that little remains to be said concerning it. There is, however, one fact in connexion with cases of this kind which is, I believe, undeniable: the longer the symptoms have persisted the more uncertain is the effect of operative treatment, even if an obvious cause for their existence be discovered and removed. Operations, on the other hand, performed within a reasonable time of the onset of the symptoms are, so far as my experience goes, always immediately successful. In other words, those cases which come into the hands of the surgeon early afford immediately satisfactory results; in those, on the contrary, who have for years been subjected to tedious and futile medical treatment, the functions of the parts concerned become so impaired, and the mood of the patients so depressed and pessimistic, that the removal of the original cause of the trouble is not followed directly by the complete relief expected, although in course of time the relief, if not complete, is at all events sufficient to give the patient no cause for regretting the performance of the operation. The earliest period, so far as I have seen, at which any true estimate of the value of the operation can be made in these deferred cases is at least one year. I shall not be surprised to hear that considerable improvement yet ensues in the case described above.

[Note.—Since the above was written, Sir William Bennett's hopes have been partially realized.—E. P.]

NOTE ON THE VALUE OF ROUX'S OPERATION FOR THE RADICAL CURE OF FEMORAL HERNIA.

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SINCE Dr. John Guthrie drew my attention to the operation which he had seen Roux perform in Lausanne for the radical cure of femoral hernia, I have adopted it in ten cases, seven of which I referred to in the BRITISH MEDICAL JOURNAL for September 13th. Having been thoroughly satisfied with the method, I wish to draw particular attention to it. It consists:

1. In making an incision over the crural canal.
2. In isolating the sac, putting a catgut ligature round its neck and cutting it off.

Fig. 1.—Staple passed through Poupart's ligament.

Fig. 2.—Staple fastened into bone.

3. A metal staple is passed obliquely through Poupart's ligament over the crural canal, taking care to avoid the femoral vein, and then it is gently hammered into the pubis.

4. Stitching the skin incision.

Care must be taken not to put the staple in too tightly, which would injure Poupart's ligament, still it must be sufficiently secured to prevent any recurrence of the hernia. The staple remains permanently *in situ*; it causes no irritation, and does not injure the bone. The operation can be easily and quickly performed by any one who follows the above steps. Roux has operated on over 60 cases without the retention of the staple giving rise to the least trouble, or recurrence of hernia.

Fig. 1 shows the staple passed through Poupart's ligament. In Fig. 2 the staple is fastened into the bone.

ON THE TREATMENT OF GLYCOSURIA AND DIABETES MELLITUS WITH ASPIRIN.

By R. T. WILLIAMSON, M.D. LOND., F.R.C.P.,

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ASPIRIN is a salicylate compound (acetyl-salicylic acid), which is stated to be decomposed only when it reaches the small intestine; and it is said to produce none of the toxic symptoms that are sometimes caused by sodium salicylate. For several theoretical reasons it appeared to me to be worthy of trial in the treatment of glycosuria and diabetes mellitus. About three years ago I first gave it in a case of diabetes, but the dose was small and the result indefinite. More recently I have given it in larger doses and with definite results in certain cases.

I have prescribed aspirin altogether in 40 cases of chronic glycosuria and diabetes mellitus. In 11 of these cases I was able to observe the sugar excretion continuously, for a period which was sufficiently long to enable a definite opinion to be formed as to the action of the drug. In the other 29 cases the patients were not treated in hospital, and the sugar excretion could not be carefully watched; hence no very definite conclusions could be drawn as the value of the drug in these cases, though improvement was often reported.

In the 11 cases, which were carefully observed for a long period, the results were as follows: (1) In 4 very severe cases of diabetes the drug did not produce any decided effect on the sugar excretion. (2) In 3 cases of chronic glycosuria the sugar excretion ceased when aspirin was given, the diet being kept unchanged; but though I believe the arrest of the glycosuria was due to the drug, I am prepared to admit that objections may be raised to this conclusion. (3) In 4 cases of diabetes mellitus of the milder form the sugar excretion appeared to be clearly diminished by the aspirin. The 4 cases last mentioned were patients in the Ancoats Hospital for long periods, and the sugar excretion was carefully estimated daily. Brief notes of these 4 cases will be here recorded.

Many cases of diabetes and glycosuria are unsuitable for observations with respect to the action of drugs; some on account of the presence of complications, such as phthisis; some because the disease is of the very severe and acute form; others because the glycosuria is intermittent. The four cases here recorded were free from these objections. The first case recorded was particularly suitable for observations with respect to the action of drugs. The disease was of ten years' duration; it was not progressive; the sugar excretion eight years ago was practically the same as it was just before the aspirin was prescribed (that is, 24 to 25 gr. to the ounce). I have had the opportunity of watching the sugar excretion for many years in this case; apart from the action of drugs or other treatment it has remained practically stationary.

In all four cases recorded the patient was well nourished; the urine gave no reaction with perchloride of iron, and the disease was not of the severe form.

CASE 1. *Mild Form of Diabetes.*—The patient, a woman, aged 65, was admitted into the hospital on May 1st, 1901. She was kept on ordinary hospital diet, including bread and milk in the usual quantities; but sugar, potatoes, and rice pudding were not given, as these had not been taken for years. After the patient had been in the hospital three days the sugar estimations were commenced, and the patient was given no drug except a little diluted peppermint water. The average daily excre-