

Hygiene and Demography, and the articles dealing with mosquitoes in the reports of the New Jersey Agricultural Experiment Station.

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#### A Substitute for Potassium Permanganate to Liberate Formaldehyd Gas From a Water Solution

To the Editor:—In THE JOURNAL, Sept. 19, 1914, p. 1025, I presented the formula of a mixture in which potassium permanganate was replaced by sodium dichromate.

We have found that the formaldehyd solution shipped in combination with the sulphuric acid, when subjected to the extremely low temperatures of winter, is not sufficiently stable for Northern climates. By adding 1½ fluidounces of glycerin to this formula, we have secured a stable solution that will bear moderately low temperatures without loss of efficiency and without polymerization. We are now using the following formula:

Sodium dichromate .....	10 ounces avoirdupois
Saturated solution of formaldehyd gas.....	1 pint
Sulphuric acid, commercial.....	1½ fluidounces
Glycerin .....	1½ fluidounces

We have also learned that when the acidulated solution has shown a tendency to become cloudy or milky because of the low temperatures, it may be clarified and made potent by gently warming for a long period of time.

SAMUEL G. DIXON, M.D., Harrisburg, Pa.  
Commissioner of Health, Commonwealth of Pennsylvania.

#### The "Twilight Sleep"

To the Editor:—I am enclosing a little article from a lay paper—(clipping regarding the formation of a club known as the "Twilight Sleep Association"). I think the matter of the 'twilight sleep' is taking a serious character and it is high time for the American Medical Association to take steps against these quacks, whose first and only aim is the money part attached to it. They certainly have clever and excellent press agents and lead the public well.

H. HALLARMAN, M.D., New York City.

### 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.

#### THE HARRISON BILL

To the Editor:—According to my idea of the Harrison bill, it does not affect the men who write prescriptions, or prevent hypodermic medication, etc., but affects dispensers whether pharmacist or doctors of any sort. Am I correct? The \$1 tax is what is troubling them. Kindly answer.  
J. A. H., Pittsburgh.

To the Editor:—Relative to the recently passed federal law regulating the traffic in habit forming drugs, THE JOURNAL with its characteristic promptness presented it to the profession in a clear, compact and scientific manner.

I have no legal knowledge other than an average amount of "horse sense," but immediately on looking it over, when reading my journal, I thought that while the intentions of the framers may have been of the best, their attempts were short sighted to say the least. On the other hand, they may be the victims of some hidden power of criminal drug traffickers. This is no excuse, however, and if I am correct in the conclusions I have drawn, then the framers ought to be ashamed of themselves for making another farcical law, one impossible to enforce.

Turn to Section 6 and you will note it reads in part that "this act shall not apply to preparations or remedies for external use only." Fine isn't it? What do you think, Doctor Editor?  
H. J. G.

ANSWER.—These are samples of inquiries received from readers of THE JOURNAL asking for details regarding the Harrison bill and its effect on physicians. This bill was before Congress for over two years, during which time it was frequently revised in committees or on the floor. On

account of the numerous changes made, it is difficult, if not impossible, to know in exactly what form the bill finally passed. Three drug journals have published what purports to be the complete and exact text of the bill as enacted, yet not two of these three versions agree. It is obviously useless to comment on the bill until its exact provisions are known. A letter addressed to the United States Commissioner of Internal Revenue, asking for a certified copy of the law and of any rulings bearing on it, has elicited the reply that official copies of the bill have not yet been issued, but will shortly be published with official rulings as to its meaning, and regulations for its enforcement. As soon as this official information is available, THE JOURNAL will give a summary of the law for the benefit of its readers. In the meantime, there is no occasion for alarm or uneasiness on the part of physicians. The enforcement of a law involving so many details as the Harrison law will necessarily be undertaken slowly, and due announcement of the measure and its provisions will undoubtedly be made to all those affected by it. Several drug companies have recently sent out printed statements to their patrons regarding the provisions of this bill. In several cases, the statements made are clearly erroneous. Physicians are urged to await further information through the columns of THE JOURNAL.

#### METHOD OF CHAMPIONNIÈRE—EMULSION OF BALSAM OF PERU

To the Editor:—1. Where can I obtain detailed information in regard to Lucas-Championnière's method of treating fractures? Is there a book on the subject published in English?

2. Give me a formula for an emulsion of balsam of Peru containing either 5 or 10 minims of the drug to the dram of emulsion.

H. W. C.

ANSWER.—1. The following is a list of references to the original articles of Dr. Championnière. Practically all books on massage discuss his methods:

Lucas-Championnière, J.: Traitement des fractures par le massage et la mobilisation, Paris. Rueff & Cie., 1895, pp. 564.

Lucas-Championnière, J.: Les dangers de l'immobilisation des membres; fragilité des os; altération de la nutrition du membre, *Jour. de méd. et chir. prat.*, 1907, lxxviii, 81.

Lucas-Championnière, J.: Treatment of Fractures, *Brit. Med. Jour.*, 1906, ii, 1669.

Lucas-Championnière, J.: Treatment of Fractures by Massage and Mobilisation, *Brit. Med. Jour.*, 1912, ii, 1530.

Lucas-Championnière, J.: Traitement de la fracture du col du fémur par le mouvement immédiat et le lever, *Jour. de méd. et chir. prat.*, 1912, lxxxiv, 245.

Lucas-Championnière, J.: Détermination des nécessités du mouvement dans le traitement des fractures préliminaire du massage et de la mobilisation; préparation au traitement actif, *Jour. de méd. et chir. prat.*, 1910, lxxxi, 289.

2. Mistura olei-balsamica N. F. is an alcoholic solution of about 1 per cent. (5 grains to the ounce) of balsam of Peru and various aromatic oils.

The following emulsion gives practically 4 minims to the dram, and by increasing the amount of balsam of Peru to 4 drams, a proportion of 5 minims to the dram will be obtained. (See A. W. Gerrard, *Am. Jour. Pharm.*, November, 1880):

Balsam of Peru .....	3 drams
Powdered acacia .....	2 drams
Simple sirup .....	6 drams
Water .....	to 6 ounces

#### SOUTHEY'S TUBES IN DROPSY

To the Editor:—In a communication on "Sodium Chlorid in Bright's Disease" (THE JOURNAL, Dec. 26, 1914, p. 2305), Dr. Paul Z. Hebert of New York refers to the use of "Southey's tubes to reduce dropsy." Can you give me further information with regard to the use of the tubes, and indicate how successful the use has been?

J. W. CRENSHAW, M.D., Cadiz, Ky.

ANSWER.—The use of Southey's tubes is described as follows by G. P. Müller in "Practical Treatment," Musser and Kelly, Vol. 1, page 689:

The apparatus consists of a trocar and several cannulas, the latter having lateral openings at their distal ends. After careful cleansing of the skin with soap and water, alcohol, and tincture of iodine, the skin is punctured at right angles to the surface and the trocar and cannula pushed as far as the muscle tissue. The trocar is then withdrawn and the cannula fitted to a piece of rubber tubing which drains into a receptacle. Three or four cannulas may be introduced in this manner, and should be supported by gauze packed around them. The serum often clots in the tubes and interferes with the drainage.

This method has been generally recommended, and is of temporary service in removal of edema.