

tive of minute surgical anatomy, or the plates of which are accurately delineative of the same,—the beauty of the latter, and the fidelity of both, recommend it as worthy of a prominent place in every medical library. A medical library is, indeed, incomplete without it, especially in country places, in which access to dissection is, generally, out of the question.

ART. XXXIV.—*Cox's Companion to the Sea Medicine Chest, and Compendium of Domestic Medicine, particularly adapted for Captains of Vessels, Missionaries, and Colonists, &c., &c., revised and considerably enlarged by R. Davis, M.R.C.S.* First American, from the thirty-third London, edition. New York: Samuel S. & W. Wood, 1851. 12mo, pp. 216.

This little work, profitably enlarged, as it has been, by the American editor, must prove of essential service to captains of vessels, and all who, unacquainted with diseases and their management, are forced to rely upon means within their reach on emergent occasions. The first portion contains a brief *materia medica*, with the doses and uses of the articles comprised under it; the second portion enumerates the most common surgical and medical complaints, with methods of treatment appropriate to each, while the means of restoring suspended animation, and of obviating the effects of poisons, are detailed at length. This work should form a companion to every sea medicine chest, and should be consulted on all occasions of emergency.

ART. XXXV.—*A Contribution to the Statistics of Rupture of the Urinary Bladder, with a table of Seventy-eight Cases.* By STEPHEN SMITH, M.D., Assistant Surgeon Bellevue Hospital New York. New York, 1851. Pamphlet, pp. 43.

This pamphlet is a condensation of all

known on this subject to the present time. After detailing the history of the disease, the condition under which it is produced, the locality of effusion, the prognosis, diagnosis, and treatment, the author details the particulars of the seventy-eight cases specified, and concludes with the following analytical summary, which is worthy of attention:—

Sex.—Males 67; females 11; making about 6 of the former to 1 of the latter.

Age.—Under 10, 3; 10 to 20, 3; 20 to 30; 19; 30 to 40, 26; 40 to 50, 7; 50 to 60, 4; above 60, none; adults 16, age not given.

Condition.—Bladder distended, 30; of which 10 were intoxicated; 5, from stricture; intoxicated, condition not given, 14; parturition, 4; in good health, 4; doubtful, 2; no note of 24.

Causes.—Direct violence, 48; concussion, 15; internal causes, 9; of which 4 were parturition, 4 results of stricture, 1 retroversion uteri; no note of 6.

Primary Symptoms.—Severe, 59; of which 43 were ruptured into the peritoneal cavity; 2, not involving peritoneum; 10, into cellular tissue; 3, not given. Slight, 9; of which 7, were into peritoneal cavity; 2, into cellular tissue. No symptoms, 3; 2 into peritoneal cavity; 1, indefinite. No note of 7. Inability to urinate, 28; of which 22 were into peritoneal cavity; 1, not involving peritoneum; 5, into cellular tissue. Power to void urine, 3; 2, into the peritoneal cavity; 1, not involving peritoneum. Power of locomotion, 7; all through the peritoneum. Felt a sensation as of the bladder bursting, 7.

Progress of Cases.—Severe, symptoms continued in 48; of which 39 ruptured into the peritoneal cavity; 7, into cellular tissue; 2, peritoneum not involved. Severe symptoms set in in 10; in 1, three hours after accident; 6, two days; 2, four days; 1, three days—all ruptured into peritoneum except last. In 1, power to urinate continued, the rupture being into cavity of abdomen. In 14, it came on; in 12 of these, on 2d day; 9, being into peritoneum; 2, not involving peritoneum; 1, into cellular tissue; in 1, on third day; in 1, on fourth day. Locomotion continued in 2, both ruptured into peritoneum. Bloody urine drawn in 25; clear in 4. Symptoms were mild in 2, both ruptured into cellular tissue.

Result.—Died, 73. Within 5 days, 39; 26 being ruptures into the peritoneum; 9, into the cellular tissue; 3, not given. Between 5 and 10 days, 22; 17, into peritoneal cavity; 3, into cellular tissue; 2, not involving peritoneum. Between 10 and 15 days, 2; both into cellular tissue. Between 15 and 20 days, 3; 1, into the peritoneal cavity; 2, into cel-