A CASE OF TRAUMATIC RUPTURE OF THE HEART

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History.—The patient, F. R., schoolboy, aged 9, while playing at school was set on by some older boys, who knocked him down and jumped on him. He walked home, complaining of pain in the left groin, remained in bed two days, and then was up and about for four more days, still complaining of pain in the region of the left groin and hip. On the seventh day he was brought to San Diego, a distance of 30 miles, by train, and walked two blocks to my office, still complaining of the same symptoms. At no time did he complain of pain anywhere else.

Examination.—This revealed a well-developed boy walking with a decided limp and evidently suffering considerable pain. A slight swelling and redness over the left saphenous opening was discovered. There was also considerable limitation of the abduction and rotation of left thigh. Abdomen and inguinal rings were negative. No examination of the chest was made. Patient was sent at once to a hospital where a roentgenogram of the hip and pelvis was made, nothing abnormal being shown. A diagnosis of a hematoma was made and patient put to bed for rest and treatment.

Treatment and Course.—Hot fomentations were applied to the hematoma in the groin. Temperature at this time was 98.6, pulse 102 and regular, respirations 25. Patient rested quite comfortably until about twelve hours after entrance to the hospital, when, at 6 a. m., he suddenly went into a state of collapse; pulse and respirations became very rapid, and he died in one hour.

Necropsy.—This was made three hours later by Dr. H. A. Thompson. When the chest was opened the pericardium was found bulging forward, very tense and full. It was found to contain about 500 c.c. of fresh blood and about 200 gm. of dark clotted blood, evidently of some days' standing. A perforating slit was found, measuring about 3 mm. in length, just at the auriculoventricular junction of the left heart, immediately above the middle of the anterior leaf of the mitral valve. Myocardium and valves were normal. Lungs, abdominal viscera, peritoneum, etc., were negative.

It is apparent that this boy suffered a traumatic rupture of the heart at the time he was jumped on, with some hemorrhage into the pericardium, followed by a sealing of the perforation with a clot. Some movement of the patient caused this clot to break loose, and death resulted from hemorrhage into the pericardial sac. It is remarkable that he had been up and around for four days with the clot holding.

The case is of interest not only from its rarity, but also as an illustration of the value of a complete physical examination in every case. Had such an examination been made here, at least an approximate diagnosis of the real trouble might have been made.

Fuchsin Ointment in Tinea Sycosis.—Two articles that appear in THE JOURNAL, "The Germicidal Action of Basic Fuchsin" by E. S. May, April 20, 1912, p. 1174, and "Basic Fuchsin in Chronic Leg Ulcer" by E. S. May and M. L. Heidingsfeld, May 31, 1913, p. 1680, suggested the use of that remedy in a very obstinate case of tinea sycosis of long standing. The patient, an Egyptian fellah (peasant), said that he had contracted the disease fourteen years before and had been treated by innumerable physicians and quacks without benefit. He certainly bore the marks of the ravages of the disease, which lent credence to the truth of his statement in regard to its duration. He had a scar over the lower right cheek extending down onto the neck and up back of the ear and well into the hair. There was cicatricial contraction enough to draw the head markedly to the right side. Most of the usual remedies, as sulphur, benzoin, copper, ammoniated mercury, beta-naphthol and iodine, were given faithful trial with only slight improvement. When a 1 per cent. fuchsin ointment with an adeps lanae base was applied improvement was at once apparent and continuous until a cure was effected.—H. B. HANSON, M.D., El Feshn, Egypt.

New and Nonofficial Remedies

THE FOLLOWING ADDITIONAL ARTICLE HAS BEEN ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION. ITS ACCEPTANCE HAS BEEN BASED LARGELY ON EVIDENCE SUPPLIED BY THE MANUFACTURER OR HIS AGENT AND IN PART ON INVESTIGATION MADE BY OR UNDER THE DIRECTION OF THE COUNCIL. CRITICISMS AND CORRECTIONS ARE ASKED FOR TO AID IN THE REVISION OF THE MATTER BEFORE PUBLICATION IN THE BOOK "NEW AND NONOFFICIAL REMEDIES."

THE COUNCIL DESIRES PHYSICIANS TO UNDERSTAND THAT THE ACCEPTANCE OF AN ARTICLE DOES NOT NECESSARILY MEAN A RECOMMENDATION, BUT THAT, SO FAR AS KNOWN, IT COMPLIES WITH THE RULES ADOPTED BY THE COUNCIL.

W. A. PUCKNER, SECRETARY.

AMPHOTROPIN.—Amphotropin is hexamethylene-tetramine camphorate $((CH_2)_6N_4)_2C_{10}H_{16}(COOH)_2$, a molecular combination of camphoric acid and hexamethylene-tetramine.

Actions and Uses.—Amphotropin combines the actions of camphoric acid and hexamethylenamin, but it is claimed that it is free from the subjective gastric disturbances produced by full doses of camphoric acid, and that it is effective in smaller doses (presumably by neutralization and increased solubility of the acid). It acts as a urinary antiseptic, and is said to promote the regeneration of sloughing epithelium. It increases diuresis and the elimination of uric acid in pathologic conditions.

Amphotropin should be useful in bacteriuria, in chronic and subacute cystitis and pyelonephritis, in nephritis and less pronounced forms of uric acid diathesis; and as a prophylactic against infections in the urinary tract, especially in connection with surgical treatment. It is contra-indicated in acute cystitis as well as in the initial stages of tuberculosis of the urinary organs.

Dosage.—0.5 Gm. (7½ grains) three times daily. If necessary the dose may be increased to 1 Gm. (15 grains) three times daily.

Manufactured by Farbwerke vorm. Meister Lucius and Brüning, Höchst a.M., Germany (Farbwerke-Hoechst Co., New York). U. S. patent No. 1,064,227 (June 10, 1913; expires 1930). No U. S. trademark.

Amphotropin Tablets.—Each tablet contains amphotropin 0.5 Gm. (7½ grains).

Amphotropin is prepared by interaction of a solution of hexamethylene-tetramine and of camphoric acid in a suitable organic solvent and isolation of the resulting product.

Amphotropin is a light, white crystalline powder, soluble in water, alcohol and chloroform, but almost insoluble in ether and benzene. The aqueous solution possesses an acid reaction.

If 10 Cc. of a saturated aqueous solution of amphotropin be treated with 3 Cc. of dilute sulphuric acid a white precipitate will be formed, which after washing and drying should melt at 186°.

If the filtrate from the above precipitate be heated the odor of formaldehyde will be apparent. If the same solution be made alkaline with sodium hydroxide and heated, ammonia will be evolved.

An aqueous solution (1 : 20), which should be clear, should not be changed by saturation with hydrogen sulphide or the addition of barium chloride solution.

If an aqueous solution of amphotropin be treated with dilute nitric acid it should become not more than opalescent.

If an aqueous solution be mixed with an equal volume of sulphuric acid, and then a solution of ferrous sulphate be superimposed, no coloration should appear at the zone of contact of the two solutions.

If amphotropin be ignited, no residue should remain.

If from 0.2 to 0.3 Gm. of amphotropin be weighed into a flask, and dissolved in from 30 to 40 Cc. of a mixture of equal parts of water and alcohol, the titration of this solution with normal alkali, using phenolphthalein as indicator, should indicate the presence of an equivalent of from 41.5 to 42 per cent. camphoric acid (1 Cc. normal alkali is equivalent to 0.09931 Gm. camphoric acid).

New Books.—Herodotus relates that Xerxes wept at the sight of his army, which stretched farther than the eye could reach, in the thought that of all these, after a hundred years, not one would be alive. And in looking over a huge catalogue of new books, one might weep at thinking that, when ten years have passed, not one of them will be heard of.—Schopenhauer.