

To the naked eye they appear to consist of a felt-like structure composed of fine filaments, varying in colour according to the species of fungus. Microscopically, the fungus consists of thin mycelia and hyphæ, from which extend the fruit filaments. The latter terminate in a rounded capsule, or sporangium, on the surface of which the conidia, or fungus spores, are arranged radially. These spores are always present in dwellings, but the meatus does not usually offer a soil favourable to their development, and all attempts to inoculate healthy ears have failed. The presence of cerumen and pus prevents their growth, but, according to Siebenmann, serum forms a favourable soil. The fungus is, therefore, found only in eczema of the meatus, or where a discharge loses its purulent character and becomes serous. Otomycosis is also favoured by instillations of glycerine, zinc, tannin, alum solutions, and oil, and by injuries resulting in a dermatitis.

The part chiefly affected is the inner portion of the meatus and the membrana tympani; but, if prolific, the fungus may affect the whole meatus, and lead to obstruction. Unless there is exudation, whitish or blackish spots appear on the membrane or meatal walls. If exudation be present, the meatus contains black-spotted membranous patches. These flakes may easily be mistaken for epidermis or cerumen, and the microscope is necessary for certain diagnosis.

The destruction and removal of the fungus are the indications for treatment. The most certain method of destroying the mould is by the repeated instillation of pure alcohol, or alcohol with 2 to 4 per cent. of salicylic acid added. The fungous membranes, which usually adhere somewhat firmly, must be loosened by means of a probe and then removed. The mere removal is not sufficient, but instillations of alcohol must be used as well. Any condition favouring the growth of the fungus must be also treated.

*Occlusion or stenosis* of the meatus may occur in several ways: by frequently repeated pressure (often seen in elderly women from the continued pressure of bonnet strings), by inflammation, or by new growth.

Mention need only be made of the inflammatory causes with a view to prophylaxis. Repeated attacks of inflammation, especially furunculosis, may result in a loosening of the posterior meatal wall, a condition which can be recognised by the fact that the loosened and relaxed walls can be pushed back with ease. Chronic inflammatory troubles (as eczema) tend to close the canal by thickening of the skin.

In the condition due to continued pressure, or to loosening of the posterior wall, small tubes may be fitted to the meatus. When skin thickening is the cause of the closure, other methods may be used.

The meatus may be dilated by means of a laminaria tent, or a plastic operation may be undertaken.

In occlusion by new growth, little need be said. The condition which concerns us most in connection with aural hygiene is that known as *hyperostosis*. The term *exostosis* is applied to those bony growths upon the walls of the meatus which are circumscribed and fairly well defined in contour. Hyperostosis, on the other hand, is a condition in which the calibre of the bony meatus is encroached upon throughout a considerable part of its length by a diffuse growth of bone. This is sometimes the result of a chronic periostitis, due to a long-continued discharge.

Exostoses may appear without any traceable cause (although in some cases they are clearly traceable to frequent sea-bathing), and may be due to heredity. Their growth is very slow, and they are found either sessile or pedunculated. The latter are rare, and consist of spongy bone with a layer of compact bone outside. The former are comparable to the ivory exostoses sometimes seen on the frontal bone, and are of extreme hardness.

The symptoms, to which exostoses give rise, vary. Whilst small, they often pass entirely unnoticed, but when large they cause dulness of hearing to a high degree. This deafness may arise from exudation, or from epidermis or cerumen blocking up the small chink left in the canal. In such cases the hearing can be temporarily restored by removing the obstructing material. When complicated by middle-ear suppuration, the presence of an exostosis becomes exceedingly dangerous to life, and its removal is indicated.

(To be continued.)

## The Champion Beggar.

Mr. C. T. Yerkes presided at the forty-eighth annual festival of the Poplar Hospital for Accidents on Tuesday, in the Venetian Chamber of the Holborn Restaurant, and in proposing "Success to the Hospital" he remarked "The hospital was fortunate in having Mr. Sydney Holland for its chairman, for he well deserved the blue riband as the champion beggar in this country. He not only fleeced his countrymen, but he stood at the open door of Great Britain and picked up stray Americans."

The Champion responded in a characteristic speech, and spoke in warm terms of praise of the medical and nursing staff. The committee had, he said, spent £60,000 in re-building, and had improved the arrangements for attention to patients and the accommodation for the nurses.

Mr. Coles gave "The Medical and Nursing Staff," for which Mr. Openshaw responded.

Subscriptions and donations to the amount of £2,450, including £100 from Mr. Yerkes, were announced by Colonel Feneran, the Secretary.

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