upon uric acid, both depending on deficient metabolism of nitrogenous food; and if it be so, vegetable and sweet diet should be prohibited in order to permit of more perfect oxidation of proteids.

DR. SPENDLOVE said that he had ordered those vegetable foods that contained much nitrogen, with instructions to avoid those containing starch.

Discussion.—DR. F. W. CAMPBELL thought that the paper was of much interest. He recently had some experience in the use of viburnum. In one case, a lady, who suffered much from dysmenorrhœa, had, after a short time, experienced most marked relief from this remedy. He knew that great benefit was to be derived from the electrical treatment, and if Dr. Smith's claims are true, it should always be tried.

THE PRESIDENT had found that the negative pole, instead of acting as a sedative, was a powerful irritant, and asked what battery and galvanometer Dr. Smith used.

DR. J. E. MOLSON asked if dysmenorrhœa was due to endometritis, would Dr. Smith attempt to cure the endometritis by electricity or by some other method, using the galvanism only if the dysmenorrhœa continued?

DR. SMITH replied that the battery he had been using consisted of sixty cells of Laclanché's pattern, and were changed every few months; recently he had put in sixty law telephone cells. The current from all the cells passes through a water rheostat, by which the strength is regulated. The galvanometer he used was of Gaiffe's make, as he considered that it was the only one to be relied upon. As to the negative pole being an irritant, he thought that it all depended upon the size of the electrode, that used by Dr. Buller being a very point, while the one he used was the large clay electrode suggested by Apostoli, and under such conditions he considered the negative pole sedative. Many gynæcologists treat endometritis by the galvanic current, and alone think it immeasurably superior to any other form of treatment.

Stated Meeting, April 29th, 1892.

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

Excision of the Wrist.—DR. JAS. BELL brought before the meeting a boy, aged 14, in whom he had excised the right wrist for tubercular disease of seven or eight months standing. He had removed all the carpal bones (with the exception of the pisiform bone), the styloid process of the ulna, the articular surface of the radius, and the heads of all the metacarpal bones. The result has been very satisfactory. The boy has good movement of the distal and fair movement of the proximal phalanges. Dr. Bell remarked that of all the joints subject to tuberculosis which are excised, the wrist is the least promising. No matter how slight the disease may be, a partial excision is almost impossible, and when the disease is extensive the inflammatory condition about the sheaths of the tendons renders the hand useless unless very great care has been taken to exercise the hand. From all appearances, this case promises to be the best result he has yet obtained after this operation.

THE PRESIDENT asked Dr. Bell if he apprehended any return of the disease in the joint.

DR. BELL did not think that it would return; but no matter how thoroughly the disease has been eradicated, there is a strong tendency towards its recurrence in some other part of the body.

Stated Meeting, May 13th, 1892.

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

Gunshot Fracture of the Skull.—DR. JOHNSTON exhibited two entensively fractured skulls, the first from a man who had been found dead a few weeks before under suspicious circumstances, there being a gunshot wound of the left orbit, the course of the shot being upwards and outwards to the vertex. A partial autopsy had been performed by a physician, who thought that the fracture of the skull had been produced by external violence in addition to the gunshot injury. Dr. Johnston had been called upon to make a second examination and came to the conclusion that the gunshot was quite sufficient to produce the fracture. He had searched the records of gunshot injuries but had found no mention of such an injury under exactly similar circumstances, for though the skull was very extensively fractured there was no scalp wound. He was able to produce a like condition experimentally. A dissecting room subject was selected, and the gun found beside the deceased was used, the charge of powder and shot being measured by the measure in the flask found on the body. The gun had been fired into the left orbit from a distance of about three feet, and the fracture produced imitated closely in nature and extent the original case, though much more severe owing to the difference in the thickness of the skulls. A peculiarity in both cases is the tendency to separation of the sutures, that of the sagittal and coronal being most marked. There is a branched fracture extending anteriorly through the frontal bone, and one through the perietal bone on the right side. A most interesting feature was the absence of any tendency for the fracture to spread through the base. A blow on the vertex will usually produce fracture of the base, but in both the cases with the exception of a fracture through the ethmoid and lesser wing of the sphenoid, the base was entire; this is readily explained by