, p. 606.