

light being enabled, owing to the alteration in the shape of the pupil, to enter the eye through a portion of the cornea not much affected by the conicity, and not to the fact of the pupil being a long and narrow one; as when this slit-like pupil becomes dilated and oval, so as to be much larger than the original circular pupil, the patient still continues to experience benefit from the operation.

In each patient I performed a similar operation: instead of drawing the pupil directly upwards and then downwards, I drew it first downwards and slightly inwards, and afterwards upwards and slightly inwards, so that the vertical pupil is rather to the nasal side of the cornea.

CASE 1.—R. E——, aged thirty-one, a tall, thin, and rather delicate man, of temperate habits. Has never had any serious illness, but for the last sixteen months has complained greatly of debility, lassitude, and a disinclination to do any work. He suffers as often as two or three times in the week from nocturnal emissions, and feels very low and nervous. A few weeks ago, he accidentally discovered that with the left eye he was unable to distinguish objects, or to read the largest type. On looking at the eye, the cornea is seen to be very conical, with a distinct small central softening. The apex is opaque. He can distinguish a hand held in front of him, but he is unable with the affected eye to count the fingers. He cannot distinguish the markings on the hands on a watch.

On the 30th of November I drew the pupil downwards and inwards, fastening it in this position by Mr. Critchett's method of tying it with a fine ligature of silk.

Dec. 3rd.—I performed a similar operation upwards and inwards.

His sight was greatly improved by this procedure. He was enabled to count fingers and to distinguish the features of friends. I saw him about three months ago; he could then count my fingers at a distance of ten or twelve feet, and with difficulty he could make out the time on my watch. The conicity has certainly materially diminished. The right eye was, however, becoming slightly affected, requiring him to use concave glasses.

CASE 2.—W. M——, aged forty-two, a butler; a healthy but delicate-looking man, with a very anæmic appearance; married, and has two children. Twelve years ago he says that he could see well and read any ordinary type. He has now conical corneæ of both eyes; but in neither very severe. The conicity of the left is the greatest. With the left eye he cannot count fingers; but with a powerful concave glass he can do so with difficulty. The apex of the cone in this eye is slightly opaque. His object in seeking relief was that in following his employment he could not tell when he had filled the wine-glasses, and was frequently apt to pour the wine over on to the cloth. I performed an operation on this patient, in January last, exactly similar to that in Case 1. Shortly after he had gone back to his situation, he wrote to me, saying that he had derived very decided benefit from the operation. A week ago this patient called on me; and I then questioned him concerning the state of his vision. He said he thought he saw near objects better, but there was a great improvement in the way he saw those more distant. He was now able to pour out wine without spilling it; and in my presence, with his best eye (the right one) covered, he filled a wineglass with water to the very brim without spilling a drop. He could distinguish the markings and hands on my watch. The conicity of the cornea was clearly much diminished, and the opacity had almost disappeared.

Park-street, Grosvenor-square, Aug. 1860.

ON

FATAL EFFECTS ARISING FROM ENLARGEMENT OF THE THYMUS GLAND IN CHILDREN.

By GEO. S. BRENT, L.S.A., London.

THERE has been brought under my notice, on several occasions, a fatal result from enlargement, or else non-absorption, of the thymus gland in young children. One of such instances occurred at Notting-dale, Kensington, in June last.

A child, two years and a half old, belonging to the labouring class, but well nourished, and altogether what might be termed a fine boy, died somewhat suddenly and quite unexpectedly on the 13th of June, at half-past six o'clock in the morning. The

particulars of the illness and death of the child were but very imperfectly elicited. It was only ascertained that two days prior to the decease he was quite well; that on the day previously he suffered from sickness, of which not much notice was taken; and that on the next morning about three o'clock, still complaining of sickness, and in bed, he crawled away from the side of his mother, who about five o'clock sent for medical assistance. Whilst the messenger was gone, the child, as stated, had two convulsive fits, and then "went off." He had not previously appeared to suffer from any difficulty of breathing.

Mr. Hemming, of Norland-place, Notting-hill, the surgeon who had been called, followed the messenger to the house, and found the child dead, without any external indication of the cause of death. On his making a post-mortem examination, every organ in the body was found to present a natural and healthy appearance, except that the thymus gland was preternaturally large and vascular; it weighed an ounce and a quarter. The effect of this condition would probably be pressure on the adjacent nerves to such an extent as to irritate them, and occasion a spasm of the glottis, to which event the death in this instance was attributed.

On a former occasion, Mr. Hemming was called to a similar case, in which an enlarged thymus gland pressed upon the right recurrent nerve of the par vagum, and so appeared to have set up an irritation, which resulted in spasm of the glottis and consequent death. In this case the child was erroneously supposed to have swallowed some hot water; such, however, was not proved to have been the cause of the decease. Dr. Hayne, of Camden-town, also, was the medical attendant called in a similar instance. He found in a child about twenty months old, who had died suddenly, a thymus gland weighing ten drachms, which specimen, given to me by him, I for a long time possessed, preserved in spirit. I have in several other instances recognised sudden deaths in children, apparently from a spasmodic closure of the glottis, to be coincident with a considerable enlargement of the thymus gland.

The thymus in the human subject increases in size very rapidly after the seventh month of foetal life, and at birth at the full period has commonly varied (as stated in the "Cyclopædia of Anatomy and Physiology") from 84 to 240 grains in weight. At nine months afterwards, according to the same authority, it is found to be about 270 grains—4½ drachms—in weight; at a variable time after which period it progressively declines in size. I find that Kopp states his having noticed several cases of suddenly fatal dyspnoea occurring in children in whom the gland was found of large size, and that he concludes there is some essential connexion between the glandular enlargement and the suffocative paroxysms. Dr. Copland ("Dictionary of Practical Medicine," art. Larynx and Trachea, p. 679) has remarked, however, that Mr. Hood, of Kilmarnock, was the first to direct attention to enlargement of the thymus gland and its influence in producing morbid closure of the glottis, with suffocation. But he does not even hint that the effects of the preternatural enlargement are other than mechanical—such as pressure on the veins at the top of the chest, inducing congestion and effusion in the head; and no supposition appears to be entertained by him that an unusual size of the gland is accompanied by an increased nervous susceptibility. I have been led to conclude, from the history of the cases that have come under my notice, that a correlation exists between the size of the thymus gland and the development of the brain and impressibility of the nervous system. In such instances of sudden death coincident with abnormal enlargement of the thymus as have fallen under my observation, the children have been noticed as peculiarly forward and intelligent for their ages. The work first quoted above states that "absence of the gland has only been observed in cases of acephalism, where the brain and many other parts have been simultaneously deficient." If it be true, then, that the greater size of the thymus gland has anything to do with the greater development of the nervous matter, force, or excitability, there will be a double reason why an unusual enlargement, or a non-absorption, of that body should occasion suffocative dyspnoea,—namely, both from the greater excitability produced, and the inordinate pressure exercised by the gland in a state of turgidity.

Keppel-street, Russell-square, August, 1860.

ROYAL COLLEGE OF SURGEONS.—It may save some of our readers a little inconvenience by reminding them that the Library and Museum of the College closed on Friday, the 31st ult., for the necessary cleansing of the rooms, and re-arrangement of the books and preparations. They will both be reopened on Monday, the 1st proximo.