

under our observation, notably diminish and, for a few days, absolutely remove all trace of sugar from the urine of a diabetic, who had been suffering for years from the disease, and whose urine contained, at the time of the experiment with antipyrin, 39 grains of sugar to the ounce. But its good effects, like those of all other known remedies, were fleeting, and in a few weeks the old story was told only too plainly and disappointingly by Fehling. It may be stated, that the same patient, a gentleman of education and intelligence, wearied of the futile attempts at cure, by the medical profession, went over to—shall we say the majority—and tried Warner's Safe Cure Pills and Safe Cure, with more benefit to his general health than from any of the previously tried remedies, and *that* having at last failed, *mirabile dictu!* to cure the disease, he is now doing well on Mother Seigel's Syrup.

This is what Dr. Casarelli, of Pisa, says as to the favorable action of sulfonal in diabetes. The drug diminishes the quantity of sugar in the urine, also reducing the polyuria and the thirst. These results were obtained by doses of from 5 to 30 grains per diem, but not to so marked a degree as with doses of 45 grains continued for several days. The 30-grain doses could be administered for some time without any ill effects; but although the 40-grain doses at first caused no disturbance, it was found that, when they were continued for any lengthened period, they caused giddiness and excessive sleepiness, which disappeared when the drug was discontinued.

To simply enumerate the remedies which have gone the rounds of the medical press during the past five years for the cure of this disease would, we think, astonish the profession, and yet we can vouch for the fact that in the case mentioned, the patient did improve more under the quack remedies, than under the use of several of the best endorsed remedies of the profession. Until the pathology of the disease is more definitely known, the empirical use of new remedies can hardly be expected to produce anything but disappointment as to successful treatment.

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Dr. L. Webster Fox has been appointed ophthalmic expert to the Board of Pension Examiners of the Philadelphia district.

## CONSERVATIVE TREATMENT OF ADHERENT BUT FUNCTIONALLY ACTIVE OVARIES AND FALLOPIAN TUBES.

In a very interesting paper in the *Lancet* of Feb. 21st., A. C. Butler-Smythe gives the results of five cases in which the conservative plan of freeing adherent tubes and ovaries was adopted. In all the cases the results were most satisfactory. The operation will commend itself to every medical man who has not a craze for "removing" these organs. There can be no doubt that there are thousands and tens of thousands of "emaciated creatures, racked with pain and often confined to bed," who would welcome the conservative or minor operation, when no amount of argument on the part of their medical advisers would induce them to submit to the total loss of the ovaries and tubes. Mr. Smythe says it is not his intention to discuss the treatment of cases in which the organs are diseased, nor does he wish anyone to imagine that he advocates attempting to save those organs where they are completely matted together or embedded in inflammatory tissue. "But," he says, "there are many cases where, on opening the abdomen, the operator finds that the ovaries and tubes are only partially adherent, and where no visible or tangible signs of disease can be discovered in these organs. Moreover, it is not always easy to decide, even when the abdomen is opened, whether an ovary is healthy or not. It appears to me that not infrequently it is the presence of adhesions of the ovaries and tubes, and this alone, that is the cause of the pain and other symptoms which have been complained of, and which have led to an intra-abdominal examination of the parts. Simple adhesions of these organs are not dangerous to life, nor do they necessarily destroy the functions of the ovaries and tubes. Why, then, should these organs be extirpated? The removal of the ovaries and tubes for such adhesions has always seemed to me an unnecessarily severe, almost an unwarrantable, proceeding; and I feel confident that the profession will welcome as an important improvement any method by which the conditions under consideration may be cured without resorting to such extreme measures. I hold that in such cases the separation of the adhesions and freeing of the ovaries and tubes can be accomplished, and is frequently sufficient to restore the patients to