Address.

SCHOLARSHIP IN MEDICINE.

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WE meet today to testify to our respect for scholarship, to honor those who excel in it, to rejoice in this new evidence of the growth of University solidarity.

Some of us, sometimes, are tempted to think that scholarship is at a discount nowadays. King David must have had indigestion at times, perhaps hyperacidity, and then become pessimistic, as, for instance, when he classed all men as liars. So also his son, Solomon the Wise, when he says that wisdom crieth in the streets, allowing us to infer that no man regardeth her. Wisdom is too wise to cry in the streets. Does she not, nevertheless, always win recognition, late, if not immediate, but still win it? The voice of true scholarship is not a street voice; it never becomes raucous, though its influence, sooner or later, reaches the streets as surely as the sun rises. The word "scholarship" has a broader significance than it had in the Middle Ages, when it was bounded, in the main, by Latin, Greek and Theology. Scholarship broke its bonds in the days of the Renaissance. Does not its essence lie in thorough intellectual training, whether this leads to a practical application or not? Is there any warrant for the scorn implied in the term "bread and butter studies"? Is not the range of scholarship ever widening? This gathering, and its occasion, seems to me one of the many evidences that such is the case. Is it not probable that the Lord really does delight in the strength of a man's legs? There seem to be those, in these athletic days, who think that His chief and constant delight lies therein. Is it not reasonable to believe that the Lord delights in all and every honest effort of man to make the most of himself? The Battle of Armageddon, of which we have heard so much these past six months, is on all the time; and in every man the forces of good and evil fight for the mastery as long as he lives.

Scholarship implies healthy growth. Its value does not lie in its recognition. And yet it is well for us to recognize it. Recognition is but fair to those who achieve scholarship, of which the main-spring lies within the man, though the efficiency of the spring can be enhanced by external as well as internal stimuli. To recognize and honor the scholarship of others is surely a stimulus to us, and is thus twice blessed.

My earlier statement that this meeting marks a growth of the University principle at Harvard may bear some explanation. Harvard College has become Harvard University within forty years; but there are still today some loose threads

in the University fabric. The physical separation of the Medical School, necessitated by the all-essential part which large hospitals, practically only possible and adapted to the purpose in notable centres of population, entails disadvantages alike to students and teachers. The student, perhaps even more than the teacher, may fail to realize that he is a member of the university rather than of a school. Indeed, how can he help it as long as the degree of Doctor of Medicine carries with it no voice in the election of Overseers? The man who gets his A.B. with a minimum of work—a minimum both in quantity and quality—need survive only five years (he does not need to live) to enter into the full privileges of sonship. So also, a man, who having taken an A.B. elsewhere, after one year's residence and work wins also the Harvard A.B. But the medical student, not a holder of the Harvard A.B., after four years' of serious work, followed usually by a year or more in a hospital, is turned adrift without the annual reminder carried by the franchise that he is really part of a great and beneficent institution, worthy of his loyalty and devotion. This is not just, therefore not wise, and will, I have faith to believe, be remedied in time. Let us all bear it in mind and do what we can to right the wrong as occasion presents itself. The participation of the Medical School in the John Harvard Scholarships, which were originally confined to under-graduates—members of the College—seems to me a sign of progress in University growth. It binds more closely together the Medical School and College and asserts that scholarship has a part in medical study as in every other branch of intellectual endeavor.

I do not remember before having had the privilege of speaking to the whole body of medical students, and it may never be offered to me again. I therefore avail myself of the chance to say to you collectively what I have said several times to classes individually, especially shortly before graduation. It seems to me, that every man who has had the opportunity to benefit by a college or university education should feel that he has thereby been put under bonds, as it were. He has, perforce, been an object of charity, and should never forget the fact. The actual cost to any college of an under-graduate student is by no means met by his tuition fees, which are, essentially, the same for poor and rich alike. This charity is rendered possible by the generosity, self-denial, public spirit, sentiment of those who have gone before us. The poor man needs it; the rich man cannot escape it. Modern medical education is the most expensive of University, perhaps of any large scale, education. If the under-graduate costs the college twice as much as he pays, the medical student costs probably five times as much, a portion of hospital expense being fairly chargeable to his needs. No large body of teachers is required for a law school, and one laboratory—

* Read on the occasion of the award of John Harvard Fellowships at the Harvard Medical School, Nov. 26, 1912.

the library, to wit—suffices. How different the conditions in a medical school! Much, therefore, is given to us physicians and it is reasonable that much should be required. If, like a sponge we absorb, like a sponge we should give forth, squeezing ourselves rather than waiting for events, which may never come, to do the squeezing for us. How can we pay our debt? It is within the power of each and all. Let us strive to live worthily, to do honest work for an honest wage where a wage belongs; but never forgetting that oftentimes the work which is best worth the doing, most profitable to us as well as to the world, carries with it no money wage. If we stumble, as most of us; perhaps fall, as many of us, do, let us not be discouraged but rather be stimulated to renewed effort. The persistent exercise of the will forms habits and develops character, enlarges reflex action, constantly freeing the higher centers for new work by throwing down to the lower activities, which, at first, only the higher could direct.

It is thus in constant effort to make the most of himself as man, citizen, member of his calling, that everyone can cancel his debt to the past. If it happens that we have, or acquire, a superfluity of this world's goods, how can we do so much good, with so little danger of harm, as by promoting the health of mankind? Again, sooner or later, the orbit of every human being approaches medicine, and we physicians have the chance to urge the claims of medical education and research upon those who have the means to aid it. In so doing we are offering a privilege rather than asking a favor.

Ask Henry Higginson, whom all will agree to be a competent witness, to tell us whether it is a privilege to give; whether his life has been enriched by the purgation of his pocketbook. I am disappointed that he is not with us this afternoon, but we have other witnesses. Ask Robert Bacon. Ask Dr. Warren whether he regrets having given himself all these years.

John Harvard Scholars, we greet you: we congratulate you and are proud of you. May this honor be but the forerunner of others and greater yet to come!

Within the next few days the London County Council will issue the report of the Medical Officer (Education) for 1911. The report is memorable chiefly from the opening sentences, in which Dr. James Kerr writes: "With this report the series for which I have been responsible during the past ten years is concluded. An attempt has been made to lay the foundations of school hygiene, as a study of natural interest and value, on the basis of problems worked out on scientific lines by the staff of the department." Dr. Kerr's work, briefly and modestly outlined in these few words, has been of national importance.—*British Medical Journal*.

Original Articles.

CHRONIC ALVEOLAR OSTEOMYELITIS (PYORRHEA ALVEOLARIS): ITS CAUSES AND TREATMENT WITH VACCINES.*

WITH A BACTERIOLOGICAL STUDY AND REPORT OF ONE HUNDRED FIFTEEN CASES.

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INTRODUCTION.

DURING my investigations of the opsonic index and the use of vaccines in the treatment of diseases due to bacterial infections I was approached (1907) to find out if anything could be done with this new method of treatment for pyorrhea. I have since had under my personal observation 115 cases, besides several other cases where I have acted as consultant. The cases here reported are all private patients, most of them sent to me by their respective dentists or physicians, while others applied for treatment of other diseases or for relief of other symptoms.

I wish to say right here that this disease, owing to its sequelae, is a great deal more important to the medical man than it is usually thought to be, as has been already emphasized by Hunter,²³ and others. Its being overlooked is responsible for a great many mistakes in diagnosis and treatment.

The laboratory work in connection with this study was carried out in the beginning at the Pathological Laboratory of Tufts Medical and Dental Schools, and continued since 1910 in my private laboratory.

This work was carried out with the following objects in view:—

1. To help clear up, if possible, the etiology of this disease by means of opsonic index, bacterial cultivations and specific therapy.
2. To establish the value of the vaccine method of treatment in this disease.
3. To establish the relation of cause and effect of the bacteria isolated from the pus by means of animal inoculation.

ETIOLOGY.

The understanding of the etiology of this disease depends upon a thorough knowledge of the true anatomical relation that the tissues surrounding the tooth bear to its socket, and what the alveolar process is.

Most all authorities and text-books on dental pathology refer to the tissue between the root of the tooth and the alveolar bone as the "periosteum, periodontal or peridental membrane." According to Malassez,¹ on the

* Read at the Sixteenth Annual Meeting of The National Dental Association held at Washington, D. C., September, 1912.