that the carbohydrate of the entire diet of which steam-cooked peanuts formed a part was especially well utilized, 99 per cent. being digested.

The fact that large quantities of soy beans and peanuts were consumed daily for three successive days, without causing any physiologic disturbances, indicates that these foods cooked for two hours by steam at 15 pounds pressure are well tolerated by the human body.

The results of this investigation, considered in connection with the previously reported data regarding the nutritive and biologic values of these two legumes, gives evidence to justify the belief that soy beans and peanuts are especially valuable for human food, as compared with other legumes that have been studied with the same thoroughness.

Clinical Notes, Suggestions, and New Instruments

COMPLETE CLOSURE OF THE URINARY BLADDER AFTER COAGULATION OF TUMORS

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It has always been a cause of regret to genito-urinary surgeons that in most operations on the bladder it is impossible to deliver a finished product on account of the necessary or supposedly necessary tubal drainage of this viscus. This was one of the more important reasons for their taking up so enthusiastically the cystoscopic endovesical methods in the treatment of bladder tumors. Endovesical treatment today includes fulguration, galvanocauterization and diathermy.

There are cases, however, in which fulguration is not advisable on account of the character of the growth, or in which even the repeated application of the galvanocautery or the diatherm through the operative cystoscope is not successful, or cases in which, on account of the location or the extent of the tumor, an endovesical intervention *a priori* could not be expected to be sufficient.

The superiority of destruction by heat of vesical tumors over the excision with the knife is becoming more and more appreciated by urologists. The problem forced itself on our surgical judgment as to how to combine the advantages of this procedure with the elimination of the disagreeable features of the postoperative vesical drainage. In this endeavor we were guided by experiences in developing a method of complete closure of the bladder which quite constantly ensures primary union, even in the presence of vesical infection.

The essential features of this method are mattress sutures of the bladder wall with inversion of the mucosa edges, which union is reinforced by whipping over a simple continuous suture, and thorough subfascial drainage accomplished by placing a narrow rubber tube under the fascia of the recti and parallel to the incision. The ends of this tube are brought out at each end of the skin wound. The bladder is opened by suprapubic cystotomy in the usual manner. The seat of the tumor is freely exposed by retractors made of fiber or hard rubber, and the coagulation is thoroughly accomplished by the galvanocautery or by diathermy. The bladder and abdominal wall are then closed completely, except for the subfascial drainage.

The patient, after operation, urinates spontaneously or is catheterized at regular intervals. A permanent catheter is not used because of the danger of urethritis, vesical irritation and ascending infection. If cystitis occasioning marked or moderate symptoms is present, 20 per cent. argyrol solution is instilled into the bladder twice a day. The subfascial drainage tube is removed after twenty-four hours. The bladder incision and abdominal wound are usually entirely healed in seven or eight days. The condition and appearance of the former site of the tumor depends on the type of the destruc-

tive agent used. An eschar produced by the galvanocautery is exfoliated in from five to eight days, while that produced by the diatherm sloughs in from ten to sixteen days.

If malignancy is suspected or proved, radium or mesothorium is inserted into the bladder cavity by means of a urethral carrier.

It seems that the advantages of this procedure over the routine method of vesical drainage are obvious. Whether this technic is applicable to extensive carcinomas involving the base of the bladder remains to be proved by further experience.

A SUBSTITUTE FOR OPEN OPERATION IN SOME IRREDUCIBLE FRACTURES

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Pursuant to the surgical principle of accomplishing most in the least radical manner, we have resorted to a simple method of reduction in several cases of fracture in which open operation seemed obligatory.

The mechanism of the reduction is a lever in the form of a small, strong, steel probe acting between the displaced fragment ends and retained in situ by the plaster cast. It is resorted to under surgically aseptic conditions with anesthesia, while being observed under the fluoroscopic screen. The instrument is introduced through the iodized skin on the side of the extremity most remote from large vessels. Its end is guided by watching in both axes under the fluoroscopic screen. It is carefully placed between the fragments in such a manner as best to pry them back into apposition. Then when they are reduced, the instrument may be withdrawn; or, in the event of a recurrence of displacement, it is surrounded with a small sterile dressing and the plaster splint is immediately applied. When this is firmly set, the protruding part of the instrument is cut off with a hack saw. No infection should occur, and in from seven to ten days we remove the probe with a pair of pliers without a change of the cast unless otherwise desired. No death of bone should occur in this time with the degree of pressure here necessary.

It is an occasional experience to find, in a fracture of both bones of the forearm or leg, an irreducible condition of one or both bones. It is a frequent experience to find that, once reduced, they do not so remain. We believe this simple method will satisfactorily retain many such fractures and prevent a much more radical operation or a more cumbersome dressing in extension.

PATHOLOGIC LYING IN A CRIMINAL*

A PSYCHOPATHIC PERSONALITY

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The case here reported shows emphatically the character deviation of a pronounced and persistent fabrication, abnormal in type; this is a degenerate condition and almost invariably accompanies other forms of degeneracy, as shall be illustrated in our subject, who was likewise guilty of the most hideous crimes.

It was Delbrück¹ who definitely isolated this form of falsification, and for it he coined the term "pseudologia phantastica," a name that has since been adopted by many German writers; others have styled the disorder "mythomania."

Kraepelin² under the caption of "pathologic liars and swindlers" says: "Here we have in general to deal not only with a hyperexcitability of the imagination and defective faithfulness of the memory, but also with a certain unsteadiness in the sphere of the emotions and of the will."

Swindling has not entered into the activities of our criminal, but this may have been due to lack of opportunity—he has long been a convict.

* Read before the Philadelphia Neurological Society, Jan. 23, 1920.

1. Delbrück, A.: Die pathologische Lüge und die psychisch abnormen Schwindler, Stuttgart, 1891: p. 131.

2. Kraepelin, Emil: Psychiatrie, Leipzig, Johann Barth 2: 831, 1904.