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OTOMYCOSIS.

BY ARTHUR CHEATLE.

IN the past cases of aspergillus have been seen in private practice at rare intervals only, perhaps one case in two years, but during the nine months ending July 31, 1919, I have met with seven—a remarkable increase—and I should like to know if others have had the same experience. In all of these one ear only was affected, and the trouble involved the deep meatus. They were easily diagnosed, presenting text-book symptoms and signs, and were quickly cured by text-book treatment. The clinical diagnosis was verified by microscopical examination by Dr. d'Este Emery.

In casting about for the origin and mode of introduction of the fungus one is driven to the conclusion that bath-water is the only likely means whereby it could gain an entrance into the ear, and as a side-light on this theory it is my experience that otomycosis is much more frequently seen in private than in hospital practice.

I was able in one case to obtain a sample of the water from the cistern supplying the bath and the following is a report thereon by Dr. Emery:

"The specimen of water contained a good deal of deposit, mostly unimportant crystals and various forms of animal life, rotifers, etc. There were no algæ or chlorophyll-containing organisms, due, I suppose, to the fact that it was taken from a dark cistern. The chief component of the material was a fungus, occurring in the form of matted mycelia, without indication of fructifications. Cultures were made on maltose agar, and kept for some days at the room temperature, when numerous black fructifications closely similar to those seen in the material from

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the ear were developed. The organism was undoubtedly an aspergillus, and in general appearance it was exactly similar to the pathogenic form. There were, however, two small differences. The mycelium was decidedly wider in my cultures than in the material from the ear, and the free spores were colourless, or almost so, whereas in the pathogenic form they are decidedly pigmented. Whether this indicates a specific difference I am unable to say."

From this report it is clear that, in one instance at all events, the cistern water was more than suspect and supports the bath-water theory. The increase in the number of cases may be due to the neglect to clean out the cisterns owing to the war.

Material from another case in which epithelial matter without pigmented spots filled the deep meatus and without middle-ear infection was reported on by Dr. Emery as follows:

"I have not been able to find any aspergillus in the specimen. There is a very unusual organism, the nature of which I have not been able to determine with certainty. It is a fine mycelium, very much finer than that of aspergillus. It shows true dichotomous branching, and in many places the protoplasm is divided into coccoid masses so that the thread resembles a chain of streptococci. It is exactly like a streptothrix (actinomycosis), and if I knew that organism occurred in this position I should unhesitatingly diagnose it as such. If I saw similar mycelium in pus, etc., I should certainly regard it as actinomycosis."

This case quickly got well under cleansing and perchloride of mercury and spirit instillation.

REPORTS FOR THE YEAR 1918 FROM THE EAR AND THROAT DEPARTMENT OF THE ROYAL INFIRMARY, EDINBURGH.

Under the care of A. Logan Turner, M.D., F.R.C.S.E., F.R.S.E.

Part IV.

CARCINOMA OF THE POST-CRICOID REGION (PARS LARYNGEA PHARYNGIS) AND UPPER END OF THE ŒSOPHAGUS.

By A. Logan Turner, M.D.,

Surgeon to the Ear and Throat Department, Royal Infirmary, Edinburgh.

In vol. xxviii of the Journal of Laryngology, Rhinology, and Otology, published in 1913, I gave an account of malignant disease of the œsophagus, with special reference to carcinoma of the upper end, based upon an experience of 68 cases. The facts published at that time were obtained partly from my hospital records made between 1907 and 1912 inclusive and, in part, from notes taken from my private books from 1902 to 1912. The material now under consideration includes these cases, revised and re-arranged, and in addition 72 cases observed between 1913 and 1919 (first three months) and derived from the same two sources, thus giving a total of 140 cases of tumour.

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