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DISEASES OF THE ORBIT.

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(Read at Meeting of Canadian Medical Association.)

The position, relations, and nature of contents of the orbit, and the fact that the organ of vision is often implicated and may be lost, and that life itself may be jeopardized and is sometimes sacrificed as the result of its affections, render the latter of some importance in the category of disease. The object of this paper is simply to refer to some points of practical importance in this interesting class of cases. The interest attached to diseases of this cavity is enhanced by the acknowledged difficulty in many instances of making a correct diagnosis.

I need but cite the *pulsating tumors* in regard to which the old view of orbital aneurism being the cause of the exophthalmus and pulsation, has been disproved. Statistics show that orbital aneurism is very rare and that in nearly all such cases there is no disease in the orbit proper, but generally either an obstructed or dilated cavernous sinus or arterio-venous communication posterior to the orbit. The precise nature and site of other morbid conditions, as, for example, tumors, are sometimes an enigma which is only solved by direct exploration.

Cellulitis. Following traumatism or other

causes of inflammation, erysipelas, pyæmia, etc., the rapid onset of inflammatory œdema of the eyelids with marked chemosis, protrusion of the eye and inability to move it, and great increase of pain in attempts to do so, together with pyrexia, etc., indicate pretty clearly acute cellulitis of the orbit (or the more rare diffuse suppurative periostitis). The less rapid develop-



FIG. 1.—Periostitis and caries of outer half of upper margin of orbit

ment and milder character of these symptoms, especially when there is circumscribed tenderness on the orbital margin or walls with displacement of the globe, points rather to local periostitis, (fig. 1) which, except in syphilitic subjects, is apt to end in suppuration and caries unless aborted.

[In "abscess" of the frontal sinus the external swelling is generally greatest at the upper inner angle of the orbit, the brow is prominent and the orbital roof, which is depressed, yields to pressure from beneath; and the eye is displaced downward, outward and forward. If