THE JOURNAL. They will be classified and suitable inquiries submitted to the Commissioner of Internal Revenue for official replies, which will then be published in THE JOURNAL for the information of its readers. [See editorial, Additional Narcotic Law Regulations, this issue, p. 1002.—ED.]

BELIEVES THE LAW TYRANNIC

To the Editor:—I have been surprised to observe that among so many inquiries about the new Harrison law there have been but few adverse criticisms, although it is justly liable to adverse criticism.

1. The law is an usurpation by Congress of the police power of the states. The right of Congress to impose a revenue tax on any article is admitted, but in the case of narcotics the Congress assumes authority to regulate use, distribution and sale. If it is competent for the Congress to regulate the sale and distribution of one drug or one group of drugs, why not of another, and why not of all? If these premises be admitted, it is not apparent why the Congress may not assume the enactment of general medical practice laws and complete the federal usurpation of state authority.

2. The necessary blanks for ordering supplies of the listed drugs are furnished by a government monopoly at an exorbitant price. Any job printer is glad to furnish similar printed stationery for \$3.50 per thousand or less, while the government price is at the rate of \$10 per thousand.

3. A statutory offense is arbitrarily and unjustly elevated into a felony, and technical violations of the law, consisting of acts not in their nature criminal, are treated as major crimes. In case of criminal use of narcotic poisons or intent to use—if such use or intent to use be proved—the laws of the several states furnish the needful machinery of justice, and it is their prerogative to deal with such offenders.

4. The most serious of the defects of the Harrison law is in the excessive penalties provided for violation of its rules.

To denounce savage and extreme penalties against mere statutory offenses is a species of cruel tyranny worthy of the dark ages, but a disgrace to our boasted twentieth century enlightenment.

"It is excellent to have a giant's strength,
But it is tyrannous to use it like a giant."

W. K. MCCOY, M.D., Gum Spring, Va.

WHAT TO DO FOR THE DOPE FIEND

To the Editor:—You have answered some important questions on the Harrison bill in the last issue of THE JOURNAL. But I would like to know what the physician is to do for the poor dope fiend who comes pleading for a supply of their favorite drug to tide them along, to prevent them from "going crazy or committing suicide." I noticed a report from Washington to-day saying that it was discretionary with the physician, but I would like to have your interpretation.

G. G. HARMAN, M.D., Huntingdon, Pa.

HE BOWS TO THE LAW

To the Editor:—A patient sent his 12-year-old son for medicine. He had spasmodic colic, to which he is subject three or four times each year. I was sick and unable to go. Could I have sent him say one-fourth grain dose of morphin, which would have been necessary to relieve him, if I kept a record of the same on my book?

Am I to understand that the Harrison law allows me to give say eight doses of one-fourth grain of morphin to patients who call at my office when sick, to take home with them if they need it, and I keep a record of the same?

Please be explicit, as different stories are in vogue here. Is there any state law in Ohio which would conflict with your advice as to our duty under the Harrison law? We were always taught that medicine was a liberal profession and *second to none other*, and believe that the U. S. government would not hamper us with any restrictions *save for the good of society*, and we in Ohio humbly bow to this and will do our whole duty.

J. J. M.

GROUND'S FOR PRESCRIBING

To the Editor:—Relative to the narcotic law, will you kindly tell me on what grounds shall we prescribe morphin, etc., to chronic, habitual users? Those whom you are abso-

lutely sure will be crazy and do bodily harm to themselves probably and those around them, if without it; those who have used it for years in large quantities. Will thank you for an answer to this inquiry.

H. W. JARRELL, M.D., Mansfield, La.

WHAT IS HIS DUTY?

To the Editor:—I am just starting out to practice and wish to get started right. I have in my community a woman who has used morphin sixteen years. Since the Harrison act, she is unable to secure it without a prescription and has come to me to write them. Can I do it lawfully? If so, is it my duty to do it or not to do it? If you will kindly give me this information, you will oblige one who desires to do right.

C. B. R.

WHY NOT TREAT THE ADDICTION?

To the Editor:—Kindly answer the following question and oblige:

I am a regular practicing physician, graduate of Jefferson, 1876. Am registered.

I have a patient who has been a regular tinct opii fiend for many years. As she cannot get it under the new law, am I in the construction of the Harrison act safe, or is it lawful for me to write her prescriptions?

A. M. F.

NOT PERMISSIBLE

To the Editor:—Kindly advise me if it is permissible under the Harrison narcotic law for physicians to leave prescription blanks bearing the signature and registry number at the drug store so that they may be filled out by the druggist under telephone instructions from the physician? The druggist would also append the name and address of the patient to the prescription.

N. P. C.

AN INCUMBRANCE

To the Editor:—Has the American Medical Association or any of the medical societies in the United States done anything toward opposing the Harrison law?

I really believe that many of the medical profession will consider the law more of an incumbrance upon them and not effective as intended.

WILLIAM E. STYAN, M.D., Quincy, Cal.

Exposure of Appendix by Cullen's Method

To the Editor:—The article on this subject by Neill (THE JOURNAL, Jan. 23, 1915, p. 299) was read with much interest by myself and assistants, but none of us could see what advantage there was in the use of the tapes, while we could see many disadvantages, particularly in the loss of time.

I have operated on many retrocecal appendixes; have had at least a half dozen since this article appeared. Such appendixes are usually more or less adherent, and many of them are in different stages of gangrene. They can usually be found readily by palpation, by following the wide band, or by locating the junction of the cecum and ileum. The cecum being supported, or in some cases the cecal end of the appendix caught with a hemostat, the surgeon can palpate the deep-seated appendix, and readily accomplish its removal. Its enucleation usually takes about one minute. The meso-appendix is caught with a hemostat, the appendix detached with scissors, and the stump treated in the usual way. The meso-appendix is then ligated. Occasionally there will be a bleeding point from adhesions, but usually there is no further hemorrhage, and the incision, whether gridiron or right rectus, is closed.

J. F. BALDWIN, M.D., Columbus, Ohio.

[The foregoing letter was referred to Dr. Neill, who replied:]

To the Editor:—This method is advocated only in cases of subacute or chronic appendicitis. For years, surgeons have been passing a small piece of gauze or tape through the meso-appendix at its cecal attachment. I have had the opportunity of witnessing many appendix operations performed at the Johns Hopkins Hospital and elsewhere, but

never saw the tape method carried to its full extent of usefulness until assisting Dr. Cullen. Furthermore, many surgeons when visiting the clinic have expressed their surprise and gratification at the ease with which the retrocecal and adherent appendix can be removed by this method.

Dr. Baldwin's reference to the loss of time reminds me of one of America's well-known surgeons watching another equally well-known surgeon removing an appendix. After watching the operation for a few moments, the visiting surgeon said, "John, if ever I am operated on for appendicitis, I want you to do it, but I want you to promise me one thing—that you will take ten minutes longer than usual—these will be very valuable ten minutes to me."

It takes about fifteen or twenty seconds to pierce the meso-appendix with a pair of blunt Kelly forceps, to draw a piece of tape through and then to grasp the two ends of the tape with the same forceps. The time actually consumed in placing three or four tapes would therefore be, roughly speaking, from a minute to a minute and a half.

If Dr. Baldwin will try this method in some case in which, after making his gridiron incision, he finds great difficulty in exposing his appendix, I feel sure he will resort to it again when encountering other and similar cases. I really want to thank him for his letter, as it again gives me an opportunity to emphasize to the many readers of THE JOURNAL the practicability of this method.

WILLIAM NEILL, JR., M.D., Baltimore.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

PREMATURE BALDNESS

To the Editor.—1. What is the most likely cause of premature baldness occurring between the ages of 18 and 25 years?
2. What treatment would you advise?

J. C. HOLLEY, M.D., Pine Barren, Fla.

ANSWER.—1. The most that can be said of premature baldness is that it is senile baldness coming on before the usual time. Of its causes we know actually nothing. We do, however, know the sequence of events.

Between the skin of the scalp and the skull there is a thick layer of fat to which the skin is loosely attached and on which it is freely movable. In civilized man, who lives in houses and wears hats, the following changes take place as he approaches later life: This fat layer gets thinner; the scalp becomes more firmly attached to the skull and less movable; the skin becomes more tense, and with these changes the hair becomes thinner and thinner over the top of the head. Finally, in extreme cases, the hair disappears and there is left a bald, glistening crown closely drawn over the skull. This sad picture is senile, spontaneous or simple baldness. Premature baldness is the same thing, only occurring before the age when these changes, which we ordinarily attribute to old age, are expected to appear.

What is the process that has taken place here? There has been a disappearance in great part of the subcutaneous fat; the scalp has become much more dense in structure—has become fibrous or sclerotic—and with this shrinking in the scalp there has been a gradual shrinkage in the hair follicles until they entirely disappear, and are replaced by fibrous tissue. It is a process much like that taking place in many of the tissues in later life, and in some of the organs often as a result of disease. It resembles closely, for example, the destruction of the epithelial tubules in the kidneys that takes place as a result of chronic inflammatory processes. And it is a process that can readily be explained as a result of a chronic inflammatory process in the scalp. This is a reason for one view that all so-called senile baldness is really due to dandruff or seborrheic dermatitis. The sounder view seems to be that the change may be simply one of senile atrophy occurring as a primary process and not secondary to any diseased condition of the scalp.

The explanation of the fact that baldness is usually confined to the top of the head probably is that the increased

tension of the scalp resulting from its shrinkage exerts its chief pressure on the top of the head. If one pulled a bag tightly down over the head it would exert much more pressure on the top of the head than around the border.

Simple or senile baldness, in spite of its name, usually begins to manifest itself early. The thinning of the hair becomes apparent before the age of 30 in 80 per cent. of the cases, and persons who are not nearly bald at 50 are likely to keep a passable covering of hair until they reach old age.

The definite causes of simple baldness are uncertain, and there is much room for speculation. As a result, all sorts of factors are invoked to explain it from the wearing of tight hats to improper methods of breathing. Some would go so far as to say there is no such thing and to attribute all of the cases to seborrheic dermatitis. This is an extreme view, but certainly the ravages of dandruff have to be taken into account in all cases of baldness, and in considering the causes of the condition, no separation can be made between simple baldness and that due to dandruff.

Baldness is much commoner in men than in women. This is true, however, only of complete baldness; thinning of the hair as a result of nervousness and other depressing influences on the health is commoner, perhaps, in women than in men. The reasons for the occurrence of baldness less frequently in women than in men are probably various. In the first place, women give much more attention to the toilet of the hair—to brushing it, and to keeping it clean and in good condition; their hats are light things that merely rest on the hair, and finally, the fat layer of the scalp, as of the skin generally, is more abundant in women than in men and atrophies later in life. Man sometimes is inclined to have it that baldness is a sign of intelligence and a result of mental labor and that that is the reason it is commoner in men. This fiction is one of the few consolations that can be urged for the condition, and it seems mean to disturb it, but, truth to tell, there is no ground for it. Baldness may make one look wiser, but it occurs indifferently in the great and the small, and it is no more a sign of wisdom than long hair is of genius.

The broad fact seems to be that in the common occurrence of baldness we have a manifestation of a transitional stage in man's evolution. The hair on the body now is the vestige of a former abundant coat. In the economy of nature, structures atrophy and disappear when they cease to have function, and the need of warmth and other protection afforded by the hair is no longer of great importance to man. Man now uses a hat instead of relying for protection for his head on a shock of hair as his ancestors did, and, as a result, in spite of all his coaxing, the shock of hair is gradually vanishing. This does not mean that you and I can save our hair by discarding our hats. We are a result of our ancestors, and to save our hair we would have to discard the hats of all our ancestors for scores of generations back.

According to this view, heredity is one of the great causes of baldness, and all statistics indicate that this is true. In the statistics of Jackson and of White, the condition is due to heredity in from 30 to 40 per cent. of the cases.

Mistreatment of the hair is also an important factor in the production of baldness. Daily wetting of the hair, especially if no attention is given to drying it, keeping it poor in oil by excessive use of soap and water without supplying any fat in place of that removed, failure to keep it clean, excessive exposure to sunlight, the indiscriminate use of drugs, particularly "hair tonics," and overzealous treatment by barbers and hairdressers—all of these causes are influential in the production of baldness, and are to be guarded against, particularly in the care of hair of those who have already a predisposition to the condition.

The effects of heavy and tight hats by interfering with the circulation of the scalp is considered to be of great importance, and there can be little doubt that it is a factor to be considered. Hats should be light. They should provide for circulation of air, and should not bind the head. It can at least be said for women's hats that usually they are better in these respects than men's.

But after all other factors have been considered, we must still come back to seborrheic dermatitis—dandruff—as the most important cause, and the one to which most care must be given in preventing baldness. According to White's statistics, it is a factor, and perhaps the chief factor, in 79 per cent. of the cases; according to Jackson's, in 72 per cent., and according to Elliot's in 91 per cent.

2. The care of the hair to prevent baldness or to stop the progress of baldness is the same as that for the hair in general.