

for some months, during which time she is said to have given herself up to prostitution and irregular sexual practices. Later she was confined in some detention home, the character of which is unknown. Her education was almost nil, possibly not higher than the finished fourth grade. In 1916 she was taken into a home for fallen girls. While there, she alternated between angelic and satanic moods. She gave evidence of auto-erotic and homosexual irregularities. All her stories tended towards the most excessively fanciful fabrications. She claimed great skill in music and art, but really knew nothing about them. She showed no physical defects nor stigmata of degeneration. She was friendly, easily approached, and cooperated well with the physician. She showed extraordinary linguistic ability, was plausible, and emotionally unstable. On account of her sexual perversions she had to be removed to another home. Ely sums up the peculiar and dominant features of the case thus: (1) Bad heredity; (2) bad environment, including bad sex training; (3) very deficient school training; (4) serious sex delinquencies; (5) unusual linguistic ability out of all proportion to her training and education; (6) fantastic, imaginative, uncalled for fabrication without adequate motive; (7) desire to play with children and tell them stories (one of the definite characteristics of the pathological liar); (8) great emotional instability; (9) poor memory for exact repetitions; (10) native ability and planfulness above the average; (11) inability to conduct herself and her affairs with reasonable prudence because of abnormal sexuality, changeability of moods, and excessive lying; (12) total absence of self-control with respect to sex matters; (13) only a false or superficial understanding of her moral responsibility.

Osnato, Michael. MORPHINE POISONING. [J. A. M. A., June 15, 1918.]

Osnato reports a well advanced case of tabes in the paralytic stage. The patient was mentally depressed. The general neurologic examination revealed sluggish irregular pupils, good consensual action, decided ataxia, absent patellar and ankle reaction as well as Babinski reflex, but with deep reflexes of the upper extremities fairly active. There was no clonus, atrophy or tremor, but there were several areas of anesthetics; and various paresthesias and dyesthesias had been found in both feet, particularly on the plantar surfaces. Blood pressure was between 120 and 130 (systolic). Heart and lungs were normal, and the arterio-sclerotic changes were singularly absent. The patient took surreptitiously eight $\frac{1}{4}$ -grain tablets of morphine, and in about an hour, he was unconscious, cyanotic, dyspneic and apparently dangerously ill. The heart rate went from 140 to 176 within a half hour, and after that became intermittent. Later, Cheyne-Stokes breathing appeared, and the patient was in coma, and could not be roused. The patient was examined by Osnato about three hours after taking the morphine, and was found in the condition described, but breathing quietly and regularly

with an occasional pause of four to ten seconds. There was extreme muscular flaccidity, which could not be entirely accounted for by tabes. The cranial nerves seemed to be functioning properly, and there was no demonstrable facial palsy, and the patient was in coma. "The consensual reaction was absent on repeated testing. The reflexes in the upper extremity were fairly active and equal. The patellar, ankle and dorso-cuboidal reflexes were absent. The abdominal reflexes were peculiarly inconstant. At the first examination of the evening it was almost impossible to get more than a very slight flicker from the abdominals on the left side; later, these became very active; the reflexes on the right side could not be obtained. Still later, all the superficial reflexes except the lower right abdominals were active. Most surprising was the definite presence of a well marked Babinski response on the right side which was demonstrated time and again, and which was produced at each stimulation at least eight or nine times. On the left side we obtained a doubtful Babinski response on three or four occasions. The Oppenheim reflex on the left side was surely present; on the right side, this abnormal reflex, together with a Chaddock and Shaffer reflex, was present. No Gordon reflex could be elicited on either side. There was also present at each application of the test a Klippel-Weil reflex on the right side only. Here, too, there was present the pronation sign of Strümpell. The sign of Marie-Foix was absent. The patient's muscles were extremely flaccid. There were twitchings and convulsive movements of the legs and right upper extremity. The rest of the neurologic examination was negative. The heart beat was 136 and regular. There was bradycardia. The blood pressure was 80 systolic, and the diastolic pressure could not be obtained. A few hours later the blood pressure had fallen to 75 systolic. The face was not suffused or cyanotic, and the breathing was not stertorous. The skin was warm and dry, the temperature 97." No suspicion of morphine poisoning had been aroused, and the patient was considered as dying from cerebral hemorrhage. It seems to Osnato that there may be two physiologic actions of morphine, a depressant and a stimulant one on the spinal reflexes, and the case may be of use in throwing light on this conception of morphine action on the brain and spinal cord. The patient, subsequently, improved and within twenty-four hours had returned to the condition he had been in before the morphine poisoning.

Smith, R. P. APHASIA IN RELATION TO MENTAL DISEASE. [J. Ment. Sc., 1918.]

Smith reports a series of facts as a contribution to the knowledge of aphasia and its association or not with other mental disorder, as well as the business or testamentary significance of its presence. Among some forty-five cases seen by the author the average age of the male patients was 57.6, but excluding the syphilitic cases it was 62. In the