in the way depicted or whilst the injected fluid is retained in the ordinary way. The clamp is then pinned to the inside of the inside shirt and the patient rests or goes about with that quantity of fluid, and of proper strength which he finds not uncomfortable, distending his anterior urethra. I find that even this part of the urethra is capable of definite absorptive power, in the absence of any fluid passing the urethral sphincter. I am indebted to Mr. Lewis of Messrs. Allen and Hanburys for carrying out my ideas.

JAMES MACMUNN.

Finsbury-pavement, E.C.

A TONGUE DEPRESSOR FOR EXPOSING THE TONSIL.

THIS instrument is a modification of Jaenicke's tongue depressor. As shown in the illustration, it consists of an angular tongue depressor having on one side a small double blunt hook fixed at right angles to the blade. The instrument is reversible and by having a hook attached to either blade, as shown in the accompanying figure, it can be used for both tonsils. By engaging the hook in the anterior faucial pillar or in the plica triangularis and drawing the same gently forwards and outwards the surface of the tonsil and the opening of the supra-tonsillar fossa can be fully

exposed. As this tongue depressor requires only one hand for its use it leaves the other free for the application of a probe or any other instrument to the tonsil. It may be used with or without cocaine. I have found this instrument of especial use in cases of disease in non-projecting tonsils in adults. It has been made for me by Messrs. Mayer and Meltzer, 71, Great Portland-street, London, W.

Brighton.

E. CRESSWELL BABER.

Looking Back.

FROM

THE LANCET, SATURDAY, APRIL 16, 1825.

LECTURES

ON THE

PRINCIPLES AND PRACTICE OF PHYSIC,

BY DR. ARMSTRONG.

Theatre of Anatomy, Webb Street.

LECTURE 21.¹

Look at nature, and you will find that gout is no more peculiar than inflammation at the end of the nose is peculiar, for that, like the inflammation about the great toe, has generally one common origin—some disturbance in the stomach or bowels; but because some writers, in the dark ages, chose to say it arose from some peculiar and unknown cause, it has been still so considered, even from the time of GALEN, who avowed that gout

¹ Only a portion of the lecture has been transcribed.

depended on some peculiar condition of the fluids:—nay, I know of no subject on which common sense, and the common principles of pathology, have been so abandoned as on this, even in some huge modern volumes published on the disorder. If I were to speak from my own observation, then, I would say, that *gout is nothing more than an inflammatory affection which is seated in the structures adjacent to joints, and which is always preceded, or attended, by some disorder of the stomach, liver, or bowels.* You have a right to ask, what is that disorder? and, as I am bound to answer the question, I say, that the disorder is various; sometimes it is merely a slight degree of irritation on the mucous surface of the stomach, what I before explained under the term local simple excitement; but in some cases the irritation is really a low degree of inflammation in that membrane, or a similar condition exists, separately or combined, on the same continuous structure of the small intestines. The affection of the liver is, perhaps, mostly congestive, but occasionally attended by an obscure indication of inflammation, as pressure reveals, the bile in both cases being defective or depraved. Generally too there is torpor of the colon, but now and then even irritation on its mucous lining; and the skin is commonly out of order. These affections are sometimes separate, at other times co-existent, as I have before stated; but they invariably precede or attend the external inflammation called gout, which may be considered an effect of the internal affection, and which may be acute, subacute, or chronic. Where it assumes an acute or subacute character, it is sufficient to disturb the whole nervous system, and that disturbance again affects the vascular system, so that the animal heat on the surface and the heart's action become increased, or that state usually termed fever is established; but when the inflammation is chronic it seldom excites fever. This affection arises then from what we call sympathy, but we do not know in what mode precisely, and therefore I merely use the word sympathy to express the fact of the connexion which exists between one part of the body and another, and the knowledge of the fact is of great pathological importance.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

FROM MAGENDIE'S JOURNAL DE PHYSIOLOGIE.

*Observations on Diabetes Mellitus, by MM. VAUQUELIN and DE SEGALAS D'ECTHEPARE.*²

A WOMAN, in her fiftieth year, came to request the advice of Dr. ASSELIN on this complaint, who thought it a fit opportunity to ascertain if *sugar exists in the blood* of persons affected with this disease. In consequence of the inflammatory symptoms having required two large bleedings, the blood drawn was analysed with the most scrupulous attention. It was impossible to discover in it one atom of sugar, notwithstanding the *urine* voided, amounting to nine or ten pints daily, contained a *seventh* of this substance. The saliva also, examined at two different times, left not the slightest trace of it. Urea was proposed as a remedy, and the patient took it for several days; when the urine was again analysed, the quantity of sugar was rather increased.

² The details of the different analyses have not been transcribed.

SOME NOVEL PATENTS.—An American inventor has patented what he calls a "bath and fever machine." It consists of a closed box or chamber supported on feet and provided with steam and hot-air pipes leading from an external heating apparatus, "the discharge ends of the pipes being closely disposed to the foot portion of the slatted top and gradually spaced away therefrom towards its top, thereby to cause an increase in the heat from the head of the patient to his feet." A patent has also been obtained for a hog-nose cutter which is described as "an implement for removing the rooting portions of hogs' noses, comprising a pair of handles pivoted together"; further constructional details are then given. Specifications and drawings of both these contrivances will be found in the *Official Gazette* of the United States Patent Office issued on March 17th.

THE LANCET.

LONDON: SATURDAY, APRIL 18, 1903.

The Limits of Discretion in Dispensing.

THE relations between medical practitioners and pharmacists are important and it is desirable that they should be clearly understood. We are not referring to the vagaries of the "prescribing druggist," but to the difficulties that may arise between the practitioner and the pharmaceutical chemist in their joint endeavour to provide the public with "something to take." At first sight it would seem that there should be no difficulties at all; the former prescribes, the latter makes up the prescription. But certain points suggested by Mr. DONALD MCEWAN in an excellent paper entitled "Limits of Discretion in Dispensing," which was read at a recent meeting of the Pharmaceutical Society of Edinburgh, show the situation not to be so simple. Dispensing difficulties are never-ending and owing to the methods of instruction adopted at the medical schools at the present day in relation to practical pharmacy it is not a matter of surprise that practitioners should sometimes go astray when writing prescriptions. In times gone by, when the system of apprenticeship was in vogue, this difficulty was less generally felt, and owing to the long and intimate acquaintance with the handling of drugs which the pupilage entailed errors were less rare than they are at present. Mr. MCEWAN'S object was to consider what amount of discretion a pharmacist should make use of when a mistake in a prescription is detected. He states in his paper that he himself was brought up in the faith that if it was at all possible a prescription should be dispensed exactly as it was written. We agree with him in thinking that the dispenser ought to act according to this dictum and has no right to do otherwise unless a dangerous combination is formed by the drugs ordered. It is then obviously his duty not to make up the prescription until he has communicated with the prescriber and so learned what ingredients were really intended to be dispensed. But circumstances may arise when this course is impossible and then the dispenser must use his discretion as to whether he will decline to make up the prescription or will adopt such alterations as he deems advisable. He must, of course, assure himself that the revised prescription shall, as far as possible, possess the same therapeutical value as the original. From Mr. MCEWAN'S remarks it is evident that the "limits of discretion" which are indulged in vary widely and the subject is an interesting one for discussion.

Mr. MCEWAN gave many examples of common errors made in the writing of prescriptions which he considers should not be altered by the dispenser. For instance, bismuth subnitrate is frequently prescribed with sodium carbonate. Apparently amongst dispensers considerable diver-

gency of opinion exists as to what action should be taken in such circumstances. Some pharmacists consider that the carbonate of bismuth should be substituted, whilst others are of opinion that the mixture should be so treated that all, or most of, the chemical action which ensues is over before the resulting compound is sent out. We think that both these courses are wrong, agreeing in the matter with Mr. MCEWAN. Although the two salts of bismuth are generally considered to be practically identical in their medicinal properties, yet some practitioners believe that the carbonate is the blander and the less astringent of the two. Further, if heat is employed to hasten the action referred to the patient would receive a larger dose of sodium nitrate. It is preferable that the prescription should be dispensed as written or referred to the writer. We may add that it is not a common event for an explosion to occur as the result of the reaction between the bismuth and sodium salts, and besides being rare the explosion, as a rule, only amounts to the blowing out of the cork from the bottle. The question of dosage, again, frequently taxes the dispenser's powers of discretion. Mr. MCEWAN instances the following: "Sodii bromid., 10 grs.; ammon. bromid., 10 grs.; tinct. card. co., 20 min.; syr. aurant., 1 dr.; aq. ad 8 oz. 1 oz. ter die post cib." The difficulty in which the dispenser would be placed in making up this prescription can be easily appreciated. We should feel disposed to think that the practitioner had intended to write directions for one dose only and had then inadvertently made up the mixture to 8 ounces instead of to 1 ounce. Nevertheless, as it is possible that only minute doses of the bromides were designed perhaps Mr. MCEWAN is right in his opinion that there was no justification for interference. It is, however, one of those cases in which the prescriber might well have been communicated with. In consequence of the want of practical dispensary experience on the part of medical students when they pass into actual practice those who wish to prescribe a pill leave the choice of a suitable excipient very often to the discretion of the dispenser. Mr. MCEWAN'S remarks on this subject are instructive. He says that, according to his experience, the course which we have just mentioned is adopted in about 60 per cent. of the prescriptions met with; in about 35 per cent. of the cases a suitable excipient is ordered, but it may be either in excess or slightly deficient; and in 5 per cent. of instances the excipient which is ordered is unsuitable. It must be remembered, however, that in a large number of cases the excipient possesses no therapeutical properties and the choice may, therefore, as a rule, be safely left to the discretion of the dispenser. Mr. MCEWAN says little about poisonous doses being ordered by mistake. It was scarcely necessary to do so, as the course to be followed in such an event is clear—namely, to draw the attention of the prescriber to the amount ordered.

It is obvious that occasionally alterations in prescriptions are absolutely necessary; this being so, if in the exercise of his discretion a dispenser finds it expedient to modify a prescription we deem it highly advisable that the writer of it should be informed of the fact. Serious mistakes in prescriptions are very rare, and the practitioner, far from resenting the interference, is always grateful to the dispenser for any error that is pointed out. The medical man