

that after delivery and until her death, though not suckling the child, she did not menstruate.

Mental symptoms were noticeable for over twelve months before the acute symptoms developed and for some months before conception, thus pointing to thyroid insufficiency being a factor in originating the attack, and the pregnancy with renal inefficiency was the determining cause for the acute breakdown.

To me the most surprising fact in the case was her mental recovery, almost to normal, whilst obviously dying from her grave physical illness. I have recorded in a paper—"The Influence of Physical Diseases on Mental Conditions"—the often beneficent effects of such illness, but I have never seen in one so gravely ill, suffering from kidney and thyroid disease, such mental improvement. In fact, she had apparently "cleared up," as a case of acute puerperal mania, free from complications, usually does after several months, and had it not been for her extremely weak state and the need for skilled nursing, I was quite prepared to send her home to her husband.

Dr. Bedford Pierce, in opening a discussion—"Recovery from Mental Disorder"—before the Psychiatric Section of the Royal Society of Medicine, stated that he inclined to the view that in the great majority of cases recovery was due to the removal of a toxæmia by the recuperative processes inherent in the organism; but here was a case in which active toxæmia persisted to the end. However, he and others agreed as to the small amount of knowledge we possessed as to why, in many mental cases deemed unfavourable, recovery took place; and the case I have described would, considering all the facts, have been considered a most unfavourable one. There would certainly appear to have been no psychogenic reason for her recovery.

A Case of Lilliputian Hallucinations with a Subsequent Single Macropsic Hallucination. By GERALD W. T. H. FLEMING, M.R.C.S., L.R.C.P., Deputy Medical Superintendent, Mental Hospital, Ryhope, Sunderland.

A. B. C., æt. 62, widow, was admitted to the Sunderland Mental Hospital on October 10, 1922, suffering from confusional insanity.

Family History.

We were unable to learn anything of the patient's family history.

Personal History (from her adopted son).

We learnt that she had always been a bright and cheerful woman who had led a hard life. She had always taken her food well and had been a teetotaler. She had had no attacks prior to the present. She had always suffered from rheumatism and heart trouble since a girl.

Present Illness.

In 1917 she fell on her knee, which swelled and became painful. Since then she has been confined to bed and some months ago she was taken to the workhouse infirmary. Here she is stated to have been "incoherent and violent, striking the attendants."

On Admission.

Patient is a large flabby woman of some 16 stone. She has a conjunctivitis, some emphysema in her chest, and arthritis of right knee, both ankles, both wrists and of her fingers. Her blood-pressure is high—170—140 mm Hg. Her apex beat 5 in. from the mid-line in the sixth interspace. The heart-sounds are indistinct. There is no œdema. She had considerable chronic bronchitis secondary to the cardiac condition.

Voluntary Motor System.

Attitudes.—She is confined to bed. She has some difficulty in using her small joints.

Co-ordination.—There is considerable inco-ordination of movements in her hands. There is slight dysdiadokokinesia.

Skilled acts.—There is some impairment. No aphasia or apraxia.

Reflexes.—The knee- and ankle-jerks were absent. There was no plantar response. Her abdominals were very sluggish. Triceps, wrists and scapular reflexes were absent or very much diminished.

Abnormal involuntary movements.—She had some tremor in her upper extremities. There were no spasms, athetoses, or choreiform movements.

Muscle strength.—This was much diminished.

Muscle status.—There was marked atrophy below the arthritic joints and a general loss of tone.

General sensory system.—There was some increased sensibility in the inferior extremities, otherwise touch, temperature, pressure, muscle-tendon, pain and vibration were normal.

Cranial nerves.—Optic and oculomotor, normal. Visual acuity diminished. Pupils regular, equal, concentric, reacting briskly to light, accommodation and convergence. No nystagmus, strabismus or ptosis. Other cranial nerves were normal.

Urine.—Sp. gr. 1025, acid, dull amber colour; considerable albuminuria; no sugar.

Mental State.

She is a bad-tempered, suspicious old woman.

Mood.—Her mood is irritable and remains so except when mention of her hallucinations is made to her. She is not very responsive to outside influences. She is drowsy and not easily roused to conversation. There is considerable mental retardation.

Orientation.—She is at times quite well orientated, at others is confused as to her environment. She knows her name and whence she came.

Memory.—Her memory is not good. She has some anterograde and retrograde amnesia. There is no fabrication.

Insight.—Her insight is good. She is well aware of both her mental and physical impairment.

Confusion of thought.—There is considerable confusion of thought. She is unable to hold a conversation.

Attention is slightly impaired.

Apprehension is sluggish. It varies very much from day to day.

Emotion.—She is emotional at times.

Dreams.—She denies having had any dreams since admission.

Illusions.—She says that a calendar on the wall is a small tortoise which runs up and down the wall and then along the mantelpiece.

Hallucinations.

She has both visual hallucinations and hallucinations of general sensation. The latter troubled her right up to the time of her death and consisted in a sensa-

tion of wires and threads entangling her hands. She spent long periods "pulling" the wires off her hands and trying to put them down on the bed, but with no apparent success.

The content of the visual hallucination is the important feature of this case. About six days after admission she told me that the previous night she had seen a procession of tiny people who came through one of the ventilators and ran down the wall, scampered about on the floor among the beds and then went up an electric wire casing and away. These people, she said, were about 7-8 in. high; the men wore little black caps, yellow vests and black kilts; the women were very much alike in their dress. They made no sound, never spoke to her or took any notice of her. She seemed to be quite amused at them, and expressed no fear at what they might do to her or what their intentions were. She said that she thought they must be fairies, but was not sure. She saw these small people almost every night in varying numbers. Their dress never varied much and their conduct and routes were much the same: sometimes they came in at the windows, sometimes the ventilators, but they were always dancing and seemed to be quite happy. Their conduct was never obscene. The small tortoise she never saw again, and said she never saw any animals with the small people. This continued for some days; sometimes she saw them in the afternoon and in the twilight. She was always wide awake, so that they were not of the nature of hypnagogic hallucinations. Other objects were normal in size so there was no micropsia. After about ten days these little people seemed to disappear and then a very interesting thing happened, for one morning five days before her death she informed me that she had seen a huge man in the ward whose legs reached up to the ceiling and who was dressed in khaki, "just like a soldier." He stalked about the ward for a short while without talking or making any sort of demonstration of joy, etc., and then quietly went out of the window. He would not stay more than five minutes. He did not resemble anyone she knew, and seemed to be an ordinary human being except for his size. This only occurred once. She did not seem to be at all frightened of him, and could not account for his presence. There was no accompanying macropsia. She had no other visual hallucination. Three weeks after admission the patient died from bronchitis and chronic Bright's disease.

Post-mortem was performed thirty-six hours after death.

Post-mortem rigidity and lividity well marked. On removing the skull-cap the dura was found to be slightly adherent along the longitudinal sinus. The sinuses were all thickened, and the dura was adherent to the pia over the vertex. The veins from the pia were thickened. Macroscopically there was little of note about the brain except some frontal atrophy and atheroma of the vessels. There were no small hæmorrhages. The brain substance was firm and of a good colour. There was a septic broncho-pneumonia in both lungs. The heart was much enlarged

with fatty infiltration and degeneration. The liver was fatty and enlarged. The gall-bladder distended with bile and a large number of small gall-stones. Both kidneys were sclerotic, with adherent capsules.

The salient features of this interesting case are :

(1) The presence of well-marked Lilliputian hallucinations unaccompanied by micropsia and apart from hypnagogic hallucinations.

(2) The disappearance of these and the substitution of a "giant" hallucination.

(3) The association of these hallucinations with rheumatoid arthritis, chronic nephritis and bronchitis with a considerable degree of conjunctivitis.

(4) The resemblance to an alcoholic psychosis, although alcohol could be excluded.

The most interesting feature of this case is certainly the substitution of a "giant" for the previously existing Lilliputians. This appearance of the "giant" coincided with a change for the worse in the patient's condition, and may possibly constitute a species of "after image" to the Lilliputians.

I am very much indebted to Dr. M. A. Archdale for permission to publish this case.

Recent Medico-Legal Cases.

[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.]

REX v. CHARLES EDMUND SEYMOUR.

This case was tried at the Central Criminal Court, before Mr. Justice Roche, on October 13th. The prisoner pleaded guilty to a charge of assaulting a Mrs. Bles, with intent to do grievous bodily harm. The facts were that Mrs. Bles was walking in Hyde Park, on September 18th, when the prisoner, who was a stranger, suddenly attacked her, and wounded her with a knife. A police constable pursued and overtook the prisoner, who turned upon him and inflicted three wounds. Mrs. Bles was carrying a bag containing £4, and this had disappeared, but whether the prisoner had taken it was uncertain. This point is of importance, in view of the plea of epilepsy which was set up. For, apart from robbery, there was no apparent motive for the crime.

There was evidence that the prisoner, who is 27 years of age, had suffered from epilepsy since youth. He had been under treatment,