urine from each kidney as it enters its own half of the divided bladder is immediately drained away by catheter tubes, which form part of the apparatus, and it is collected in a suitable receptacle attached to the handle of the instrument, without having become mixed with the urine from the opposite side.

The instruments devised by Dr. Luys and Dr. Carhelm are figured and described. Dr. Luys's method is preferred. Eleven cases are cited. There is no question of the value to the surgeon in arriving at a diagnosis of information as to the character of the secretion of each organ. These "most exceedingly ingenious contrivances" have had a fairly wide application in this country, and the testimony is that they are not so "marvellously accurate" in their results as Mr. Bickersteth's enthusiastic account would lead us to believe.

CHARLES STEDMAN BULL, A.M., M.D. "Operations upon the Eyeball in the Presence of an Infected Conjunctival Sac." *Medical Record*, September 24th, 1904.

Summary.—I. A careful microscopical and bacteriological examination should be made of the contents of the conjunctival sac in every suspected case, carrying the examination as far as the cultivation of the bacteria in a proper medium, and the subsequent inoculation of the germs.

II. If toxic germs are found in great numbers, no matter what their varieties, no operation on the eyeball should be undertaken until the germs have disappeared, and the conjunctival sac has been rendered as sterile as we can hope to make it.

III. If there be suppurative disease of the lacrymal passages, whether of canaliculi, sac, or nasal duct, all operations upon the eyeball are positively contraindicated. The lacrymal sac must be excised, and any operation on the eyeball is undertaken. In the case of a catarrhal dacryocystitis, or of mucocele of the sac, both canaliculi should be incised, and the sac injected daily with an antiseptic astringent solution, and free irrigation through the nasal duct carried out until all secretion has ceased. Even in cases of great urgency, as, for example, acute inflammatory glaucoma, the writer would not feel himself justified in modifying the above statement.

IV. If the secretion of the conjunctival sac on examination is found to be infected, but the bacteria are few in number and of slight toxic variety, operations may be done on the eyeball when necessary, but these eyes should be opened and examined twice in the twenty-four hours, and the conjunctival sac gently irrigated with warm normal salt