

TWO STATEMENTS of the Annual Mortality of Females in England, one published in THE LANCET of December 5, 1835, the other by Mr. RICKMAN on December 19, 1835.

Between Ages.	Rickman.		Edmon
	One out of	Or, out of 100 Living	Out of 100 Living
0 — 5	23	4.35	4.60
5 — 10	158	.63	.67
10 — 15	201	.50	.52
15 — 20	138	.72	.76
20 — 30	102	.98	1.04
30 — 40	85	1.18	1.24
40 — 50	71	1.41	1.49
50 — 60	49	2.04	2.16
60 — 70	25	4.00	4.12
70 — 80	10.8	9.26	9.69
80 — 90	4.9	20.40	21.46
90 — 100	2.9	34.50	37.19

The results which I have stated for England and Wales coincide almost exactly with the results of my theoretical table of "Mean Mortality" which I published four years ago, together with a complete and most extensive series of life insurance and annuity tables founded thereon. According to this table, the mortality at every age (excepting the period of infancy) is twenty per cent greater than that indicated by the Carlisle Table. Mr. Rickman and his assistant now admit the facts to be within five per cent of my statement, and they consequently admit that the mortality in England is fifteen per cent higher than that shown by their previously adopted but now abandoned Carlisle Table.

I have been lately informed that Mr. Milne himself, the promulgator of the Carlisle Table, has made a tardy acknowledgment of errors with which he must have been acquainted for several years past. He now admits that the mortality under five years, out of 100 born, in all England, is 24 instead of 32, as he previously stated. He has, however, apparently admitted only two-thirds of what he knows to be the real error. Mr. Milne, on the publication of his table, gave "a proof" of its coincidence at all ages with the mortality of the English population. His admission, therefore, that he had greatly *over-estimated* the mortality in infancy, is tantamount to the admission that he had greatly *under-estimated* the mortality at every age above fifteen years. The Carlisle Table may, therefore, be considered as abandoned by its parent.

46, Regent-square, London;
January 18th, 1836.

ARREST OF VOMITING BY CREOSOTE.

To the Editor of THE LANCET.

SIR,—The following cases of stomachic disease, treated by creosote, are at your service, for insertion in your valuable Journal. I remain, Sir, your obedient humble servant,

GEORGE BODINGTON.
Erdington, Warwickshire, Jan, 13, 1836.

CASE 1.—Mrs. S., a young married lady, the mother of one child, experienced a most difficult labour about two years since, the operation of "turning" having been resorted to, in consequence of an unusual presentation. She has since suffered from relaxation of the uterine system, irregular menstruation, hysteria, and constant sickness, and, on one or two occasions, from uterine hemorrhage; but the most distressing of her complaints has been an almost daily vomiting of food, some hours after taking it, at intervals of two, four, six, or eight hours, the food always returning in an undigested mass, whatever length of time may have elapsed from the period of taking the meal. Thus the dinner, taken at two o'clock p.m., would frequently remain on the stomach until four a.m.; and then be rejected in the same state as when taken, the only change being that produced by mastication. She complained also of a sensation of tightness and constriction across the chest, headache, and so much dimness of vision, as to amount almost to blindness; her countenance looked bloated and pale,

the pulse was small and feeble, and she had a constant feeling of weariness and prostration of strength. She had been for some months under medical treatment without benefit. She visited Cheltenham in the course of the last summer, and consulted some of the most eminent medical men there with no better result. Returning home in the autumn, she again came under my care, and having read in *THE LANCET* an account of Dr. Elliotson's success in the treatment of similar affections by creosote, I tried that remedy, mixing six drops of it in a little mucilage, with six ounces of water. The patient took but two large spoonfuls of this mixture, when a remarkable change took place in every respect for the better. She remained without sickness a whole day and night, which had not been the case any time for six months previous. Her features looked more natural, the headache and dimness of sight disappeared, the catamenia shortly afterwards occurred in a more natural and copious flow, and she appeared as if cured by magic, so sudden and decided was the effect; but being of an irresolute mind, I could not prevail upon her to continue the medicine, on account of its nauseous flavour. She had taken but one dose, and in a few days after enjoying her comfortable change, she began to experience a return of the symptoms; I then prevailed upon her to take a pill twice a day, containing one drop of creosote in two or three grains of aromatic confection. She continued this for a few days, and remained afterwards perfectly well.

CASE 2.—The next case occurred in the person of an infant, about eleven months old; the sickness continued daily for a month, and resisted all means employed to subdue it. This, like the last, seemed to consist in a suspension of the process of digestion, as the mother informed me that rice, given to the child for dinner at two o'clock p.m., was rejected the next morning from the stomach, unchanged in any respect. Indeed, this was the case with all the food the child took. It was rejected, frequently many hours afterwards, unaltered. The consequence was, great prostration of strength, with flaccidity of the muscles, pallid countenance, &c. One drop of creosote, in an ounce and a half mixture, was administered, giving one teaspoonful three times a day with the completest success. The infant perfectly recovered, and needed no more medicine.

Remarks.—I think these cases corroborative of the remarks of the learned professor of *University College* on the powers of creosote, and I am the more induced to transmit them for publication, seeing that some of your correspondents manifest a criticising disposition towards the lecturer. One declares that he has not read "his book," another that he does not fit his

"case," so that if the Doctor's views and practice do not exactly correspond with those of all the carping critics who may exist from John O'Groat's to the Land's End in Cornwall, judgment must be pronounced against him. For myself I am content to know that the learned Doctor is engaged diligently in reading the great book of nature, and own myself indebted for many valuable hints, derived from the perusal of his talented, judicious, and highly practical clinical lectures, as I have found them reported in the pages of *THE LANCET*.

CASE OF
FUNGUS MEDULLARIS
IN THE
CAVITY OF THE PELVIS,

By JULIUS WOLFF, M.D., *Dublin.*

A. P., 16 years of age, and of a slender habit, had, except during some diseases in his childhood, been perfectly healthy, up to the period at which the affection about to be described made its appearance. When 15 years of age, he began to support his poor parents by dealing in various small articles, which he carried in a basket, the edge of which, as he walked, always pressed or struck against the upper part of the femur. One day he perceived on the inner side of the right thigh, about two and a half inches below Poupart's ligament, a swelling of about the size of a hazel nut, which increased by degrees and impeded the motion of the limb. He applied to a surgeon, who ordered him to rub it with mercurial ointment, and to apply cataplasms; but under the use of these means the swelling increased.

In the month of February, 1834, he applied to me in Hanover, where I was then practising. I found the swelling of about the size of a duck's egg, very hard, uneven, immovable, and insensible to the touch. The patient was in other respects very well, except that the swelling caused a feeling of tightness over the femur when walking, and, consequently, impeded his gait.

It could not be an inguinal or a femoral hernia, because the swelling had an irregular shape, was hard, uneven, and immovable, and its site did not correspond with any of the apertures through which herniæ make their appearance.

It could not be a bubo, because the swelling was too far below the inguinal glands. It had lasted already seven months, and the skin which covered it presented its natural colour.

I had no reason to suspect the existence