Dislocated Lenses

The lens may be dislocated either forwards or backwards by direct or indirect violence. We remember a case in the latter category in a patient of many years standing. On his first visit he was wearing a medium myopic correction with the stronger glass in the right side. He had a cataract in this eye, the other lens being clear and vision corrected to 6/6 and J.1. The right eye had perception and projection of light and as far as we could see there were no keratic precipitates. This patient visited us for about twenty years at regular intervals. On no occasion could we see any precipitates, but we could never feel quite sure that the condition had not arisen in consequence of some low grade inflammation; and as he was used to his restricted field of vision and had good vision in the other eye we refused to suggest an operation.

This patient about eighteen months before his death had a slight accident. He slipped on his own doorstep and sat down rather heavily. Soon after, he called to say that he could see more light than usual in his bad eye. The upper margin of his lens was visible in the upper part of his pupil and by degrees the lens vanished into the bottom of his eye and vision of 6/18 could be obtained with a suitable lens; but he was not happy and preferred to wear a black patch on the right side. When he died, in his 80th year, the lens was still in the depths of his eye.

On only one occasion were we called upon to deal with a lens dislocated into the anterior chamber. This was in an old man who had been an out-patient for many years. He was a marked case of interstitial keratitis and his left cornea was so much scarred and flattened that the eye was useless. The right eye had very poor vision, not more than hand movements. The family had been celebrating Christmas and the two sons became quarrelsome. In trying to separate them the patient received a heavy blow with a fist in his right eye and the lens was dislocated into the anterior chamber. We dealt with it in the usual way under a general anaesthetic. A needle was passed into the dislocated lens from the limbal area, to fix the lens and given to the house-surgeon to hold, a keratome section was made and the lens extracted with a vectis. He left hospital with perception of light and we did not see much more of him.