

LILLIPUTIAN HALLUCINATIONS EIGHT ILLUSTRATIVE CASE HISTORIES

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RAOUL LEROY was the first alienist to take a scientific interest in diminutive hallucinations which he labelled "Lilliputian" (1909) and they can best be described in his own words (1922).

"It is the vision of small people, men and women of minute and slightly variable height; either above or accompanied by small animals or small objects all relatively proportionate in size. . . . These hallucinations are mobile, coloured, generally multiple . . . All this little world, clothed generally in bright colours, walks, runs, plays and works in relief and perspective."

He further stated that these visions were accompanied by a pleasurable state of mind, in contrast with the more toxic hallucinations, such as are found in acute alcoholic poisoning, which can be terrifying to the beholder. Leroy pointed out that the affective state rules the character of the hallucinations. For, in the rare cases in his experience where the visions were painful, the figures were black. In a very few of his cases the visions were matched by hallucinatory voices which assumed a Lilliputian tone. He made a clear distinction between micropsy, where the normal environs are seen in miniature, and Lilliputian hallucinations where this is never the case, and stated that he had never seen a combination of the two.

According to Savitsky *et al.* (1941) Lilliputian hallucinations have been described as occurring during the course of measles, erysipelas, typhoid fever, cholera, chorea and sepsis; in acute and chronic alcoholism; in cocaine, caffeine, haschisch, hyoscine and atropine poisoning; in general paresis, chronic encephalitis, parieto-temporal and temporo-sphenoidal tumours and vascular lesions of the occipital lobe; in the aged and cerebral arteriosclerotic; in hypnagogic states, blindness, schizophrenia, epileptic aura and in hysteria. They reported that Leuret was the first to describe them in 1834 and that Sauve in 1847 was the first to use the term, "Lilliputian". Yawger (1925) stated that the first description of such hallucinations was given by Macarius in the fourth century A.D., who wrote that many little black creatures were playing unseemly pranks on some of the priests.

Conklin (1925) cited the peculiar case of a man who claimed to be able to conjure up at will visions of panoramic scenes and Lilliputian people. He attempted to photograph them and misinterpreted slight blotches on the film as being the images of his Lilliputians. Alexander (1926) described the case of a schizophrenic woman whose twenty years in an asylum were spent in protecting some tiny Lilliputian children. He wrote:

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

Angyal (1936) discoursed on the differences between the Lilliputian hallucinations of schizophrenics and of the sane. In the former they are hazy, ill-defined and appear to emanate from the bodies of the patients.

Thomas and Fleming (1934) gave an account of an arteriosclerotic patient with some degree of uraemia due to an enlarged prostate who had, in addition

to Lilliputian hallucinations, a vision of a dog eight feet (2.4 metres) long. This they called a "Brobdingnagian hallucination", in deference to Swift. In a series of 106 cases with delirium and allied states collected by Wolff and Curran (1935), 72 had visual hallucinations and of these 10 had Lilliputian and/or Brobdingnagian hallucinations. Four of these were alcoholics, two epileptics, one had cardiac failure, one had a fever of unknown origin, one chorea and one an exophthalmic goitre. This is probably the largest series of cases of Lilliputian hallucinations described in the literature.

In the last decade or so articles on this subject have become rare. In 1952 Michaux and Roger described a young girl of eight years suffering from epilepsy who was found to have bilateral temporo-occipital foci on EEG. She saw Lilliputian folk whilst unconscious and could recall and describe their antics afterwards. Todd (1954) gave an account of a man with trichlorethylene poisoning who had microptic illusions which the author mistakenly calls Lilliputian; and Wyers (1954) made the same mistake about two cases suffering from methyl bromide poisoning.

The case abstracts of eight patients are presented below. They illustrate the diversity of aetiological factors involved, but there appear to be features common to all.

Case 1

A retired cashier of 77, was first referred to the psychiatric out-patient clinic in April, 1952, because he complained that some strange people were haunting his house, and directing gas fumes against him. These people had been present since the previous Christmas in the form of dummies; they were directed by human agents and were attempting to steal his possessions. He could smell the fumes which had been introduced into his house in an attempt to kill him.

There was no significant factor in his family history or his early life. He had been married for over 50 years and complained that his wife domineered the house. There had been two children of the marriage but both had died in infancy. Before he retired ten years ago he had been a heavy drinker but he seldom drank now. He and his wife lived alone in a bungalow in a quiet rural area of Essex, having for company little more than their television set. He was reckoned by his wife to be a bit of a crank, bad tempered and irritable. The couple lived on a small private pension of the wife's which would cease at her death. The patient was afraid that he would be left destitute if his wife should die, which was a possibility to be reckoned with, as she was a cardiac invalid.

Physically the patient was typically pyknic and little over five feet (156 cm.) tall. He had osteoarthritis of most of his large joints and evidence of arteriosclerosis with mild hypertension. At interview he gave the impression of being a pleasant old man, polite, well-mannered and willing to discuss the weather and the intricacies of gardening as readily as his own complaints. Apart from his systematized delusional complex he was rational, correctly orientated and had a fairly intact memory considering his age, but inclined to be forgetful for recent events. His intellect was normal and his personality well preserved.

At the first interview he gave an account of having seen little soldiers marching through his bedroom wall, and of a policeman who followed him from room to room. He also had heard voices making such remarks as, "murder or suicide" and, "dead men tell no tales". Over the following year he was treated with fairly large doses of a vitamin B complex and nicotinamide, and he was seen regularly at out-patients. Gradually his hallucinations became less intense and then practically disappeared and he became willing to believe that they were unreal. Finally he no longer wished to admit that he had ever seen anything unusual and he stopped taking his tablets. Then, at the beginning of 1954 his hallucinations started to reappear. By June, 1954 they became practically continuous despite a further course of vitamin B therapy. He was now depressed and was easily irritated and tired. However his personality and intellect remained unimpaired. His wife reported that he often spoke to the small people that plagued him and became indignant with her when she denied being able to see them. Recently he gave the following account of his peculiar world.

In his house, in his garden and, indeed, everywhere he goes and at all times of the day and night but especially in the early mornings he sees men, women, children and all sorts of animals including donkeys, cows and stags. They are all about six inches (15 cm.) high but some of the people walk on stilts which increases their stature to between five and six feet (150-180 cm.). The "humans" are dressed in a green leaf uniform; the men are mostly bald but the women have hair of all colours. Their faces are a dark grey or blackened and they look "as ugly as sin". Sometimes they wear the masks of animals. A few of them talk sensibly on ordinary every day events but they will not answer him when he speaks to them. They frequently laugh. He is more annoyed by them than amused or frightened, despite the fact that they sometimes

threaten him. If this should happen he has only to mention the local policeman and they run off up the street but, if he should talk of the sanitary inspector, they show no concern. They just stand and stare at him but one has gone as far as to prod him. They climb trees like monkeys. They made holes in the walls of his house. They once turned on the water and made baths, and then jumped in with their clothes on and the water ran through into his property. He complained to the local water-board about that. Recently the little people have taken to throwing powder about, so that now he has a sore throat.

An EEG tracing was made in September, 1954 and this showed generalized slow activity at 5-6 c/sec.

Case 2

A Dutch widow of 69 first came to the out-patient clinic in September, 1954, complaining that a host of little people had invaded her house and garden, much to her annoyance. She asked whether anything could be done to get rid of them. She wrote to the town council, but they would not help her.

The patient was left an orphan at the age of 14 and came to this country when 16. When 23 she married a man about twenty years older than herself but he was killed three years later. She was childless and for many years had lived with a lady friend. During the last three months she became rather anergic and easily tired.

She was about five feet (156 cm.) tall with a broad rotund figure and a red face. She had peripheral and retinal arteriosclerosis and her B.P. was 170/90. She was obviously rather depressed, agitated and much preoccupied by her visual hallucinations. Her memory for recent events and ability to recall were very poor but, apart from this, she had a well preserved personality and intellect, and was well able to conduct a rational conversation on a neutral topic. She gave the following account of her troubles.

A male neighbour asked her to rent a part of her garden to him, and against her better judgment, she agreed. He then directed a lot of small people into her home and garden to annoy her. They appeared at all hours, but were mainly to be seen at dusk and at night. She saw men, women and children who were about one foot (30 cm.) tall and a "head man" who was about four feet (120 cm.) tall. The day before coming to the clinic she saw a man about nine feet (270 cm.) tall in her bedroom but he ran away when she called out for help. They dressed in ordinary clothes of dull colours but she once saw some dressed colourfully "in the old Parisian fashion". There were a few pretty little blonde girls of whom she was very fond, but mostly they were ugly with dark hair and black beards, and these frightened and annoyed her. They painted their faces either red or white. They conspired together in whispers and carried messages all over the town. Only once did she hear what they were saying, and that was a threat to murder her. They will not answer her questions but respond by laughing at her. At the orders of their "head man" they dug a huge hole under her bedroom and fitted it out as a canteen and a sitting room, nicely furnished with normal sized furniture. At night they put up a black screen in the garden and roost in the trees. She does not like the "head man" for he is rather brutal. If any of the others annoy him he breaks them up just like sticks and buries them in holes in the garden. She has become very concerned just lately, as the small people seem to be growing rapidly in number. Although they do not steal or do any real harm, she is afraid that they will overrun the world and frighten the people.

She was put on a vitamin B complex and nicotinamide. After one week she reported that she was more cheerful and less worried about her little people. An EEG was done and showed 5-6 c/sec. activity.

Case 3

This was a widowed lady of 70 years who was first referred to the psychiatric out-patient clinic in September, 1953. Her family and early history were normal. She married when 24 but, a few years later, her husband was killed. The one child of the marriage died in infancy. She did not remarry but stayed with a younger sister who went out to work and, for the last sixteen years, with a man who was ostensibly the lodger. In recent years she had become very deaf, so that, even with a hearing aid, she could only hear with difficulty. Her sister described her as being a mischief-maker and a great one for scandal.

The history of her illness was that, over the last year or two, her man had started to neglect her in favour of his own niece for whom he had grown fond and this had come to a head last month when he struck the patient. The patient misidentified her own image in mirrors for that of this niece. She was amnesic and confused and was evidently suffering from early arteriosclerotic dementia. She was prescribed large doses of a vitamin B compound and improved considerably. In June, 1954 she was re-referred because she was incapable of doing her housework and wandered sleepless during the night.

Her "lodger" had left her in April, 1954 to go to live with his niece and, since then, the patient had deteriorated. She saw the niece's face in all the mirrors (which her sister now kept covered), and in the windows one of which she had smashed in a rage. She was anorexic and physically weakened. She had little memory for recent events and had started to neglect her dress and toilet. Over the next two months she was given large doses of nicotinamide, and improved, in that she had more rapport with her surroundings, was now capable of looking after her personal needs and helping with the housework. It was only in July, 1954 that she first mentioned the small people.

Her little people were about six inches (15 cm.) high, and they appeared in her house mainly during the day when she was alone. However, she had seen them at other times, and in other people's houses. Most of them were women and were dressed in brightly coloured frocks. Sometimes they stood on the window-sill and stared at her; at other times they danced in front of her. She was not frightened by them but only amused, and she was quite certain that they were real. Sometimes they would annoy her and then she would chase them away.

Case 4

A married man of 55, with one son and no particular family or personal history, was admitted to Runwell Hospital in January, 1952. Four weeks before his admission he retired to bed with an influenza-like illness. The next day he jumped around in his bedroom trying to swat imaginary wasps. In the night he complained that there were four men in his room who were attempting to pour petrol over his wife. Subsequently pneumonia was diagnosed and he was given a course of sulphonamides and penicillin. One evening he described how a host of little men in his room were putting wires all over the ceiling, and the following day he was observed to be instructing his little men in their task. He became more confused and disorientated during the next few days, so that eventually he no longer recognized his own house. It was in this state that he was admitted.

His pre-morbid personality was described as friendly and cheerful, good hearted but a little reserved. In his work as a plumber he was said to be honest, trustworthy and tenacious. He did not drink. His hobby was to make children's toys. Physically he was of medium height, athletic build but underweight. He had a low-grade temperature and a raised E.S.R. An X-ray of chest revealed a large left upper lobe cavity with a fluid level.

He gave the following account of himself. The "Peculiar People" had been trying to persuade him to marry a young girl, in order to distract his attention whilst they robbed two adjoining houses of their timber. He would not dream of deserting his wife, and refused their offer. In revenge they sent small men three inches (8 cm.) high into his house where they interfered with everything, especially the electric light. They played about his room and sometimes camouflaged themselves into a brick wall. He said that the "Peculiar People" made small men and animals out of plastic material and directed their movements. They injected them with hormones, and taught them to act like normal animals. He had seen little dogs run around like ordinary dogs. These little men took down his electric light and fitted up a wheel with a cutting edge in its place. This was turned by a motor, and was a danger to everybody. He managed to break the spindle joining the wheel to the motor so that the contraption would not work. Another of their activities was to take the floor joists and planks away from the house next door, and he could hear them chopping up the wood all night.

Apart from his hallucinations, the patient was quite rational, whilst he was in hospital. His stream of talk was rapid, coherent and logical for neutral subjects. His affect was appropriate. A week after his admission he reported seeing a troupe of cats, varying in height from 4 feet (120 cm.) to 3 inches (8 cm.) walking in the hospital grounds. He also saw processions like pageants, where all the small people were dressed up in period clothes. One man had on the helmet of a knight in armour and one side of his moustache was curled up and the other side down.

An EEG showed that the dominant activity was theta at 6-7 c/sec. This was bilateral and occasionally came in short bursts mixed with delta at 2-3 c/sec. It was maximal on the left and in the fronto-temporal region but there was no consistent localization by phase reversal. It was considered that the record was compatible with cerebral arteriosclerosis but, because of the marked laterality of the dominant activity, an organic condition could not be excluded.

The patient was transferred to another hospital for bronchoscopic examination and treatment. A few months later a lung resection was performed for carcinoma, but the patient eventually died.

Case 5

A married man of 56 with one daughter, a tobacconist by trade, was admitted to Runwell Hospital in December, 1952 because of delirium. For the past four years he had suffered from intermittent attacks of bronchitis and asthma, which were progressively becoming more severe, in line with an increasing obesity. A few days before admission he had retired to bed with a particularly severe attack and, in the night, had become restless, confused and delirious.

He had led a normal enough life and his pre-morbid personality was described by his wife as quiet and uncommunicative at home but effusive and ingratiating at his business. He was extremely conscientious and obsessional in his work; he was honourable and honest, obstinate and unrelenting. As a husband he was considerate and affectionate but not demonstrative.

On admission his temperature was slightly elevated. He had a barrel-shaped, emphysematous chest with evidence of broncho-pneumonia confirmed by an X-ray of his chest. His B.P. was 160/100; he was extremely dyspnoeic and cyanotic and was obviously very toxic. Mentally he was well orientated, with intact memory and personality. He said that before his admission to hospital he had heard disembodied voices, and had seen bright lights. He described seeing a panoramic and vivid vision of little people playing on the seashore. Whilst in hospital he had hallucinations during the night of small, brightly coloured men like dwarfs who hopped around and over him on the bed. They were faintly amusing, albeit frightening at times, and he was ashamed to discuss them during the day.

The patient was treated with sulphonamides and penicillin, and made a good recovery. In 1953 he had pneumonia, but there was no recurrence of hallucinations.

Case 6

This was a married man of 64 who was admitted to Runwell Hospital in April, 1953. He had been happily married for thirty years and had two children. There was no significant family history and he had a normal upbringing. In the first world war he lost his right arm. He was described by his wife as a happy, easy going, even tempered, kind and thoughtful man who mixed easily. He was a non-drinker.

In 1951 acromegaly and Parkinson's disease were diagnosed, and he was prescribed Artane, which he continued to take up till his admission. For the past two months he had complained that midges, bugs and maggots were crawling all over his clothes, over the tablecloth, on his arms and under his tongue, and were causing him considerable distress. He frequently asked his wife to brush them away for him. He also saw a little Lilliputian man who came to him at night and amused him.

Immediately following withdrawal of Artane he became very much brighter and was no longer hallucinated. However, following this, he developed a mildly depressive and paranoid reaction which necessitated his stay in a hospital for some months.

Case 7

A single woman of 54 was admitted to Runwell Hospital in February, 1953, because of what was thought to be psychomotor epilepsy. There was no significant family history and her early upbringing was normal. She had been a cook-general, holding one post for twenty years. She had a duodenal ulcer removed in 1935, a thyroidectomy in 1940, and a hysterectomy in 1946. In December, 1950, she suddenly developed Jacksonian fits and became unconscious for twenty-four hours. Following admission to hospital she had a haematoma of the right cerebral hemisphere drained, made an excellent recovery, and returned to work for six months. She then complained of nervousness, and left her job for the protection of her sister's home. Over the next eighteen months she steadily deteriorated. She became disinterested, lethargic and sometimes drowsy. She would do no work, and often lay in bed all day. Occasionally she was incontinent. Her only occupation was to talk incessantly of her illnesses. She complained of feelings of unreality, of frontal headaches, that her memory was poor, of paraesthesia of her limbs and of a coal-gas like smell. On admission she was found to have residual signs of a left hemiplegia. She recounted how she saw little men about three inches (8 cm.) high sitting on her bed at night. Their faces were white and they were dressed like ordinary people in dark clothes. They never moved or talked, and she was neither amused nor frightened by them. She only saw them over a period of two to three weeks.

In hospital she developed "absences" in which her face went blank in the middle of a sentence and her left arm became abducted. She had an aura which consisted of a sinking feeling in the pit of her stomach and a burning smell at the back of her throat. An air encephalogram showed a dilated left lateral ventricle with a distorted anterior pole. An EEG tracing showed continuous high voltage spikes over the whole of the right hemisphere with phase reversal occurring most commonly in the right posterior temporal and right frontal areas.

Case 8

A 35 year old married woman with two children was first seen in the psychiatric out-patient clinic in July, 1954. There was no relevant family history and her childhood and youth were normal. She had been happily married for eight years and her health was good. She was described as a cheerful person but quick tempered. She did not drink.

She said that for the last eight years she had not felt well. When walking in the street the traffic seemed to come straight towards her, and sometimes when walking up stairs, they appeared to come up to meet her. She suffered from constant frontal headaches. For the last three months, when lying in bed by day or night, she sometimes saw diminutive figures coming out of holes to stand and stare at her. They were white, had no faces or hair and were just like pieces of paper. Once or twice she had seen a little man in a trilby hat knocking on her window just as she was falling asleep. This only lasted a few seconds and was in the nature of a hypnagogic hallucination. She realized that they were not real. Since the age of 17 she occasionally had the presentiment that someone was looking over her right shoulder and, during the last four months, this had become more frequent and was now over both shoulders.

The resting level of an EEG was normal but, on photic stimulation, the record became grossly but non-specifically abnormal; myoclonic twitching of her face and limbs occurred, and she had the presentiment of someone standing on her right side.

DISCUSSION

The case histories presented here amply illustrate the fact that Lilliputian hallucinations form a symptom-complex, being associated with emotional feeling, ideas of reference and auditory and olfactory hallucinations. The visual hallucinations are found complicating a variety of illnesses and are not

necessarily of psychotic significance, even although they may be accompanied by a conviction of their reality. The hallucinations of the first three cases described appeared in a cerebral arteriosclerotic setting; there was also evidence of early dementia and, as will be shown later, of paranoia. Those in cases 4 and 5 appeared in toxic delusional states where the toxins were endogenous and where there was the additional factor present of cerebral anoxaemia. At some period of their illnesses there was also confusion and disorientation. The delirium in Case 6 was due to an exogenous toxin but paranoid and depressive symptoms later became evident. The illnesses present in Cases 7 and 8 were almost certainly of an epileptogenic nature and the Lilliputian hallucinations formed only a part of the malady.

Judging by the paucity of cases reported in the literature, Lilliputian hallucinations are an extremely rare phenomena. The causal factor in the great majority of those reported was a toxin, either endogenous or exogenous, and next in frequency were those associated with cerebral tumour and epilepsy. Lilliputian hallucinations occurring in the course of cerebral arteriosclerosis was last reported in 1934 (Thomas and Fleming) which makes it rather remarkable that three of the eight cases described above were in this group. A feature of these three patients was the great length of time over which they have experienced their hallucinations. Case 1 has been entertained by his for over two years. Lilliputian hallucinations complicating a respiratory illness, as occurred in Cases 4 and 5, has only once before been reported in the English language literature (Fleming, 1923). Case 6 is unique in that there has been no previous report published inculcating "Artane" as the cause of a delirium with Lilliputian hallucinations. However, it is remotely possible that this man's acromegaly and Parkinson's syndrome may also have been precipitating factors. Critchley (1939) reports that a syndrome of mild confusion and persistent visual hallucinations is seen in cases of pituitary and juxta-pituitary tumours and in chronic epidemic encephalitis. Cases 7 and 8 bring to mind the woman described by Beevor and Jackson (1889) who saw, as part of the aura of her fits, a little black lady busily cooking. Whereas in their case a large anterior temporal lobe tumour was discovered at autopsy, in the two cases described here no evidence of a tumour has yet been found. It is usually accepted that visual hallucinations are of doubtful value in the localization of cerebral tumours (Cairns, 1939). The hallucinations of Case 8, however, are very much like those said to be produced by stimulation of Brodmann area 18 of the cerebral cortex (Wagener, 1948).

Scrutinizing the histories presented here, it is seen that there are many points of similarity in the hallucinatory form and content of the first six cases, and especially of the first four. The last two, grouped together as epileptogenic, differ in that the figures seen were less elaborate (or more elementary) and had neither colour nor movement. The visual hallucinations of the others, however, were more elaborate, some amazingly so, and they were incorporated into the environment of the patients. They had colour, movement and variety, and several were combined with olfactory and auditory hallucinations. One patient also suffered from haptic hallucinations. They engendered strong emotional feeling which was frequently of an ambivalent nature. Thus the patient was sometimes amused by their small intriguing figures, yet, at other times, he was frightened by their menacing giant-size or behaviour. He was charmed by their prettiness or revolted by their ugliness; he was attracted by their bright clothes or repelled by their drabness, and he felt sympathy for their plight or was annoyed by their stares.

This ambivalency indicates a conflict which has been repressed but, under the stress of an illness or cerebral degenerative process, threatens to break through to consciousness. The ego defends itself against this threat and there is displacement of the accompanying ambivalent affect on to the small figures; which themselves are probably the projected symbols of the suppressed conflict.

The nature of this conflict in Case 1 is probably to be found in the patient's relationship with his wife on whom he was dependent financially, much to his disgust. He often complained of her nagging nature and spoke of her ill-health with some feeling, as being a great burden to them both. In Case 2, considering that the woman's imagined provocateur was a male neighbour, it may be presumed that her conflict was over a long-felt need for male company and protection, and perhaps too, over her thwarted maternal instincts. The precipitation of conflict in Case 3 was the poor woman's desertion in her old age. She desired her quota of revenge and companionship from the same man. The ideas of reference expressed by patient 4 about the Peculiar People trying to force him to marry a young girl, may have been a distortion of a phantasy or of a true life situation. In either case the ideas represent a repressed conflict. In Cases 5 and 6 the actual conflict is difficult to discern. It is possible that it was more historical and "played out" in these cases and had no reference to their present situation. It could be that it was the fortuitous unearthing of an old complex, especially as there was little affect accompanying their hallucinations which, in addition, were of a mildly pleasant nature.

The delusions were also frequently associated with other paranoid symptoms, such as suspiciousness and ideas of reference of a persecutory nature, often in a depressive setting. The patients themselves had well-preserved personalities such as are usually found in the paranoid reaction types and, like the latter, had their moments of grandeur, in their case, when comparing themselves with the diminutive size of their creations. The toxic cases were obsessional, hard-working, conscientious people, inclined to worry and to set high standards for themselves. Hence they provided ideal material for ambivalency.

For these reasons it is suggested that the Lilliputian hallucination symptom-complex can, in most cases, only occur in a patient predisposed by paranoid personality traits and suffering from a conflict in disequilibrium. The less clouding of consciousness there is in the patient, the stronger must be his paranoid tendencies—his ability to project and to form symbols; but never so strong as to precipitate a delusional illness without the presence of some organic factor. In the patients described here justice is being enacted, not, as in the paranoid states, by a process of self-exaltation, but by the degradation of the symbols of their conflict. Thus they see people the size of a Tom Thumb whom they can domineer and even chase away. The patients always triumph, if only temporarily, and they gain a feeling of power—of being like Gulliver. Their equilibrium is re-established.

The form and content of the hallucinations is also dependent on the environmental stimuli present and on the individual equipment and experience of the patient. Wolff and Curran (1935), in a paper on the nature of delirium, state that these factors are more important than the toxic precipitating factors of the delirium, and their conclusion appears to apply to the arteriosclerotic as well as the toxic patients described in this paper. Thus, in all the arteriosclerotic patients, illusions were frequently the starting point for an hallucination. For instance, a stick was misidentified for a small figure and a clock for a face. The small element of dementia present led to a tendency to confabulate.

The small folk also fulfilled a long-felt need of these old, childless, lonely people for the company of children. In Case 4 one can detect the influence of the man's job as a plumber and his hobby as a toy-maker, in the nature of his hallucinations. In Cases 5 and 6 the particular form which their hallucinations took may have been the result of a desire to dominate for a change. The subservient man was having his day as the master.

There have been very few attempts made at explaining the occurrence of Lilliputian hallucinations. Alexander (1926) based her theory on Adlerian premises. She thought that patients gain a feeling of strength and power by visualizing small people, as they themselves suffered from an inferiority complex. Conklin (1926) offered an explanation along more physiological lines. He postulated a reversion on the patient to a stage where the constancy of magnitude of perception was imperfect, permitting the occurrence of images of diminutive size, culled from experiences prior to the development of this constancy of magnitude. It is very doubtful whether patients could have had many experiences before a constancy of magnitude was established, and it is more likely that this is an explanation, not of Lilliputian hallucinations, but of micropsy.

SUMMARY

A brief review of the literature of Lilliputian hallucinations is given and eight new cases are described. These have been separated into arteriosclerotic, toxic and epileptogenic groups. A theory is put forward that there is a Lilliputian hallucination symptom-complex which, apart from those cases due to an epileptic focus or cerebral tumour, can only be precipitated in a patient with paranoid personality traits, plus an unresolved unconscious conflict. Mention is made of previous theories on this subject.

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