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Clinical Notes and Cases.

Abnormal Mental States Associated with Malignant Disease.

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A RELATIONSHIP between malignant growths and mental disturbance has been established in a variety of ways. Some writers have approached the subject from a purely general standpoint. Thus Knapp has noted an increased liability to cancer in individuals who show signs of mental instability and has suggested a possible correlation between the two disorders which are both associated with grave metabolic changes. (1) Proceeding on similar lines, Snow instituted an inquiry which revealed a considerable difference of opinion as to the incidence of cancer in the insane, and concluded that its occurrence is relatively rare. (2)

A more important aspect of the subject is that bearing on carcinoma of the brain and the mental symptoms associated therewith. It need only be mentioned here, however, as one

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of the possible relations between the two disorders. A full bibliography has been given in a paper by Buckholz. (3) As regards malignant disease generally as a causal factor in insanity it has received but little attention. Kellog (4) mentions it as a rare cause, but does not state the type of mental disorder which may be associated with it.

The majority of writers who have approached the subject regard the mental disturbance arising secondarily to carcinoma as being of the confusional type. Thus Klippel (5) notes a mild delirium at the termination of malignant disease as being not infrequent, and draws attention to the occurrence of confusional states with lucid intervals which may occur with carcinomatous cachexia. He considers that the psychoses of cancer reveal all the characters which are recognised habitually in infectious delirium or in auto-intoxications, and brings cases described by Elzholz as mainly depressive in character under this category. (6) Anglade takes a similar view, and says that it is from the grave disorders of metabolism produced by cancer that it is related to mental disorder. (7) He quotes Neunedorff, (8) who has observed states of depression interrupted by crises of agitation in such cases. Jacquin (9) describes a case with delusions of persecution and hallucinations associated with malignant growths in the neck, and confusional conditions are also mentioned by Fuhrmann (10) as occurring in the later stages of cancer.

Apart from these delirious conditions, malignant disease of the viscera may at times play a *rôle* in the production of hypochondriacal ideas. In such cases, the mental symptoms depend upon conæsthetic sensations which in healthy conditions do not rise above the threshhold of consciousness, but in diseased states produce internal illusions and ideas of persecution. Thus cancer of the uterus may lead women to believe that they have been violated or are pregnant. Pyloric carcinoma has also been noted as the basis of melancholia and internal illusions. (11) (12).

From the above it will be observed that two main categories of cases have been described. In the first, the psychosis is regarded physically, *i.e.*, from the same standpoint as a typhoid or alcoholic delirium ; in the second, the pyschosis arises from new and unaccustomed sensations which are allegorised into delusions.

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There is yet another side to the question. Savage observes, "Concealment of cancer, it may be for years, added to worry, pains, exhaustion and sleeplessness, has often paved the way for an attack of melancholia in women."(13) This is a recognition of the fact that not only is malignant disease productive of symptoms of auto-intoxication, but it is also one form of mental stress. The malady is a dreaded one; it threatens the very existence, and when objectively obvious it must constitute a particularly painful emotional complex in the mind of the sufferer. This being the case, as in any other painful experience, some form of mental adjustment must take place, the particular form which the adjustment takes varying according to the individual tendency. The victim may arrange his affairs with a view to a speedy death, he may consult a doctor or christian scientist with hope of cure, or he may disregard the trouble altogether and deceive himself that there is nothing wrong. Such conduct is regarded as more or less normal. On the other hand, he may develop a series of ideas and reactions which are of such a nature as to be regarded as abnormal or insane. In either case it is possible to trace a psychological continuity between the painful experience and the various reactions which may occur.

It is this mental point of view which it is the main purpose of this paper to consider. In the three cases detailed below each patient was suffering from cancer of the breast, and each developed a different form of insanity in consequence of this condition. An endeavour will be made to elicit the meaning and significance of each psychosis and to discover any features which may be common to the three.

CASE I.—Miss B—, æt. 62, was admitted to Long Grove Asylum on July 27th, 1910. She was suffering from an advanced cancerous tumour of the right breast. The skin was extensively ulcerated and invaded by small nodules of growth. The tumour was adherent to the underlying structures, and large masses of glands were present in both axillæ. The general condition was poor.

Her relatives stated that for some years they had seen but little of the patient. In character she had always been eccentric, independent, and self-willed, avoiding much communication with her friends. She lived by herself in lodgings, and earned a livelihood by dressmaking. It had been apparent for some time that she had experienced difficulty in making both ends meet, and the state of her room, which was disordered, neglected, and poverty-stricken, indicated that she had really become incapable of looking after herself. In spite of this she

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had displayed resentment at any attempt at interference or advice. The cancer had been developing for some months, and some ladies had induced her to go to a hospital on one occasion, but no operative measures had been proposed. She had been sent to the asylum because she persisted in making accusations of ill-treatment against her landlady, alleging that the latter had caused the trouble in her breast.

As regards her mental state on admission, she was moderately well-educated and intelligent, free from confusion, correctly orientated, and able to furnish a connected story about herself. She confessed that for the last few years she had found increasing difficulty in obtaining employment. Her clients had one by one ceased to require her services, though she was quite sure in her mind that her capacity for giving satisfaction had in no way diminished as the result of her increasing years. She herself felt as strong and capable as ever, but she thought people must be against her. For some time she had fancied some of her patrons had acted peculiarly towards her, and when her difficulties went on increasing she became convinced that they must be spreading some discreditable story about her. It seemed to her as if there were a regular plot to prevent her from obtaining work. It was about three months ago that she first noticed pain in the breast. She did not think of looking at the part to see what was the matter, as she said, "I did not worry about it at first; I was too busy with other matters; when I undressed at night I did not trouble to notice if there was any swelling." After a while, the pain seemed to come on when her landlady was near her, and she thought the latter must be pinching her. When the pain persisted with greater frequency and intensity, she thought her landlady must be exerting some kind of "influence" to cause it, even when she was in another room. At length she taxed her persecutor with causing her this annoyance, but she made light of the matter, and denied that she had touched her at all. Her neighbours advised her to see a doctor, and told her she had a tumour, but she knew there was nothing of that sort. There was just a little inflammation, as might be expected from continuous pinching.

After being in the asylum for a few days, the patient began to accuse the nurses and also her fellow-patients of pinching her. She would point out the delinquents to me and beg me to make them desist. It was evident that she suffered a great deal, and every twinge of pain would arouse a protest. Her belief was extremely firm, and all conversation on the subject led to argument in a circle. All she wanted was to go out of the institution. She was perfectly well, and had urgent business affairs to attend to. Daily conversations such as the following were usual:

"There is nothing the matter with my breast. It is a little red and swollen, but that will get well when I go out and these people stop pinching me."

"But how can anyone pinch you when they are not near?"

"I don't know how they do it; I wish I did. It must be possible for people to do such things. It isn't a question of whether I believe it or not, because I can feel them doing it; it must be so."

"Couldn't there be some other explanation of your pain?"

"How could there be? Why, you yourself were pinching me yesterday.

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I could feel it myself, so what other explanation could be given? You know yourself you did it."

"Might it not be a cancerous growth?"

"Oh, no, it couldn't be that; it's hereditary, too, and there is none in our family. It could not come of itself. Besides, it was quite well until my landlady began to pinch me. If you would let me go out I shall be all right; it's the pinching which is making me bad." Then she added, "I never thought about cancer. Some ladies who looked at it did say something about a growth, but I took no notice of that; I was not interested in such things."

Thus, one could get no further in the way of argument. She knew she was pinched, she was quite well before this commenced, and there was nothing more to be said.

At times, it is true, she would show some inconsistency. Sometimes she would beg me to do something for her; the swelling was getting larger, and perhaps some medicine would do it good.

It seemed as if she realised then what was actually the matter, but in a few minutes her delusion would again come to the surface and the old arguments ensue

At present she is extremely weak and emaciated, the growth has extended, and presents a peculiarly unpleasant appearance owing to the extreme ulceration of the skin. She still, however, ascribes it to the same cause.

CASE 2.—Mrs. C—, æt. 40, was admitted to Long Grove Asylum on October 11th, 1907. She was suffering from a typical cancer of the left breast, adherent both to the skin and chest-wall, with enlargement of the left axillary glands. She was in poor health and somewhat emaciated.

The husband stated that the growth had been developing for about a year, but the patient had persistently refused to consult a doctor, maintaining that there was nothing at all the matter with her. It was evident to her friends, however, that the growth caused her considerable anxiety, though she was reluctant to converse about it, and displayed considerable irritation if the subject of medical interference was broached. Eventually she became so depressed, agitated, and sleepless that she became difficult to control, and she was therefore sent to the asylum.

Previous to the appearance of the growth, no abnormal mental symptoms had been observed, but her disposition had always been somewhat gloomy, reserved, and obstinate. No neurotic family history was obtained.

On admission, she was in a state of diffuse anxiety and apprehension. There was no confusion or disorientation, but she was filled with morbid fears about her breast. She felt convinced that the doctors were intending to operate upon her, the idea evidently causing her extreme terror. At times she imagined she could hear the nurses saying that she was to be operated upon the following day.

This state of anxiety persisted, but she employed herself industriously, indeed, almost feverishly, always manifesting a desire to be on the move and doing something.

On November 8th a note was made stating that her fears appeared to be less marked, and she was working in the laundry.

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December 16th: Seemed more agitated again, and is convinced that something is going to be done to the breast.

January 1st, 1908: A great deal worse. Extremely restless and agitated. Is now filled with the idea that the doctors want to remove her tongue, and she thinks some disaster is impending.

She walks about unceasingly in a restless and tremulous state, appearing quite unable to keep still. When spoken to shakes her head, and looks terrified and miserable. Requires feeding by hand, dressing, etc.

This state of anxiety was observed gradually to subside, but the patient became more inaccessible and solitary. She never seemed to brighten up, and though she still employed herself, barely replied to questions, and seemed rather suspicious. By degrees this apparent apathy increased. Instead of working she would sit listlessly about, associating with no one, and eventually ceasing even to look after herself.

The following note was made on October 10th, 1908: Information has to be dragged out of the patient. She will only give monosyllabic replies after considerable hesitation. The memory does not appear to be impaired, however, and she is fully aware of her position and the nature of her environment. Her whole attitude is one of active negativism. She makes no attempt to keep herself clean, and offers an active resistance to any necessary attentions. When questioned about her conduct, she denies emphatically that it is such as described. Thus, when asked why she does not work, dress herself, and the like, she replies in a somewhat surprised tone, "But I do work; it is nice to work; I like working. Of course I dress myself. How could I be dressed otherwise? There is no one to help me." This was said a few minutes after a tussle with the nurses to get her clothes on. Any reference to her state of health provoked similar negativistic replies. Thus, asked how she was, replied, "Perfectly well; there is nothing at all the matter with me." In regard to the breast, she said, "It is quite well; of course I do not get any pain in it; why should I? There is nothing the matter." "Why should I worry about it? There is no need to do so; it is quite well. I know of nothing wrong with it."

This state of mind remained quite unchanged, though her physical condition gradually deteriorated. She became weaker, lost flesh, and showed symptoms indicative of secondary deposits in the lungs. Occasionally her mask-like indifference was disturbed by brief periods of terror. She would start back and catch hold of the nurses, saying there were some men concealed near her, and she could hear them threatening to pull out her tongue and take her life.

On January 18th, 1910, the patient showed signs of collapse, and became extremely dyspnœic. There was evidence of fluid in the chest. The general attitude had in no way changed, however. All she wanted was to be left alone; there was nothing the matter; she did not care for all this fuss, etc. Shortly afterwards she died, the *post-mortem* examination revealing extensive growths in both lungs.

Case 3.—Mrs. D— was admitted to the Wakefield Asylum on February 1st, 1911. There was an advanced carcinoma of the left breast. The nipple was contracted and the whole breast invaded by growth. The skin was adherent and the underlying structures invaded. Numerous small, hard glands were palpable in the neck, and the skin around the

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growth was infiltrated with nodules of varying size. The general condition was poor. She was moderately well nourished but weak. The face was haggard and the eyes sunken. Considerable œdema of left arm and hand was noted.

The husband, who furnished the history, stated that the patient has always been a most devoted wife and mother. Since their marriage some years ago their lot had been attended with much misfortune, and at times they had been reduced to considerable straits owing to poverty and inability to obtain work. For some time he had been laid up with sciatica, and his wife had with some difficulty kept the home together. They had four children living.

In spite of all these troubles his wife had always seemed to keep cheerful, and the home, though poor, was clean, and the children well looked after. Nine months ago the patient had her last baby, and about this time the growth in the breast began to develop. Recently she had attended a hospital, but the disease was too far advanced to justify operative measures. With some difficulty the patient was persuaded to go to bed as she was obviously in a weak state. After a few days, in spite of protests, she insisted on getting up to attend to her household affairs. Shortly afterwards she began to show signs of excitement and delirium, so that it became necessary to remove her to the asylum.

On admission, she was in a condition of joyous excitement and elation. She was in a constant state of psycho-motor unrest, rhyming, chanting and singing hymns and litanies, evidently ecstatically happy. It was impossible to gain her attention, or obtain anything like relevant replies to questions.

The next day she was still restless and morbidly exalted, but was able to give more or less coherent replies. She showed defective orientation and had no realisation of the nature of her surroundings, but she remembered being brought to the institution the day before, and could relate an account of recent events in temporal sequence. She mistook me for a Dr. B— who had previously attended the family, and described how I had cured her husband of sciatica, events which happened when I came to the house, and so on.

The substance of her story at this time was as follows: For a long time she had been very unhappy and "worriting" much about her breast. Though she tried to fight against it she had felt an increasing weakness, and she began to feel that she was going to leave her husband and little ones to struggle on alone. While she was being attended by a doctor, unknown to him she was adopting other methods of treatment. She had obtained some holy water from St. Winifred's Well, and employed this daily to bathe her breast. Being a fervent Catholic she felt that perhaps if she had sufficient faith this water might effect a cure. As she wished so it had happened. One day while baking some cakes she suddenly felt that everything had changed. The pain seemed to vanish, her worry and anxiety ceased, and a great joy stole over her. She realised that her prayers had been answered, and the disease cured. She felt unable to contain herself, and then remembers being taken to the asylum.

The patient assured me that she was now perfectly well, and her only wish was to go home and look after the children. This delirious con-

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dition only lasted for a few days, and the patient gradually became quiet and composed, regaining her normal mental condition. She was able to smile at her former mistakes of identity, and excused her error by saying that she had been rather "run-down," and that I really was in some ways like Dr. B—. As regards the holy water, she was rather shy about referring to the matter, and explained that perhaps it had done her some good, and that her arm was certainly less swollen. She still made brave attempts to feel cheerful, and said that though she felt a little weak she thought she was quite fit to go home and resume her household duties. The breast was much better, she had given up worrying about that now, and while she realised that there would always be a scar, yet she thought it would not trouble her again, or cause her further pain.(1)

It will be seen from the above description that while the same ætiological factor was common to these three cases, yet they present a widely differing clinical picture. The first is an example of what Friedmann has called "endogenous paranoia," *i.e.*, a circumscribed system of persecutory delusions, showing no tendency to spread into other fields, and dependent on a particular mental stress (14). The second would probably be best described under the heading of agitated melancholia, and the third as acute mania or possibly confusional insanity.

In spite of these differences, however, there is one feature which stands out prominently as being common to each case, *viz.*, a complete inability of the patients to recognise that they were suffering from any physical malady whatsoever. It is almost true to say that the several psychoses served the purpose of explaining away what was so patently obvious to anyone but the individuals concerned. Such a state of mind cannot fail to be of some significance, and merits further notice.

Brief reflection will show that this evasive attitude is by no means a reaction peculiar to the insane, but might be described as a fundamental attribute of human nature. Instead of an energetic adjustment to a painful experience, involving a bold recognition of facts as they actually exist, there is often a tendency to take the line of least resistance, to evade the real issues, to ignore the experience as it were, and to attempt to banish it from consciousness altogether. Those who are acquainted with the writings of Freud will recognise this as the principle which he has enunciated as being operative in the genesis of neurotic symptoms. It is a principle which is capable of wide application, and one has only to turn to a

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consideration of the attitude of individuals suffering from some physical malady to find abundant examples of its existence.

How often does one observe a forced gaiety or a reiterated declaration of well-being in those who are afflicted with what may be a mortal malady? Such a concealing of the obvious is well recognised in the routine treatment of the sick. They are constantly assured that they are making satisfactory progress, that they are looking better and so on, even when the facts point to an entirely different state of affairs. Not only are such optimistic defences erected in the mind of the sufferer with the purpose of suppressing his painful complex, but also quite contrary reactions which have a similar biological significance. Instead of optimism, it is not unusual to observe a condition of reticence, suspicion, and outbursts of irritability in those who nourish secret fears as to their well-being. Maeder (15) points out that one method adopted in the suppression of a painful complex is by its *isolation*, *i.e.*, by shutting off all associative connections which might arouse it into activity. If by chance the secret fear is aroused by some casual reference, a series of defensive reactions are at once brought into play. This will be illustrated by the following simple incident:

A doctor was observed by his family to be in a very unusual frame of mind. To any of the harmless pleasantries which frequently occur in a community on terms of familiarity he responded by outbursts of anger and irritability, protesting that his friends' conduct was in doubtful taste and the like, and during the day he gradually relapsed into a thoroughly persecuted state in which he would barely speak at all.

A little investigation into an earlier experience of the day made his abnormal conduct clear. It appeared that he had noticed a patient with a swollen eye, the result of a mosquito bite, and he had jokingly told her that she had quite spoilt her beauty. She had replied in a similar strain that he himself did not appear very well and also looked "a bit puffy about the eyes." Upon this the doctor displayed extreme annoyance and walked away abruptly, thinking that the patient had taken an unpardonable liberty in speaking as she did, and regarding himself as a much injured party. A harmless remark had therefore resulted in an apparently inexplicable state of persecution and irritability. The actual explanation, however, lay in the fact that some eighteen years previously he had been a

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little out of sorts and was found to be suffering from transient albuminuria. This had become to him a source of psychic trauma, and remained at the back of his mind as an unassimilated emotional complex which the reference to "puffy eyes" had aroused into activity.

Now the point which needs emphasis in this incident is the following: When the complex was touched the intellectual contents were not fully brought into consciousness but merely the emotional state associated with it. This affect attached itself to various ideas of a persecutory nature, all of which served to keep the complex concealed at the back of the mind. The primary mental disturbance he ascribed to natural and justifiable annoyance at the patient's remark, and in the same way for the rest of the day he regarded himself as a much persecuted individual. By ascribing his disturbed state of mind to external circumstances he was really seeking to suppress the painful thought of his own possibly imperfect state of health. These persecutory ideas were therefore methods of defence against the encroachment of the complex into full consciousness.

From the above it will be seen that in normal life it is quite usual to observe irrational optimism, irritability, and vaguely delusional persecutory states arising out of partially suppressed preoccupations as to the physical condition. In the light of such observations, the origin of the three psychoses, which have been detailed, will become more understandable.

To comprehend Miss B—'s later state of mind, her earlier history must be considered. The facts, as she stated them, were that owing to the spite and persecution of her employers she had been unable to obtain work and had gradually sunk into considerable straits. The facts were actually, however, quite different. Owing to age and incompetence she had become incapable of earning a living, and could find no one who required her services. No amount of argument would convince her of this, and for a very good reason; she did not wish to admit that she was past work—the thought was too painful; she was incapable of assimilating such a notion, and therefore she turned away from facts as they existed and ascribed her misfortunes to external influences. Such an attitude is common enough. The incompetent person is always ready to regard himself as a man with a grievance, because by such ideas he

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avoids looking into his own mind and discovering the painful fact that his failure results from his own inefficiency.

The delusions which Miss B— developed in respect to the growth have a similar pathogenesis to the antecedent persecutory ideas.

It is very striking that an otherwise intelligent person could fail to realise the nature of a condition which was so objectively obvious. One knows that the question of malignant disease occupies a prominent position in the minds of the majority of women. Any trivial swelling of the breast or irregularity of menstruation is liable to produce a state of anxiety and distress, and not infrequently a definite neurosis.

A lady, æt. 47, complained that for some time she was filled with morbid apprehensions and felt as if some disaster were about to overwhelm her. In addition she found difficulty in performing even simple household duties, she had a dread of going out, avoided society, and felt unable to adapt herself to any new or unaccustomed situation. The condition was obviously one of ordinary psychasthenia.

A little investigation showed, though she confessed it with resistance and hesitation, that she had recently heard of several friends who had been operated upon for cancer of the uterus, and associating this with some irregularity of menstruation, she had feared that she had been suffering from the same disease. This concealed complex had therefore been instrumental in producing the various neurotic symptoms which have been indicated. When it was explained that her irregular periods were due to a physiological epoch, and that since she had had no children the possibility of cancer was remote, the psychasthenic reactions were largely ameliorated.

It is very certain that when Miss B— said she had not thought about cancer, she was not interested in such things, she was too busy to look at the breast, etc., she was really only trying to conceal her fears.

She did not *want* to face a dreaded possibility ; she wished to avoid seeing anything which might arouse her suspicions, and she preferred not to recognise the existence of that which would cause her mental pain. Then by ascribing her condition to external influences she evaded a far more painful truth. As long as she retained her delusional belief she felt that if only the annoyance would cease she would again be quite well and

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enabled to take up the threads of her career. If her belief had failed her there was nothing to face but inevitable disaster and a speedy death. The delusion was, therefore, a means of defence, a method of shutting out reality from her mind.

As regards Case 2, it will be seen that for a time Mrs. C— showed the reactions to her growth which often occur in normal life. She was irritable, suspicious, and angry at any reference to her complaint. She wanted to ignore the subject, shut it out of her life. Her fears were too strong, however, and a state of mental conflict ensued, characterised by morbid apprehension and a fear that she was about to be operated upon. For a time she tried to "work out" her affect by a feverish activity (*derivation* of the complex), but, being unsuccessful, she developed a condition of inaccessibility and negativism. By denying the existence of the obvious she would appear to have crushed her fears, but only at the expenditure of such an amount of mental energy as to destroy her entire utility, and cause her to lead a purely vegetative existence. One further feature of interest deserves mention. While the patient had succeeded in suppressing out of her conscious life the morbid fears which beset her, the complex at times intruded itself into activity in the form of auditory hallucinations in which she heard "voices" threatening to destroy her. The mechanism by which suppressed relics of the normal personality appear as hallucinations has been previously mentioned by Jung (16).

The third case requires but little comment; its significance is obvious. It affords a striking example of what Freud has called a "defence-neurosis" (17). For many months the patient had been struggling against increasing pain and weakness. She refused to give way because there was the home to which she was so devoted to look after. When reality became too hard, her circumstances too unbearable, all her subconscious wishes became active, and she found refuge in a state of delirium, a condition of partial dissociation. All her fears had vanished, her health had been restored, and a period of joy and thankfulness had become inaugurated.

As she emerged again into a normal condition reality once more stared her in the face, and beneath her pathetic attempt to look at the bright side of things it was possible to detect the existence of an ever-present fear and dread of the inevitable.

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These three cases, then, afford instances of methods by which certain types of mental organisation react to one variety of mutual stress. They bring to mind the condition known as *spes phthisica*, and the states of suspicion, persecution and reticence which Clouston has described as occurring in another bodily disease—pulmonary tuberculosis (18).

While they differ so much clinically it has been shown that the morbid optimism, the persecutory delusions, and the irrational negativism all arise out of a fundamental trait of human nature. They may all be described as pathological evasions, and differ only in degree from similar reactions in normal people.

One comment of a general nature suggests itself from these considerations. While the dissemination of knowledge in regard to the early symptoms of cancer is of indisputable value, it is frequently the principle of evasion rather than the lack of knowledge which prevents individuals from seeking advice. However obvious their symptoms may be, they prefer to erect defences in their mind which serve to banish their fears. As long as human nature remains the same, there will always be those who hug their delusions up to the end rather than take measures which involve looking facts in the face and hearing those fears confirmed which they have attempted to hide from themselves and others.

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(1) I am indebted to Dr. C. Hubert Bond for permission to publish Cases 1 and 2, and to Dr. J. Shaw Bolton for Case 3.

Recent Medico-Legal Cases.

REPORTED BY DR. MERCIER.

[The Editors request that members will oblige by sending full newspaper reports of all cases of interest as published by the local press at the time of the assizes.]

THE PROTECTIVE SECTION OF THE LUNACY ACT, 1890.

A VERY important decision on this section of the Act of 1890 was delivered by the Court of Appeal on January 12th. The facts were that Dr. W. L. Griffiths sued his father, Dr. T. D. Griffiths, in respect of the presentation of a petition for reception order; and Dr. T. D. Griffiths had applied to a judge in chambers (Mr. Justice Lush) to stay the action, on the ground authorised by Section 330, that there was no reasonable ground for alleging want of good faith or reasonable care. Mr. Justice Lush declined to make the order, and from his refusal Dr. T. D. Griffiths appealed to the Court of Appeal, which gave judgment in his favour in the following terms:

Judgment.

Lord Justice Fletcher Moulton: In deciding the question before the court, the most important thing in the first place is to get a clear idea of the question we have to decide. It is common ground

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