

were proposed—the one to increase the excretory action of the kidneys; the other to act on the other excretory organs, the bowels and the skin. A combination of these methods is the best plan.

DR. W. M. CARPENTER of New York read a paper having the title of *Clinical Note on Albuminuria and Glycosuria*.

DR. LUCIEN HOWE of Buffalo exhibited a white rabbit in which he had transplanted a black eye about three days before. The coloration of the eye showed that the circulation had been partially re-established. This operation had been performed several times by the author, who referred to certain improvements in the *technique*. Some sloughing always took place.

DR. MITTENDORF said the first transplantation of the eye in man, by an operator in Paris, had recently been reported, and it appeared that by the sixth week the cornea had sloughed; therefore the final result of the operation was not successful.

DR. E. L. KEYES of New York read a paper on *The Treatment of Varicocele and Hydrocele*. For varicocele, he passes a catgut ligature subcutaneously, and ties the dilated spermatic veins high up, above the point where they become tortuous. He has had twelve consecutive successful cases where this procedure was adopted. No unpleasant symptoms or complications had followed. For hydrocele, he strongly recommends carbolic acid injections.

DR. L. D. BULKLEY of New York read a paper on *Non-Venereal Syphilis*, in which he drew the following conclusions: 1. Syphilis was not necessarily a venereal disease, but in a certain proportion of cases acquired quite unconsciously, and in an entirely unexpected manner. 2. Failure to obtain a venereal history should not lead to the conclusion that certain lesions were not those of syphilis. 3. The syphilitic virus could be carried a long distance, and, after some time had passed, be able to cause syphilis in the inoculated. 4. Non-venereal changes are often mistaken for epitheliomata. 5. Non-venereal syphilis often shows great malignancy.

DR. F. N. OTIS of New York read a paper entitled *The Limitation of the Contagious Period of Syphilis in relation to Marriage, etc.* Dr. Otis considers it as absolutely proved that lesions of the tertiary stage are not contagious, and that the limit of contagion may be fixed at a period of five years.

DR. R. F. WEIR of New York read a paper on "*Antiseptic Irrigation of Joints for Chronic Serous Synovitis*." He recommends this treatment where the synovitis has lasted longer than