eight years before, and with a + 3½ lens he saw §§, and with a + 2½ read No. 4 of Jaeger's test-types. He complained that, owing to the necessity for using a strong glass, he was unable to procure a situation, or to earn his living. In the left eye, where he had a lamellar cataract, I performed a small iridectomy downwards, and inwards, with the result that he without a glass sees §§, and reads Jaeger 4, and has obtained a situation as a domestic servant. I by no means claim any element of novelty or originality for the foregoing observations; but I have felt, and strongly feel that the merits of the particular mode of treatment which I have here advocated, have not hitherto been generally estimated at their true value; and I venture to hope that this plan may in the future obtain a more extended trial, since I am well assured that it deserves to supersede, in a large proportion of cases, its older and more firmly established rivals.

Mr. COWELL agreed in Mr. Critchett's suggestion, and had been in the habit of following the practice in suitable cases. He disapproved of the use of Tyrrell's hook, from a fear of wounding the lens, and used iris-forceps.—Mr. NETTLESHIP believed that the evidence at present tended to the belief that cases of lamellar cataract remained stationary, but thought more observations were necessary.—The PRESIDENT had been in the habit of adopting the operation referred to by Mr. Critchett for many years with satisfactory results.

ON COLLECTIVE INVESTIGATION; ITS AIMS AND PROBABLE INFLUENCE UPON THE FUTURE OF THE BRITISH MEDICAL ASSOCIATION.*

By C. PALMER, M.R.C.S.,

Retiring President of the Branch.

GENTLEMEN,—At the close of my year of office, I thank you again most heartily for the honour you have conferred on me, and the opportunity you have thereby afforded me of becoming personally acquainted with so many of our leading men, and their views on matters of interest to our Society.

I am pleased to be able to congratulate you upon the progress we have made during the past year, not only in our own Branch, which is as prosperous as we can wish, but the British Medical Association itself, which, though fifty years old, has proved by its energy, rapid growth and development, that it still possesses all the attributes of vigorous youth. It is now scarcely eighteen months ago, that Dr. Gordon of Dublin gave the following summary of the main objects of our Association, viz.:

1. The promotion of social and scientific intercourse amongst members of the profession.
2. The maintenance of a high ethical standard of professional conduct.
3. Encouragement of scientific and practical work, and the advancement of original investigation.
4. Improvement in medical education and examination.

And on all these points we may congratulate ourselves upon having made real and substantial progress; but, within the last few years, the conviction has been gradually gaining ground that, with all our energy and prosperity, there is a deficiency somewhere; that the subjects I have just now enumerated are not the only ones which should occupy our attention; and we all began to feel that, with abundance of the best material, from a want of proper organisation, we were unable to attempt the solution of any of the great problems of disease. This want is now, for the first time, perhaps, being felt by the great body of the Association, as manifested by the enthusiastic reception of Professor Humphry's statement at Cambridge in August 1880, that the work of collective action and cumulative observation has hitherto been too little attempted; a statement, the importance of which we can even now scarcely realise, and which led in 1881 to the formation of the Committee of Collective Investigation; a work for which we owe Professor Humphry, and his friends and advisers, a deep debt of gratitude; for, to my mind, it is a new starting-point, the commencement of the real work of our Society, to which what we have hitherto done has been only preliminary. The thorough elucidation of diseases, their causes and effects, immediate and remote, upon individuals, the community at large, and upon each other, is the work which we are now, for the first time, about to attempt, by means which until now have never before been available, and to accomplish which we must be something more than a medical association; we must be so organised as to become a veritable army of observation, with a discipline so perfect, that

every single member shall have his part to perform, and our whole force be capable of being brought to bear upon any one point, with a power that must eventually overcome every obstacle, and in time remove the stigma of uncertainty from our art, and raise it to even a higher position than it has hitherto occupied. To accomplish such results, it will not only be necessary to improve our organisation, but also to extend the field of our observation; indeed, we can already see that many points of vital importance can only be satisfactorily cleared up by an organised system of observation extended to other countries; and I venture to predict that a day will come when the British Medical Association itself will be but a branch of an international one.

There will, I have no doubt, be some amongst us who will say, as men learned in military matters said of our volunteers about twenty years ago, that, though thorough training was necessary before they could become a reliable arm of the service, it was impossible for them to attain to it; but the result has triumphantly proved that they were mistaken; and I am perfectly satisfied that when once the necessity of organisation is demonstrated and generally admitted, the rest will follow as a matter of course, and every one of us will not only be ready, but anxious to put our shoulders to the wheel. And if it be said that it is impossible that the hard worked general practitioner should ever spare the time for all this, we may safely reply, that the power it will give him over his own work will much more than compensate him for the loss of time it will entail.

I know that I owe you an apology for taking up so much of your time, when there is much work to be done, and little time to do it in; but I felt that I could not let this opportunity pass, without stating as briefly as I could my own impressions on the events of the past year, and their probable influence upon the future of our Association.

I cannot leave this subject without alluding to the earnest manner in which Dr. Mahomed, the secretary of this Committee, has devoted himself to the work. He was, I believe, one of the first to propose this plan of combined action, and the zeal and energy he has displayed cannot fail to be of the greatest service to the cause, and deserve our warmest thanks.

It now only remains for me to call upon the President-elect to take the chair; and in doing so, I congratulate you upon having secured the services of a man so deservedly popular; for though I have not the pleasure of an intimate personal acquaintance with Dr. Crowfoot, the name has been familiar to me for the last thirty years, and has been always associated with professional progress and professional honour.

MESENTERIC AND OMENTAL CYSTS.

By J. KNOWSLEY THORNTON, M.B., C.M.,

Surgeon to the Samaritan Free Hospital.

THE short paper on the above subject by Mr. Spencer Wells, in the JOURNAL of December 9th, recalls a very interesting case of mesenteric tumour, upon which I operated in 1877, but of which I have never published the details. I think it may be well, while the subject is before the profession, to give the notes of it, and also of two cases of omental cyst which have occurred in my practice.

CASE.—S. M., aged 38, wife of a bank clerk, and mother of eight children, was placed under my care at the Samaritan Hospital in May 1877, by Dr. Peskett of Leyton.

I found a large cystic tumour in the abdomen, and was able to diagnose extensive parietal and intestinal adhesions, and, by vaginal examination, a nodular mass in or closely connected with the left broad ligament. The nature of the tumour being doubtful, I tapped and removed thirteen pints of curious orange-coloured serum. The chemical reactions of this fluid were rather those of a mixed ovarian and ascitic fluid, than of a pure ovarian or peritoneal fluid. The microscope did not aid the diagnosis, for I could find nothing but blood-corpuscles, and a few small granular cells, so indistinct in outline, that I failed to draw them with the camera.

Careful examinations of the patient, made from time to time during the following three weeks, led to the following diagnosis, entered in the case-book on June 12th: "A thin-walled flaccid cyst, with some solid masses, which can be distinctly felt *per vaginam* in the left broad ligament. I cannot feel at all sure whether it is an actual cyst, or only an encysted collection of fluid amongst the intestines, omentum, and mesentery. If it is the latter, it must be nearly a perfect cyst, as both flanks are clear, and changes of position vary the dulness but little."

An exploratory operation was decided upon, and performed on the following day. A very thin cyst, with unusually large veins in its anterior wall, was separated with difficulty from extensive adhesions to

* Read at the Annual Meeting of the East Anglian Branch.