

We know that if any stimulus of a disagreeable character, were to enter the *fallopian tubes* it would, in all probability, be communicated to the peritoneum, in which case fatal consequences might be anticipated. But we are inclined to believe that the mouths of the fallopian tubes are only open under the height of venereal intercourse, and that any disagreeable stimulus would have the natural tendency to cause a rigid closure of those orifices. And that, therefore, the lining membrane of the uterus, will bear with impunity any fluid that would be admissible as a collyrium in chronic conjunctivitis.

It will be highly important during the intervals to examine into the condition of the general health, whether plethoric or debilitated, as in the former case depressing medicines and low diet would be required. Whilst in the latter, a reverse course of treatment would be necessary, requiring tonics and a generous diet.

The bowels should, in all cases, be carefully attended to, that the patient be neither costive, nor too much relaxed. All active exercise should also be forbidden, and near the approach of the menstrual flow, the recumbent position should be advised.

By a strict adherence to the plan of treatment above described we can with much confidence state, that we believe very few cases of dysmenorrhœa will fail to be permanently cured.

ART. XIV.—Compound comminuted Fracture ; Amputation ; Ligature of Femoral Artery. By J. A. GRANT, M. D., Ottawa City.

On the 9th inst, at an early hour in the morning, I was requested by Dr. Allan of Metcalf village, Osgood, to meet him in consultation, and accordingly was at the appointed place, a distance of thirty miles, a few hours after receipt of notice.

CASE.

August 6th 10, A. M.—J. M. C. a farmer, of middle stature, while engaged in felling a tree, it, when almost separated from the stump slid off, descended perpendicularly upon the foot, fracturing the tarsal and metatarsal bone in various directions and wounding the dorsalis pedis artery. Shortly after receipt of injury Dr. A. was present, arrested the slight hemorrhage from lacerated vessels and dressed the parts. Upon my arrival *third day*, found greater part of foot gangrenous, also lower third of leg in a similar condition. No tendency towards the formation of a line of demarcation. At this period constitutional irritation was well marked, increased arterial action, thirst, heat of skin, slight restlessness