Early descriptions of sleep paralysis

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

The report by Binns establishes sleep paralysis in the absence of Gélineau's narcolepsy; this association was unrecognised until Levin1 identified 16 cases amongst 200 cases of narcolepsy in the literature up to 1933. Weir Mitchell2 in 1876 noted its occurrence as "nocturnal paralysis" in people who were emotionally and physically healthy.

Macnish3 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 squating 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 Wilson4 first introduced the term sleep paralysis for attacks precipitated by a terrifying dream. In Modern Problems in Neurology5 he described a 26 year old bricklayer with typical narcolepsy (υαρχη, numb, torpor and cataplexy (ματαιόκλεισις, 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 cataleptic state."

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1 Binns E. The anatomy of sleep; or, the art of procuring a sound and refreshing slumber at will. London: J Churchill, 1842. (Cited by Bell CC, et al, J Neurol Med Assoc 1984; 76:31-8).