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Early descriptions of sleep paralysis

Binns is usually credited with the first report in 1842 of paralysis which occurred in a daytime nap¹: hence his term “daymares”: “utter incapacity for motion or speech, difficult respirations, and extreme dread”.

The report by Binns establishes sleep paralysis in the absence of Gélinau’s narcolepsy;² this association was unrecognised until Levin³ identified 16 cases amongst 200 cases of narcolepsy in the literature up to 1933. Weir Mitchell⁴ in 1876 noted its occurrence as “nocturnal paralysis” in people who were emotionally and physically healthy.

Macnish⁵ in a scholarly account of sleep in 1834, may have depicted sleep paralysis in a nightmare: “At one moment he may have the consciousness of a malignant demon at his side; then to shun the sight of so appalling an object, he will close his eyes, but still the fearful being makes its presence known . . . if he looks up he beholds horrid eyes glaring upon him and an aspect of hell grinning at him . . . Or, he may have the idea of a monstrous hag squatted upon his breast — *mute, motionless and malignant.*” [my italics].

Macnish may have known Henry Fuseli’s celebrated picture (The Nightmare 1781) which shows a demoniacal creature squatting on the chest and belly of a supine woman, apparently trying to rise from her bed; this has been pronounced by Schneck as an example of sleep paralysis.

Kinnier Wilson⁶ first introduced the term sleep paralysis for attacks precipitated by a terrifying dream. In *Modern Problems in Neurology*⁷ he described a 26 year old bricklayer with typical narcolepsy (υαρχη, numb, torpor) and cataplexy (καταπλησσω, to strike

down). Attacks of “tonelessness” occurred: “Of the greatest interest is the fact that when he has been asleep and dreaming, the emotional content of the dream has precipitated an attack of powerlessness . . . He was dreaming of a murder . . . he at once awoke and was fully conscious but was unable to move a single finger . . . could not make a sound; the more he tried the more intense became his emotion and the more absolute his helplessness; he lay thus, flat on the floor, motionless but suffering acute mental distress, for some fifteen minutes ere the attack dissolved itself spontaneously . . . Dr MacDonald Critchley, Registrar (sic) . . . helped materially in the examination . . . the first neurological examination of a patient in the cataplectic state.”

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