In doubtful cases few men agree as to what exactly ought to be done, but all concur that restraint is certainly justifiable in surgical cases. They should, in suicidal cases, as far as possible endeavour to effect a cure without restraining the muscular motions, but there were exceptions. He had used restraint to prevent attempts at suicide, in and out of asylums, with and without the patient's consent. In extremely violent cases he would commonly apply seclusion rather than restraint, but in less violent cases hard work in the fresh air was the better, and the more scientific treatment. They thus provided a physiological "outlet" for the excessive motor energy of the cortex. He thought "destructive" cases more doubtful than any of the other classes mentioned by Dr. Yellowlees, and that nothing was better for them than hard work. In "restless" cases he thought restraint should very seldom indeed be used, not even the "protection" bed. A simple protection of mattresses on the floor was enough, or a padded room. Restraint was unquestionably liable to abuse, and they, therefore, ought to use it with caution. The beginning of it, like whisky on some people, tended to make them crave for more. It irritated some patients very much indeed. It was a very repulsive sight to see insane patients severely restrained, and in an asylum with modern contrivances, trained attendants, and medical skill, other means should in nearly all cases be taken first to effect a cure, rather than the use of restraint. In some exceptional cases, however, restraint was the only remedy, the most humane resource, and the most scientific application of the principles of modern brain therapeutics. If by it we could really conserve energy or save life in any case, he would be deeply blameworthy who did not use it. But let it be used like any other surgical or medical measure, after careful consideration of the whole consequences, and to the very best judgment of the man who ordered it. On no account should it be allowed to be used but by direct medical order in every case, and on every occasion of use just as a dangerous medicine is used.

IRISH MEETING.

The Quarterly Meeting of the Irish Branch of the Medico-Psychological Association was held at the King and Queen's College of Physicians, Dublin, on Thursday, November 29. Drs. Ashe, Ringrose Atkins, Maziere Courtenay, Drapes, Eustace, Finnegan, Garner, Hethrington, Molony, Nolan, Conolly Norman, Patton, and Thornley Stoker attended.

Dr. Eustace having been called to the chair, and the minutes of the preceding meeting read and signed, the Secretary (Dr. Conolly Norman) read a letter from Dr. Clouston apologizing for his inability to be present and to preside at the meeting.

Walter Bernard, Fellow of the King and Queen's College of Physicians, Ireland, Visiting Physician to the District Asylum, Londonderry, was proposed for membership by Dr. HETHRINGTON, seconded by Dr. MAZIERE COURTENAY, and elected.

Dr. DRAPES read a paper on "Psychology in Ireland."

Dr. RINGROSE ATKINS said that the *fons et origo* of the comparative absence of scientific work in Ireland was the absence of organization. He suggested that the medical officers of asylums should endeavour to arrange to meet together in a friendly way, examine each other's work, and compare notes. Dr. Atkins also suggested that each member should take up some particular topic and endeavour to work it out, the results to be published subsequently in a form like the West Riding Reports. An increased number of assistant medical officers would be needed if any really good medical work was to be done.

Dr. FINNEGAN complained that post-mortem examinations were absolutely discouraged by the authorities in Ireland. He was of opinion that clinical assistants would be a useful addition to the staff even where there are assistant

medical officers. He suggested quarterly meetings at the various district asylums.

Dr. COURTENAY reminded the members that the question of quarterly meetings elsewhere than in Dublin had been formerly very fully discussed, and the notion had been given up as impracticable. The fact is that the train services and other facilities for going about in Ireland are so limited that country meetings would take more time and money than could be afforded.

After some remarks from the CHAIRMAN and Drs. PATTON and HETHERINGTON,

It was proposed by Dr. FINNEGAN, seconded by Dr. RINGROSE ATKINS, and resolved, "That at least one in every year of the ordinary quarterly meetings of the Irish Branch of the Medico-Psychological Association be held at some asylum in Ireland, the name of which shall be decided on at the previous quarterly meeting."

Dr. MAZIERE COURTENAY then read a paper on "A Case of Foreign Body in the Œsophagus." (See "Clinical Notes and Cases.")

Dr. ASHE suggested that if in this case a metallic probang had been used the existence of the foreign body might have been detected.

Dr. ATKINS pointed out the enormous importance of post-mortem examinations, as exemplified in this case. Without an autopsy this woman's case could never have been cleared up. He referred also to the numerous examples in which fractured ribs have been first detected on the post-mortem table, and quoted many cases from his own and others' practice of unexpected "finds" in autopsies.

Dr. CONOLLY NORMAN said, in confirmation of Dr. Atkins' experience, that it might be laid down as an axiom that one never failed to find something that one did not expect at an autopsy, even if one generally found what one did expect.

Dr. THORNLEY STOKER asked whether, in Dr. Courtenay's case, there was any contraction of the œsophagus to account for the manner in which the chestnut was "pocketed."

Dr. COURTENAY, in replying, said there was no such contraction.

Dr. NOLAN then read a paper on "A Case of *Folie à deux*."

Dr. RINGROSE ATKINS, in reviewing the theories that have been propounded to account for *folie à deux* and *folie communiqué*, referred to his report on the literature of the subject in a recent number of the "Dublin Journal of Medical Science." He also spoke of cases in his own experience; two members of a family who were afflicted with identical forms of insanity at the same time, though one was in Ireland and the other in America; two members of a family, not twins, who were both sufferers from spinal curvature, and who each were able to tell when the other was in pain from this affection, though one was in London and the other in Ireland.

The CHAIRMAN and Drs. DRAPES, ASHE, and FINNEGAN also spoke.

Dr. NORMAN, in replying for Dr. Nolan, pointed out the singular resemblance in many details between the present case and that described under the title of "An Insane Family" in Vol. xxix. of the "Zeitschrift f. Psych.," to which Maudsley has referred. Perhaps the most remarkable of the recorded cases of *folie communiqué* is that of the Adventists, described by Folsom, to be found in "Journal of Mental Science," Vol. xxvi., p. 258. But Dr. Nolan was of opinion that there was something more in this case than mere contagion. He adopts the view suggested by Dr. Needham in his article on "The Contagiousness of Delusions" ("J. M. S.," Vol. xxvii., p. 57), which some of the facts in this case seem strongly to support, viz., that the insanity of these two brothers is the inevitable result of their similar mental (and bodily) development and the influence of common environments. Thus the cases are really "evolutional," and resemble each other in a similar way, though in a greater degree, than two cases of hereditary insanity of puberty. They are not, now at least, cases of "psychical infection," however infection may have helped to originate the ailment.

Dr. CONOLLY NORMAN then read a paper on a new hypnotic, "Sulphonal."

Dr. DRAPES, who had used sulphonal, spoke favourably of it. With reference to the difficulty of administration, he suggested rubbing it up with light carbonate of magnesia, with which it forms a tolerably manageable mixture.

Dr. THORNLEY STOKER spoke highly of paraldehyde. He specially praised its promptitude of action.

Dr. RINGROSE ATKINS laid stress upon the favourable report of sulphonal as producing natural and dreamless sleep. Paraldehyde produced, at least, in some cases, a troubled sleep full of hideous dreams. He certainly had seen in a few cases the effects referred to by Krafft-Ebing.

Dr. GARNER spoke of the singular efficacy of paraldehyde in cases of alcoholism.

Dr. DRAPES then read a paper on "Hyoscin in Insanity."

Dr. COURTENAY stated that he had not used hyoscin, but had tried hyoscyamine, and found it most uncertain and dangerous.

Dr. CONOLLY NORMAN said that he had tried hyoscin (the hydriodate), but with perfectly negative results. He was disposed to think that he had, through excessive caution, used too small doses, for he had had the same unpleasant experiences of the kindred drug which Dr. Courtenay had referred to, and he had become timid in consequence.

The proceedings then terminated.

The members subsequently dined together at Jury's Hotel, College Green. Among the invited guests were the President of the King and Queen's College of Physicians, the President of the Royal College of Surgeons in Ireland, the President of the Royal Academy of Medicine, the Inspectors of Lunatic Asylums in Ireland, etc.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

HELD AT GLASGOW, AUGUST, 1888.

PSYCHOLOGY SECTION.

(*Continued from p.* 468.)

[We are indebted to Dr. Urquhart for carefully revising the English of the paper by Professor Benedikt. Dr. Urquhart has himself been to Vienna and examined the instruments invented by the Professor.—EDS. J.M.S.]

The Clinical Results of Craniometry and Cephalometry. By MORIZ BENEDIKT, of Vienna.

Craniometrical and cephalometrical researches have given rise to many misunderstandings; but, as I hope to convince you, those misunderstandings are unjustifiable.

My inquiries on this subject have been directed to these points —Firstly: Is the skull of a normal shape or not in cases of anomalies of the motor or intellectual brain functions—congenital, hereditary, or acquired in infancy, and in cases of abnormal moral actions, rooted in the complicated psychology of incorrigible criminals? Secondly and conversely: Are the brain functions normal or not in cases presenting anomalies of the shape of the skull?

I shall now relate to you some of the results of these inquiries, drawn chiefly from cases of insanity, epilepsy, hemiparesis and