

An injection of four minims, diluted with an equal quantity of water, was given once daily, deep in the thigh. September 15th Dr. Tarbell resumed charge of the wards, and soon after increased the injection to six minims. The general health of the patient improved, a few fresh nodules appeared, but the old ones disappeared in much larger numbers, and November 3d she was discharged from the hospital, in order that she might work a portion of her time. She came daily to the hospital, however, for her injection until she was furnished with a syringe and taught its use, and treatment was persisted in steadily till the middle of March, when I opened an abscess in the thigh, the only one which formed during the whole time. A few nodules still remained, but the masses which filled the skin over the breasts, abdomen, and outer side of the upper arm had entirely disappeared, and during the past year she has been under observation from time to time without any treatment whatever, and has worked steadily at her trade. I have seen her within a few days, and she remains perfectly well to all appearance.

Early in 1884 I showed her at a meeting of the Medical Improvement Society, but have purposely allowed a year to elapse before reporting the case, in order that there might be no doubt as to the result.

Cases of multiple sarcoma of the skin are rare, and the authorities on diseases of the skin have little to say on the subject. All agree that the prognosis is absolutely unfavorable, and the course generally a rapid one. Köbner's is the only case recorded up to date, so far as I am aware, in which recovery took place. I now regret that one of the tumors was not excised and examined microscopically, as was done by Köbner. The patient was extremely averse to the operation and preferred to wait, promising that she would make no objection if she got worse. To this delay I consented, having very little faith that treatment would prove of any avail. Still, even without the evidence of the microscope, I think there can be no doubt as to the diagnosis. The experts were unanimous and I had previously seen two other cases very similar, except that they ended fatally. Was the cure really attributable to arsenic? If so, would the drug have acted as well administered in the usual way by the stomach? These are questions which can only be answered by extended experience. It is interesting to state that ten days after the arsenic was stopped the urine was examined for its presence by Professor Wood with a negative result.

#### INCREASED FREQUENCY OF SCABIES.

BY F. B. GREENOUGH, M.D.,

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Nor only my own experience, but also that of my colleagues who see cutaneous disease in our public medical services, show that the frequency of scabies has of late increased in the most extraordinary manner. During, and just after, the war, scabies was by no means uncommon, but the cases gradually diminished in frequency, and in the decade 1870 to 1880 a case of itch was exceptional enough to be of especial interest, even in special practice.

The following figures, taken from my Dispensary casebooks will speak for themselves: In the first 5,000 cases of skin disease which I collated, there were 55 cases of scabies, making an exact percentage of 1.1. These 5,000 cases were observed in a period of time extending from July 1, 1873, to November 25, 1876. My next series extended from November 26, 1876, to June 30, 1878, and numbered 2,494. In this number only 8 cases of scabies were seen, or about .3 of 1 per cent. From this date my cases are numbered and classified yearly, the year beginning on July 1st and ending on June 30th. For the year ending June 30, 1879, the percentage of scabies was about .4; for 1880 a little over 1; 1881, .8; 1882, 2; 1883, 5, and 1884, 8.5. As the year ending June 30, 1885, is not yet completed, I have not my condensed report to refer to, but I find that from last January 1st, to June 15th, 85 cases of scabies are recorded in a total of 477 cases of skin disease seen, making nearly a percentage of 18! I have not been able to explain this great spread of the disease in any other way than by referring it to the natural contagion by contact in crowded centres, and to the fact also that it had become so comparatively rare as not to be generally recognized. It certainly is not due (primarily at least) to importation, as a very small number of the patients were recent arrivals from abroad. The cases, for the most part, have been children and mechanics. The former undoubtedly get infected at school, and the latter in their workshops or lodgings, as it is quite common for our young mechanics to share a room together. A certain number of cases were, as a matter of course, seen in tramps, the outcasts who sleep in the station-houses, but I have been astonished to see how many of them were comparatively clean, hard-working young men. Whatever the source of the trouble may be, it is certain that if it continue to spread in anything like its present ratio, it will be a serious public misfortune. At this time of the year an exodus from the city takes place, and should scabies get well distributed in our manufacturing centres, agricultural districts, and lumbering camps of our neighboring States, it will not be easily kept in check.

The contact between the different classes, moreover, is such that it will not be confined to the lower strata of society. In fact, I have already this year seen some half-dozen cases, in my private practice, in individuals whom one would suppose exempt from such contagion. These facts have induced me to call the attention of the profession to this matter, more especially, as scabies from its nature, unless recognized and properly treated, is sure to increase in severity and attack those with whom the subject is brought in contact.

It would be a question if the disease continue to increase in the city, whether it would not be of sufficient importance for the Board of Health, or city physician to instruct the public-school teachers, police station captains, visitors for the various benevolent and religious societies, to see that all suspicious cases are examined and treated if found to be infected.

The diagnosis of scabies is by no means always easy, and I have been especially struck with the

comparatively few cases in which the typical "burrow" is to be found. But where the disease is prevalent, the existence of vesicles or pustules between the fingers, about the wrists, especially about the end of the ulna, signs of scratching on the forearm, with an eczematous eruption at the elbows, and a history of increased itching after getting to bed, the diagnosis of scabies may be made with safety. In such cases the nightly use of a very inexpensive ointment, made of one part of carbonate of potash, two of washed sulphur, and three of lard, washed off in the morning with soap and water, will certainly benefit the patient, and diminish his infecting power, if it does not cure him. This sulphur ointment should not, however, be applied to places where there is much irritation of the skin.

Even such simple routine treatment as this, used in schools, factories, or other collections of individuals, where scabies was spreading, would have a decided effect. It is, however, with no idea of writing on the diagnosis and treatment of scabies that I pen this brief article, but simply to make public certain statistical facts, which seem to me of importance with reference to the general welfare.

## REPORT ON DENTISTRY.

BY WILLIAM HERBERT ROLLINS.

### (a) SIZE OF THE TEETH AS A CHARACTER OF RACE.

W. H. FLOWER divides mankind into three classes, according to the relation between the size of the skull and that of the teeth. He finds these divisions correspond with the three principal modifications of the human species. The white races belong to his microdont division, the yellow to his mesodont, the black to his megadont. To obtain his dental index, he takes two measurements. The first, called the dental length, is the length of the crowns of the five upper teeth of the molar series. The second is the cranio frontal, found by measuring the distance between the naso-frontal suture and the anterior edge of the foramen magnum. The dental index is found by the following formula:

$$\frac{D \times 100}{BN} = \text{dental index};$$

D representing the dental length; BN the cranio frontal. When the dental index is below 42, the skull belongs to the microdont class; if between 42 and 44, to mesodont; if above 44, to the megadont.

### A PARTLY LOST MOVEMENT OF THE JAW.

Thomas S. Solinsky<sup>1</sup> has examined the teeth of many skulls taken from the mounds in Missouri, and finds that the incisor teeth, instead of presenting cutting edges, are worn down until the tops are circular in outline. This, he thinks, is due to a pronounced forward and lateral swing of the jaw in chewing, during which the incisors, instead of overlapping, cross each other. He suggests that the disuse of this swinging movement of the jaw has tended to change the facial outline, increasing the length of the visage in proportion to its width.

<sup>1</sup> Dental Practitioner, p. 217, 1884.

### DENSITY OF THE TEETH.

V. Gallipe<sup>2</sup> states that the density of teeth varies from year to year in the same individual according to the general condition of the body. There is also from childhood to old age a gradual increase in density. The teeth of women are less dense than those of men. On the right side of the jaw they are more dense than on the left. He found, when the mean density of all the teeth was 2.0181, the density of those on the right side was 2.110, while on the left side it was only 2.09.

### TEETH OF FUEGIANS.

V. Gallipe<sup>3</sup> mentions the following interesting points: The wisdom teeth erupt at the age of twelve years. The temporary canines are frequently retained, the permanent ones coming outside the arch. The density of the teeth is greater than in Europeans. They are a right-handed people, and the teeth on the right sides of their jaws are more dense than those on the left. Both upper and lower jaws form *semicircular* curves. The arch of the palate is very low. The crowns of the molars diminish in size from the first to the last.

The last observation, Gallipe thinks, negatives Darwin's view that in the higher races the wisdom teeth were becoming smaller. Darwin also thought the Fuegians among the lowest types, an opinion which Gallipe does not share.

This early eruption of the wisdom teeth and the rapid diminution in size of the crowns of the molars, from the first molar to the wisdom tooth, is a very peculiar condition for the teeth in savages.

### DENTAL CONDITION IN CONGENITAL ALVEOLAR FISSURES.

Oakley Coles<sup>4</sup> finds as the result of an examination of a series of cases that none of them showed a fissure of the alveolus occurring between a true lateral incisor and a canine. In half of the cases the central incisor is wanting on the side where the fissure occurs. In one third of the cases a pre-canine is present on the same side as the fissure. In none of the cases was there an increase in the number of teeth in the pre-canine region.

### RELATION OF ALVEOLAR CLEFTS TO THE INCISOR TEETH AND INTERMAXILLARY BONES.

W. Turner<sup>5</sup> agrees with Albrecht, who thinks there are four intermaxillary bones instead of two, as taught by Goethe. In the majority of cases of alveolar cleft palates, the fissure is between the endognathion and mesognathion of Albrecht. The position of this cleft is an interesting point, as it throws light upon the question whether the lateral incisor in man is really a lateral incisor (1<sup>2</sup>) or the third incisor (1<sup>3</sup>) of the normal dentition of placental mammalia.

It has been assumed that all teeth in front of the canines were incisor teeth, and that these teeth were all in the intermaxillary bones. In many cases of cleft palate an incisor tooth is situated outside (to the canine side) of the cleft. Obviously,

<sup>2</sup> Brit. Jour. Dent. Science, p. 588, 1884.

<sup>3</sup> Brit. Jour. Dent. Science, p. 638, 1884.

<sup>4</sup> Brit. Jour. Dent. Science, p. 342, 1885.

<sup>5</sup> Jour. of Brit. Dent. Association, 1885.