

was answered in the affirmative, and that, in consequence of a disturbance in one of the Borough schools, arising from an unwillingness on the part of the students to pay the disputed fee, the lecturer at that school proceeded to the Hall for instruction, and eventually compromised the difficulty by altering the diction of his prospectus.

Now, if pupils be burdened with the payment of a fee of three or four guineas *by mistake*, surely such a mistake should be corrected. Having received a verbal assurance from the Hall authorities to the effect that pupils on entering to their chemical lectures were entitled to instruction in practical chemistry, without the payment of any additional fee, I wished to have the same assurance *in writing*, that I might publish it for the benefit of parties concerned. Under this impression, and believing the course which I was pursuing to be such as would be acquiesced in by any party anxious to correct an error, I addressed a letter (dated Oct. 12) to the solicitor of the Worshipful Society of Apothecaries. But I have received no answer, and such being the case, it only remains for me to afford that information on my own credit, which I hoped to have been able to transmit in the form of a letter written at the source of error. I am, Sir, your obedient servant,

JOHN SCOFFERN.

10, President-street, West,
Nov. 17, 1838.

FURTHER TESTIMONY OF THE REMEDIAL
VALUE OF THE
CARBONATE OF SODA.

To the Editor of THE LANCET.

SIR:—In common with Dr. C. Selwyn and Mr. Carter, I hope you will allow me, in the next number of THE LANCET, to enter my caveat against the reception of M. Magendie's opinions with respect to the action of the carbonate of soda on the blood.

I have long prescribed it,—frequently in large doses; and without enumerating its very beneficial action in typhus fever, in dyspepsia, certain states of anemia, &c., I will content myself with pointing out its great value in the treatment of phthisis. Some of the numerous cases in which I have prescribed it are on record in my recently published work on consumption and scrofula; and, so far from its having caused liquefaction of the blood, infiltration of the lungs, or pneumonia, I think I have great reason to laud its tonic effects in removing crude tubercles, as well as in obviating that state of superabundant carbon in the blood, and that sluggish condition of it, which I believe to obtain in phthisis, in some of its stages, and the existence of which I have,

in that work, endeavoured to show. It has been especially useful in threatened cases of tubercular infiltration. It has not even appeared to increase the frequency of that intercurrent pneumonia which is so often observed to occur in phthisis, still less to give rise to it; indeed, my experience would incline me to support the very reverse propositions.

The direct injection of the carbonate of soda into the blood is one thing; but the introducing it into the stomach is another; and whether or not it there meets with free hydrochloric acid, or is otherwise changed, the ultimate effect, as regards the blood, must be very different from that of direct injection; at all events, similarity or identity of effect must not be hastily assumed.

The name of M. Magendie, as a physiologist, is so high, and some of his experiments are so brilliant, that every one who has experience ought the more readily to come forward to show any falsity in his facts or error in his theories, that may bear upon practice; and as I highly applaud his distinguished experimental efforts, this motive forms the best apology for this intrusion on your pages from, Sir, yours most obediently,

J. J. FURNIVALL, M.D.

Hertford, Nov. 18, 1838.

ON THE

DIVISION OF THE PROSTATE IN
LITHOTOMY.

By H. M. PHILLIPPS, Esq., Assistant-Surgeon to the Royal Cornwall Infirmary.

A SENSE of duty induces me to communicate to the profession, through THE LANCET, a fact of some practical importance, which I hope will tend to diminish the risk of life usually attending the lateral operation of lithotomy, the dangers to be apprehended from which are, hæmorrhage, puncture of the rectum, peritoneal inflammation, with purulent deposition about the neck of the bladder, and infiltration of urine with its consequences. All these may be avoided, I consider, by adopting the following *modification* of the operation, which I strenuously recommend to all operating surgeons:—

Having introduced a straight-grooved staff into the bladder, and having reached the membranous portion of the urethra, by the usual incisions on the left side of the perineum, I cut into the groove of the staff. The staff being still firmly held by an assistant, I introduce the nail of the forefinger of the left hand into the groove, then insert the point of the knife also into the groove, in advance of the finger, its flat surface resting on, and being parallel to, the plane of the nail. Both are then carried steadily onward, until the knife enters the