

years, and since she has been here has been treated by different physicians in different clinics. She has been operated upon several times, without benefit.

She came under Dr. Guttman's observation about six weeks prior to time of presentation. At that time both nostrils were almost completely closed by a mass of connective tissue, there being only a small opening about the size of the head of a pin. Both alae nasi were considerably hardened and abnormal. There was a white patch in the pharynx in the region of the tonsils on the right side. There was a suspicious discoloration in the larynx in the form of a patch on the epiglottis on its laryngeal surface. The patient was sent to Dr. Levin, who treated her with radium for six weeks.

It was clinically a case of scleroma, and Dr. Levin placed a specimen under the microscope which showed very plainly the Mikulicz cells,—large cells in connective tissue and scleroma bacilli.

Dr. Guttman said that by some authors these findings are not considered pathognomonic,—they do not consider the Mikulicz cells pathognomonic but only degeneration products and the scleroma bacilli are also not considered pathognomonic but identical with Friedländer's pneumococci. Although the condition of the patient as presented could not be said to be very striking, yet it was a very marked improvement over the previous condition, and Dr. Levin thought that after a time the improvement would continue and the patient be much benefited. In this country up to 1908, Emil Mayer was able to collect sixteen cases of rhinoscleroma; since then, seven other cases have been reported, making twenty-three in all. All of these cases came from certain well-defined localities,—Russia, Galicia, Austria, Hungary, and a few cases reported in Central and Southern America. All of the cases reported in this country have been immigrants who probably brought the disease with them from European countries.

At present we do not know much about the etiology or the pathology of the condition, and the treatment is also dubious, although the x-ray and radium seem to promise most for them.

#### **Functional Aphonia. DR. OTTO GLOGAU.**

Dr. Glogau said that he had twice before presented this patient, and now wished to show her again for it was interesting to follow up these cases. At the last meeting of the Section she had been presented as a case of recurrent functional aphonia, and in the discussion, suggestions were made of choking her, or making her sing. Both of these had been tried without success. She had been able to close the vocal cords but did not have sufficient expulsive force to make them vibrate. He had therefore tried giving her systematic vocal exercises with a candle held in front of the mouth,—directing her to hold her breath and count five to ten to blow out the candle at increasing distances, and then to make an effort to speak. By this means she slowly regained the power of speech, proving that it was not so much a case of aphonia as of "apneumia." It might be well to try these breathing exercises with other patients suffering from functional aphonia, and so re-educate their breathing and enunciation.