

Charna ; some little sticks, mixed at times with the above. (It accompanies the foregoing.)

Venal ; for bad eyes : the leaf is chewed, and the eyes anointed with the saliva. The bad eyes, during the operation, must be placed looking at the sun.

Colquemillo : this is alum ; used in itch or pimples on the skin : the parts affected first washed with urine, and then the alum, in fine powder, sprinkled over them.

Chunchemuntana ; for heartburn.

Ymale ; for jaundice, powdered, and taken in water. Seems to be a species of *Veratrum*.

Raiz de la China, or Chinese root ; used in gonorrhœa, likewise when the menses do not flow regularly : given as a decoction.

San Juanillo, or St. John : an agreeable bitter, chewed for toothache.

Ointment of St. Peter ; wax, grease, &c. The Chiritmanos say several rare herbs enter into its composition.

Acete de Maria, or Mary's oil : a small quantity, used as a plaster, applied to the navel of females, during childbirth, to give easy labor.

Cebo de Utrunco ; fat of a wild animal called the Utrunco, rubbed round the waist of women in labor : said to facilitate it.

Parches ; patches or plasters : these are of various materials, but principally of leaves of favorite plants ; sometimes the Coca, Ivy, *Venal*, &c. These are moistened with saliva, and applied to the temples in headaches, &c. At times some ointments are prepared from the leaves with fat and wax.

Charms ; these are of various descriptions, such as the false nutmeg, *Tairuvies*, small red berries ; another, a large black seed. These worn, prevent people from colds and coughs. Loadstone, if worn by either sex, ensures the love of those it is attached to ; said likewise to attract lovers. Another property is attributed to this substance, that of keeping evil spirits from the wearer. There are other charms against witches, ghosts, &c. ; some against poison likewise.

Clysters are recommended in cases of stoppage in the bowels, but of such dirty and useless substances that they need not be mentioned here.

These are nearly all the remedies that compose the wallet or traveling shop of the Chiritmano, and very few seem to be of any real utility.

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RUPTURE OF THE AORTA WITHIN THE PERICARDIUM.

Two Cases of Rupture of the Aorta within the Pericardium. Reported to the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal, by JOHN WARE, M.D.

CASE I.—May 18, 1832. Mr. J. L., aged 30, an officer in one of the Banks of this city, called on me for advice. He had been indisposed for some months. He more particularly ascribed the commencement of his indisposition to a severe cold with which he had been affected during the preceding winter. This, he said, had been accompanied by

a peculiar feeling of obstruction at the bottom of the windpipe. Though never well since, his attention had not been called to his symptoms till within a few weeks. He now complained principally of pains and stiffness in the muscles and joints of all the limbs, more especially of the shoulders and arms. These were quite tender to the touch. These pains, which he called rheumatic, and said he had suffered from such before, were worse during the evening and in the night; so that his nights were restless and unrefreshing. He had lost flesh. His countenance, which in health was remarkably ruddy and healthy, was thin and pale; the lips, especially, seemed quite destitute of blood. The unhealthiness of aspect was out of proportion to the actual emaciation. He had a great general feeling of weakness, but complained of hardly anything else. His appetite was indifferent, but he was still able to eat moderately, and to digest pretty well. The tongue had a slight white fur. The pulse were 84. There was no disturbance in the respiration, and no cough. On examination of the heart there was no increased impulse; but a slight bellows or rasping sound was heard on the left side—as well as could be judged—occurring between the two sounds.

I continued to see Mr. L. occasionally for two months. The nature of the disease continued obscure—the unnatural sound in the pulsation of the heart was invariably found on examination, but no other symptom pointed particularly to this organ as the seat of disease. The only additional symptom which made its appearance during this period, was a considerable tenderness or soreness across the lower part of the chest; in consequence of which, a disagreeable sensation of jarring was occasioned by walking, or by any sudden motion. His system was slightly affected by mercurials—his diet was regulated—he took mild tonics, and the warm bath frequently—rode gently on horseback, and went a journey of some weeks. During this treatment, his general health and appearance was improved, and he gained a little flesh. The pains and soreness of the muscles subsided under the use of guaiacum and the application of leeches, and the tenderness in the chest was relieved by a succession of small blisters. About the end of July he felt himself so far restored as to resume his duties at the Bank, and continued there to his death. The amendment, however, was partial and temporary. I never saw him again, but was informed that he continued to grow more feeble—to complain especially of excessive weakness and faintness, and of great soreness across the chest, so that any jar in walking produced intense uneasiness. But he had no cough, no difficulty of breathing, and the appetite continued good.

Nov. 1, he died instantaneously, while conversing with a person at the Bank. His body was examined the same evening. The lungs were perfectly healthy. The pericardium was found distended with more than a quart of coagulated blood, from the rupture of an aneurism of the aorta, lying just without the coronary artery, between the aorta and pulmonary artery. The opening through which the blood was effused, was about one third of an inch in diameter. The walls of the aneurism were very thin, but there was much thickening of the arterial coats in the neighborhood. Some of the bronchial glands were found ossified. The digestive organs, apparently, were in a perfectly healthy state. The

small intestines were filled with chyme, and the lacteals distended with chyle.

CASE II.—January, 1833. I was called, about ten in the evening, to see a gentleman who was supposed to be in a fit. I found him dead. On examination of his body the ensuing day, a ruptured aneurism was found, situated in the same part of the aorta with that described in the preceding case, and corresponding to it in appearance. The pericardium was distended with blood.

He had appeared on the day of his death to be in his usual health and spirits, had made no complaint, had attended public worship as usual, and ate a pretty hearty supper. His death took place immediately after getting into bed. Upon a more particular inquiry with regard to his previous state of health, I found, although he had not complained of indisposition, and had taken no medical advice, yet that he had not been well for some months. His countenance had been remarkably pale; his lips, especially, very pale for some time. During the last summer he had complained frequently of a troublesome pain in the left side; and during the autumn, of rheumatism of the shoulders. Probably many other symptoms might have been detected, had he been examined by a physician.

Upon comparing these cases together, we find a striking similarity in the appearances after death, and, so far as we have materials for judgment, in the symptoms during life. The symptoms common to both, were—a peculiar paleness and sickly appearance of the countenance generally, and especially of the lips—a pain and tenderness in some of the joints or muscles, mistaken for rheumatism—and some uneasiness, tenderness or pain about the chest. In each there was also absent, in a remarkable degree, almost every symptom which would direct attention to the heart or large vessels as the organ diseased; there was no cough, no dyspnœa in any position, no dropsical effusion. In the first case there was no affection of the circulation, no irregularity of the pulse, no difficulty of breathing on exercise, and it is not improbable that this might be the case with the second also. The only circumstance in the person under my care, which excited a suspicion that the disease might be connected with the heart, was the absence of evidence of disease in any other part, and the anomalous affection of the limbs. The detection of the sound accompanying the heart's action, contributed to strengthen this suspicion, but could hardly be said to confirm it.

Boston, March, 1833.

Dr. Spurzheim.—The London Medical Gazette contains the following very accurate and liberal notice of the death of this distinguished philosopher. 'This indefatigable follower of Gall died last month at Boston, United States, of "brain fever," in the fifty-eighth year of his age. We know not on whom, if on any, his mantle will descend; but we hope nobody will be foolish enough to bring it across the Atlantic.' We can assure the Editor of the Gazette that a highly gifted individual has been found in this city foolish enough to assume the mantle of our departed friend, and that he has already crossed the Atlantic with the design of preparing himself the better to bear the responsibility and the honor of his assumption.