

prognosis of stab wounds of abdominal viscera, because so much depends upon the circumstances and upon early operation. Given prompt diagnosis and treatment, the majority of the cases ought to recover, just as a perforated gastric ulcer usually does; but a few hours' delay, at any rate beyond twelve hours, will seriously jeopardize the patient's chances. When the signs of widespread peritonitis are present the outlook is very grave, but by no means hopeless.

Statistics are not easy to obtain. Tilton reports that of 13 cases of stab or shot wound of the liver from ten New York hospitals, 4 died and 9 recovered. The prognosis is, of course, much better than that of contusion.

REFERENCES.—Rendle Short, *Lancet*, 1911, ii, 818; Berry and Giuseppe, *Proc. Roy. Soc. Med. (Surg. Sect.)*, 1909, iii, 1; Tilton, "Ruptured Liver," *Ann. Surg.*, 1905, 20; Laspeyres, *Centr. Grenz.*, 1904, vii, 152; Quick, "Ruptured Bladder," *Ann. Surg.*, 1907, xlv, 94; Beall, *Med. Rec.*, 1913, lxxxiii, 64.

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ABSCCESS, SUBPHRENIC.—(See SUBPHRENIC ABSCESS.)

ACCESSORY SINUSITIS OF THE NOSE.—(See NASAL ACCESSORY SINUSITIS.)

ACIDOSIS.—The prognosis of acidosis depends more on its cause than on its intensity, though, *ceteris paribus*, the degree of the latter is a most important item. The most common conditions in which it occurs are diabetes mellitus, starvation, sudden withdrawal of carbohydrate food, after some anaesthetics, during febrile diseases, in the toxæmic vomiting of pregnancy, the cyclic vomiting of children, and in phosphorus poisoning. Although many factors, including the administration of mineral acids, may lead to diminished alkalinity of the juices of the body, and so produce a state of acidosis, here we are not referring to such conditions, but to an acid intoxication set up by the presence of β -oxybutyric acid, diacetic acid, and acetone. To this form of poisoning children are more susceptible than women, and the prognosis is worse in children than in women. Similarly the outlook is worse in women than in men. These substances not only exert a direct toxic effect on the tissues of the body, but also act detrimentally on account of their acid properties. In severe cases they are excreted in very large quantities, and this represents a large quantity of unused fuel, entailing a considerable loss of energy to the body. For purposes of prognosis it is necessary not only to determine the presence of acidosis, but also, so far as is possible, the degree of acid intoxication. By the usual tests the presence of these substances will be proved in the urine. Probably also the odour of acetone in the breath will be obvious.

T. Stuart Hart, in the *Quarterly Journal of Medicine*, has given the following method for estimating the acidosis index. The first demonstrates the presence of acetone by the usual test (Lange's). Secondly he employs the ferric chloride method (Gerhardt's test) to show the