this with the case of diphtheria, the bacillus causing which can be identified with the utmost ease and certainty by the veriest novice in bacteriology, even if the swab has travelled from one end of Victoria to the other. That we know with certainty the real causal organism of cerebro-spinal meningitis I very strongly doubt. The bacteriologist has almost run his quarry to earth, but not quite. And this want of success is, I think, mainly due to the fact that he is following the time-honoured though false scent.

No indubitably specific serum has yet been discovered which will prevent, cure, or even modify the disease, though many have been tried with very varying results. Nasopharyngeal disinfection either as a preventive or curative measure has proved inefficacious.³ The drug most favoured by one metropolitan hospital is shown by another hospital to be inoperative. Vaccination for this disease is discounted by the authorities best qualified to pronounce upon it. In our local epidemic those nurses who are unvaccinated seem as secure from infection as those who have submitted to vaccination, and no nurse of either class has been infected during the outbreak, and further it seemed immaterial whether they wore respirators or not. It appears to me that the catarrhal condition of the naso-pharynx seen in very many of the cases of cerebro-spinal meningitis is rather an indication that a general infection has occurred and does not mean that therein was to be found the portal of entry of the infective organism.

To indicate the prevalence of gonorrhœa in a training camp, Dr. Schlink, in giving evidence before Mr. Justice Rich's Commission of Inquiry into the Liverpool Camp, New South Wales, said that on the day he referred to there were in the quarantine compound 250 men suffering from that disease, and it is reasonable to assume that if there were that number of cases known to the authorities an equal, or even greater, number of cases pervaded the camp undiscovered. A trainee in the venereal compound not only loses his leave, but also loses about 4s. or 5s. pay each day. There were about 4000 or 5000 trainees in the Liverpool Camp at the time referred to above.

Reduced to its essentials the prevailing epidemic in this State goes to prove: 1. That there is an intimate etiological relationship between the gonococcus, pediculi corporis, and epidemic cerebro-spinal meningitis. 2. Until this year the disease was quite unknown in Victoria. 3. The epidemic originated in a military training camp at Seymour in winter. 4. The source of the outbreak must then necessarily be looked for amongst the soldiery. 5. The organism causing the disease is practically identical with the gonococcus, a mutant form perhaps. 6. Hundreds of the young trainees suffered from gonorrhœa in active form, and naturally cloaked the fact so far as possible from the medical officers. 7. There was an absence of strict medical supervision of these cases, they were not detected; and even when discovered, they were not adequately segregated before the epidemic began. I say this in no captious spirit, for the medical staff was not then numerically strong enough. 8. The personal habits of hundreds of the rank and file were faulty in the extreme, hence the camp became very verminous. 9. The hygiene of the camp was bad from many points of view. 10. Over 60 per cent. of the female cases treated in the Melbourne Hospital gave a history of direct contact with soldiers, the women being for the most part of the factory girl and "waitress" class. I venture to think that the common lodging-houses and the public latrines provided their quota of cases amongst male civilians. 11. The above facts point convincingly, I think, to the actual sources of the epidemic, and as clearly indicate the methods to be adopted to stamp out the scourge in a rational manner and prevent its dissemination among the civilian population. 12. To make the trainees wash themselves thoroughly and regularly in camp; to discover and rigidly quarantine *all* those suffering from gonorrhœa (this being the more important) will effectually eradicate, and as surely prevent a recurrence of, epidemic cerebro-spinal meningitis.

As an addendum, I may mention that the epidemic under notice had a death-rate of 52 per cent., the total number of deaths from the disease being 338. The outbreak came to an end in December.

Kew, Victoria, Australia.

³ Medical Journal of Australia, Oct. 2nd, 1915.

Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF FRACTURE OF THE TUBERCLE OF THE TIBIA.

BY F. M. NEILD, M.B., B.S. LOND.

THE following case may be of interest on account of the rarity of the accident.

Captain —, aged 45, eight months previous to the present accident, came to me with synovitis of the right knee, sustained while alighting from a moving tram. Two years before something "went out" on the outer side of his knee-joint, in consequence of which he was laid up for two or three weeks with water on the knee. Since then his knee had been weak and he had had frequent mild attacks of synovitis. On this occasion treatment by massage and graduated contractions prevented any further trouble until the present accident. On August 31st, 1914, I was driving behind a slowly moving tram when I saw the patient running from the pavement to the tram. He seized an upright and attempted to board, but missed his footing, his right foot coming heavily in contact with the ground, his knee being in a semi-flexed position. He was obviously hurt, as he clung on with his hand and did not attempt to get on the tram again. The latter was quickly stopped. He told me that his knee had gone again and that it felt as if his knee-cap had suddenly gone up his thigh but that it did not hurt like his previous accidents. An enormous swelling could be both seen and felt through his trousers in the front of the upper part of the leg. On more thorough examination it was found that the patella was intact, that there was no fluid in the joint, but that there was a very large hæmatoma below the joint in front of the upper end of the tibia. Owing to the swelling it was difficult to determine whether the patella was displaced or not. A posterior splint and an ice-bag were applied, and he was removed to the nursing home. He had very little pain, and next day there was still no fluid in the joint, nor was there at any subsequent period. The hæmatoma was tapped and a good deal of blood withdrawn. An X ray photograph showed the patella displaced upwards and the upper part of the tibial tubercle torn off. The part torn off was apparently small and probably consisted of two or three fragments.

I operated on Sept. 8th. A horseshoe-shaped incision was made with the convexity downwards and the skin flap dissected up. The fragments of bone, three in number, were attached to the lower end of the ligamentum patellæ and were widely separated from their true position. The fragments, along with the ligamentum, could be easily drawn down into position. The bony fragments were, however, much too small to be fixed in position either by a screw or by a silver wire. A hole was therefore drilled in the projecting lower portion of the tubercle and a stout piece of silk passed through. One end of the silk was passed from behind forwards through the ligamentum patellæ, just above the broken fragments of bone. When the two ends were tied the fragments were in excellent position. A few more stitches were put in between the ligament and the periosteum of the tibia. The aponeurosis on each side of the ligamentum patellæ was badly torn. On the inner side it was possible to bring the torn edges together with silk sutures; on the outer side it was impossible as it was torn to shreds. The skin incision was closed with silkworm-gut and the limb encased in plaster of Paris. On Sept. 16th the plaster casing was removed and the stitches were taken out. Healing was by first intention. The plaster was unsatisfactory, so a McIntyre splint was substituted. From this day onwards daily massage and passive movements were adopted, and also the muscles of the thigh and leg were kept in good condition by electrical graduated contractions. On Oct. 14th the splint was removed during the day and active movements in bed were allowed. On the 20th the use of the splint was discontinued and a few days later he was able to bend his knee to a right angle. On the 27th he left his bed and walked about with the aid of crutches, while on the 30th he could, while sitting on the edge of the bed, raise his foot from a dependent position. On Nov. 4th he could get about easily with the aid of only one stick. Flexion and extension of the joint were perfect, but there was too much lateral movement. Owing to the treatment adopted the muscles of the thigh on the injured side were in better condition than those on the sound limb. The patient returned to sea early in December, about three

months after the operation. His only complaint now is that the joint feels a little weak at the sides. He does not find it necessary to wear a bandage or knee-cap.

There is very little in text-books of surgery on the subject of separation or fracture of the tubercle of the tibia. The universal recommendation is to wire, screw, or peg the fragment into place. In this case it was impossible to carry out any of these directions, but it was a very simple matter to get the fragments into perfect position in the manner described.

Shanghai.

PLACENTA PRÆVIA CENTRALIS.

BY WILLIAM ROBERTSON, M.D. GLASG.

I HAD slight notice of the probable condition of the following case from the husband, who told me that his wife (European) had had hæmorrhage three or four times during her present pregnancy.

The patient, aged 36, who was in her sixth pregnancy, "felt life," and had no untoward experience beyond the slight hæmorrhages referred to. These were controlled by bromide and ergot, and rest in bed. I had no opportunity of vaginal examination until finally being called in for accouchement. The pregnancy had reached full term, and foetal life was distinct. Vaginal examination showed a centrally placed placenta prævia. The os was of the size of a crown-piece, thin, soft, and dilatable. Examination brought away a little blood. Prudence seemed to indicate plugging. The mother was anæmic, with not too good a pulse. Previous labours were normal and not prolonged. Plugging was performed manually without distress or much shock. After a good rest and nourishment the plugs were removed and found only stained. The os was still further dilated. Under chloroform internal version was performed. The placenta was found to be very thin, so that the waters and the head, not yet engaged, could be readily felt. A foot was brought down and the child, a large one, was safely turned. Before the head was engaged the placenta came away entire. An effort was made to deliver the child as rapidly as possible, but the head stuck and delayed delivery for half an hour. The child's head was 14 inches in circumference and the mother was of small build. The child was born dead, as was to be expected. The mother now required all attention. She had become pale, faint, and pulseless, but answered to the usual restoratives. Very little blood was lost during manipulations and none afterwards. A few tabloids of salt and citrate were placed on the placental area. Recovery was rapid and uneventful.

One might have thought of perforating the placenta, allowing the waters to escape, and letting the case proceed in the usual way. The child's head would, however, at once have put the whole placenta out of functioning, and besides the length and shock of labour would have invalidated the life of the mother, and certainly the life of the child. Version therefore seemed to offer a chance for both. The slight hold the placenta had on the cervix was disconcerting. I made no effort to detach it beyond perforating it for version, which was an easy matter. The arm in the os prevented a too rapid loss of the waters and facilitated seizure of a foot. The placenta came away, of course, completely shorn of membranes. These had to be subsequently very carefully removed.

St. Mark's, Cape Province, South Africa.

Reviews and Notices of Books.

Pathological Lying, Accusation, and Swindling: A Study in Forensic Psychology.

By WILLIAM HEALEY, A.B., M.D., Director, Psychopathic Institute, Juvenile Court, Chicago, Associate Professor, Nervous and Mental Diseases, Chicago Polyclinic; and MARY TENNEY HEALEY, B.L. London: William Heinemann. 1916. Pp. 287. Price 10s. 6d. net.

THE main purpose of this work is to establish a "closer definition of pathological lying than has hitherto been offered." The authors evidently assume that the existence of such an entity is generally accepted, but contend that previous writers have employed an insufficiently clear terminology, and have erroneously included under this heading cases of epilepsy, insanity, and mental defect. They regard "pathological lying" as a "type of delinquency," and at the outset of their book essay to define it as "falsification, entirely disproportionate to any discernible end in view, engaged in by a person who, at the time of observation, cannot definitely be declared insane, feeble-minded, or epileptic. Such lying manifests itself, most frequently by far, over a period of years or even a life-time." In the course of the introductory chapter it is stated that lawyers or other professional specialists have slight knowledge of this subject, and that one reason for this slight knowledge is the fact that almost nothing has been written on it in English. The second chapter gives some account of much German, and a little French, literature on the subject, and we learn from this that the generally accepted term in Germany for "pathological lying" is *pseudologia phantastica*—a term that at least in *this* context is not luciferous.

After a careful perusal of the book before us, which unquestionably contains many faithful and really interesting reports of such cases as are well known to medical psychologists conversant with children or "delinquents," or with both of these groups, we are unable to attribute any scientific or practical value to the conception of *pseudologia phantastica* in its relation either to psychology, criminology, or penology. It appears to us that the very definition laid down by the authors, and the terms used by them in other parts of the book, imply that they regard insanity and mental defect as concerned with the intellect alone. The cases of "pathological lying" which they appear to regard rightly as essentially consisting in disorder of conduct, are explicitly excluded from the class of "insane" persons because of the absence of delusions, and from the class of "mental defectives," or feeble-minded, because, according to the value given to these terms by the authors, the word *mind* excludes all mental factors other than that of the intellect. If, then, the disorder of conduct which is inseparable from the conception of "pathological lying," as presented to us in this book, is to be regarded as a type of "delinquency" unconnected with any disorder of intellect, or indeed with discoverable disorder of any kind, whether "mental" or "physical," it follows that the creation of a closely defined class of delinquents under the title of pathological liars is by no means helpful, but, on the contrary, both confusing and meaningless. It seems to us that most of the cases so vividly described in this book are easily referable to mental disorder, from "insanity" to "mental defect" in its various expressions, and especially to the certainly ill-named but justly recognised category of "moral imbeciles," or persons who inherently lack the capacity of being duly educated for social life in spite of fair general intelligence.

Undue multiplication of ill-defined classes under new names is greatly to be deprecated, especially in connexion with matters that have a practical bearing. The study of disorders of conduct supplies the basic test of mental disorder of all kinds, whether such disorder be styled "insanity" or "mental defect"; it underlies, moreover, the problems of grading criminal responsibility and of the appropriate treatment of criminals. The authors of this book, indeed, appear to appreciate in some degree the difficulty of making a "close" definition of pathological lying by inserting a chapter on "borderland" cases; but they have distinctly failed to establish the contention that their specially defined pathological liars are "mentally normal."

CONVALESCENT HOME AT GRANGE-OVER-SANDS.—

On August 7th Mr. Charles Duncan, M.P., opened the new convalescent home of the Workmen's Clubs Union which has been erected at a cost of £20,000 at Grange-over-Sands. The building will accommodate 66 residents.

EDINBURGH ROYAL INFIRMARY: THE APPOINTMENT OF SENIOR STUDENTS TO RESIDENT POSTS.—At a meeting of the managers of the Edinburgh Royal Infirmary held on August 7th the following appointments were made:—Resident physicians: James M. Tyrrell, final-year student, to Sir Robert Philip, and Harold Budler, final-year student, to Professor W. Russell. Resident surgeons: Gerald W. Grant, final-year student, to Professor F. M. Caird; J. McAuslin, final-year student, to Mr. N. T. Brewis; Adam Prentice, to Mr. D. Wallace; Duncan Cook, final-year student, to Mr. F. E. Jardine. Surgical out-patient department: John Allison and J. Laurie Lamont, both final-year students, to Mr. Jardine.