United Services Medical Society.
SESSION 1909-10.

ADDRESS BY THE PRESIDENT.
Surgeon-General A. M. Branfoot, C.I.E., M.B.
Indian Medical Service.

In addressing you this evening I desire in the first place to express my great appreciation of the honour of being your President during the Society’s Session for the year which commences to-day. The Society has now reached its third year of life and may be said to have emerged from its infancy to a period of adolescence, if not full maturity. The strength of the members has been well maintained, the numbers at present being:

- Navy...... 187
- Army...... 242
- Indian Medical Service...... 28
- Territorial...... 12

Total...... 469

and the general average attendance at the meetings about 80.

It is unfortunately inevitable that the number of members available for attendance at meetings in the case of such a Society as ours must always be comparatively small in consequence of the absence at sea or abroad of such a large percentage. Many of the absent members must, however, be placed under favourable circumstances for contributing papers on subjects in which they take special interest or have experience which may be read at our meetings. I think it is much to be wished that such contributions should be made more often than at present. They would, I am confident, be welcomed, and even if they are not on original subjects would add to the knowledge we already have in many matters which require light and fresh facts before they can be fully understood.

The field of work open to our Society is large compared with that which engages the attention of others in this country, in many of which the members are confined to subjects of a special nature. When the objective of this Society is considered it will be found that there are few branches of medicine and surgery in which it may not interest itself or which are closed to it for discussion. It may, I think, be useful to look back over our two years of life and consider for a few moments how far the efforts already made have met with success.
I find that many valuable papers, covering quite a large range of subjects, have been read and have been followed by useful, though perhaps not exhaustive discussions. In such it would seem to be very desirable that we should have further information giving the results of more recent work and riper experience leading to further fruitful discussion. Among these papers may be included the important and valuable paper by Dr. Pembrey on the "Physiological Principles of Physical Training," read before the Society in February, 1908. The physiologists' side of the question was so ably and strongly placed before the meeting that what may be called the anatomical side of the case would not appear to have received full value. The subject is one of much importance to the Services as well as for the individual, especially to any who desire guidance on the best methods of maintaining a healthy body and mind, either in ordinary life in this country or during residence in the Tropics, by the use of bodily exercises in all forms.

Also in 1908 a paper entitled "A Plea for a More Detailed Study of the Soldier's Heart," by Lieutenant-Colonel Deane, opened an interesting and important subject which might be well enlarged upon and discussed. The subject touches very closely the duties of Service officers, and it would be instructive to have more information, especially from the clinical rather than the purely physiological point of view, or from that afforded by statistics. In July, 1908, another interesting paper was read by Lieutenant-Colonel Macpherson, entitled "Some Practical Points in the Prevention of Disease in Panama and Cuba." I do not think any more valuable paper on this subject has ever come to my notice; it may be taken as a basis for combating malarial diseases in all parts of the world. Colonel Macpherson has shown in the clearest way possible how measures taken against malarial disease should, to be effective, combine the methods of practical hygiene with measures taken for mosquito destruction, and the methodical use of quinine, and how useless the one is without the other. He also demonstrates how expenditure of money given in what may appear to be a lavish manner may become a good investment for a Government—a thing which is too often not recognised. Another paper of a more clinical nature was read in October, 1908, on "The Micro-organisms of Dysentery," by Major Blackham. The relation of these organisms to dysentery, the various forms of colitis, hepatic abscess, gastroduodenal affections, and other affections of the liver and the pancreas, on all of which much work is now being done, is a matter of much interest and practical importance. It is very desirable that the
clinical side of the work in these affections should go hand in hand with that which is more strictly scientific, so that we may be able to differentiate more clearly between the character and causation of a number of them, intestinal affections especially, of which the nomenclature is at present somewhat confused. Such investigation will also aid in the formation of a clear diagnosis and open the road to treatment on sound lines.

During the years 1908 and 1909 two meetings have been given up to Clinical and Pathological Demonstrations. I regret that I was not able to be present at either of these meetings, for I conceive that such are not only of great interest but of much importance to all members. I hope that some more of such meetings may be held during the present year and that, if possible, their scope may be enlarged by the formation of small committees to consider in greater detail cases and specimens about the nature of which there may be doubt; such committees could report upon the cases or specimens at a subsequent meeting. This practice would, I think, further useful discussion and be of some practical value.

There is one other affection which has not so far come under discussion at any meeting; but on account of its importance to the Services will, I venture to hope, receive notice before long. This is that hydra-headed condition known as neurasthenia. As a cause of ill-health and consequent inefficiency this disease is one very commonly met with in all the Services, and perhaps it is from this so common occurrence that it has not received the attention which my experience leads me to think it deserves. Time will not permit of my doing more than touch upon the subject. The term "neurasthenia" is much used in invaliding medical cases, usually not in a sufficiently exact way to denote general breakdown in health. It often replaces in nomenclature the term "debility," which was formerly much used to cover a multiplicity of unconsidered or only partly considered conditions and was naturally much objected to officially.

This lumping together of a number of conditions, each of which is deserving of investigation and consideration, is, no doubt, a convenient way of disposing of a medical case, but it is unscientific and harmful, in that it leads to the real malady being often overlooked and an entirely wrong line of management or treatment being followed. This naturally acts disastrously to the individual and is not to the best interests of the Service to which the sufferer may belong. I would suggest that the clinical investigation and
sifting of such cases is very worthy of attention and study. As at present used the word "neurasthenia" may cover "insanity," "mental affections," spinal strain or disease, cardiac and vaso-motor troubles, gastro-intestinal conditions, sexual conditions or traumatic consequences and other affections, some of which may have only a functional origin, but many if properly traced will be found due to organic changes. It is not to be wondered at, therefore, that the individual is often incorrectly treated and does not get well as quickly as he should do, or that the Service wrongly retains or wrongly gets rid of men who might have been more justly dealt with. From another point of view, the neurotic element which so often is the cause of mental neurasthenia, especially when the individual comes under unfavourable circumstances of employment or climate, is of considerable importance in recruiting or in the acceptance of candidates for an employment which requires the possession of a sound nervous system.

In reference to this subject, I hope it may not be considered out of place if I say a few words on clinical study generally. I should like to ask if there is not in these days, in which advanced scientific work occupies so much time, some danger of neglecting the interests of the "individual." It is impossible for all to do research work on a large scale, however attractive and however useful such may be. The care of the "individual" must remain the chief work of the majority. The Clinical Society of London still flourishes, and in the cause of humanity it is to be hoped that it will always continue to do so. The primary object of that Society is the "record," "investigation," and "discussion" of individual cases; its aim has always been to make bedside observation of cases as accurate, complete and useful as possible, as opposed to academic discourses on general topics. It has been well said by a distinguished medical physiologist in this country that "clinical facts are as certain as anything in biology and have remained certain for centuries, while the explanation of them has changed with the successive changes in physiology." I am certain that we, as physicians, are not yet and never will be able to dispense with those aids to correct understanding of individual cases and the formation of accurate diagnosis leading to just consideration of prognosis and successful treatment, which we have in the use of our own senses, in particular those of sight, touch, and hearing. The stethoscope is not by any means an aid which can be dispensed with, or an instrument to be locked up in a museum, nor can we do without the other well-worn aids in clinical work. Probably we
are all in agreement about this, but there is the temptation nowadays to resort to the more attractive and mechanical methods of investigation which in most instances should follow rather than precede exhaustive bedside examination. To give way to such temptation is to court mistakes which the use of observation and our own senses would avoid. One often hears that in the present day delicacy of touch and hearing and the training of the senses is inferior to what was possessed by the physicians of two generations ago; this may or may not be true, but there is no reason why it should be, and it will be a deplorable thing if it should occur. In making a plea in favour of clinical work I hope I may not be considered to undervalue in any way the work of scientific investigation leading to the prevention of disease, in which so many of the officers of our medical services are engaged; work that is now being carried forward with such marked success in this College, within whose walls we are privileged to hold our meetings. Gentlemen, in making these few remarks my desire has been to confine myself to matters connected with the Society whose welfare we all have at heart, a wish I cannot express better than in saying, “Let it advance and prosper!”

TOTAL ENUCLEATION OF THE ENLARGED PROSTATE
PRACTICAL OBSERVATIONS ON THE OPERATION.

By Lieutenant-Colonel P. J. Freyer, I.M.S. (Retired Pay).
Surgeon to St. Peter’s Hospital; Consulting Surgeon to Queen Alexandra Military Hospital.

I have in the first place to acknowledge the compliment you have paid me in inviting me to contribute a paper to the proceedings of the Society at this the opening meeting of the Session; and I hope I may be permitted to express the pleasure it gives me to be enabled to comply with this invitation under the Presidency of a friend and valued officer of my old Service.

No apology is, I trust, needed for choosing for my theme the operation of enucleation of the enlarged prostate. It is true that the condition requiring this operation is not one frequently encountered in naval and military surgery, for the simple reason

1 Paper read at the United Services Medical Society, October 13th, 1909.