that is to say, no characteristic or predominant organism was present.

**Bacteriological Examination of the Conjunctival Sac**

Col. King undertook further investigations in order to confirm our previous negative findings, and our thanks are due to him and to Dr. Sanjeva Rao, whom he placed in charge of the work. It seemed desirable that independent observers should confirm our failure to find such an organism as that described by Herbert in the Bombay epidemic. Up to date no organism has been seen or cultivated by them which might be regarded as aetiologically important, or identical with the organism described by Herbert. An attempt was made to devise an easy microscopical diagnostic method by taking scrapings from corneae showing early opacities, and staining smear preparations for inclusion bodies, but no simple practical method could be devised.

**TWO CASES OF GRANULOMA INVADING THE ORBIT DUE TO AN ASPERGILLUS**

**by**

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**Superintendent, Government Ophthalmic Hospital, Madras**

*(Continued from The British Journal of Ophthalmology, November, 1927)*

At the time the two cases referred to in the title were published, it was not possible to give a definite position to the aspergillus concerned. It was mentioned, however, that Lt.-Col. H. W. Acton, I.M.S., Director, School of Tropical Medicine and Hygiene, Calcutta, hoped to work out the cultures originally isolated. He eventually forwarded the following note which completes the bacteriological investigation of these two rare and interesting cases.

"Case 1"

A. Material supplied (original tube) labelled 2 per cent. maltose, Asp. W. dated 2/10/1925.

B. A sub-culture from the original growth made by Lt.-Col. J. Cunningham, I.M.S., Pasteur Institute, Kasauli, to whom the original was supplied.

Both these tubes contained the Aspergillus Oryzae, characterized by the conidial heads being green in colour, the aerial hyphae pitted, the heads being globose and radiate shaped, sclerotica present, sterigmata in a single series. The conidia were colourless, smooth, and white, and the agar was uncoloured.
Case II

A. Dated 16/1/1926, original tubes.
B. Sub-culture made by Lt.-Col. J. Cunningham, I.M.S., from one of the original tubes.

The Aspergillus was a species of a type of Flavus. The growth was characteristic, widely spreading, greenish in colour, some columnar, some fimbriate and hemispherical. Conidia smooth and greenish in colour. The aerial hyphae pitted and the sterigmata in a single series.

It is of interest to record the further history of case No. 1, that of the man who showed the massive granuloma, illustrated on page 546 in my article referred to in the heading. He insisted on leaving the hospital, very much improved as the result of X-ray treatment. The improvement was such that we hoped to get rid of the infection altogether if we could but persuade him to stay on. He returned to the hospital on June 11, 1929, with a granulomatous mass even larger than it had been originally. On this occasion we tried the effect of radium and he received a dosage of 2,675.5 milligramme hours by means of buried needles. This did not appear to have any influence whatever on the size of the mass and we decided that it would be wiser to resort to X-ray treatment. Again, however, he left hospital without agreeing to our proposal in the same condition as when he came.

KRUKENBERG'S SPINDLE

BY

E. V. SRINIVASAN

MADRAS

A female, aged 27 years, married, consulted me in the middle of January, 1930, for occasional headache in the right eye. Her general condition was good. She had had three abortions and has no children. Teeth irregular and pyorrhoea alveolaris present. Wassermann reaction negative. Von Pirquet negative.

The eyes revealed nothing on naked eye examination either in broad daylight or with the ordinary corneal loupé, except that the pupils were situated a little more eccentrically than usual.

R.E.V. −6/60 − 1·0 D.sph. +3·0 D.cyl 90o 6/9
L.E.V. −6/18 +0·5 D.cyl. 180o 6/6 partly.

Red reflex on retinoscopic examination was intercepted by a thin vertical black mass in either eye. On examination with strong focal illumination in the dark room with a hammer lamp, each
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