seen smallpox or varioloid disease occur in a person who had been re-vaccinated, in whom the arm had been sufficiently inflamed. In all cases the vaccine matter must produce inflammation when it is inserted into the arm.

These, my dear Sir, are the principal facts that at present suggest themselves to me; should any explanation be required in regard to them, I shall be most happy to give it. I remain, &c. yours,

WILLIAM BRUCE ALMON.

III.

Medical Report of the Weather and Prevalent Diseases for the last three months.

By JOHN GORHAM, M.D.

FROM the time of the equinox until the middle of November, 1827, the season was cool, rainy and boisterous. About the 12th of November there was a fall of two or three inches of snow, which was succeeded by cold and dry weather; the thermometer for a week being below the freezing point. During the first fortnight of December, the weather was milder, but wet; storms of rain with high winds from S. E. to N. E. being frequent. In the third week, it became clearer and colder, and on one day the thermometer stood at 8 deg. The weather in January, until the 21st, was remarkably mild and open. From that time till the 25th it was very cold, the thermometer when at the lowest standing at —2 deg. Since then it has been above freezing. About three inches of snow fell during the month.

Until the occurrence of the cold weather in November, the city, notwithstanding the season had been cool and wet, was re-

markably healthy. It became less so after the appearance of snow. *Continued fever*, of which some cases occurred in September and October, began to increase. In general it was of a mild character, and after the use of an emetic and cathartic readily yielded to the action of antimony in alterative doses, and occasional purgatives. This was particularly the case in children, who constituted a larger proportion than usual of its subjects. The action of antimony was most marked and beneficial in those cases which were accompanied with hot and dry skin, frequent and hard pulse and white tongue. In cases of adults, in whom the pulse was not much accelerated, nor the skin much above the natural temperature, and where the tongue was brownish or yellowish, antimony was of little use, and it was necessary to excite ptyalism by mercury. As the season advanced, the attacks of this disease were, in several instances, more severe. The patient was suddenly seized with excruciating pain in the back or head, or in both, the face was flushed, the skin hot and dry, and the pulse full and hard. Such cases required and were benefited at an early period by copious bleeding, and the cure was subsequently completed by evacuation of the stomach and bowels, followed by alterative doses of antimony and calomel. Some of the cases were accompanied with congestion in the lungs, or at least an affection of the mucous membrane, which occasioned an irritating cough. This however subsided in a few days. In others some parts of the chest, either the sides or sternum, were affected

with severe pain, without cough, and were relieved by vesication.

In December, cases of *hooping cough* became more frequent.

For the last month an affection of the mucous membrane of the lungs has been the most prominent disease, and the subjects for the most part have been children below five years of age. In some it assumed the form of influenza, in others and the larger number it presented the symptoms of bronchitis. Some patients were attacked suddenly and towards night, while in others it was preceded by the usual symptoms of a severe catarrh. The inflammation, with the exception of very few cases, was confined to the mucous membrane of the lungs. The respiration was hurried, but not laborious, and appeared to depend less on obstruction in the lungs themselves, than upon rapidity of the circulation. In a large majority of cases the disease ran its course regularly without any remarkable symptoms, and terminated favorably on the fifth or seventh day. But it is worthy of notice that in a few it was accompanied with considerable pain and tenderness in some part of the abdomen, of which the patients complained much; and that in such cases it required large doses of purgatives to move the bowels.

In a great proportion of cases, the violence of the disease was subdued in a few days by an emetic and cathartic followed by small doses of antimony and of ipecacuanha alone, or combined with calomel; after the third day, when mucus began to be copiously secreted, much benefit was derived from the occasional administration of an emetic. Some cases re-

quired vesication, and the younger the patient, the more obvious was the benefit derived from blistering. The warm bath, and if the patient was very young, warm fomentations to the lower extremities, were very useful in the progress of the disease. The cough and secretion of mucus continued some days after the constitutional excitement had abated; in such cases, if protracted, the more stimulating expectorants, such as garlic, seneka root, &c. proved beneficial. Very few cases required the introduction of tonics subsequent to the disease.

This disease still continues, but hitherto it has had very few victims, and these were feeble infants.

For three or four months past there have been more cases of *puerperal fever* than usual, and most of them were severe and dangerous.

The *Scarlatina*, *Enanthesis* *Rosalia* of Dr. Good, has made its appearance, and it is worthy of remark that this disease followed the bronchitis of 1812, 1824, and 1825.

Within ten days several cases have occurred of intense pain over the eye, producing an inflamed appearance of that organ, and a copious secretion of tears, and affecting the nostril on the same side like catarrh. This very distressing complaint, which can hardly be called *hemicrania*, resists the depletive system, and is not even ameliorated by general and local bloodletting, emetics, cathartics, or blistering. It soon yields, however, to repeated doses of the compound powder of ipecacuanha and powdered guaiacum, and subsequently cinchona

in powder, or the sulphate of quina. It is probably a rheumatic affection.

The smallpox, and its modification the varioloid, have appeared in this vicinity within the last three months; but do not now exist. An account of these cases will be given in a future number.

Boston, Feb. 4th.

IV.

HOSPITAL REPORT.

Dislocation of the Os Humeri, with Fracture of the Neck of the Bone.

FEB. 2, 1828.—Entered the Mass. Gen. Hospital a young man, who had had a severe injury in the arm, four weeks previous to this day. His arm had been caught in the strap of some machinery at Waltham, and torn out from its socket, and the os humeri fractured at its neck, just on the outside of the joint. Dr. ADAMS being called, made some attempts at reducing the dislocation; but having no control of the head of the bone, on account of the fracture, he found it impracticable to make any impression on it. He therefore secured the fractured bone and waited till the third week, when, finding the bone united, he brought the patient to Boston, and took the advice of Dr. WARREN as to the expediency of an attempt to reduce the bone, still out of its socket. Dr. W. thought that the union of the bone was too recent to bear the application of force sufficient to reduce the dislocation, and recommended to wait the expiration of four weeks before making an effort at reduction.

At the end of this time he came into the hospital, and on examination the head of the os humeri was felt in the axilla. The neck of the bone appeared firmly united and somewhat enlarged by callus. The patient, a muscular young man of 19, was informed that a trial might

be made to reduce the arm to its socket. That the success of the operation was uncertain; first, on account of the ossific matter thrown out near the articulation; second, the possibility of a separation of the fracture; and, third, the duration of the dislocation; which, though not always an insuperable difficulty, was so frequently. The patient, wishing the trial to be made, was placed on a seat in the operating theatre. A sheet being passed round the body and a band over the scapula of the injured side, were confined by cords to a staple on the opposite side of the room. The pulleys were then attached to the injured arm above the elbow, in a direction to draw a little above a horizontal line. All things being ready, Dr. ADAMS was requested to open a vein in the sound arm of the patient and draw blood till he was faint. This being effected, the pulleys were put in operation. The management of the scapula was committed to Dr. HAYWARD, assistant surgeon of the Hospital. Then Dr. WARREN, seizing the affected arm, operated with it as a lever, to break away the adhesions it had formed. The power of the pulleys was gradually increased, and, with occasional intervals, but never any relaxation, was kept increasing for half an hour. The patient's courage was now exhausted, and he begged to be let alone. The power was increased till it required the strength of one person to draw the cord of the pulleys. Now, the surgeon placing his knee under the head of the bone, used it as a fulcrum to raise the head of the os humeri from its place. The adhesions were heard to crack, and some fears were entertained that the fracture cracked also. The extending power was increased a little, and then suddenly relaxed, and the bone resting on the knee of the surgeon was thrown up; and came into its socket with an audible noise,—to the great satisfaction of the patient; who at once recovered his arm and was released from his pain.