2. The association of urea with sulphuric and phosphoric acids is an interesting point which demands further investigation.

3. There is no indication of the excretion of uric acid as sodium urate, but there are indications of calcium and potassium urates.

4. Potassium appears to be excreted almost entirely as chloride, but some urate may be present.

5. Sodium is excreted as chloride, phosphate, and sulphate.

6. Calcium and magnesium are excreted as chlorides, phosphates, and sulphates; possibly also urates. In this connexion it may be mentioned that one of the patients habitually took *mist. sennæ. co.* Five estimations were made on the urine, and in all the magnesium content was high. The SO_3 , however, varied, being sometimes above and sometimes below the mean of the whole series. The chlorine was persistently above the mean. This suggests that the magnesium was absorbed and excreted as chloride.

7. There are no indications of the excretion of alkali salts of ethereal sulphuric acids. The negative correlation between ethereal sulphuric acid and water requires further investigation.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

AN UNUSUAL ACCIDENT DURING APPENDICECTOMY.

BY F. J. W. PORTER, D.S.O., M.R.C.S.,
MAJOR, R.A.M.C. (RET.).

THE following accident is very rare, and merits record.

Some months ago I was called upon to operate on a Mahommedan gentleman who was suffering from acute appendicitis. He had been given castor-oil and an enema by his medical attendant before I saw him, and I was told that the result had been satisfactory. My practice is to pick up the parietal peritoneum with a dissecting forceps, and by lateralising the edge of a scalpel, to cut it quite close to the tip of the forceps. This makes a small hole into which I pass the closed blades of another dissecting forceps and allow them to expand. I then divide the peritoneum, which is thus held away from the bowel, by a straight scissors.

In this case I followed my usual procedure, but as soon as I had cut on to the grasped peritoneum a loud report ensued and an enormous amount of gas, oil, and faecal matter was expelled to a considerable distance. I pushed the blades of another dissecting forceps into the hole in the bowel, and when I had cleaned up the mess, I found that a knuckle of the caecum was protruding through a small hole in the parietal peritoneum and in it a rent of about 1 inch in length. The bowel being firmly grasped by the peritoneum, none of the contents entered the cavity of the abdomen. The rent was sutured and the appendix removed. Beyond the occurrence of some suppuration in the infected abdominal wound, recovery was rapid.

Remarks.

I think that in this case the caecum was acutely distended and the walls had become very thin, and that as soon as the pressure of the abdominal wall was relieved over a small area the bowel burst. One sees this accident reproduced in the case of a motor tyre where the outer cover has become worn through in one place and a large rent occurs in the inner tube. I am perfectly certain that I never touched the wall of the bowel in this case with my scalpel and I certainly did not incise *all* the coats of the bowel over an area of one inch. During an experience of between 1600 and 1700 operations on the appendix I have never witnessed such an accident before; I shall be glad to know if any of your readers have ever seen such a case.

Bombay.

CASE OF PUERPERAL SEPTICÆMIA; RECOVERY.

BY J. HARGREAVES ROBINSON, L.A.H. DUB.,
L.M.R.C.P. IREL.

THE following case is of sufficient interest to merit record.

Mrs. S., aged 25, primipara, was delivered with forceps at full term, Dec. 2nd, 1921. On the 4th a rigor, temp. 104.2°F. ; uterus immediately explored with negative results; swab taken; douched with liq. sodii chlorinatæ 1 in 4. Stock vaccine given 10 million streptococci; antistreptococcus serum not then available. Ol. ricini $\frac{3}{ii}$; swab positive to streptococci; on the 6th diarrhoea commenced. Ol. ricini $\frac{3}{ii}$. On the 7th 120 c.cm. antistreptococcus serum given in 30 hours in doses of 10, 20, 30, and 60 c.cm.

The midwife in attendance is the subject of onychia, and her previous case was septic, also positive to streptococci.

Chart showing effect of injections of anti-streptococcic serum on temperature.

Her two previous cases showed a mild pyrexia of the "spiked" type. There appears to be some evidence that the organism quickly increased in virulence by passing through a short sequence of cases. The injections of antistreptococcus serum were designedly made with a dental syringe into the muscle substance involving about 135 punctures of the skin in order immediately to obtain a very large area for simultaneous absorption. On the ninth day, as the uterus was subinvolved, $\frac{3}{ii}$ of liquid extract of ergot were given to lessen the risk of air-embolism.

Clinically, the large quantity of antistreptococcus serum given in a short space of time and the eccentric method of administration appeared materially to alter the outlook in a few hours when the patient was almost moribund. Four hours elapsed between the 30 c.cm. and 60 c.cm. injections.

Southport.

LITERARY INTELLIGENCE.—W. B. Saunders Company, Ltd., announce for early publication new editions of the following works: *Neoplastic Diseases*, by James Ewing, D.Sc., M.D., professor of pathology, Cornell University Medical School; *Psycho-Analysis*, by A. A. Brill, Ph.B., M.D., formerly clinical assistant in neurology at Columbia University Medical School.—Messrs. Longmans, Green and Co. announce the forthcoming publication of a book entitled *Vitamins and the Choice of Food*, by Mrs. Violet G. Plimmer and Prof. R. H. A. Plimmer.—Messrs. William Heinemann (Medical Books), Ltd., will shortly publish *Anæsthetics in Practice and Theory*, by Joseph Blomfield, O.B.E., M.D.