"When Loder was studying at the Hotel Dieu at Rouen, a man came to the hospital on account of some trifling complaint. The celebrated M. David, then the principal surgeon of that establishment, perceived that the patient had also a dislocation of the left arm. The displacement had already existed several months, and the limb had acquired some degree of mobility. M. David recommended making a fresh trial to reduce the bone, and the patient's consent being obtained, the attempt was made with immense force, and the arm restored to its proper place again; but the event was most disastrous; for the whole limb was attacked with such violent pain and inflammation, that notwithstanding every means which surgery could suggest was immediately put in practice, mortification ensued, and the patient lost his life."*

The foregoing observations are calculated to exhibit the treatment of luxations of the os humeri as sanctioned and pursued by the best surgical authorities, and to show that the practice thus established, if not uniformly successful, has, with the exception of two or three cases, been unattended with danger. A question, however, may possibly arise—whether surgeons should be influenced by the event of the case I have detailed, and by those I have quoted, and deterred altogether from attempting reduction in dislocations of long standing, or whether the established practice should still be continued, unaffected by fortuitous circumstances or contingencies neither to be foreseen nor controlled? To the latter proposition I have no hesitation to give unqualified assent, and to declare, that should a case similar in external appearance to that of James Scofield again occur, I shall feel justified in adopting a similar course.

We will give a few remarks on the above case in our next number.

* First lines of the Practice of Surgery, by S. Cooper. Vol. II. p. 466.

REMARKS ON SUICIDE,

BY PROFESSOR GROHMANN,
OF HAMBURGH.

A calculation has been made in England, founded upon observations made during ten years, from which it appears that suicides are more frequent in England in the month of July than in any other part of the year; that they decrease in the following progression; June, March, January, February, November, December, April, August, September, May, and that the month of October is that in which the fewest suicides are committed. Pursuing the same course of observation, Professor GROHMANN, after having discussed the causes of suicide in *Hufeland's Medical Journal*, gives the following table of suicides, which took place at Hamburgh from the year 1816, to the year 1822, inclusive:

Table of the Suicides observed at Hamburgh from the year 1816 to 1822.

Years.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1816	0	1	0	0	1	0	0	0	0	0	0	0	2
1817	1	2	4	0	0	2	2	0	3	1	0	1	18
1818	2	0	0	0	1	0	2	2	1	3	3	2	17
1819	1	1	1	0	1	1	2	2	0	1	0	2	12
1820	0	1	0	0	0	1	0	0	2	0	4	2	10
1821	2	4	1	3	3	0	7	3	2	3	1	2	31
1822	6	4	8	8	4	4	4	4	5	1	7	4	59
Total per month.	12	13	14	11	12	8	17	11	13	9	15	14	

It appears from this table that the suicides at Hamburgh, as in England, were more frequent in July than in the other months of the year, since in seven years there were seventeen suicides in that month, a larger number than that which occurred in any other month. The month of October also appears to be one in which a small number of suicides took place, since in the same space of seven years, only nine persons destroyed themselves; in the month of June, however, there were only eight suicides. M. GROHMANN thinks the frequency of suicides in the month of July is to be attributed to the influence of the season, the excessive heat, and the use of spirituous liquors during the summer. We must observe, however, says the *Revue Medicale*, that M. GROHMANN'S opinion does not coincide with the results of his own observations, since in the month of June there appear to have been eight suicides, in August eleven, and in September thirteen; while in December, January, February, and March there were twelve, thirteen, and fourteen suicides; so that in the four hot months there were only 49 suicides, while in the four cold ones there were fifty-three. Besides, more suicides have not been observed to take place in hot, than in cold countries. In examining the table attentively, we cannot observe without astonishment and concern the melancholy difference between the number of suicides which took place at Hamburgh from 1816 to 1820, and from 1821 to 1823, since in 1816 Hamburgh had only to deplore the loss of two individuals from this cause, and in 1819 and 1820 ten or twelve; while in 1821, the list increased to three times that amount, and in 1822 to four times that amount. M. GROHMANN does not suggest any cause for this melancholy disproportion.—*Revue Medicale, March.*

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