Upon the right side the well-formed placenta and portions of retained membranes were removed. Upon the left, the formation of the placenta was incomplete, but a decided quantity was removed. Iodoform gauze was introduced into both sides and the nurse was given instructions to remove it the next morning.

The patient made an uneventful recovery, leaving the hospital after ten days. One week later she called at my office, stating her "womb was down." Upon examination I found what she had felt to be the iodoform gauze in the left side, the nurse having removed only that in the right side. There was no further trouble.

This case is reported because of its rarity and because its existence is really doubted by many authors. It may be that in the above case the smaller left side was not a later pregnancy than the right, but certainly the placenta and membranes are very conclusive.

I regretted very much not being able to see the fetuses which the abortionist had removed. The uterus subseptus is a rare condition and it is not unlikely that it may lead to more multiple pregnancies.

Memphis Trust Building.

AUTHORS' ABSTRACTS

Surgery, Gynecology, Obstetrics and Genito-Urinary Diseases

Gonorrhea in Women. John E. Hall, Nashville, Tenn., *Journal of the Tennessee State Medical Association*, January, 1917, p. 358.

The writer believes woman's ignorance of gonorrhea and the mildness of symptoms, responsible for the laxity of the profession in not making a thorough examination when consulted as to the cause of her leucorrhea. Diagnosis is usually made by guess rather than by scientific methods. The author calls attention to the necessity of microscopical examination of the secretions. In married women, the possibility of leucorrhea's being gonococcal in origin is often overlooked notwithstanding the fact that most husbands have had gonorrhea and the majority are still infectious. Gonorrhea is increasing in prevalence, and will continue to do so until the profession realizes its importance as a cause of pelvic inflammation, sterility and semi-invalidism. He stresses the importance of correct early diagnosis, followed by intelligent treatment, as the disease is beyond cure after involvement of pelvic organs takes place. Chronic cervicitis and Bartholinitis are sources of gonococcal infection from which men contract gonorrhea from women who show no external evidences of the disease. In treating cervicitis, most recent authorities state that cauterization by solutions of iodine and nitrate of silver does no good, as it does not penetrate deeply enough into connective and muscular tissues to effect the organism. In endometritis

curettage is worse than useless, as it is impossible to remove the infected endometrium and its glands, and it may do harm by causing acute salpingitis. Vaccine treatment as used at present is as likely to do harm as good, as this form of treatment is not yet established upon a scientific basis.

Blood Transfusion Simplified; Deductions from Nineteen Cases, Eleven Human and Eight on the Dog. J. T. Nix, Jr., New Orleans, La., *New Orleans Medical and Surgical Journal*, December, 1916, p. 435.

An apparatus was devised consisting of two extra large glass syringes (200 c. c.), one of which was to contain sodium citrate solution and the other to aspirate or inject blood. The blood syringe was connected by a short rubber tubing to the shaft of a Y-tube. One arm of the Y-tube was connected with a special glass transfusion tip which was inserted and tied in the vein of the recipient. The other arm of the Y-tube was connected with one arm of a T-tube. The shaft of the T-tube was connected with the citrate syringe, and the distal arm of the T-tube was connected with another transfusion tip which was inserted and tied in the vein of the donor.

The donor's blood is mixed with citrate as it is extracted and the tubes and connections are constantly kept bathed with citrate from the syringe. The apparatus is supported on a metal frame, all of which can be bolted.

When disconnected, single transfusion can be done with either syringe and the separate transfusion tips.

The apparatus is very simple. Transfusion tips are made from drinking tubes by simply heating with an alcohol lamp and drawing out to a point. Any style syringe is applicable,—glass, asbestos-glass, hard rubber or metal,—the latter the better.

The paraffin coating of the tubes, spraying of the tips with ether and other complicated measures are eliminated, and the current of blood is changed to the desired direction by simply applying small forceps to the rubber connection.

The Non-Protein Nitrogen and Urea in the Maternal and the Fetal Blood at the Time of Birth. J. Morris Slemmons and William H. Morris, Yale Medical School, New Haven, Conn. *Bulletin of the Johns Hopkins Hospital*, December, 1916, p. 343.

Great difficulties attend the study of the nutrition of the fetus in utero, consequently little is known of the mechanism of the placental interchange. With improved methods for blood-analysis investigation of this problem becomes possible by comparing the composition of maternal and fetal blood at the moment of birth.

Normally, identical quantities of urea are found in both circulations which indicates that this, the chief fetal nitrogenous waste product, passes through the placenta by diffusion. In other words the fetal urea enters the mother's blood in the same way that urea from her own tissues enters it.

(Continued on page 173)