

donors') culpability and neglect than of any desire on the part of the present Council to countenance such things." There used to be, Sir, "a black book," containing the names of advertisers and a copy of their advertisements. I fear that it is given up or neglected very much by the authorities at Cavendish-square.

You will allow me, in conclusion, to say that I only speak the sentiments of the majority of the influential dentists when I assure you that the able remarks you have made upon this subject are highly appreciated; and although I have no actual permission to say this, I venture to do so, and moreover believe that, although (perhaps) the last, Mr. Waite himself will not be the *least* thankful for your straightforward and practical dealing.

I am, Sir, yours respectfully,
Boulogne-sur-Mer, August, 1861. ALFRED HILL.

LEPROSY IN BRITISH GUIANA.

To the Editor of THE LANCET.

SIR,—Observing in an "Annotation," published in THE LANCET of July 28th, 1860, p. 90, that Dr. Virchow, of Berlin, wishes for information concerning the existence of leprosy, I beg to state that the true Arabian leprosy prevails to a considerable extent amongst the negroes, mulattos, and mestizos of Demerara, Essequibo and Berbice, British Guiana, and that occasionally a white man becomes infected with that horrible disease. I never saw a case of it amongst the Warrows, Arrowaaks, Accaways, Caribisce, Macushis, or other Indian tribes of the interior. If it existed amongst them I must have seen it, as I frequently visited their settlements. Neither did I see or hear of the disease in any of the settlements of the Orinoco, or in any part of Venezuela. I conclude, therefore, that it is confined to the negroes and coloured people of British Guiana. In Carthagen, in New Granada, they say the leprosy exists; but I believe they apply the name, erroneously, to elephantiasis, although I did see one person there with very suspicious whitish wheals in the lobes of the ears, and on the forehead.

There was a lazaretto in Accaweeny Creek, a tributary of the Pomeroon, which I frequently visited in 1841, when I resided in British Guiana. It was then occupied by about fifty lepers. I considered the situation to be extremely bad, as the place was fearfully infested with mosquitos, and recommended its removal to any place thirty miles higher up the Pomeroon, at which distance up the river the plague of gallinippers did not exist. I heard in the Pomeroon that Dr. Frazer (not Dr. Frazer of Capoe Coast), who attended the lazaretto about the year 1840, used to touch the lepers, and took the disease from them, and that he afterwards used always to wear gloves to conceal his fingers. Soon after he had contracted the disease, a canoe, in which he and some other persons were paddling on the river, having capsized, he was observed to sink very suddenly, though he was an excellent swimmer, and was supposed to have been carried off by a shark.

I am, Sir, your obedient servant,
EDWARD CULLEN, M.D.

North Cumberland-street, Dublin, Aug. 1861.

P.S.—Dr. Frazer, of Capoe Coast, told me that arsenic, administered in the early stage of the disease, would cure it.

A RARE INSTANCE OF CONSERVATIVE SURGERY.

To the Editor of THE LANCET.

SIR,—The length of time that parts separated from the body retain their vitality, and consequently their capability of reuniting with those from which they have been separated, is, I believe, not correctly appreciated either by the profession or the public; but that it is much longer than is generally supposed the following case will show.

In the summer of 1846 (I was then living in Leicester-place) a servant drove up to my door in a street cabriolet—she had come from Wellington-street, Strand,—and requested me to return with her to see her master, a gentleman of more than seventy years of age, who had fallen down and seriously injured himself. Anticipating some occasion for strapping, lint, &c., I stayed long enough to provide myself with them, and then returned with her as quickly as the crowded state of the thoroughfares would permit. On arriving at the house I was hurried up to the drawing-room, where I was met by my patient, who, holding a handkerchief to his face, said, "Doctor,

I have cut my nose off." I was at the moment rather incredulous, but his daughter soon removed all doubt as to the nature and extent of the injury by showing me the separated portion, which she had picked up from the floor. It was black, cold, and covered with grit and dirt. On examining the wound, I found that the whole of the fleshy end of the nose, together with the alæ and septum, were clean cut away, and the white end of the cartilage exposed. The upper lip was divided transversely throughout its whole extent, and hung down over the mouth. It appeared that this gentleman, on going upstairs, had stumbled near the upper step, and, trying to recover himself, had fallen forwards against a wooden flap placed at the drawing-room door, the sharp edge of which had come in contact with his nose, first compressing it and then separating it from the face.

For a moment I hesitated what to do, but thinking the separated part would be as good a dressing as any other to the exposed surface, and that the patient's hope (though I had none) of its reunion would give time for him to reconcile himself to its ultimate loss, I determined on readjusting it. This was easily enough done. The grit was washed from it, and, being carefully replaced, it was retained *in situ* by adhesive straps. The edges of the wound of the lip were brought together, and kept so by similar means.

On calling the next day, I observed that the end of the nose—which I had purposely left exposed—had lost the deep-black colour that it had when replaced, and bore evident signs of circulation going on in it. There was no discharge from the wound. On the next day, appearances were the same; and on the third, the dressings were removed, when I was as much astonished as gratified to find that union had taken place throughout the whole extent, and the scar that was left was scarcely perceptible. The lip had also united.

Now the time that had elapsed between the separation and the readjustment of the divided parts could not have been less than three quarters of an hour—an important fact, the knowledge of which cannot be, in my opinion, too widely disseminated; and when I reflect on the numerous cases of mutilation, the result often of drunken violence, that appear at our police-courts, in which no effort is made at restoration, I take some blame to myself for not having published the case before. The late Dr. Addison was called in to see some member of this family, and I showed the case to him. He examined the course of the cicatrix very carefully, and observed, "You ought to publish the case."

I am, Sir, your obedient servant,
Savile-row, August, 1861. J. NICHOLS, M.R.C.P. Lond.

TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—I was much pleased with Dr. Toulmin's paper, read before the Harveian Society, and published in THE LANCET of the 17th inst., on the nature and treatment of cholera. When surgeon to the *Palmyra*, we were for some time stationed in the Hooghly, in India, and the majority of the crew were laid up with cholera. Each man appeared to be struck down suddenly, with a livid face and no pulsation, and to all appearance dead. On being called, I immediately applied galvanism to the spine for five or ten minutes, mustard poultices to the feet and thighs, ice-water and brandy injections to the rectum, and ice-water and brandy to the mouth, as soon as I was able. This treatment I continued for some hours, and generally found it to succeed.

I am, Sir, your obedient servant,
Bracknell, Berks, Aug. 1861. E. WILLIAMS, M.D.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

At the last meeting of the Academy of Sciences a communication was received from Dr. Sédillot on certain points connected with the bone-making function of the periosteum. This practitioner proves that the fibrous envelope of the osseous tissues loses its power of regeneration when attacked by suppurative inflammation, and contends therefore that the new operation of resection, which consists in a complete enucleation of a bone from its periosteum, may be oftentimes liable to fail; he consequently suggests that, *when feasible*, a layer of the