has been christened "The Harvey," as per contract. This is the building which Dr. Byron Robinson has found in the real estate records under the name "Harvey."

That the medical profession has never recognized Harvey as a college in good standing, and that it has not even been given a passing notice in the JOURNAL, will be learned from the following editorial published in the JOURNAL of September 12.

. . . "There are many alleged medical schools not accounted for in this exhibit, but as a rule, they ought not to be considered. We have been informed that there are about fourteen medical schools in Chicago, alone; only a few of these have any reason for existence, and if rigid requirements were insisted upon they would close their doors.

"The struggle for existence is at the root of the evil; finding themselves unable to compete with the real college professor in obtaining practice from the public, these persons, with others of the same ilk, start a so-called medical college, and become a 'professor' themselves. There are few statutory requirements; an act of incorporation can be obtained for a silver dollar in any stage of depreciation, a building rented and a flaring sign put across its front. Verily, the 'professors' are as plenty as the leaves of Vallambrosa. If we look into the equipment of these raw institutions we find the laboratory wofully lacking in the most ordinary apparatus, and like Do-the-boys Hall squalor and filth are the most prominent characteristics. The only wonder is that such men, with such miserable equipment, can find students; but they flourish in some way." And in the next number of the JOURNAL under the heading "The Medical Colleges of the United States," we find of Chicago colleges, the Northwestern University Medical School, Rush Medical College, College of Physicans and Surgeons, Northwestern University Women's Medical School, Chicago Policlinic and Hospital, and Post-Graduate Medical School and Hospital, but not a word is mentioned of either Harvey Medical Night School or any of the other so called medical schools. This simply shows the good sense of the representative medical journal of this country and of the profession generally.

Dr. Byron Robinson evidently believes that the fair-minded editor of the Western Medical Review who so strikingly criticizes the sorry state of affairs in Illinois must of necessity, become a Harvey professor before he can acquire correct judgment.

But since Dr. Byron Robinson has become the teacher of gynecology and abdominal surgery in the Harvey Medical Night School, we are glad to learn that fact, "so that the appearance of evil may not arise."

And as a fitting supplement to Dr. Robinson's article I would request the journals to copy this article in the interest of the profession that stands not only for "truth and justice," but also for higher medical education.

Respectfully, JULIUS GRINKER, M.D. 952 Milwaukee Ave.

"A Prevalent Error in Refraction Work."

Chicago, Nov. 29, 1896.

To the Editor: - Dr. Ed. J. Brown's letter on "a prevalent error in refraction work," published in the Journal of November 21, was to me full of surprises. "That most oculists have been giving low plus cylinders where minus lenses were indicated," was startling news to me, for I had never suspected this, though through private conversation and public discussions in ophthalmologic societies I am well acquainted with the views of a great many oculists on the question of correcting refractive errors. But I got a second and stronger dose of surprise when I found I, too, was counted among the guilty ones because I was supposed to have given a clergyman a + 50 cyl. axis 90 instead of a -- 50 cyl. axis 180.

The oculists among your readers, of course, clearly understand from Dr. Brown's own report of the case, that in this instance the asthenopia was not caused by the refractive, but by the in Ben Jonson's "Magnetic Lady," Act II, Scene 1. muscular anomaly. But to your readers unfamiliar with the

mysterious jargon of ophthalmology this may seem an awful blunder, and I therefore wish to explain to them that the mistake, if one was committed, was not on my side. If the astigmatism had been the disturbing element, the + 50 cyl. would have permanently relieved the patient's trouble in reading, whether the astigmatism was hyperopic in the horizontal meridian or myopic in the vertical meridian. For if hyperopic astigmatism, the + cyl. rendered the eye emmetropic; if myopic astigmatism, the same cylinder made the eve uniformly myopic, a condition even more advantageous than emmetropia, for prolonged near work to a man now 38 years old.

Dr. Brown kindly gave me the name of the patient when I wrote for it, and I found in my records that he came to me in July, 1892, with \pm 50 cyl. 90 which he had been wearing since February, but without marked benefit. He chiefly complained of eye pain and headache after short reading, and incidentally remarked that one year previous he was given — 50 cyl. 180. which he could not use at all. I found a slight hyperopic astigmatism for which the + 50 cyl. were the proper lenses; and since these glasses had not relieved the patient I became satisfied that his asthenopia must be due to some other condition than the astigmatism. The muscle tests showed insufficient adducting power (6° only); marked divergence under cover and exophoria (90) at reading distance. These findings convinced me that the case was one of muscular asthenopia; it was entered as such in my record book and my prescriptions to the patient were directed toward relieving temporarily the weak muscles during near work so as to make reading easier for him, and to improve the feeble adducting power by systematic exercise.

As to the cylinders the patient was wearing, I saw no reason why I should object if he wished to use them, for in my opinion it was of no consequence whether they were worn or laid aside. I do not attribute the relief the patient experienced for nearly two years afterward to the use of the cylinders but to the changed muscular condition, the adduction having gained considerably, as shown by Dr. Brown's report, and I am firmly convinced that this patient will be permanently relieved only when the forces of the eye muscles are properly adjusted by appropriate treatment suggested by a careful study of existing anomalous conditions. Though during the past year he seemed to have been better satisfied by the - 50 cyl. (which formerly he postively rejected), I am sure he will sooner or later return with his old asthenopic complaints, and, indeed, in his letter to me of November 25, Dr. Brown wrote: "I saw the patient Monday evening and he mentioned symptoms which are probably referable to the weakness of the externi." Sapienti Sat.

F. C. Hotz.

"God and the Doctor we Alike Adore."

St. Paul, Nov. 30, 1896.

To the Editor:-The lines quoted by R. M. W. in your issue of Nov. 28, 1896, and concerning the authorship of which he asks information, are a translation of a Latin epigram written by Euricius Cordus, who was a professor of medicine in Marburg in the sixteenth century. The original Latin is:

"Tres medicus facies habet, unam quando rogatur, Angelicam; mox est, cum juvat ipse, Deus. Post, ubi curato poscit sua præmia morbo, Horridus apparet terribilisque Sathan.'

BURNSIDE FOSTER, M.D. Yours truly,

Monongahela, Pa., Nov. 30, 1896.

To the Editor: R. M. W. of Brooklyn, N. Y., will find the lines,

"God and the doctor we alike adore, But only when in trouble, not before. The trouble o'er, both are alike requited: God is forgotten, and the doctor slighted."

C. B. W.