

that general paralysis would have been detected by an expert in the six cases referred to at Broadmoor. He once saw a man at work, picking oakum, in a convict prison, detected paralysis, and reported the case in the proper quarters, and the man was thereupon discharged.

The PRESIDENT proposed a vote of thanks to Dr. Burman, which was carried by acclamation, and informed the members that there would not be another quarterly meeting before July.

#### QUARTERLY MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Thursday, the 21st May, 1874.

Dr. W. T. Gairdner was voted to the chair.

The following members and visitors were present:—Drs. W. T. Gairdner, J. Batty Tuke, W. W. Ireland, Alex. Robertson, P. Maury Deas, Thomas Anderson, Strehill Wright, T. Aitken, Fred. W. A. Skae, J. Fraser, James Maclaren, and Ashe. Visitors: Drs. Scott Orr, Hugh Thomson, Joseph Coats, Charteris, and Professor Alex. Dickson.

Dr. GAIRDNER, on taking the chair, said—I need scarcely say that the profession in Glasgow is extremely glad to have the opportunity of meeting with this Association. The meetings have been hitherto, and I have no doubt will continue to be, of mutual profit to the physicians and surgeons of Glasgow, and to the members of the Medico-Psychological Association. I shall now call upon Dr. Robertson to open the business with an explanation of his case.

Dr. ROBERTSON then showed a patient labouring under Partial Paralysis, and read the notes of the case, which he thought was of syphilitic origin. The patient was also examined with the ophthalmoscope. Dr. Robertson, in apologising for bringing forward a paper upon a subject of that kind, said that the example was set him last year by their worthy Chairman, who submitted a most interesting case of disordered muscular power—one, namely, of Athetosis. He thought that the consideration of such subjects was beneficial to the Association.

Dr. BATTY TUKE remarked that it seemed to him no apology was needed from Dr. Robertson for having introduced such a case to the notice of the meeting. In doing so he conferred a benefit upon the Association, and relieved it from the opprobrium of close specialism. The case corresponded with one of syphilitic insanity which he (Dr. Tuke) read at the last meeting of this Association in Edinburgh. It was the case of a man who had contracted syphilis, passing through the primary, secondary, and tertiary stages, and who became gradually paralysed on the right side. The man had, in addition, symptoms of progressive muscular atrophy and mixed aphasia. The history of the case was fully detailed at that meeting, and had been published in the Jan. No. of the Journal. Since then he had died, and the results of the *post-mortem* confirmed the opinion expressed at that time. Dr. Tuke had brought specimens prepared from the brain. It was impossible to go into the full details of the *post-mortem*. These would be recounted in the July number of the Journal. But with regard to the microscopic specimens, he (Dr. Tuke) was desirous of pointing out the peculiar condition of the vessels. In the sections on the table it would be observed that the vessels were surrounded by extensive tracts of a laminated deposit, and that in certain instances their calibre was modified; in others that complete occlusion had occurred. This was particularly noticeable in the immediate neighbourhood of softened tracts which existed in the left extra ventricular nucleus, and in the right occipital lobe. This lesion was more or less diffused over the vessels of the encephalon, but was best marked in the neighbourhood of degenerations. This obliterative thickening was most interesting, when viewed by the light of the observations of Oedmannson and Fränkel on the condition of the arteries of the villi of the syphilitic placenta. He (Dr. Tuke) hoped soon to lay the whole case before the Association, collating it with the observations of others.

Dr. IRELAND was sure that they all felt very much obliged to Dr. Robertson for bringing so very interesting a case before them, as it introduced a subject which, within the last year or two, was recognised to be of considerable importance. It was what the Germans called brain syphilis.

Dr. SKAN thought that the subject was entirely within the scope of their Association, and now that the case had been read to them they should lay claim to it. He hoped that the report of the inevitable *post-mortem* would appear in their own Journal.

The CHAIRMAN was very glad to hear the tone of the remarks of Dr. Tuke and Dr. Skae, because it was one of the special advantages of the Associations having meetings in Edinburgh and Glasgow that they had the benefit of the experience of Dr. Robertson and Dr. Wright, who were particularly well placed to introduce subjects of that kind. These gentlemen had a large field of insanity, and also a large field of general disease, especially among the incurably stricken and helpless. They were thus well placed for comparative and contrasted observations as regards the pathology of insanity and of general disease. He suggested that if the members of the Association could afford the necessary time, they should visit the Town's Hospital or the Barnhill Poor House and see the cases which Dr. Robertson and Dr. Wright were able to present. He never yet visited the Town's Hospital without getting a vast amount of instruction.

Dr. ROBERTSON and Dr. WRIGHT said that they would be glad to show any cases of that kind, either now or when the members happened to be in Glasgow.

Dr. GAIRDNER ventured to improve upon that suggestion by making another, namely, to arrange that the Association should meet here at a given hour and adjourn to visit special cases. In this way there would be no danger of their assembling either in Edinburgh or Glasgow with little business to be transacted.

#### NECROPHILISM.

Dr. ANDERSON read a paper by Dr. W. A. F. Browne on Necrophilism. (This will appear in an early number.)

The CHAIRMAN said that the members would be delighted to find that their old friend and fellow member, Dr. Browne, was still so far interested in their proceedings as not only to give them general sympathy, but favoured them with papers so interesting and so full of suggestions. The only observations he would offer in the way of criticism was with respect to the title. He did not quite understand from the billet what the subject of the paper was going to be, as the title "Necrophilism" appeared to have in it the suggestion of a still more repulsive phase of morbid appetite—if such it might be called—the violation of corpses. "Necrophagism" would perhaps have expressed the real subject of the paper more unequivocally. As regards the mere use of human flesh for food, as practised habitually among certain races, it was not, on the whole, a difficult instinct to understand. However repulsive to a refined and civilised human nature, it was one of many very repulsive, and apparently unnatural, instincts, and one of the least unintelligible of them. The restraining cause which must ever prevent the great majority of the human family from feeding upon the flesh of their own species was the regard for human life, and the feeling that that regard would be fatally weakened by the indulgence of such an instinct. The instinct was not of such strength that it did not yield to extraordinary circumstances; for example, when several men were in a boat at sea and threatened with starvation, the disgust at the idea of cannibalism is apt to be very easily overcome by the stronger appetite for food. Therefore it could not be a matter of surprise that among the insane, where the superior moral instincts which went to preserve the sanctity of human life were so much weakened, this apparently strong instinct of humanity should yield to the mere desire for food, and even to such morbid appetites, the eating of animals which were not generally used as food. He remembered when a boy of looking with horror at a companion who was represented to have eaten a mouse. He did not know there was any good reason why they should not eat mice, moles, &c. It was well known that of late years horses had been rather extensively eaten, and with much apparent gusto, although to many persons still, the idea of horse-flesh as a food is by no means pleasant. He believed that in 1872, during the siege of their city, the Parisians ate almost everything they could lay their hands upon, including most of the wild beasts of the *Jardin des Plantes*.

Dr. TUKE said that his experience of such cases showed him that the persons eat dead human bodies, not from the desire of such food, but from respect to their relatives. They said they did not like it, but they eat in order to acquire the good qualities of the eaten. They also eat as a token of respect for the bravery of the man they had killed. In no case did it amount to a craving or desire for such food.

Dr. ASHK said that the question was worthy of consideration whether the advance

of man in civilization depended upon the food he partook of. Man had advanced in civilization where cereals were the natural products of the country, such as in the low alluvial valleys of the Nile. Might not a change to a lower diet also cause him to fall further in the scale of civilization?

The CHAIRMAN—There is a good deal in that; but civilization has modified his food, and not quite in the right direction, as for instance Strasburg pies (laughter).

#### CHILDREN FOSTERED BY WILD ANIMALS.

Dr. W. W. IRELAND read a paper entitled "An Inquiry into some accounts of Children being fostered by Wild Beasts." (*See Original Article*, p. 187.)

Dr. TUKER said that this paper was one not easily to be criticised off-hand.

Dr. WRIGHT had been much interested in the paper, because he had a case at Barnhill which was in some respects a good deal analogous to that of children nursed by wild animals, which children had turned out to be idiots. Indeed, he thought that such children had never been anything else than idiots. Well, this lad at Barnhill had been brought up by a mother whose intelligence ranked in the lowest scale. She was a costermonger, and would not allow him to be taken from her to be educated. Eventually she died, and the child was found three days after her death, sitting by the corpse. He was brought to Barnhill, and would not take food. He was also very dirty. But after having been carefully looked after, he was persuaded to take his food, and to become more cleanly in his habits. A peculiarity of his case was that he was thought to be dumb; but he was heard to make inarticulate sounds like those of a guinea-pig.

The meeting adjourned for half an hour. On assembling again, a paper on "Local Differences in the Distribution of Insanity" was read, by Dr. P. MAURY DEAS.

The CHAIRMAN—This is a paper which will admit of a great deal of discussion. I hope some of the members will speak about it more than I can pretend to do, and follow up the numerous suggestions submitted for our consideration.

Dr. ROBERTSON did not intend to enter much into this question, because it was perhaps one of the most difficult that could come before them, if they endeavoured to arrive at a conclusion regarding the causation of the local increase of insanity. There were so many points to be considered, that it would require much caution, otherwise most erroneous conclusions might be adopted. So far as he could see, Dr. Deas had not indicated the causation of the increase of the insanity in any particular part of the district with which he was connected. The communication was certainly most interesting, but it would have been more valuable if they had got at some of the facts referring to the habits of the people, to their social condition, to the emigration of the males or females from the district, and to various other points which he (Dr. Robertson) could scarcely go into just now, but which would at once occur to the members. The whole subject had been fully entered into by Dr. Clouston in regard to England in a serial paper in the "Journal of Mental Science," about a year ago. The most trustworthy documents respecting Scotland, on the question, were those contained in the annual reports of the Scottish Board of Lunacy. They entered fully into the question, and brought out very forcibly the difficulties of the problem, showing how many circumstances affecting a particular district must be taken into consideration before a reliable conclusion could be arrived at respecting the actual excess of insanity in that district.

Dr. IRELAND was very much pleased that Dr. Deas had taken up a subject which was capable of great development. But certainly it could only be carried on by minute observations in, and the collection of statistics of particular districts. If these statistics were not accurate, the most of them when collected would lead to worthless conclusions. Therefore, those who worked like Dr. Deas, in a particular field, should be encouraged by the Association. But they must wait till others should have made similar inquiries in other districts, so that all the statistics might be compared with one another. Unless this were done, no results able to stand criticism would be obtained. Dr. Deas had made out a remarkable fact, that in certain of his districts the male admissions exceeded the female by 50 per cent., and that general paralysis was common among the men, whilst it was not so among women. It had occurred to him (Dr. Ireland) that the large number of male as compared with female admissions might be due to the fact that syphilis and drunkenness were more common amongst the men than the women. However, that was part of the subject which might be worked out upon a large scale.

The CHAIRMAN said that the chief point which occurred to him had been partly anticipated by Dr. Deas. There was a risk of falling into a fallacy from the numbers being too small, and also from the speciality of one particular season biasing the numbers. It would, therefore, be necessary to go on with observations to correct these sources of fallacy. But there was another risk of fallacy in this way, though it did not appear in the paper—if a district was found to be more subject to certain forms of disease than others, one was naturally disposed to adopt the conclusion that the permanent hygienic, topographical, or so-called endemic conditions of the district were responsible for the difference. On the other hand, it might happen, that there were circumstances of an almost accidental kind, comparatively speaking, which tended to draw into one particular district from the country at large, or from the other neighbouring districts, the class of persons subject to these forms of disease. He could not illustrate this from the subject now in hand, because he had not the materials; but probably the meeting would remember when the Union Chargeability Bill was brought in a few years ago for England, in order to extend the area of chargeability for relief, one special ground adduced in favour of the Bill was, that landed proprietors were very much in the habit of eliminating the worst types of the labouring class from their estates and sending them into the nearest towns—what were called the open villages—thus causing them to walk often five or six miles to their work, and back again. They did not build houses for these labourers in the neighbourhood of their work, because they were afraid the men would ultimately be thrown upon the rates. Thus there was a sort of artificial selection. His attention had been directed to that view of the subject from the sanitary position he at one time occupied, and he had no doubt whatever that this cause operated upon a much larger scale than was commonly supposed. In fact, in all the towns, particularly the largest towns, there was, as it were, a picked population of a bad kind which was specially manufactured and kept up in these towns from the repelling influences of the country on that type of population—the country, in fact, by a sort of slow process, turning out these people, who, in the towns, generally sank into the bad population. Now it would require to be considered whether this did not apply to the subject in hand—whether there might not be in some of these Unions circumstances tending to eliminate the insane, or rather eliminate that class of the population who were subject to insanity. He thought this should be kept in view in any inferences to be drawn from these statistics.

Dr. FRED. SKAE was very much struck by the marked contrast shown by the statistics which Dr. Deas had brought out in his interesting paper. No doubt the subject was one beset with difficulties; and an Asylum Superintendent had some to contend with which did not affect the Board of Lunacy, who had great facilities for obtaining extensive information on this subject. An asylum physician's test of the prevalence of insanity in a district was the number of insane sent to the asylum and to the lunatic wards of poor houses. But this might be far from an accurate indication of the amount of insanity in a district. Many harmless cases of insanity never came to the knowledge of the asylum physician. And not only did the nature of a case affect the method of its disposal, but judging from his own district, which contained four counties; he had no doubt that much also depended on the Inspector of Poor. One Inspector would send all his lunatics to the asylum, as the simplest plan of providing for them; another would try to board out as many as he could, or send them to poor houses; and another would avoid registering as lunatics, harmless, but obviously insane persons, so that the Deputy Commissioners might not interfere with their treatment. It was evident, therefore, that asylum physicians might be very far from having an exact knowledge of the amount of insanity in different districts. Notwithstanding these considerations, when we looked at widely separated districts, it was impossible to doubt that there were marked differences in the amount and form of brain disease in different localities. Cretinism was certainly a very local disease. General paralysis and epilepsy, too, were notoriously more common in some localities than in others. The number of general paralytics received into the Stirling District Asylum was comparatively small, and they were frequently much less troublesome and destructive than cases of the same disease in other asylums sent from large towns. Since the opening of the Stirling Asylum, five years ago, out of 656 patients admitted, only 12 had died of general paralysis, and four of these were women; whereas he saw by the second report of the East Biding Asylum, which was about the same size as the Stirling Asylum, there were 10 deaths from general paralysis in

one year. He believed that greater contrasts than that could be found. It was the same with epilepsy and idiocy, which everyone must have remarked were much commoner in English than in Scotch Asylums. Dr. Sherlock had told him that out of 669 patients in the Worcester Asylum 142 were epileptics, whereas in the Stirling Asylum there were only 20 epileptics out of 200 patients, which was about half the proportion that was found in the Worcester Asylum. It was very curious to find that these marked differences, known to exist in the type and relative amount of insanity in widely separated districts, also occurred in the different Unions of a comparatively limited area, as shewn by Dr. Deas.

Dr. DEAS said that his object had been attained in bringing forward the subject, as his desire was simply to draw attention to a matter which admitted of great development. He was glad that the Chairman had pointed out the elements of fallacy in the paper, because he had felt them very much himself. Still there were so many facts all tending in the same direction that he felt justified in submitting them, in order that they might be taken for what they were worth. He had long been satisfied that there were great local differences in the types of insanity, and if one visited the different asylums of the country he would become convinced of this important fact. In his neighbourhood, for instance, there was a large amount of general paralysis and epilepsy, there being 80 epileptics out of 450 patients, and amongst the admissions last year there were nine cases of general paralysis. Last year, out of 43 deaths, 18 were directly caused by general paralysis, and seven more by epilepsy. Indeed almost 50 per cent. of the total deaths were due to epilepsy or general paralysis. His asylum was peculiarly situated in this respect. They had a large number of patients from Lancashire and Northamptonshire. But last year all the cases of death from paralysis, epilepsy, and softening of the brain occurred amongst the Cheshire patients, there being no deaths from these diseases amongst the patients from the other counties. It was these and other considerations he had previously in his mind which had led him to attach more importance to the facts he had brought out in his paper as showing that these differences were local, and local in a narrower sense than one would naturally be induced to suppose. Dr. Robertson had observed that he (Dr. Deas) had not referred these differences to distinct causes. He refrained from attempting this, as we have not all the data necessary for doing so; but he had his own ideas on the subject, and he was inclined to think that local physical conditions and occupations had a good deal to do with the matter. The physical condition was worthy of attention. The two unions which exhibited the greatest peculiarities with regard to a large increase of insanity of a bad type were both, to a great extent, situated in valleys with small rivers running through them, and in both cases these rivers were very much polluted. As regards the physical condition, there is the most striking difference between those unions and the other three. Living in a valley, and on the banks of a river not celebrated for its purity, must have a depressing effect upon the nervous system. Then, along with that evil, there were the depressing conditions of working in close factories; and following upon these adverse influences there was the great prevalence of intemperance. He was of opinion that these depressing physical conditions, accompanied by intemperance, must be powerful causes of insanity. The two unions in question were notorious for the great prevalence of intemperance, and, he had no doubt, of immorality also. There was a large town population in both.

The CHAIRMAN—Are your Lancashire patients chiefly from the town part of the county?

Dr. DEAS—Chiefly from the towns. Although, other conditions being equal, no doubt the congregation in large towns may in itself tend to produce insanity, still there were strong arguments against that view, and in favour of the idea that suburban contributed more to insanity than urban populations. According to published reports, the counties in England which have the largest proportion of insanity of the worst type are the counties which are purely agricultural. Wiltshire, Hampshire, Somersetshire, and Worcestershire, are the counties where there is the largest proportion of insanity, and where there is an immense preponderance of idiots and epileptics; in fact, the insanity of degeneration, either hereditary or acquired. This raises up another question which is also connected with these counties. The average state of intelligence and education amongst the community is at the very lowest possible ebb, therefore leading us to what would be very naturally concluded, that disuse of the brain is more likely to give rise to insanity than the use of it. In districts containing large towns, where there is greater in-

telligence, there is a smaller amount of insanity than in rural districts. I am inclined to think that mere migration into large towns, though in certain cases it might have the effect which Dr. Gairdner has stated, is not in itself a predisposing cause of insanity. I have a strong opinion that there are local causes, partly physical and partly social, such as the water shed, the nature of the soil, the prevailing occupations, &c., which have a powerful effect upon the type of insanity.

The CHAIRMAN—I did not adduce the town as a cause of insanity; I only brought it up to show how a local cause might be fallaciously urged in connection with the local prevalence of certain diseases. There is a blue book which I commend in connection with this whole subject to the attention of Dr. Deas. It is by Dr. Greenhow. It contains interesting information on this subject with regard to the occupations of the population, and the relative proportions of men and women subject to certain special causes of disease, particularly in regard to the large employment of women in the boot trade in Northamptonshire.

Dr. IRELAND said, with regard to the principle of artificial selection, a clever workman would come to town to learn—say the trade of a carpenter—and earn sixpence or sevenpence an hour, while the stupid man would remain in the country, and be content with eight to ten shillings per week.

Dr. DEAS did not agree with the view which Dr. Ireland had taken, because in those purely agricultural counties migration was almost at a standstill, and the whole mental type of the labouring classes had been affected. It was not a question of selection, but their whole mental and physical type had degenerated from low wages and imperfect nourishment. It was notorious, that with the nourishment given to the children, it was impossible to produce a healthy type. It was these causes which, acting for generations, lowered the class. Very few had energy to emigrate, and amongst them migration was at the lowest ebb.

Mr. JAMES MACLAREN read a paper on "Two Cases of Infantile Paralysis, followed by Epilepsy and Insanity."

Dr. IRELAND said they had been very much pleased with the interesting manner in which Dr. Maclaren had treated his subject. A number of ideas were thrown into their minds during the time he read his very suggestive paper. So far as he had read this disease seemed to be associated with spinal disease or some incapacity of the nerves. But both the cases in Dr. Maclaren's paper were of centric origin. The first was exceedingly interesting. The faculty of drawing in this case was one of constructiveness, not of imitation. It was a particular species of imitation. There were many cases on record of paralysis of one side of the body occurring in early infancy, and the children growing up. If one side of the brain only was injured, the mental faculties seemed to be almost unimpaired.

Dr. SKAE was reminded of a case which Dr. Ireland and he saw lately. A labourer asked him to go and see one of his children. He found that the child was suffering from convulsions, owing to worms in the bowels, and when these were expelled the convulsions went away completely. But the child was evidently rather weak minded. She had suffered from convulsions when teething. She had an elder sister of fair intelligence, who had been hemiplegic on the right side since her first dentition. The mother had a congenital deficiency of the right fore arm, which was entirely wanting.

Dr. ROBERTSON observed that cases of the kind to which Dr. Maclaren had referred in his paper were not very unfrequent. He had seen, in young people, a good many cases in which permanent hemiplegia was associated with epilepsy.

Dr. MACLAREN, with reference to Dr. Ireland's criticism of the title of his paper, remarked that much difference of opinion existed as to the true nature of "essential paralysis," but that the use of the term in the present case might be open to the objection pointed out.

Dr. ROBERTSON read a paper on "Graves' Disease with Insanity."

Dr. DEAS—I rise to express our thanks to Dr. Robertson for his admirable paper. It is extremely valuable and interesting, particularly in the direction which most of those present who have had to do with practical psychology take a great interest in, namely, the furthering of the view that the forms of insanity are mainly, if not entirely, dependent upon particular somatic conditions. I have never had the good fortune to have such a case as Dr. Robertson has described. While I entirely agree with him in thinking that he is entitled to look upon it as a distinct form, it seems to me the mental symptoms are closely allied to those found in the other forms of anemic insanity. They belong to the type of insanity coming on after debilitating diseases, or exhaustion of the nervous system, such as the insanity of

over lactation, &c. I think Dr. Robertson himself would place this form of insanity in that group.

The CHAIRMAN—Did you use the ophthalmoscope?

Dr. ROBERTSON—No, the man was too ill.

The CHAIRMAN—I have found, and so also has Dr. Begbie, whose attention to this subject is well known to the Association, that there is a marked difference in the effect of iodine in the exophthalmic form of goitre and in the ordinary form. In the latter, as is well known, iodine is curative; whereas in the exophthalmic goitre, it seems to be positively injurious. There must be an important distinction between insanity associated with this form of goitre and that associated with the Cretin form.

Dr. ROBERTSON, in reply, said the late Professor Trousseau, who had much experience of the disease, did not regard anæmia to be at the foundation of it, and he had not found the preparations of iron to be of material value in its treatment. More particularly with respect to its pathology, there was a dilated condition of the blood vessels of the thyroid gland and of those within the orbit, pointing to an affection of the cervical sympathetic, and when insanity occurred, by analogy it might be inferred that a similar condition existed within the skull.

The following papers were held as read:—"Hydrophobic Melancholia," by Dr. Thomas Anderson, and Clinical Notes by Dr. P. Maury Deas.

On the motion of Dr. DEAS, a vote of thanks was awarded to the Faculty of Physicians and Surgeons for the use of their Hall. A similar compliment to the Chairman, on the motion of Dr. ROBERTSON, concluded the proceedings.

#### Obituary.

THOMAS PEACH, M.D., J.P.

It is with great regret that we have to report the death of an Honorary Member of our Association—Dr. Peach, of Langley Hall, Derbyshire—for some years the able and courteous Chairman of the Committee of the Derbyshire County Lunatic Asylum. Dr. Peach had long retired from the active duties of his profession, but he, at all times, felt a deep and lively interest in whatever related to the well-being of the insane, and the advance of mental science. He belonged to a class of physicians distinguished for their classical attainments, and the graces of scholarship; and was, moreover, indefatigable in the discharge of magisterial duties. For the following sketch of Dr. Peach's character as a magistrate, and of the position he held in his native county, we are indebted to the columns of the "Derbyshire Advertiser":—

"Full of years and full of honour, a Derbyshire worthy has departed this week from amongst us, and the place of Dr. Peach, of Langley Hall, knows him no more. This venerable and much esteemed gentleman died at his residence on Thursday, April the 9th, on his 89th birthday, to the great regret of all who value Christian worth, and a useful, honourable life.

"The late Thomas Peach, Esq., M.D., was a Magistrate and Deputy-Lieutenant for the county of Derby, and was one of the oldest Justices upon the Bench, having been placed upon the Commission of the Peace in June, 1836. For many years he had been Chairman of Petty Sessions at Derby, in which office he especially distinguished himself by punctual attendance to his duties, and by the moderation, judgment, and tact which he brought to bear in discharging them. His professional education and cultivated experience in the ways of the world rendered him pre-eminently the right man in the right place as presiding magistrate, and we are sure his great personal influence was never brought to bear unduly or for any other ends than those of strict justice. Some time ago, the advancing feebleness of old age caused him to resign his post to Col. Mosley, who had long seconded him in the business of the court, and since that time his attendance has been limited to occasional visits. The deceased gentleman