BORAX AND NITRATE OF POTASSIUM IN SUDDEN HOARSENESS.

These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold (see *La Franco Médicale*, No. 86, 1877, p. 682). The remedy is recommended to singers and orators whose voices suddenly become lost, but which by this means can be recovered almost instantly. A little piece of borax the size of a pea is to be slowly dissolved in the mouth ten minutes before singing or speaking: the remedy provokes an abundunt secretion of saliva, which moistens the mouth and throat. The local action of borax should be aided by an equal dose of nitrate of potassium, taken in a warm solution before going to bed.

THE AUTOMATIC METHOD OF REDUCING LUXATIONS OF THE HIP.

By Alpheus B. Crosby, M.D. (*Phila. Med. Times*, June 23d, 1877, and *N. Y. Med. Jour.*, July, 1877), and S. J. Allen, M.D., (*Ohio Med. and Surg. Jour.*, Oct., 1877.)

In October last there was admitted to his wards, in Bellevue Hospital, a typical case of dorsal luxation (the toes resting on the opposite instep, there being very marked rigidity present and abduction being entirely impossible), but which had been diagnosed as one of fracture of the neck of the femur within the capsule, by a physician outside, and treated as such for about thirty hours previous to admission. Under these circumstances he resolved to at once adopt the following plan: The patient having been placed on his back upon a blanket spread upon the floor was thoroughly anæsthetized, in order to obtain complete muscular relaxation, and the legs were flexed at a right angle upon the thighs, and the thighs similarly flexed upon the pelvis, for the purpose of removing the strain from the ileo-femoral or Y ligament. Dr. Crosby then placed his hands upon the calves of the legs, quite near the knees, and raising the pelvis a short distance from the floor, made very slight abduction of the affected limb, when, in about a half a minute from the commencement of the manœuvre, he had the satisfaction of feeling the head of the bone slip into its normal position. He explained that in this procedure the patient was made to perform the reduction himself, a sort of *felo-de-se*, as he termed it, the weight of his body supplying the extension, while the counter-extension was made by the operator, who performed simply the office of a post, though an intelligent one, to be sure. The method was first described to him by a friend of his in Vermont, Dr. S. J. Allen, who had hit upon it accidentally about two years ago, while in the act of lifting a patient suffering from this dislocation, so as to get him into a suitable position for performing the usual manipulations attempted for the reduction of the deformity. Since then he has adopted the same course, with equal success, in two other similar luxations, so that Dr. Crosby's makes the fourth case in which the procedure has been employed. So far as Dr. Crosby has been able to ascertain, these are the only cases in which it has ever been done. In Dr. Bigelow's admirable monograph on luxation of the hip (a copy of which, strange to say, he found it difficult to lay his hands on in New York), he has found that the same position was used in a number of instances there recorded, but the method pursued was always different from that which he had ventured to call the automatic. (*Philadelphia Medical Times.*) Dr. Allen, in his report, adds another case, and repeats the views so ably presented by the late Prof. Crosby, without, however, even mentioning his name in connection with this simple and efficient method of reduction. To Dr. Crosby belongs the honor of having first given this method to the profession.—*N. Y. Hosp. Gazette.*

E. J. B.

Dr. J. Milner Fothergill, the London Correspondent of the Philadelphia *Medical Times*, in his letter which appears in its issue of the 19th January —thus speaks of the use of strychnine, as an expectorant in chest diseases:

In this season of *bronchitis*, it may be practically useful for your readers to know the great utility of strychnine as a true expectorant by its action upon the respiratory centre. Like ammonia, it does not act upon the mucus lining of the air-tubes, but upon the nervous centres of the respiration. The experiments of Prokop, Rokistanky, and others, with this agent, show that it has a decided action in stimulating the respiration by acting upon the respiratory centre in the medulla oblongata. Ammonia acts in the same manner. Ammonia is commonly added to cough mixtures for its stimulant expectorant effect. It enables the patient to respire more perfectly and so to expectorcte the phlégm more effectually. This is of the utmest importance in bronchitis when the stage of free secretion is reached and tne air-tubes are full of mucus, and the patient is in danger of choking. Here the batlle lies betwixt the powers of the patient and impending exhaustion. The ordinary mixture of carbonate of ammonium, spirits of cf chloroform, and senega is very useful; and some tincture of squill will be found a useful addition. But increaeing clinical experience of strychnine leads the writer to the conclusion that of all agents which exercise a stimulant effect upon the nervous mechanism of the respiration, strychnia is one of the most potent and useful. Strpchnia acts phwerfully upon the expiratory part of the respiratory act, and kills, by producing spasm of the muscles cennected with expiration. It is very useful, then, when expiratory efforts are required for the expulsion of mucus gathered in the air-tubes. In chronic bronchitis, with emphysema, it is of great service, and in the dspnœa connected with advanced Bright's disease it is very efficacious. It produces good effects when given alone, and is a useful addition to ordinary