New Inventions.

AN IMPROVED UTERINE FLUSHING CURETTE.

THE advantages of a flushing curette for the uterus are obvious, but those hitherto made have many disadvantages. Most of them do not give a good flush; in some the curette is too large compared with the diameter of the tube, and is hence liable to get "nipped" by the cervix closing upon the shaft. Even in the most modern forms the scraping edge is too extensive and liable to cause unnecessary laceration in a longitudinal direction. The instrument figured here is an attempt to avoid these drawbacks. It is simply a modified Barker's flushing curette made to a size to fit the uterus, and with two scraping edges at the end. The advantages are (1) a good flush; (2) the curette is only one-eighth of an inch wider than the shaft; (3) the scraping surface at the back of the curette enables a backward scrape to be given when dealing with the angles of the uterus without turning the instrument round; and (4) the flush is directed forwards by the anterior opening being larger than the posterior. The instrument was made from my drawings by Messrs. Down Bros. of St. Thomas's-street, London, S.E.

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REPORT ON LEPROSY IN NEW SOUTH WALES FOR THE YEAR 1895.¹

THIS Report contains clinical and etiological notes by Dr. Ashburton Thompson on the cases of patients admitted during the year 1895 in the lazaret for New South Wales, and notes on the histo-pathology of the tissues of patients who died in 1895 by Dr. Frank Tidswell. These reports have a special interest. In New South Wales an attempt is being made to restrict the spread of leprosy by compulsory isolation of lepers, and, as this is a measure which is urged on all civilised Governments who have lepers amongst their subjects and is likely to be more and more strongly urged, the experiment deserves careful study, particularly by Englishmen who are responsible for the government of India, where up to the present time there has been no efficient control of lepers and where spread by contagion is untrammelled. The care, sometimes excessive, with which the law is administered in New South Wales is evident from a consideration of these reports.

A woman consulted a practitioner on account of an affection which he believed to be leprosy, and he reported her under the Leprosy Act. She had given a false name and address, but was soon discovered. Her sister, who was a leper, lay concealed at the time in the same house. The patient was admitted to the Coast Hospital for observation, but her regular attendant maintained that she was not suffering from leprosy. The signs of leprosy were not considered to be sufficiently objective and she was not detained.

Subsequently, in January, 1896, she consulted her regular attendant and two other medical men were called in consultation, one of whom reported the patient as a leper and described unmistakeable symptoms of leprosy, but she had again given a false name and address, and was not again seen in New South Wales. She was next heard of as a patient at University College Hospital in London!² This history shows the difficulties inseparable from the administration of the Leprosy Act, but it also shows the necessity for restriction. The two leper sisters were the children of Irish parents. The question of heredity cannot come in, and, considering the very small number of lepers in New South Wales, the probability that the one was infected by the other is so strong as to be practically certain.

Another case is interesting. The patient, a man, aged forty-nine years, and a native-born white of New South Wales, presented the following symptoms. The right hand was analgesic. The cubital nerve, although not enlarged at and below the notch, was easily perceptible far upwards, and was therefore enlarged from that point. On pressure, sensation was limited to the fourth finger only. The left hand was also analgesic, although sensation was not so much disturbed as in the right. The ulnar nerve was large, but not hard. There were scars of recent blisters on both hands, and there were also scars on and below the right patella which were analgesic. The feet were also analgesic. In the left lower extremity there was a cluster of scars on and below the patella, which were analgesic. On the plantar aspect of the foot, at the base of the fourth and fifth toes, there was a dry, shallow and nearly insensitive ulcer, surrounded by much thickened cuticle which shelved down to the surface of the sore, marking the site of an old blister. There was a smaller ulcer on the heel of this foot. This foot was more analgesic than the right. Under pilocarpin the feet, hands, forehead, and right chin remained perfectly dry, while the rest of the body sweated freely. Dr. Ashburton Thompson naturally considered this to be a case of pure *lepra nervorum*—an opinion shared by other medical men—and the case was reported under the Act. It being the custom to seek a second certificate from a practitioner not in permanent relation to the Government, such a gentleman was requested to examine and report. As he was unable to satisfy himself that the disease presented was leprosy, and as the patient claimed discharge, the law giving no power to detain suspects, he was allowed to depart. This case shows the care that is taken in Sydney to secure the rights of suspected lepers. Any physician who has a practical knowledge of leprosy will have no doubt regarding the nature of the disease in this case.

Two other cases of a somewhat similar nature were diagnosed by Dr. Ashburton Thompson as cases of nerve leprosy, and the symptoms reported seem to us to completely justify the diagnosis; but two other medical men called in separately, although they considered it most probable that the disease was leprosy, declined to certify under the law. These two patients were children of the same parents, natives of New South Wales, of English descent, and resident in Sydney. In another case the patient, of English and Irish descent, was born in New Zealand, but was taken to Fiji when she was two years old. When she was twelve years of age her left forefinger became sore. It got well again in a week, and the occurrence would not have been remembered but that it was immediately followed by severe aching pains in the arm and by wasting and loss of power in the hand. Leprosy developed, and she died from that disease in September, 1895.

The reports on the histology of the fatal cases are full and careful, and will interest pathologists who specially occupy themselves with studies of the leprosy bacillus. Twelve well-executed micro-photographs are appended to the Report, in which many changes produced by the development of the bacillus and the bacillus itself are well shown. We would specially call attention to a most excellent photograph of the bacilli in serum expressed from a tubercle, magnified 1000 diameters. This photograph shows a large number of the leprosy bacilli very distinctly, and in excellence we have rarely seen it equalled. Dr. Tidswell is to be congratulated on the success which has enabled him to give the profession these excellent photographs. On Dec. 31st, 1895, there were thirty-seven lepers in the lazaret. Sixteen of them were whites, of whom four were females; the remaining twenty-one were members of various coloured races.

¹ Addressed to the Houses of Parliament of New South Wales.

² See THE LANCET, August 8th, 1896, p. 365.