reason more free drainage is necessary or desirable, a small incision or incisions should be made. It is to be remembered that it is impossible to remove all of the disease in such a case, and as the abscess is merely a symptom, nothing more than drainage should be attempted. After such an incision drainage should be arranged by means of a wick for three or four days, this then to be removed and healing encouraged. Such an abscess should not be scraped out, as it simply opens points for absorption, nor should irrigation be used, as there is more danger of carrying other organisms in than benefit to be derived. In all of the treatment of such abscesses the dressings should be as infrequent as possible and extreme care should be taken to prevent the wound from becoming infected with other organisms, as the danger from these secondary infections is quite as serious as the danger of the primary disease.

Opsonic index.—In all of these operations which may have to be performed while the tuberculous disease is active, and in the non-operative cases in which the severity of the disease suggests a degree of virulence on the part of the organism that it is not easy for the natural resistance of the individual to withstand, in all of these cases, an attempt should be made to increase the resistance of the individual to the disease, as is suggested by the theory of the opsonins. In case operation is considered the opsonic index should be tested and if found to be low should be raised before this is performed. It is probable that with this the prognosis can be made more favorable, while in certain other cases the operation may be not required. This method is, of course, too new to speak of its merits from large experience, but as far as it has been observed it has been beneficial, and it is so in keeping with the progress of scientific medicine that it seems reasonable and should be tried, especially as there is little risk in its use if the proper precautions are taken.

SOME STATISTICS OF INDIGESTION IN DERMATOLOGICAL PATIENTS.

BY CHARLES J. WHITE, M.D.,
Instructor in Dermatology in Harvard University.

This study was suggested by the increasing conviction in the writer's mind that many chronic dermatoses may be due to errors of metabolism, either in a direct or in an indirect way in preparing the soil for the growth of bacteria. For this reason it was determined to question the patients who came to the skin clinic of the Massachusetts General Hospital as to their powers of stomache digestion. It was thought advisable to investigate this function only in adults, men and women who (in hospital practice) had reached an age when a definite mode of life had been established, people who could answer our questions intelligently.

During the months of July, August and Sep-

tember, 819 new patients came to the clinic, and 438 of these men and women had reached the age of eighteen, a starting point perhaps arbitrarily chosen to determine the prevalence of indigestion. All of the 438 individuals were questioned as to the presence of pain in the gastric or cardiac regions after eating; as to eructations from the stomach; as to sensations of heaviness, weight, distress or discomfort after meals; as to regurgitations and, finally, as to constipation. Temporary or accidental occurrences of any of these symptoms were not admitted. These figures relate only to habitual conditions.

As a result of these inquiries, the following statistics were obtained:

Of the whole number questioned 260 or 59 + % showed one or more of these symptoms.

There were 228 men investigated of whom 120 or 52 + % admitted the existence of one or more of these symptoms; and of the 210 women questioned 139 or 65 + % were similarly affected.

The statistics of race were computed, and of the 163 Americans 104 or 62 + % acknowledged one or more of the conditions sought; of the 165 Irish, 94 or 57% were dyspeptic; while of the 85 Jews, 47 or 55 + % came into this category. The twenty-five remaining individuals belonged to six other nations, but their numbers were too small to admit of any reliability from a statistical point of view.

The formation and eructation of gas was the most prevalent symptom. In the 438 individuals 173 admitted its presence; while 158 mentioned regurgitation, 138 heaviness and distress, and 86 complained of pain. Constipation was present in 141, but this condition was not counted in this study as evidence of stomache indigestion. This symptom appeared in many of these subjects, however, who were otherwise free from other disturbances of digestion.

The patients were questioned also as to their inability to digest certain classes or individual articles of food and their answers were entirely in accord with our accepted ideas of idiosyncrasy. No one mentioned any indigestible food with which the medical world is not already familiar.

Dividing foods into their classes, nineteen persons could not digest fats; eleven, acids; ten, meats; four, salt foods; two, sweets or fish; and one, condiments. Of special articles of food, one patient could not digest oysters; one, mackerel; seventeen, pork; seven, corned beef; three, bacon or eggs; two, beef, lamb, veal, or ham; sixteen, cabbage; seven, beans; four, tomatoes or cucumbers; three, oatmeal or onions; two, corn or potatoes or bread; one, green vegetables; two, oranges; seven, pastry; three, cake; one, candy; six, pickles; one, cheese; six, coffee; two, milk or tea; one, beer.

During this period of investigation, 61 different diseases were diagnosticated in these 438 patients. The subjoined table enumerates them in two columns. On the left are placed the patients who exhibited signs of indigestion, while in the right hand column appear the non-dyspeptics.

Aene rosacea,	5	2
Aene vulgaris,	15	12
Alopecia areata,	2	0
Angioma,	1	0
Carcinoma,	0	1
Cellulitis,	1	1
Chloasma,	0	1
Dermatitis,	7	2
Dermatitis herpetiformis,	1	0
Dermatitis medicamentosa,	4	1
Dermatitis venenata,	14	20
Dysidrosis,	1	0
Eczema,	43	24
Eczema seborrhoicum,	6	1
Edema circumscriptum acutum,	3	0
Epithelioma,	7	4
Erysipelas,	0	1
Erysipeloid,	1	1
Erythema induratum,	1	0
Erythema multiforme,	0	3
Erythema nodosum,	1	0
Erythema scarlatiniforme,	1	0
Fibroma (multiple),	1	0
Folliculitis staphylogenes,	3	5
Furunculosis,	4	3
Herpes simplex,	1	0
Herpes zoster,	3	2
Hydroa estivale,	0	1
Hyperidrosis,	2	2
Impetigo contagiosa,	9	10
Keratosis,	1	0
Keratosis pilaris,	1	0
Leucoderma,	0	1
Lichen planus,	0	1
Lupus erythematosus,	3	1
Lupus vulgaris,	0	1
Melanoderma,	0	1
Miliaria,	2	1
Morbilli,	1	0
Paronychia,	2	1
Pediculosis capillitii,	2	2
Pityriasis rosea,	0	1
Pruritus,	6	1
Pruritus senilis,	1	1
Para-psoriasis,	1	0
Psoriasis,	10	10
Purpura,	1	2
Sarcoma,	0	1
Scabies,	11	10
Serofuloderma,	0	1
Seborrhea capitis,	10	2
Syphilis,	28	20
Tinea favosa,	0	1
Tinea tricophytina,	3	1
Tinea versicolor,	6	5
Ulcus molle,	1	1
Ulcus varicosum,	13	10
Urticaria,	17	3
Verruca,	1	0
Verruca plana,	1	0
Vitiligo,	1	2
Totals,	260	178

Such figures were unexpected, and the great apparent proportion of stomache indigestion in so many diseases precludes our laying much stress on the relative frequency of digestive disturbances in the few diseases which dermatologists have, from time to time, associated with indigestion. On the other hand, the statistics of most of the diseases enumerated in the above table are far too few in number to prove reliable individually. We are simply confronted with the fact that out of every one hundred persons who consult our skin clinics we may expect to find approximately 59 with more or less disordered digestion.

The dermatoses hitherto associated etiologically with indigestion are aene rosacea, aene vulgaris, eczema(?), eczema seborrhoicum, pruritus, seborrhea (?) and urticaria, and in this investigation the respective percentages found are as follows: 71 + %, 55 + %, 64 + %, 85 + %, 85 + %, 83 + % and 85%. The figures are significant, for, with the exception of aene vulgaris, we find the percentages just mentioned well above the average (59 + %) obtained in our 438 individuals.

The writer is well aware that such inferences are superficial, for the numerical results obtained relate only to symptoms and do not record the actual chemical errors of metabolism. The *post hoc, propter hoc* inferred in the present deductions does not rest upon the solid foundations of biological chemistry, but these relatively conclusive clinical proportions should serve as a basis for some future chemical research which may enable dermatologists to treat these obstinate cutaneous symptoms in a more scientific and more successful manner than at present.

Summary. — From these various figures, then, it has been demonstrated:

1. That 59% of hospital-seeking skin patients have one or more symptoms of stomache indigestion.

2. That 52% of the men are so affected against 65% of the women.

3. That Americans head the list of dyspeptics with 62%, while the Irish follow with 57% and the Russian or Polish Jews present 55%.

4. That eructations are the most prevalent symptom of dyspepsia and occur in 39 + %, regurgitation in 36 + %, epigastric weight in 31 + %, and pain in 19 + %.

5. That our established ideas as to the digestibility of certain classes of foods and as to the indigestibility of certain special articles are correct.

6. That our previous etiological association of certain dermatoses with dyspepsia is substantiated with one exception, for whereas our present standard is 59 + % we have found in aene rosacea 71 + %, in aene vulgaris (the exception just mentioned) 55 + %, in eczema 64 + %, in eczema seborrhoicum 85 + %, in pruritus 85 + %, in seborrhea 83 + % and in urticaria 85%.

COCAINE IN INDIA. — The Bureau of Commerce and Labor has been informed that the Government of India has prohibited the bringing in of cocaine by means of the post, and has restricted its importation by any other means to cases in which it is imported by persons, or by their authorized agents, who have been especially permitted to import the drug by a local government or administration. The government has also empowered the postal officials to search for any cocaine in course of transmission by post, and to deliver all such to the nearest excise officer. —

Medical Record.