*Lilliputian Hallucinations*[1]. By MARION C. ALEXANDER, M.B., B.Ch.Belf., Assistant Physician, Royal Hospital, Morningside, Edinburgh.

MANY French psychiatrists have described a particular variety of visual hallucination to which M. Leroy has given the name "Lilliputian." They are found in many types of insanity and also have been known to occur in normal people. Their character does not vary in that the patient sees everything in miniature. Little men, little horses indeed little animals of all kinds, sometimes not any larger than one's finger, disport themselves under his gaze, all relatively proportioned, perfectly made little people who seem to him to belong to a world of their own, and to have stepped out of it into this big one of ours. There is a condition known as micropsia, in which the patient sees objects around him several sizes smaller than they are in reality, but this must not be confused—as easily it might—with true Lilliputian hallucinations. It might be put into the category of illusion, for there is a perception of an actual object, seen very much reduced in size, like the reflection in a convex mirror.

I am indebted to Prof. G. M. Robertson for allowing me to describe to you the following case which I had the opportunity of observing in the Royal Mental Hospital, Edinburgh.

Mrs. B— was admitted to Morningside on September 22, 1906. She was then 46 years of age, of somewhat poor physical development, but the only organic lesion found was a slight impurity of the first sound in the mitral area. As regards her family history, very little could be elicited from her relatives; the only point of importance ascertained was that she had a daughter suffering from dementia præcox. Her previous health had evidently been good. She was reported to have been "peculiar" for some years, but had been quite capable of carrying on her household duties.

As to her mental state on admission she was depressed, worried and anxious. She was restless and excited, talking incessantly, and making continuous movements with her hands. Her memory was good. She sometimes could answer questions, but she suffered from a degree of mental enfeeblement. She had the following delusions. She imagined that her husband had treated her cruelly and that her food had been poisoned. She believed that the nursing staff were her servants and ordered them about in an imperious fashion. She had well-marked auditory and visual hallucinations. She saw around her great numbers of little

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children, of so small a size that she could take them all into her hands. The constant movements of her hands mentioned above were due to picking up these children and setting them down again. She conversed with imaginary people around her about the children and spoke in a low caressing voice to the children themselves. She evidently was in constant dread that her babies would suffer some injury—especially that they might fall into the fire and be burned. She did not like to see them running about on the floor and would pick them up and place them in her bed.

When I first knew her in 1921 she had become more enfeebled. She was so completely absorbed in the nursing of these little folk that she appeared to be oblivious of what was going on around her. She sat all day long in the same chair, her hands held close together, often tightly clenched, and about a foot away from her face. She believed that by doing this she was holding the children out of harm's way. She would not let go of the babies even to take food and consequently had to be fed at all her meals. Her habits were dirty, and she did not obey the calls of nature. This may have been due to engrossment in the task of looking after her Lilliputian family.

She evidently had names for each one of them. She called one of them Reginald, another Harold. She did not care to discuss them with me, nor would she say how many there were, or whether they were girls or boys, dark or fair. She became irritable at times when questioned with regard to them, probably because she felt that if she was not giving her undivided attention to them harm might befall them.

Many, many times I have listened to her admonishing Reginald—"Now you must be a good little boy and not run away through my fingers," and here she would watch him climb down on to her lap. With an indulgent smile she would pick him up into her hand again. Reginald seemed to give her a great deal of trouble. He was the most mischievous. Often he escaped through her fingers and reached the floor. She was then afraid that he would get crushed to death by a door closing when he was standing on the threshold. She was loud in her protests to anyone opening or shutting a door when Reginald or any of her little folk were wandering about in the vicinity.

She was suffering from an attack of influenza a little while ago and remained in bed. On being asked where her children were, she carefully lifted the bed-clothes and looking underneath them said, "Oh! the children are here." She then picked them up between her fingers and thumb, each one being lifted separately with extreme caution. I offered her assistance in this task, but she

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said, "Oh, no, you mustn't touch my babies." She then discovered that Reginald was not in her hands and started an exhaustive search for him. After several seconds she found him hiding in a fold of the blankets, picked him up and placed him with the others. Later, when I was leaving the room she said, "Leave the door open, please; if you slam the door it will crush my babies; my babies mustn't be hurt." She was very perturbed when nurse was attending to her, and more especially when her bed was being tidied. She had the greatest objection to this performance, as the children hid in the folds of her bed-clothes and it was difficult for her to keep them within sight. She was afraid they would be smothered in the blankets.

It required great tact on the part of the nurse who clipped her nails. Each time nurse appeared with the scissors she became exceedingly angry and loud in her protestations: "You mustn't use scissors; you might cut my babies."

When she was going out for a walk and nurse brought her coat, she took all her babies in one hand and put her disengaged hand into the first sleeve. She then changed the babies into the empty hand and thus surmounted the difficulty of keeping the children safe.

I have often asked her to put some of her children into my hands but evidently she lacks confidence in me, because she has never yet complied with my wish. On occasion I have picked them off her lap, but always incurred disfavour by this action.

Mrs. B— was evidently a very motherly woman, whose one joy and aim in life was the rearing of children and the care of her household. In her case her profession or life-work has influenced her hallucinations, as in many other cases of this kind described by French writers. The hallucinations alone are of a pleasant nature, but the emotions they cause are mixed. On the one hand she experiences the blissful feelings of a devoted mother, caring for her beloved children, while on the other she is depressed and anxious lest harm should come to them. So strong is this last feeling that it shadows her life like the sword of Damocles. For this reason she has an anxious expression and rarely smiles.

Since my attention has been drawn to this type of hallucination in Mrs. B—, I can recall to memory a case of delirium tremens that had similar hallucinations. This man, in addition to the ordinary symptoms of delirium tremens—which I need not describe—saw crowds of very tiny demons, certainly not taller than six inches and perfectly proportioned. They were black in colour and their expressions denoted malignancy. They terrified him. They appeared to hover above his head in a miniature

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aeroplane for the purpose of dropping bombs on him. The method of attack caused him to shake with fear, but did not cause any sense of physical injury. When he shouted at them and waved his arms they retreated to some distance, but soon returned.

It has been noted that these Lilliputian hallucinations usually give pleasure, except on the rare occasions when the figures seen are of a black colour in which case they cause the terror and distress experienced by the above patient.

I have remarked before that this type of hallucination is found in different forms of insanity. From French literature on the subject I have collected instances of their occurrence in the following disorders: They have been observed in epilepsy, general paralysis, acute and chronic alcoholic insanity, drug addiction, and in the delirium of such diseases as pneumonia, and in the forms of insanity associated with arterio-sclerosis. Although the type of disease in which they occur varies, the hallucinations have many features in common. They usually take the form of people, sometimes of ordinary individuals and sometimes fairies, elves and gnomes. They are clothed in bright colours and cause a pleasurable sensation to the patient, seldom producing fear. They themselves or their actions are frequently reminiscent of the patient's occupation. Evidence of this is shown in a case described by Leroy. Alfred de Musset, the author, saw three little men who tidied up the tables at which he usually wrote, dusting his inkpot, etc.

In another case described by Prof. Duval, the patient, who was a music-hall dancer, saw three little Bohemian musicians, about 16 in. high, dressed in red, who delighted her by playing the latest dance music.

Mrs. B—'s case could be cited as another example of the relationship between the hallucination and the previous occupation of the patient, for her preoccupation with the tending of her children was a method of carrying on the work to which she had devoted her life.

Leroy puts forward the theory that these hallucinations are of toxic origin, thus bringing them into the same category as micropsia, whose toxic cause is not denied. In the case of Mrs. B—, though there is no record of any lung trouble on admission, she has now definitely developed phthisis, so that there is a source of toxicity in her system. It has not yet been determined how these different toxins act, but Heilbronner has suggested that they act upon the cortical centres, whose duty it is to receive impressions from the body muscles, including the eye muscles. Leroy supports him in this idea.

I feel that this theory of a toxic cause is not an adequate

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explanation. While any toxin may justifiably be believed to disturb the normal mental balance, this would not explain why these hallucinations take this particular form. In childhood it is small things that make a special appeal to the child mind. His toys are often adult possessions in miniature. He delights in a little chair and table of his own, in little horses, dolls and dolls' houses. Especially with little children the majority of the stories that they read and hear are about fairies, elves and little people. The pictures in their books portray these little people, and these must take a large share in their own games, day-dreams or phantasies. People who do not completely develop mentally may leave a part of themselves behind in this period when they took such a delight in everything small. When they are carrying out their adult life, with its ordinary occupations, no memory of their childhood's interests enters consciousness. Perhaps it is when this life is thrown out of gear by some cause, whether physical or mental, that they return to the stage when their interests were chiefly in small things and in small people. This theory has been suggested by Dr. Flournoy in an article in *L'Encephale*, vol. xviii, 1923.

Two other explanations have occurred to me which I will just briefly mention. Most psychologists recognize a tender instinct which is chiefly aroused by anything smaller or weaker than the individual. In some people this instinct may be abnormally strong. It is kept in its proper place as long as these individuals maintain their normal mental balance. If from any cause this is overthrown the instinct may predominate over all others, and because the patient delights in small objects his hallucinations become Lilliputian.

The second explanation is that the patient suffers from a strong inferiority complex. Anything smaller than himself tends to counteract his sense of inferiority, and to give him a feeling of strength and power. Lilliputian hallucinations would therefore be those most likely to please him.

Hitherto very little notice has been given to this subject by English psychiatrists. It is, therefore, not surprising that there is no generally accepted theory of the causation of these hallucinations. It is an extremely interesting and engrossing subject, about which we hope to discover more. I am convinced that there are numerous cases suffering from Lilliputian hallucinations that have remained undiscovered through lack of care in examination. Were these to be reported upon and freely discussed, we would be provided with the necessary material for elucidation of the problem.

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