

Lyman (A. J.)

The Modern Physician the  
Mediator of Science.

*An Address delivered at the Academy of Music, Brooklyn,  
May 21, 1884, before the Graduating Class of the  
Long Island College Hospital.*

BY

THE REV. ALBERT J. LYMAN,  
OF BROOKLYN.

REPRINTED FROM

*The New York Medical Journal*  
*for June 21, 1884.*









THE  
MODERN PHYSICIAN  
THE MEDIATOR OF SCIENCE.

*AN ADDRESS DELIVERED AT THE ACADEMY OF MUSIC, BROOK-  
LYN, MAY 21, 1884, BEFORE THE GRADUATING CLASS OF  
THE LONG ISLAND COLLEGE HOSPITAL,*

BY

THE REV. ALBERT J. LYMAN, OF BROOKLYN,

REPRINTED FROM  
THE NEW YORK MEDICAL JOURNAL  
FOR JUNE 21, 1884.



NEW YORK:  
D. APPLETON AND COMPANY,  
1, 3, AND 5 BOND STREET.  
1884.





## THE MODERN PHYSICIAN THE MEDI- ATOR OF SCIENCE.

---

MR. PRESIDENT, GENTLEMEN OF THE FACULTY, MEMBERS OF THE GRADUATING CLASS: The courtesy which permits one of the younger men in the ranks of another profession, foreign, though not alien, to that so honorably represented here to-night, to say a word before the graduating class of the Long Island College Hospital, must also pardon the insufficiency of any possible response I can make to that courtesy. For I can stand here appropriately neither as adviser nor as lecturer. I suspect I am not old enough for the one office nor wise enough for the other.

A year ago, upon your last anniversary, the wide experience and genial sagacity of a gentleman whom Brooklyn respects and honors—the accomplished Rector of Holy Trinity Church—were illustrated upon this platform in an address replete with practical counsel. He crowded the hour and crowned it with good advice. He described the doctor's duty to the people, and the people's duty to the doctor, and put the whole case between the two in such a pungent way that since that speech I do not suppose a patient's case has been neglected, or a doctor's bill remained unpaid in the entire city of Brooklyn.

But good advice is completed when Dr. Hall takes his seat, and I certainly shall not run the risk of shuffling along in his maturer footsteps. Not that the epoch of graduation is unsuited to receive advice. On the contrary, no feature is so admirable in the behavior of the student about to take his degree as the equanimity with which he is able to absorb the vast tide of good advice upon which that degree is floated into his hands. And, on the other side, his friends are equally ready to give their counsel to him. It is impossible to look at a young graduate and not want to advise him. In this Academy to-night, to say nothing of the graver aspect of the Faculty, the personal congratulations of the hour are full of latent admonition. The masculine handshake and the feminine smile come to you thus freighted. Cautions, warnings, suggestions, practical nuggets, points on behavior in the sick-room and out of it, wise saws, pithy reminders, short recipes for success, are flying about your heads at this moment like *confetti* at a Roman Carnival.

Their presence is not a slur upon your ability of self-guidance, still less a token of distrust in you; they are rather tokens of the interest with which your college and your city regard you; they are more than that: they constitute a testimony to the critical and even sublime character of that instant when, after long preparation, a man is fairly launched upon the arena of his profession, and starts with a thousand competitors in the race of his life.

On the other hand, still less can I assume the office of lecturer and usurp the place of gentlemen who from a more strictly professional standpoint have addressed you, defining your professional ends, describing the sweep of the science you study, and the glory of its achievements.

This is your field and the field of your instructors; and for me to enter it would be worse than carrying coals to Newcastle. It would be *stealing* the coals before carrying



them. It would be like presenting second-hand pill-boxes to the Long Island College Hospital—an institution that never takes anything second-hand.

You perceive, then, gentlemen, my unfortunate position. Unable to adopt the rôle of adviser on the one hand or lecturer on the other, I am somewhat in the position of the husband of the Irish shop-mistress, who said that she married her husband "nayther for love nor for money, but for the pure convanience of the shop." My only resort must be to the "convanience" of the moment. In other words, I must simply speak straight out to you my own fellow-feeling and good wishes as one man may to another. And, standing within the inclosure of an adjacent profession, near enough to your own for us to talk to one another "over the fences and between the slats," I may perhaps venture also to offer a remark or two upon a feature of the medical profession in our time which has warmly attracted my admiration, and which, if I mistake not, is more and more attracting and commanding the attention of society at large. I refer to what I may call, if you will permit a long phrase for a simple idea, the *mediatorial office of the modern physician*, as between pure science on the one hand and the practical life of society on the other—i. e., popular philanthropy and public reform.

In our time and land science is both in correspondence and in curious contrast with the popular spirit. The present age is distinguished by the rapidity with which public tendencies take on organized form. You remember Dickens's rattling description of Tom Pinch on the stage-coach bowling up to London, and the growing excitement as the great city came nearer. Some such excitement seizes on a student as he looks out upon the arena of American public life. Its movements are bewildering. The abrupt financial whirlwind of last week is only one of many exhibitions of

the power and instantaneous stroke of the forces that are playing through the fabric of our society. Men stand or fall together. Interests are complex and consolidated. Public feeling forms rapidly, and is decisive and formidable. In the midst of this foaming sea of popular currents and practical enterprises, science presents herself with her separate technique, her patient processes, her eternal reserve. As between the two, science and society, the time calls for a mediator. Let me, then, briefly indicate one or two reasons vindicating that title which, in the rapidly forming judgment of thoughtful men, the modern physician is coming to wear—the title of the *mediator of science*.

By this I mean much more than the truism that a physician applies his own knowledge in his own field. This is true, of course. Physicians are practical men. Mere theorists are not physicians. Your college repudiates dreamers as promptly as it does drones. You do not enter the sick-room to expound therapeutics, but to apply it. You are not there to read monographs upon the *Bacillus tuberculosis*, but to alleviate, so far as possible, the consumptive's pathetic decay. There is such a thing, however, as overdoing the practical. The accurate picture of what the true practitioner is *not* is well given in a little story of the war. When the low improvised shanties were set up in the New York City Hall Park as temporary hospitals, one blazing-hot afternoon a fussy, elderly matron came into one of the wards, bearing an immense bottle of bay-rum. On one of the cots lay a grim-looking soldier, minus an arm and part of a leg. As she approached the cot the following colloquy ensued:

"Good afternoon, sir." He nodded. "You must be very uncomfortable this hot afternoon." "Not so very." "Wouldn't it refresh you if I should sponge off your face with bay-rum?" "No, mum, I guess not." "I think i

would. I am *so* interested in the poor soldiers ; it would be *no* trouble to do it." "Well, mum, if you want to so much, then fire away." And away she fired, and sponged and sponged until she was exhausted. "There, now, don't you feel very much better?" "No, mum, I can't say as I do." She, with a little temper, and drawing on her gloves, "Well, I should think you would. I should think you would appreciate what is done for you. I don't suppose you ever had anybody sponge off your face before." "Yes, mum. this makes *thirteen* times I've been sponged off to-day, mum. I've notched 'em with my knife on that 'ere cheer where your bottle is"—reaching out his remaining arm and counting, "one, two, three. Yes'm, it's just thirteen times I've been sponged off to-day."

Further, also, of course, the cultivated physician is the supreme *arbiter* in his own field. What we say of the physician is this: first train him, then *trust* him. Within his own sphere, the physician is and must be an autocrat, "It can not be better done," said the architect when somebody found fault with his cathedral. This, within limits, is the legitimate professional spirit. Dr. Abernethy, perhaps, carried the autocratic spirit to an extreme. When a lady told him that whenever she lifted up her arm it pained her exceedingly, "Then what a fool you must be to lift it up," he replied. Nevertheless, your college intends to equip you with an authority which, in its own domain, should be as unimpeachable as that of a general in a battle.

All this is a truism. But by mediatorship I mean much more than this practical supremacy in your own field.

"Humanity sweeps onward," and in nothing more unmistakably than in the power of discriminating and defining the relative duties of the professions. In former times the edges of the professions were blurred and ran together; pedagogues were politicians, and monks were surgeons; but



now we are able to fix with approximate accuracy the true point of professional fitness and efficiency—the place of fitness always being the place of power.

And in this clearer modern light the public is coming to recognize a function of the medical profession larger than that of the mere professionalist—a function as difficult as it is novel and honorable. No other profession can so well discharge it, and yet some one must discharge it. Some one must mediate between science *on the whole* and society on the whole.

Physical science to-day distinctly faces in the one direction ethics and civil law. In another direction science faces philanthropy and public charities. Some one must keep the peace between these three Colossi. We are talking about the conflict between science and religion. This is not the true issue, because the fields are dissimilar and separate. The real *issue*, I will not call it a conflict, is, on the one hand, between science and morals, as recorded in public custom and civil law; and, on the other hand, between science and philanthropy, as expressed in public charities. Some one must mediate, to secure good understanding and mutual co-operation between the members of this modern triumvirate. In a word, some one must constitute the vital bond between the cool conclusions of the library and laboratory and the ardent currents of a practical civilization.

Who, then, is so well placed and trained as the physician to accomplish this? He must be a man wise enough, and firm enough, and large enough to do it.

It was said of Count Cavour that “he not only taught Italy the art of government, but also taught Europe that Italy could govern.”

So the doctor is the ambassador of science to fields beyond her own; because in his field science may be said to culminate. The human body is the house at the cross-



roads, where physics and morals join. It is the peculiarity of your science that it gathers up, combines, and caps all other sciences, while, on the other hand, it is upon you that the sharpest challenge falls of public practical demand.

You are, then, not only on the deck of your own profession, but you are right over the cut-water, where the *entire craft* of modern physical science plows its way into the shifting waves of public sentiment and discussion; or, to change the figure, the modern physician stands at the knot, or—if my friend, Professor Armour, will forgive my poaching for a word—at the “*ganglion*,” whither all the scientific strands converge, whence all the philanthropic strands diverge. This thought, if true, is stirring enough to excuse a moment’s argument.

By mediator, then, let me say I do not mean a go-between. A middle-man is no more a mediator than a ferry-boat is a bridge. The true mediator must be a man large enough to incorporate *both* of two contrasted sentiments *in their entirety*. And the glory of the physician is precisely this, that he must be and can be complete scientist and complete philanthropist in one.

Is this possible? It is more than possible. It is actual in the instance of the foremost men in your profession to-day. Is it not true that the most brilliant medical discoveries of the age have been made by physicians who are in actual practice? The detection, e. g., of those parasitic marauders which, it is said, form the germs of certain of the deadliest diseases, has been accomplished not by savants but by practitioners. On the road down to Jericho these modern Samaritans have not only succored the wounded traveler, but tracked and caught the thieves.

One is struck with the location of the statue of Sir Robert Peel in London. It stands, you may remember, in St. Margaret’s Square, midway between Westminster Hospital

on the west and the Law Courts of Westminster Hall on the east. It is a most appropriate position. At once statesman and philanthropist, Sir Robert's statue seems fitly associated with the institutions of both medicine and law, while away from the statue leads the street known as the Broad Sanctuary, down past the eloquent façade of Westminster Abbey. So, midway between the scientific laboratory and the sick-chamber stands the physician, the only man in our civilization who can stand there—reaching a hand in either direction—incorporating at once the spirit of science and the spirit of sympathy—combining the enthusiasm of the scholar with that of the healer—bringing the delicate and rigid processes of physiology to bear upon social institutions and civil codes—translating chemical hieroglyphics into the vernacular of popular precepts—transmuting the winnowed grain of scientific analysis into the living blooms of public health. The local necrology of the past year is full of noble examples in this regard. Men like Willard Parker and Marion Sims represent a professional ideal ample enough to fully unite the scientific and the philanthropic enthusiasm.

But more than this. The special point of the fact and the argument is this—that it is the *modern* physician who sustains by pre-eminence this peculiar office of mediation. And the reason of such an assertion is plain, because the *occasion* for mediation must arise before mediation itself can exist; and this is a matter of time and developed society. North and South must grow strong enough to separate before Abraham Lincoln becomes possible. Controversy before arbitration! Contestants before peacemakers!

In other words, centuries must roll away. Antagonistic or antithetic sentiments must arise in society, grow, develop, gather volume, overflow into prejudices, crystallize into definite forms, positive creeds, endowed institutions—in a

word, become matured, tenacious, and powerful, like two great rival camps in the body politic, before the mediator is called for; but then he *is* called for.

The mediatorial function of the physician, then, is only just becoming defined. Sanitary science, so called, has been developed within the last two decades. The ancient chaos of medical jurisprudence has but recently emerged into better form. Public sentiment is only just taking shape upon questions of the powers of boards of health and the necessity of legal sanitary regulations.

Why, gentlemen, it is not so very long ago since three spiders hung about a man's neck were supposed to be a cure for the ague, and a wolf's head under the pillow at night a cure for sleeplessness.

In a MS. of the Abbey of Bardney, in Lincolnshire, in 1530, is the following recipe: "To Cure Aches.—Take the juice of camomile, or else the juice of wormwood, and a quantity of sugar and good ale, and drink nine days, and the patient shall be whole by the grace of God!"

This, however, is not quite so bad as the old Saxon cure for fever, which was, "*A live wasp* tied to the patient."\*

We might safely consider that a certain cure for laziness, but hardly a cure for fever. Even this, however, is surpassed by the Saxon cure for lunacy. "Take the skin of mere-swine, or porpoise, work it into a whip, swinge the man therewith, soon he shall be well. Amen!"†

But now superstition is dead or decadent. On the other hand, philanthropy is awake, and intelligently awake. Millions of money are going to public charities and boards

\* See a work entitled "Leechdoms, Wortcunning, and Star-craft of Early England," published under the authority of the Master of the Rolls, and edited by the Rev. O. Cockayne, M. A.

† "A Chronology of Medicine, Ancient, Mediæval, and Modern," by John Morgan Richards, London, 1880.



of health, and even now hundreds of unfortunate sufferers who are afflicted with that most intolerable of diseases, cancer, are beholding their new promised hospital as if already rising in the air.

A great ardor is enkindled for healthful reform, not merely reform, but *healthful* reform. From hygienic lasts for shoes up to the broadest questions of national politics, the real cry is "*Health* in reform," and the public want that official and that candidate who is the best *doctor* for the body politic.

Now, all this force of aroused public sentiment is noblest and strongest in the philanthropic and sanitary field. Almost for the first time, then, a really scientific mediation is made possible, and it certainly is desirable, for public enthusiasm, however generous, is not always wise. It has become imperatively and instantly necessary that some one should speak upon the questions of tenements—questions of hospitals and asylums—questions of epidemics—questions of public charities and of sanitary laws, who can speak with the full authority of science on the one hand and with practical public sympathies on the other. And our civilization and the common thought of thoughtful men are bringing the physician to the front as the man, and the only man, to do it.

Or, we may represent the matter in another way. It would seem that the natural history of science traverses a curve, as though a footpath ran over a mountain. And in this curve we may perhaps distinguish *five* posts or stations:

First: That of *observation*.

Second: That of *analysis*.

Third: At the summit, that of *discovery*.

Fourth: That of *specialism* or detailed application.

Fifth: That of *final mediation*.



From the plain of common life the mountain of science thus arises, with two steps on either side its pinnacle. First is the plateau of the observers, men like Audubon the ornithologist. Then come the experimenters and analysts, men like Helmholtz and Huxley. Then at the very summit the great discoverers, the Newtons and Darwins of science.

But nature does not leave the pinnacle of science thus hanging in the air. Nature loves *men*, and so the curve of scientific development bends down again toward the practical, and we enter the zone of the specialists, and then at last the field of those who have, perhaps, the finest mission of all, the mediators—men who, having traversed the entire tract of science, mingle again with the crowd on the plain and constitute the living link between the summits of intellectual discovery and the varied fields of practical experience.

Here, I submit, is where the profession of medicine is called to stand at the present hour—only remember, gentlemen, that no man is fitted to take that final position of mediator who has not come to it *over the summit*. He must have made the acquaintance of the "*Dii majorum gentium*" of science.

The Long Island College Hospital does not tolerate empiricism. The Long Island College Hospital believes sometimes in cutting, but never in "short cuts." In the course of the twenty-five years of its history this institution has justified its claim to a steadily increasing practical efficiency and promptness of response to public need and demand; and yet, on the other hand, you, gentlemen, and all who have watched the progress of this college, are witnesses that the Long Island College Hospital believes in study before practice, and in mastery before mediation.

No one can conquer Gaul until he has climbed and

crossed the Alpine crests. He who slips through underground, the same is a thief and a "quack."

Now the rarer men traverse the entire tract of the five steps we have mentioned. Such men as the German surgeon von Graefe, and Harvey, of England, are at once observers and discoverers, and, still passing onward, they beat and broaden out their special knowledge until it again takes hold of common life and becomes the safeguard of the masses and the guarantee of healthful laws.

It has required a long time to bring all this about, and advance medicine to its present representative position in the scientific world.

The story of mediæval physiology is most grotesque. When preachers were doctors, both professions were spoiled; and practitioners deserved that epithet which Pliny bestowed upon the practitioners of his day, that they were the "only men in Rome who could kill another man with impunity."

In the Middle Ages, astrology was tangled up with chemistry. Mediæval lectures were filled with the fantasies of the cloister. For pain in the joints the Saxon rule was, "Sing nine times this incantation, 'Malignus obligavit, angelus curavit, dominus salvavit.'" In order to stanch the flow of blood a man had to say, "Stupid on a mountain went, stupid, stupid was"—Such incoherent drivel was gravely repeated. Still more simple was the cure for the stomachache, when the physician placed his hand on the man's body and said, "Stolpus tumbled out of heaven." Remedies were surrounded with superstitious rites. The priests were the most popular physicians. To such a gross extent was this *mésalliance* carried that even the Church interfered. At the Lateran Council, in 1123, a decree was made forbidding monks from attending the sick otherwise than in a spiritual capacity. Other decrees followed. At

Rheims, in 1131, monks were debarred from attending schools of medicine. In 1215, Pope Innocent III directed an anathema against clerical surgery. No priest was to perform an operation where steel or fire was used. Still the evil continued. The practice of medicine was a fanatical empiricism of the worst kind. In 1345, apothecaries were united with grocers (as from some of the current adulterations we are inclined to think they are still) and surgeons with barbers. Men's bodies were supposed to be governed by zodiacal signs. Fancies and facts were confounded together. Men watched themselves for occult and whimsical symptoms. They dwelt on their own moods. The vagaries of the devotee were accepted data. For a contusion on the head they pounded a board laid across the feet, so as to "spring the skull back into its place." Medical lecturers were like the cranks and zealots of our day, who narrate their dreams, tell which shoe they put on first in the morning, make morbid confessions, recite harangues which are merely experiments in spiritual vivisection, performed by the demonstrator on himself in the presence of the class, reminding one of that provincial English actor who played Hamlet, and, when he lacked an orchestra, was accustomed to die to slow music, performing on the clarionet himself.

From such a wretched level sprang the lofty curve of modern physiological science. Indeed, we may say that the *whole story* of modern physical science is in physiology, using that word in its large sense. The physician, then, is not a mere specialist. He is the child of the science of the world. The entire history of science—the early fallacies—the speculative perils—the mischiefs of false methods of investigation—the gradual rise of the true method, experimental, inductive, exhaustive—the splendid results of that method—the unearthing of obscure facts—the unraveling of intricate webs—the singling out of critical points in a



maze of particulars, the unification of varied phenomena under a single law—all these, which are common features in the history of all sciences, are nowhere more distinctly and compactly shown than in the field of physiology. Then add to this the singularly vital character of the field of physiology itself, occupying the very table-land and crown of nature—its forces nature's finest, its products nature's fairest—and we have reason enough why the modern physician is not only the arbiter in his own domain, but is also called to *mediate on the whole field*—between science in general and the practical sentiments of society. For, gentlemen, certainly all sciences labor for you. Chemistry, with its almost fabulous combinations, and mechanics, with its superb balancings of weights and masses, meet in the wonderful structure which it is your business to study. The paleontologist works for you in his buried rock-world. At the other extreme the biologist works for you, and even the arts of the painter and sculptor aid you, revealing the mystery of life and the perfection of form in this same consummate fabric of the human body whose misfortunes it is your duty to alleviate and whose health it is your privilege to maintain.

Physical science, then, both in the perfection of its methods and in the dignity of its spirit, may be said to culminate in the arena occupied by your profession. Medicine furnishes the metropolitan center. It is the Square of St. Mark's in the Venice of science—to which all scientific knowledge contributes, and in which both the problems and the powers of science are most distinctly shown, while at the same instant, upon the same field, at the very same point of it, you confront the dim and tremendous cerebral phenomena which relate to the moral life, and meet the imperative appeal by which a suffering humanity proffers its incalculable claim. Such a position and such a profession are,



in the supreme degree, mediatorial, if any position and any profession can be.

Only one word more, for your patience convinces me that Christian graces as well as medical arts are practiced at the Long Island College Hospital—a word more, directly to yourselves, as members of this graduating class. If there be any truth in the idea which has been thus rudely and hurriedly sketched to-night, I can not conceive of a more commanding ethical motive than it furnishes, as it bears upon the mind of the young physician, inspiring him to maintain a high professional and personal ideal.

For science looks to you not to misrepresent it, while on the other hand society looks to you not to misunderstand it. In this delicate, unprecedented position your profession places you. You are, if one may use a rather dusky metaphor, to pacify the Soudan as well as hold Khartoum. Only *character* can sustain such a position. Ethical soundness—intellectual fairness! You are to be fair to both sides. Other people study ethics. You are to practice it.

A true mediator must within himself *incorporate* his mediation.

It goes without saying, and yet it is worth saying, that the Long Island College Hospital expects every graduate to be a gentleman. May we not also say that science expects every physician to make his manhood true, for in his personality Science embodies herself in her most acute contact with the community. In the fullness and fairness of his character is her claim justified.

I congratulate you, then, gentlemen, upon the profession you are to enter, and the epoch at which you enter it. Your college will look to you to uphold her name and fame. You are to love science and hate shams. In the breadth and accuracy of your knowledge, in the manly fidelity of your use of it, you are to illustrate the dignity

of your profession, and record its protest against charlatany, for Humbug dies hard, and, under pretense of panaceas and specifics, mind-reading and faith-cures, and what not, empirics are yet abroad, peripatetic usurpers, whose medical stock in trade is made up as Thackeray says he made up Captain Costigan—out of “scraps, heel-taps, odds and ends of characters.” Such counterfeits, however, only show the value of the true gold. Under the double banner of science and of practical sympathy your college sends you forth to a service whose demand was never more instant, whose prizes were never more noble. From my heart let me say, God speed you, gentlemen! Your mission is delicate and responsible. Be true at once to the science that equips you, and the public that invites you. Bind together those factors of our civilization which narrow men on both sides are forcing into foolish and false antagonism. You are the true Mediators. In your fidelity of private practice you will discharge a sublime public errand. Not only in quieting the pulse of fever and calming the perturbed brain, restoring to the invalid that physical play and repose which seemed to the old Greeks like a music, but in that larger office also to which your profession is summoned in the stirring and splendid arena of the immediate future, may you fulfill the requisition of that noblest assurance of our holy religion, “Blessed are the *Peacemakers*, for they shall be called the Children of God.”













# The New York Medical Journal,

A WEEKLY REVIEW OF MEDICINE.

PUBLISHED BY  
D. Appleton & Co.



EDITED BY  
Frank P. Foster,  
M. D.

THE NEW YORK MEDICAL JOURNAL, now in the twentieth year of its publication, is published every Saturday, each number containing twenty-eight large, double-columned pages of reading-matter. By reason of the condensed form in which the matter is arranged, it contains more reading-matter than any other journal of its class in the United States. It is also more freely illustrated, and its illustrations are generally better executed, than is the case with other weekly journals.

It has a large circulation in all parts of the country, and, since the publishers invariably follow the policy of declining to furnish the JOURNAL to subscribers who fail to remit in due time, its circulation is *bona fide*. It is largely on this account that it is enabled to obtain a high class of contributed articles, for authors know that through its columns they address the better part of the profession; a consideration which has not escaped the notice of advertisers, as shown by its increasing advertising patronage.

The special departments of the JOURNAL are as follows:

- LECTURES.**—The frequent publication of material of this sort is a prominent feature, and pains are taken to choose such as will prove valuable to the reader.
- ORIGINAL COMMUNICATIONS.**—In accepting articles of that class, regard is had more particularly to the wants of the general practitioner, and all the special branches of medicine are duly represented.
- BOOK NOTICES.**—Current publications are noticed in a spirit of fairness, and with the sole view of giving information to the reader.
- CLINICAL REPORTS** are also a regular feature of the Journal, embracing clinical records from the various hospitals and clinics, not only of New York, but of various other cities, together with clinical contributions from private practice.
- EDITORIAL ARTICLES** are numerous and carefully written, and we are able to give timely consideration to passing events.
- MINOR PARAGRAPHS.**—Under this heading are given short comments and notes on passing events.
- NEWS ITEMS** contain the latest news of interest to the profession.
- OBITUARY NOTES** announce the deaths which occur in the ranks of the profession, with a brief history of each individual when practicable.
- SOCIETY PROCEEDINGS** are given promptly, and those of a great number of societies figure. At the same time we select for publication only such as we think profitable to our readers.
- REPORTS ON THE PROGRESS OF MEDICINE** constitute a feature of the Journal which we have reason to think is highly valued by our readers.
- MISCELLANY** includes matter of general interest, and space is also given for **NEW INVENTIONS** and **LETTERS TO THE EDITOR**.

As a whole, we are warranted in saying that the NEW YORK MEDICAL JOURNAL is regarded with the highest favor by its readers and by its contemporaries.

Subscription price, \$5.00 per annum.

