

learn too much suddenly. The criminal in this country is getting all he deserves in the way of kindness; perhaps too much. I once heard a noted cow thief say he was going to plead guilty because the county jail in which he was confined was not so comfortable as his old quarters at the "Pen." I heard a returned convict say that the penitentiary at Jefferson City, Mo., was a much preferable place to his county jail.

Philanthropy and charity are well enough in their place, but to treat criminals on the theory that they are only sick people is a dangerous unholy fad, and I hope the medical profession will not assist in promulgating this fraud. The Ruler of the Universe (if the Bible be true) says that the wicked deserve *punishment* and the sick deserve *kindness*. Let us not get the two decrees mixed. Let the criminal stay in his own proper place. Care for the sick as heretofore, but please do not "gush over" in behalf of an undeserving law-breaker. The way to manage a criminal is to punish him for his crimes, and this is the right and only safe way to manage him. To put him on the list of sick people and treat him as such, would impoverish any nation on the globe. Down with the fad that crime is a result of disease. The idea that the human family has become so sick (or good either) that it deserves only charity is dangerous in the extreme. Vice is prevalent and can not be cured by hospitals, kind nurses and learned physicians. We, of the medical profession, are entirely out of place when we undertake the care of criminals who are as healthy and strong as we are. Let the police, judge and lawyers have their share of work. We have finished our work when we have instructed the people how to prevent disease, and have cared for the sick. Let us stay in our proper place. There is a class of people elected to take charge of the criminals, and we should not meddle when we are not called.

W. P. HOWLE, M.D.

Oran, Scott County, Mo.

Treatment of Uterine Fibroids.

To the Editor:—In a recent editorial of the JOURNAL, Dec. 9, 1893, on the above subject, three methods of cure were presented: "The application of electricity to the growth; the induction of premature menopause by removal of the ovaries and tubes; and the removal of the tumor, either with or without the removal of the uterus and its appendages." While the writer of the editorial took a conservative course in presenting the above methods as old established treatments, it seems to me it would not have made his authority any less comprehensive if he had mentioned the new operations of promise which are now on trial in this country and in Europe, for the difficulty under consideration. Ignorance of the subject can not be gracefully advanced by an editorial writer, who of all writers must be abreast of the literature of his subject. Therefore I must take it for granted, that the writer simply exercised his editorial prerogative and used his discretionary power in deciding that the subject is not yet ripe for editorial recognition.

As a correspondent, however, may I take the liberty of calling your readers' attention to the following facts about the new operations for fibroids of the uterus?

December, 1892, I read a paper before the Chicago Gynecological Society on "A New Operation—Vaginal Ligation of a Portion of the Broad Ligament for Uterine Tumors or Hemorrhage." At that time I read the report of the first two cases operated on. This paper was published in the *American Journal of Obstetrics* for April, 1893. At the Milwaukee meeting of the ASSOCIATION, I read another paper on the same subject, in which I reported five cases upon which I had operated. This report appeared in the JOURNAL OF THE ASSOCIATION for Sept. 2, 1893. These articles have been quite extensively quoted in several of our best journals.

In the *Archiv f. Gynäkologie*, xliii, iii Hft., p. 534, will be found an article by Sigmund Gottschalk, in which he discusses the "Histogenese und Ätiologie der Uterus Myo-

mæ," and in concluding, advises the bilateral ligation of the uterine arteries for incipient myoma.

In the *Centralblatt f. Gynäkologie*, No. 33, Aug. 19, 1892, Küstner reports having operated on two cases of fibroids in which he ligated both uterine arteries from the vagina with good results—the tumors having rapidly decreased in size and the hemorrhage in each case ceasing. He refers to Gottschalk's recommendation of the procedure, and criticises him for not describing a technique.

In the *Centralblatt f. Gynäkologie*, No. 39, Sept. 30, 1892, Gottschalk replies to Küstner, and gives a more detailed description of technique. This writer has treated seven cases, two of which had been treated so recently that their evidence for good could not go further than to show the immediate beneficial effect on hemorrhage, which was favorable. In the other five cases the tumors have diminished perceptibly in size, and the menstruation has markedly decreased in quantity.

My operation differs from that described by the above writers in that besides ligating the uterine arteries, I also include the whole of the base of the broad ligament in such a manner as to include as much of its nerve supply as possible, in order to get a powerful trophic influence. Besides including in the ligatures the nerves in *all* cases, in *suitable* and in *desperate* cases the ovarian artery of one side is also tied.

The importance of cutting off the nerve supply I do not think can be over-estimated. Every operator of much experience is aware how a small shock will frequently cause fibroids of the uterus to diminish in size or to disappear entirely. A simple exploratory incision, has frequently produced this effect. Add to this the severing of their nerve supply and the trophic disturbance can but be great, especially when this is combined with a procedure which suddenly deprives the uterus of two-thirds of its blood supply. Then, too, by severing the nerve supply, the apparatus by which a blood draught would ordinarily be made known to distant parts and collateral circulation established, is rendered inoperative. For these reasons I insist upon the ligation of all the contents of the broad ligament.

I have performed my operation in eight cases. All bleeding fibroids, varying in size from the proportions of a three-months pregnant uterus to one which extended above the umbilicus. In every case, except two, the hemorrhage has ceased promptly after the operation; in these two the cessation was only partial, because the operations were incomplete. In *all* cases the menorrhagia has finally been permanently relieved.

In the six cases in which time enough has elapsed to judge of results, the tumors have decidedly diminished in size. The one which extended above the umbilicus, operated on in January, is now but little larger than a normal uterus. These brilliant results have been accomplished, too, without the long train of distressing sequela which follow the more severe operations of removal of the appendages or hysterectomy.

For more detailed accounts of this operation, and the history of the cases, the reader must refer to the literature given in this letter.

In the editorials of the future, it seems to me probable that this new operation will occupy about the following relative position in the operative procedures for fibroids: 1, hysterectomy; 2, vaginal ligation of the broad ligament; 3, removal of the appendages.

Yours very truly,
Chicago, Dec. 13, 1893. FRANKLIN H. MARTIN.

What Is Amblyopia Exanopsia?

To the Editor:—Having devoted considerable attention to the study of cases presenting typical and indisputable illustrations of amblyopia exanopsia, I am disposed to respond to your query (in an editorial) in a recent issue of the JOURNAL. Is there an amblyopia exanopsia? and place myself on record as being decidedly of the opinion that many cases of obtunded vision are properly ascribable to non-use of the eye in question, and can not justly be attributed to other causes. In order to induce us to accept such a condition, it seems that it is only requisite for us to revert to the fact that the process of seeing is virtually an educational one at the outset, and

that while all of the requisite anatomic arrangements may be present in any given case, which are known to be essential for the visual performance, such as transparent optical media, physiologic accommodation, normal refraction, normal retinae, together with normal optic nerves, and finally, physiologic visual cortices, yet unless the eye is stimulated to the proper extent at the beginning of the individual's career, the condition known as amblyopia exanopsia can and does ensue in a certain percentage of cases. It has been advanced as an explanation of this class of cases, that there is back of all other factors an inferior mental perceptivity, but this must be largely discountenanced by the undeniable fact that, after correction of any and all refractive and muscular errors, the individual's visual acuity rises to a marked extent if the corrective measures are instituted timely enough. Thus, it has been almost my invariable experience to note that in those cases of amblyopia exanopsia, occurring in youth in which the refractive and muscular errors have been overcome, the sight of the amblyopic eye soon rises to a perceptible extent, and ultimately vies with its fellow in visual acuity.

The case referred to in your editorial comments, quoted by Dr. W. B. Johnson, is but one out of many in which the amblyopic eye has assumed a marked visual improvement, when necessity compelled it so to do by the accidental loss of the good eye, and, as stated by you, is strongly suggestive of the probability of the occurrence of amblyopia as a sequence of disuse. Many good authorities are wavering in the balance with respect to this question; but it seems to me that the preponderance of evidence is in favor of the occurrence of amblyopia consequent upon disuse. It is, of course, not difficult to collaborate a series of cases in which enter complicating elements serving to obscure the diagnosis. Time and again, after tenotomizing the contracted internus for convergent strabismus in youthful cases and applying proper optical correction to the hyperopia present, I have noticed an eye that was prior to such measures decidedly amblyopic, assume a degree of useful vision, which progressively advanced in power, and to my mind is strongly conclusive that the amblyopia followed disuse.

Now, it must be fully understood that the retinae once educated to the full appreciation of images formed by the dioptric system are not comparable to the primitive untrained retinae, for it is conceded that when the retinae have acquired their maximum development, images may be excluded for protracted periods without impairing their sensitive, impressionable nerve elements, as is palpably demonstrated by cases in which the removal of hyper-mature cataracts serve to restore fairly acute vision. And again, microscopists, engravers and others, compelled in their work to exclude the object perceived with one eye, do not necessarily impair their vision by so doing. So, too, with cases of opaque cornea in which an iridectomy restores vision. Squint in cases of opaque cornea is explicable on the ground that there is in all cases a tendency towards binocular fusion, and if there is an opacity in an isolated part of the cornea, there is a strong desire on the part of the individual to direct his eyes in such a manner that the clear part of the cornea will be brought into use, and thus enable him to bring the most sensitive part of his retina, the fovea centralis, into play, thus taxing the muscular mechanism to an extreme degree, which is ultimately followed by a yielding of the weaker muscle and rotation of the eye towards the preponderating muscle.

One of the strongest arguments against the acceptance of a cortical defect lying at the bottom of amblyopia, is the fully accepted fact of semi-decussation of the optic nerves in the higher vertebrates, for in view of this anatomic provision it would be necessary that both cortices should be

seriously impaired, which would cause either complete obscuration of vision of both eyes, or double hemiopia instead of an amblyopia of the one side, as is so frequently found; and it seems to me that a better and more plausible explanation of amblyopia, granting the retina is normally perceptive, would be defective conduction of the optic nerve fibers, and especially of that portion of the nerve styled the papillo-macular bundle, which is formed of separate nerve filaments connecting the macula lutea with the brain. Assuming that these cases of amblyopia reveal no marked pathologic changes ophthalmoscopically, our knowledge of the distribution of the optic nerve fibers enables us to determine with a certain positiveness the site of the lesion in the optic tract, providing the same is due to a break in the conduction. Thus in every case in which the defect is in one eye, or in asymmetrically placed defects of both eyes, the lesion lies in the optic nerve anteriorly to the chiasm, inasmuch as all breaks in the conduction posteriorly to the chiasm result in symmetrical visual defects, and for the same reason complete blindness of one eye, the other being normal, must be referred to a disturbance in front of the chiasm.

This and much more might be stated in support of the theory that amblyopia exanopsia should be classed in the same category with cases of hemiopia, either total or incomplete. Very respectfully,

JAMES A. LYDSTON, Ph.D., M.D.

Chicago Dec. 11, 1893.

Abdominal Dropsy.—Sixty-seven Tapping Operations on One Patient.

MARION, OHIO, Dec. 15, 1893.

To the Editor:—The following interesting case is worthy of report, I think:

Mrs. B., aged 80, from disturbed hepatic circulation has been afflicted with abdominal dropsy for the past eleven years. During the summer and fall of 1882 the abdominal cavity became so distended with the fluid that the lady was unable to walk, nor could she lie down, but was compelled to get what rest she could in an easy rocking chair. Drugs for carrying off fluids were tried with negative results. She finally consented to be tapped, and the operation was performed Dec. 23, 1882, for the first time. Great relief followed, and the patient was able to be up and around, but the fluid re-accumulated and she was again tapped seven weeks from the first operation. From that time until her death Dec. 3, 1893, she was tapped on an average of six times a year, in all sixty-seven times. The average amount of fluid obtained each time was six gallons, by measurement, making in all 402 gallons. The operations were performed with an ordinary trocar and canula.

Taking into consideration the age of the patient, and the number of years added to her life, the case presented is one of encouragement for the operation in abdominal dropsy. Although the fluid re-accumulated, after being tapped the patient was able to do considerable housework, and at times had taken walks of one and two miles. During the eleven years the lady was under my care, no attempt was made at systematic medication for her troubles, because of an irritable stomach that revolted at the use of medicine. It is difficult to tell how long she would have held out, as she was never confined to the bed but for a few days at a time, and death was caused by an attack of la grippe lasting about one week.

Postmortem examination revealed a liver enlarged to about twice its natural size, with shrunken and distorted vessels, and a small ovarian tumor attached by a pedicle to the left ovary.

F. W. THOMAS, M.D.