

*On Cataplexy, more especially on the Cataplexy of Awakening [Sur la cataplexie et plus spécialement sur la cataplexie au réveil]. (L'Encéph., May, 1928.) Lhermitte, J., and Dupont, Yves.*

The authors describe the cataplectic state as one of sudden onset in which the patient loses all muscular tonus, falls to the ground and lies in the attitude of profound sleep, retaining all the time his full consciousness, although quite unable to utter a word or make a movement. The case observed by Kinnier Wilson is described, in which, on examination, temporary abolition of all reflexes and an extensor plantar reflex were found.

The authors distinguish sharply between cataplexy on the one hand and hysterical trance, catalepsy and periodic paralysis on the other. They show the resemblance in many respects to normal sleep, and are inclined to support the theory of v. Economo that in sleep there are two elements, the psychic and the somatic, which normally function together. In cataplexy they find a case of somatic sleep occurring independently of the psychic phenomena.

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*Pathological Sleep and Similar Conditions Studied by the Electrical Skin Resistance Method. (Arch. of Neur. and Psychiat., February, 1929.) Richter, C. P.*

The author's records show that narcoleptic patients and other persons suffering from similar conditions are physiologically abnormal, even in the intervals between the somnolent and cataplectic attacks. All the narcoleptics showed a high back-to-back and a relatively high palm-to-palm resistance, with marked fluctuations in both, not only from day to day, but even from moment to moment. There is undoubtedly a condition of great instability of the vegetative nervous system, which involves both the mechanisms that control sleep and those that control the tone of the skeletal muscles. On the evidence of the skin-resistance records, the sleep during the short cataplectic attacks is not deep. The author obtained similar records from three patients who were diagnosed as schizophrenics. All were semi-stuporose, and all showed marked depressive features in addition to the schizophrenic symptoms. All three recovered sufficiently to be sent home, although they remained dull and retarded. Possibly they were really suffering from some encephalitic process. These observations help to confirm Hoch's suggestion that some of the benign depressive stupors have much in common with normal sleep. Records from one patient with attacks of sleep, supposedly hysterical in origin, were similar to those obtained from narcoleptic patients, suggesting an organic basis in this case.

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*Behaviour Problems in Encephalitis. (Arch. of Neur. and Psychiat., January, 1929.) Strecker, E. A.*

Behaviour disorders are a common accompaniment of epidemic encephalitis in children, and are severe in about 50% of cases. Typical cases of acute encephalitis are more liable than atypical