

York, as long ago as 1881, in a memoir (which was awarded high honor by *l'Academie Royale de Medicine de Belgique*), quotes numerous cases of epilepsy cured by tenotomy of ocular muscles for the relief of "insufficiencias," or "dynamic squint." Since this monograph was written, Dr. Stevens has made further claims for tenotomy. That the irritation, headache, dim vision, etc., caused by refractive errors and anomalies of accommodation have issued in epilepsy and other functional nervous diseases is now undisputed (56), but Dr. Stevens and his adherents claim to have proved that even after the patient has had prescribed for him the necessary spectacles so that there is no "eye-strain," so far as the visual acuity and ciliary muscles are concerned; even then if there exists a want of balance among the external ocular muscles, epilepsy may still be produced or perpetuated. This muscular "eye-strain" is a common cause of functional nervous diseases, says Dr. Stevens. Nor is it necessary, it seems, that the patient should be conscious of this want of balance (or *heterophoria* as Dr. Stevens appropriately calls it), in the working of his eye-muscles. It must be searched for and if found such treatment—especially tenotomy (graduated or partial) or series of tenotomies—is indicated as will restore the lost equilibrium. Some patients may require the operation fifteen to twenty times. Although a committee appointed by the Neurological Society in New York did not, after a long investigation of these claims of Dr. Stevens, consider that the method afforded sufficient relief to patients to warrant its recommendation by the society, yet we may consider it as still *sub judice* in view of the many well-known ophthalmologists and neurologists who have ranged themselves on Dr. Stevens' side in the controversy now going on. Numerous cases of cures more or less complete have been

published. The following one from Stevens' (57) monograph will serve as a sample:

Case 15. Mr. H. T., aged 37, consulted June 3, 1880, Dr. C. G. Clark, of Troy, N.Y. He had been an epileptic five years; has had seizures from four to six times a day. In other respects is in very poor health, and looks dull and lethargic.

He has used bromides freely up to the present time. He was found to have hyperopia of $\frac{1}{30}$ for one eye and $\frac{1}{24}$ for the other, with insufficiency of the externi. July 10, 1880, tenotomy of the internus of one eye was made, followed a few weeks later by similar operation of the other eye. All medicines were discontinued from the first. On the day preceding the first operation he had five severe epileptic fits, and on the morning of the operation several more. From the date of the first operation, however, the epileptic attacks ceased and not a single return of the malady had occurred seven years after the operation. His health improved in all respects.

It would, in this case, be satisfactory to know whether the prescribing of proper glasses had first been tried and whether after such prescription the patient had any symptoms of eye-strain.

Whatever may be the outcome of a general trial of Stevens' methods, he certainly deserves the credit of having introduced a needed nomenclature for designating the insufficiencies of ocular muscles—"latent" or "dynamic" squint as it was once called. These terms (*vide* supplement of Dr. Stevens' monograph) have, I think, "come to stay" in ophthalmological literature. We owe him a debt of gratitude, also, for his *phorometer*, by means of which the various forms of heterophoria can be readily demonstrated and their amount accurately measured. On the other hand, I prophesy that in time very little will be heard of "graduated tenotomy" as a cure for epilepsy, because I think its place is in the same category with tracheotomy, vertebral ligation, circumcision and other surgical cures, for each and all of which so much was claimed in times gone by. My reasons for so thinking are based upon these conclusions:

1. The majority of otherwise healthy

56. This is admitted by Roosa, an opponent of Stevens' method *vide* e.g., "Determination of Need for Glasses," page 50.

57. Functional Nervous Affections, p. 113.