

the limb was again examined. Soon after symptoms of septicæmia presented themselves, and the patient died. At the autopsy the joint was found filled with pus, which had found exit into the abdominal cavity. The base of the acetabulum was fractured in three directions, following the original lines of union of the bones. The only prominent symptom in fracture of the base of the acetabulum is severe and persistent pain, increased by movement or by pressure against the trochanter; there is no shortening, no deformity, and no crepitus. This accident, when there is no displacement of the head of the femur, is not fatal, nor even dangerous, provided the patient be let alone. It is the frequent manipulation and examination that causes the change. The management of a case of fracture of the base of the acetabulum consists simply in giving perfect rest to the joint. When fracture is suspected, the patient should be kept in bed with the limb resting in an easy position, and extension may be made or not, according to the amount of relief which it affords to the patient.—*N. Y. Med. Record.*

In Japan the extraction of teeth has reached a degree of perfection absolutely unknown in France, and I might say in Europe or America, where they have good schools of dentistry. The Japanese dentists do not overwhelm their victims by a display of the instruments of torture with which our artists draw their clients' bad teeth, not to mention the sound ones. It is with the thumb and index finger that the Japanese artist delicately withdraws you a molar or two. Naturally, great practice is required before arriving to such a degree of skilfulness. To obtain this the dentist pupil serves an apprenticeship to a master. For a long time he has to exercise himself in extracting bits of wood inserted in planks, loosely at first, but afterwards solidly fixed by hammer-strokes in oak wood. When the pupil can, at a single trial and without apparent effort, draw out one of these wooden teeth, any human jaw can be confided to his care, and no tooth, though fixed in a steel alocolus, can resist him. A skilful Japanese operator can in half a minute, and without moving his fingers from the victim's mouth, remove easily his half-dozen teeth.—*L'Union Méd.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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TORONTO, JANUARY, 1885.

SALUTATORY.

We have much pleasure in extending to all our readers a very cordial greeting, and wishing them many returns of this festive season. With this issue we commence the tenth volume of this publication, and we tender our most sincere thanks to our subscribers, many of whom have supported and assisted us most loyally during all these years. In speaking to our subscribers we are addressing a constituency which far exceeds in numbers that of any previous year, and now continues to grow at a very rapid rate. The greatly increased success which has attended our efforts under the present management is a matter of the highest satisfaction to us, and encourages us to put forth still greater exertions in the future to retain the sympathy and support of our patrons.

During the past year we have frequently had to regret the necessity which compelled us to abridge or reject many valuable original communications which were placed at our disposal; but the large amount of available material has enabled us to present an unusual number of articles of rare excellence. We have every reason to believe that the character of this department will continue to improve from year to year, and we will use every endeavour to encourage such improvement. In the general advancement of medical science and art, Canada is making very satisfactory progress. We were told by distinguished men from Great Britain, at the meeting of the Medical Association in Montreal, that the papers read and discussions thereon were highly creditable. There is every prospect that we will continue to advance, and