

fluid portion, while the rest of the vitreous body, retaining its natural consistence, may buoy up the lens sufficiently to prevent it touching the retina. If, on the other hand, the whole of the vitreous body be changed as to differ but little in density from water, the lens will sink as it would in common water, and so come into actual contact with the retina, setting up in that same structure the kind of slow change which so commonly ensues within a year or two after those operations of depression, in which the entire lens, in its unbroken capsule, is thrust down to the bottom of the posterior chamber.

The following case illustrates most of the foregoing remarks:—

“Elizabeth G——, aged sixty-three, had had cataract in the left eye for nearly forty years, the right eye remaining in all respects healthy. In the beginning of January, 1848, she found the sight of the left eye suddenly restored, the lens having become dislodged and fallen down into the posterior chamber. This occurred without any blow or violence to the eye. She applied at the London Ophthalmic Hospital on the 4th of May; the lens had then sunk below the level of the pupil, but came into view whenever the eye was briskly moved, being slightly attached by its lower margin to the suspensory ligament. She complained of a cloud passing to and fro before her, which quite prevented her from working. There was also frequent pain in the eye, but no redness. Whenever the lens sank out of the axis of vision she saw well, and with a convex glass almost as well as with the sound eye.

“By May 5th the lens had become completely detached from the suspensory ligament, and might be seen rolling over and over, as the globe was briskly moved. The pain had increased. Atropine was applied, and the patient ordered to lie for several hours on her face, in hopes the lens might pass into the anterior chamber; but this plan failed.

“I explained to the woman that, if left to itself, the lens would continue to annoy her; that she might be subject for years to pain in the eye, and that, in all probability, total blindness would eventually ensue; that, at the same time, any attempt to extract the lens from the posterior chamber might cost her the sight of the eye, but that, if successful, it would secure her against future pain and inflammation. She readily agreed to an operation on these conditions, as the constant oscillations of the opaque lens altogether incapacitated her from gaining a livelihood.

“June 10th.—The patient being seated, I made an upward section of the cornea; an escape of perfectly fluid, vitreous humour took place as the knife was withdrawn. I quickly passed a fine, sharp hook through the pupil into the posterior chamber, and, getting a glimpse of the lens, caught it by a lucky plunge, and withdrew it through the cor-