

50 per cent. of our appropriations in health departments has been spent for smallpox quarantine (much of which was varicella).

The smallpox pustule is reticulated, begins beneath the third layer of the skin and destroys the overlying layers, causing an admixture of blood in the crust and a black color in the scab, which on detachment leaves a permanent cicatrix.

The varicella crust molds the underlying skin, and when it drops off, leaves slight elevations which soon disappear; also occasional chickenpox pits quite distinguishable from the post-smallpox facies.

I make histologic distinction the chief diagnostic point and have never found cause to regret my position. There is no such disease as mild smallpox, in my experience, and the superficial pustular eruption never runs into smallpox.

I have seen epidemics of the two diseases occur simultaneously, but always traced the source of Jenner smallpox to a case of Jenner variola with a regular death rate and sequelae. I take the positive position as health officer that the paralysis of business in a community following the report of an epidemic of smallpox is so great that a burden of responsibility is placed on an officer to make a differential diagnosis, and not allow himself to be stampeded by the hysteria which follows a reckless announcement of a pestilential disease from an inexperienced or ultracareful practitioner.

GEORGE D. TROUTMAN, M.D., Tucson, Ariz.

Superintendent of Health, Pima County.

#### Diagnosis of Chickenpox and Smallpox

*To the Editor:*—I was much pleased with the kind words concerning my paper on diagnosis of chickenpox and smallpox quoted in "Prevention is Greater than Cure" (Therapeutics, THE JOURNAL, March 13, 1915, p. 907). I note, however, an error in the fourth paragraph of the first column on page 908, fourteenth line, in that it states that the margins of the lesions are not crenated in either disease, thus furnishing no diagnostic point in this particular direction.

The fact is that the lesions of chickenpox are crenated, while those of smallpox are not, hence affording one differential point.

H. W. HILL, M.D., St. Paul.

### 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.

#### INQUIRIES ON THE HARRISON ANTINARCOTIC ACT

##### SOME CRITICISMS ON THE COMMISSIONER'S RULINGS

*To the Editor:*—What right has the Commissioner of Internal Revenue to differentiate between a specialist and a country doctor? If a country doctor uses one-half grain cocaine in taking a foreign substance out of an eye, he must take the name and address of the patient and the date and the amount used, and a specialist doing the same work has nothing to do but keep his stock bottle.

A "dope fiend" comes to me who can use several grains a day, and it takes several grains to give any relief. What is to limit my discretionary power in the amount to be given as the law is now construed? How often is it legitimate to prescribe said drugs? If a doctor has complied with the law and writes his prescription in accordance with said law, where is the druggist to step in and refuse to fill said prescription on the ground that the patient is getting more than the law allows?

If I give a baby "Papine" and that baby has not yet been named, how am I to comply with the law?

Is the construction of "personal attendance" in accord with common sense? "If I go to the sea and wade out in the water and drown I am to blame, but if I sit down on the beach and the sea comes up to me and I am drowned I am to blame not."

What percentage of drug fiends use the "dope" in the eye, ear, urethra, vagina, per rectum? "Much ado about nothing."

Why were the licenses limited to \$1 per year and the blanks \$10 per thousand?

Why delegate to one man—Commissioner of Internal Revenue—power to read into a law so many ideas that are not contained within the law as passed by the legislative body after a study of two years? The law as passed and the law as construed are to me not the same.

He has no right to construe that my business address is my name in full—it is common sense, but does his construction make it legitimate in the eyes of the law?

I prescribe:

R Tr. opii ..... 4 drams  
Olii sinapis ..... 5 drops  
Lin. camphorae ..... q. s. ad. 8 ounces

M. Sig.: External use twice a day.

Will this prescription pass muster? Or must it be written in accordance with the Harrison law? I could take some of it internally.

The law was badly needed and we all want to comply with it and will comply with it, of course; but there are some features of it that need a different construction.

Why let the "patent medicine" houses go on using the small amount of dope that creates the desire and then create so much storm after the fire has been kindled?

J. W. MATLOCK, M.D., Frost, Texas.

#### WANTS A PLAIN, COMMON-SENSE LAW

*To the Editor:*—Your explanation in THE JOURNAL, March 20, 1915, p. 1002, seems to make the Harrison law the work of an imbecile. From it I gather that we can give paregoric in unlimited quantities because it has less than 2 grains of opium to the ounce, and yet we cannot prescribe paregoric tablets, that represent 10 drops of paregoric to the tablet, or brown mixture tablets, that represent 1/25 grain of opium to each tablet, because an ounce of them would contain more than 2 grains of opium. For sheer imbecility, can that be beaten anywhere in the world? Yet this law contains a section that is even more foolish and troublesome. A physician must actually be absent from his office before he can come under exception, Section 2, and specialists are allowed to do many things the general practitioner cannot do.

These are only a few things in the law; but if you can find any two physicians or any two lawyers that will interpret this law alike, I think you will have to search the entire country to find them. All real physicians wish to stamp out the drug evil, and in common fairness they are entitled to a plain, common-sense law (instead of this jumble) for a guide.

E. C. HELM, M.D., Beloit, Wis.

#### REGARDS THE LAW AS USURPATION

*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 justifiable to make adverse criticism.

1. The law is a 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 in 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.

"O, it is excellent

To have a giant's strength, but it is tyrannous  
To use it like a giant."

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

COMMENT.—The preceding letters are criticisms either of the law or its administration rather than requests for specific information. They can therefore be answered only in general. They illustrate the difficulties attending the administration of a law, no matter how carefully considered the law itself may be. Laws can contain only general principles. They cannot provide detailed specifications suitable for every situation. The application of the general principles of the law to the specific instance must be entrusted to an executive officer. In the case of the Harrison law, this is the Commissioner of Internal Revenue who, through his subordinates, administers this law just as he does the other revenue laws. In the making of the rulings and regulations, the general intent of the law must always be kept in mind. The object of the Harrison law is to provide a system of records by which all drug preparations containing opium or cocaine can be traced from the importer to the consumer. In order to make such a system complete, the physician is required to