

THE
JOURNAL OF LARYNGOLOGY,
RHINOLOGY, AND OTOTOLOGY.

As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor

ON SUDDEN DEATH IN CHILDREN, ESPECIALLY INFANTS

IN 1879 Baginsky described a case with *post-mortem* appearances where sudden death was due to pressure on the trachea by an enlarged thymus. Grawitz has described two cases—one six months, the other eight months old—where, in otherwise healthy children, death occurred suddenly, due to pressure of an enlarged thymus on the trachea.

Berthold has seen four similar cases. He refers to the different causes of enlargement of the thymus, but emphasizes a simple genuine hypertrophy, which runs a latent course, unlike the other forms, and occurs in strong and healthy children. In these, sudden acute asphyxia occurs, face becomes a deep bluish-red colour, the hands are spasmodically closed, child dies without a cry. He quotes two cases described by Thomas in Freiburg, and Kopp. In Kopp's case there was enlargement of all the lymph glands (lympho-clorosis of Paltauf). He has collected forty similar cases from the literature.

He describes a case in a girl, two and a half years old, operated on by Rehn, where tracheotomy was performed without benefit owing to great difficulty in breathing; later, the anterior mediastinum was opened, and the enlarged thymus brought forward and stitched to the fascia on the anterior side of the sternum, allowing the tracheotomy tube to be removed, and recovery ensued. He points out the importance of such cases from a medico-legal point of view.

In conclusion, he points out that an idiopathic hypertrophy of the thymus may alone cause death in infants; that a swollen thymus gland plays an important part in connection with rickets and the status lymphaticus in sudden death in children. That also an acute, perverse, lordotic bending of the neck may compress the trachea and cause asphyxia. He advises operation in the way of partial resection of the thymus when hypertrophy has been diagnosed.

Guild.