

process, but, in addition, other parts which, though perhaps they may not be in a normal state, are yet only secondarily affected in a manner from which they are quite capable of recovering. He considers that the pathology of trachoma affords a well-grounded indication for the early and complete removal of the follicular deposits, while at the same time avoiding as much as possible any interference with the other tissues. The history of such attempts, and the different ways in which they have been made, is a long one, and cannot well be condensed within the limits of an abstract.

The method employed by Sattler consists in rupturing the follicles with a cataract needle, and scooping out their contents with a fine, specially constructed sharp spoon. This instrument is circular, and has a diameter of from two to four millimetres. In shelling out the contents of the follicles in the conjunctival folds, the tissues have to be put on the stretch by means of a fixation forceps. Sattler lays great stress upon eradicating all the follicles at one sitting, using a general anæsthetic when necessary. The reaction is usually inconsiderable, and the subsequent treatment consists in washing out the conjunctival sac with corrosive sublimate lotion.

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## DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

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UNDER THE CHARGE OF  
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### LARYNGEAL PARALYSES.

An instance of bilateral paralysis of the recurrent laryngeal nerves in a tuberculous subject, attributed, in the absence of all indications of aortic aneurism, to compression by tuberculous mediastinal glands while the paralysis remained unilateral, and to a tumor in the posterior mediastinum when it became bilateral, and proving on the autopsy to have been due to aneurism of the aorta after all, has been reported by DR. EUGENE FRÄNKEL, of Hamburg (*Deutsche med. Wochenschrift*, 1890). The aneurism, which was located between the left carotid and subclavian arteries, extended as far as the isthmus of the thyroid gland, which had undergone atrophy to a thin remnant by the pressure. The left recurrent nerve was firmly united to the aneurismal sac, and was transformed, about two inches above its point of recurrence, into a thin, wholly atrophied thread. So, likewise, with the right recurrent and pneumogastric nerves. A firm thrombus was discovered in the innominate vein at the junction of the jugular vein.

Similar instances of aortic aneurism without the ordinary physical signs of aneurism are not uncommon. Paralysis of the recurrent laryngeal nerves, in the absence of positive indications of different origin, is usually presumptively due to pressure from an aneurism.