Oliver (C. A.)

Clinical Notes of a Case of Injury Producing as the Most Prominent Symptom Luxation of the Eyeball into the Orbit: (So-Called Traumatic Enophthalmos.

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Reprint from Ophthalmic Record, January, 1897.

*CLINICAL NOTES OF A CASE OF INJURY PRODUCING AS THE MOST PROMINENT SYMPTOM LUXATION OF THE EYEBALL INTO THE ORBIT: (SO-CALLED TRAUMATIC ENOPHTHALMOS).

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Without endeavoring to solve any problem as to etiology or as to condition, and without presuming to venture any new hypothesis, or wishing to correlate the present example of this character of disturbance with some preexisting theory; and, in fact, with no other motive than to place a fairly well studied instance of most probably the sympathetic type of disorder (one presenting a new and a curious symptom) upon record, in the hopes that its recital may add some additional symptomatology to the previous more or less imperfect studies of the incomplete variety of the disease—the writer offers the following, at least to him, interesting case:

On the 14th of July, 1892, I saw a 47 year old weaver at my clinic at Wills' Eye Hospital for the first and only time. The patient stated that five weeks previously he had been struck in the left eye with a shuttle. The eyeball and the surrounding tissues had been much inflamed for the first three weeks, during which time he had been under professional advice.

He came complaining of defective sight in the injured eye. Uncorrected vision with the right eye equalled one-half of normal, this being accounted for by a manifest hypermetropia. Uncorrected vision in the left eye was much lower, it equalling one-seventh of normal with the same amount of manifest hypermetropia. Accommodative play in each eye was normal for the age of the patient and the refractive condition.

Upon monocular exposure, the right pupil, which was round, measured two and one-half millimeters in its horizontal meridian, whilst that of the left eye under the same condition, had a diameter of four millimeters in the same meridian. Both irides, which were of good tint, were quite prompt to light-stimulus, accommodation, and efforts for convergence, the iris of the injured eye being possibly a trifle sluggish. There was a marked recession of the left globe into the orbit, the anterior plane of the cornea being at least four to five millimeters behind that of its fellow. The lids were slightly depressed and the palpebral fissure was about three millimeters shorter than that of the right lids; the opening being still further shortened and narrowed when the patient was made to gaze straight ahead with the right eye.

There was almost complete paralysis of the left superior rectus muscle, the superior limbus of the left cornea being two and a half millimeters lower than that of the opposite eye. Further study of the false and the true projection images showed a slight paresis of the left inferior oblique muscle. During these examinations it was several times noticed that when attempts were made with the two

*Paper read before the May, 1896, Meeting of the Section on Ophthalmology of the College of Physicians of Philadelphia.

eyes to fix upon a near-object upon the median line, a spasmodic twitching of both alae of the nose, which was more marked on the left side, appeared. At other times, the clonic spasm of the nasal alae was found to be synchronous with a series of rapid movements of the orbicularis palpebrarum, but when the orbicularis was made to act forcibly, the clonic spasm of the angles of the nose stopped, and the nostrils were drawn spastically together. As far as could be palpated, there did not seem to be any fracture in the external portions of the skull in the region of the eye.

To ascertain if there were any nasal disturbances the case was sent to my friend, Dr. Walter J. Freeman, who, upon the following day made a careful examination. His report, under date of the 14th July, 1892, read as follows:

"DEAR DR. OLIVER. J. S., whom you very kindly referred, brought me your note to day. The nose shows old injury dating back probably many years of fracture of triangular cartilage of the septum. The antrum on the left side is perfectly free, as shown by transmitted electric light, and there is no collection of pus, nor trace of recent injury anywhere. The inferior turbinated body is hypertrophied on the left side sufficiently so to warrant me to inquire as to lachtymation, but of that I could get no definite reply. There is general congestion of nose and throat."

VOLUME VI. NEW SERIES. No. I.

JANUARY 1897.

THE OPHTHALMIC RECORD

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PUBLISHED MONTHLY. $3.00 per annum in advance;
Great Britain, 14 Shillings.

L. D. PIERCE, Publisher,
214 South Clark Street, Chicago.