

# Sleepwalker Not Dreaming

➤ **SLEEPWALKING**, contrary to most belief, apparently has little to do with dreaming. In fact, it occurs when the sleeper is enjoying his most oblivious, deepest sleep—a stage in which dreams are not usually reported.

Of 89 somnambulistic incidents—ranging from sitting up in bed to walking—observed in California, none occurred during the usual dream time, and most took place during deep sleep.

New data on sleepwalking came from a long-range study of 11 somnambulists, eight children and three young adults, conducted by Drs. Anthony Kales and Morris J. Paulson of the University of California at Los Angeles; by Allan Jacobson, also of UCLA, and by Dr. Joyce D. Kales of the Veterans Administration Center in Los Angeles.

Their goal was to find abnormal physical and psychological states that might explain the sleepwalking phenomenon.

Somnambulism has been explained in a variety of ways. Some have compared it to epileptic symptoms while others have considered it a product of neurosis or a kind of amnesia.

The California researchers could find no common psychological factor in their 11 subjects, but they did find varying states of disturbance in all, ranging from mild to severe neurosis.

Despite their problems, however, all the subjects were able to function fairly normally without help.

Interesting data came from the brain wave readings. In all eight children, sleepwalking began with a paroxysmal burst of high-voltage brain activity. The children also showed the same bursts during other times of deep sleep not followed by sleepwalking, said the researchers. There was a considerably higher incidence of this abnormal pattern than in other children of the same age.

On the other hand, the three young adults, aged 19, 24 and 27, did not show such bursts. This difference led the researchers to theorize that sleepwalking has two aspects—organic and psychological.

Possibly, in children, the nervous system is still somewhat immature and reveals itself in these paroxysmal bursts. As the child matures, the bursts stop, and usually sleepwalking does too. If a person still sleepwalks after adolescence, then greater psychological disturbance is indicated.

The researchers pointed out that as a group, the children showed less psychopathology than the young adults in whom the brain wave bursts did not occur.

The work was reported in *Archives of General Psychiatry*, 14:595, 1966.

• *Science News*, 89:508 June 25, 1966

## PSYCHOLOGY

### Childhood Fears Are Common, Normal

➤ **MORE CAUTION** is needed in diagnosing children as psychologically disturbed simply because they show what is loosely considered "deviant" behavior, a New York psychiatrist has warned.

Some behavior, such as nail biting, bedwetting and fearfulness, may actually represent a temporary phase in normal development, said Dr. Rema Lapouse of the New York Medical College, New York.

A study of 482 children aged six to 12 in Buffalo, N.Y., revealed that more than 40% had seven or more fears and worries, 30% had nightmares, were restless and bit their nails, 20% had wet their beds within the year, and 10% lost their tempers at least once a day, according to mothers' reports. So high was the occurrence of such "sus-

pect" behavior, that Dr. Lapouse questioned its relationship to psychiatric disorder, though many have assumed a relationship.

Clues came from further analysis of the children's personal adjustment and school performance.

A most important finding was that the fearful or anxious children, defined by Dr. Lapouse in the study as those with seven or more worries, did not seem to be in any particular psychological trouble. They did not have more nightmares than other children, did not bite their nails, stutter or wet their beds more often. Nor did they complain more of physical illness. This suggests, said Dr. Lapouse, that anxieties may be part of normal child development.

The study was reported in the *American Journal of Diseases of Children*, 111:594, 1966.

• *Science News*, 89:508 June 25, 1966

## MEDICINE

### Test Determines Status Of Unborn Children

➤ **WHETHER** an unborn child is dead or seriously abnormal, an important question in cases of threatened miscarriage, can now be reliably determined.

Dr. M. James Whitelaw of San Jose, Calif., said that the UCG test which measures the quantity of chorionic gonadotropin, the hormone of pregnancy, excreted by the mother can be used for this purpose.

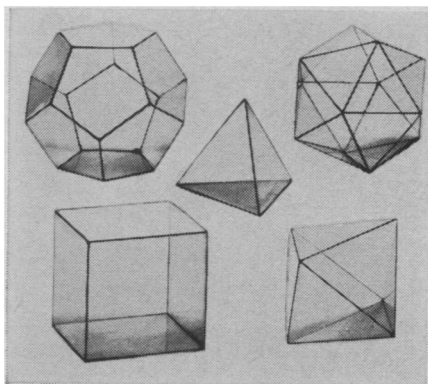
He said that tests showing absence or deficient quantities of the hormone would seem to indicate either death or a serious abnormality of the unborn child.

He used the UCG test, a standard test tube pregnancy test, on 27 women who were threatening to miscarry. Of the 18 who did eventually miscarry, 16 showed a doubtful or negative test during the first three days of difficulty. Eight of the other nine who had positive pregnancy tests carried their pregnancies to term.

Dr. Whitelaw is consultant in infertility and endocrinology of Santa Clara Hospital and a member of the department of obstetrics and gynecology of O'Connor Hospital in San Jose. He and his associates, Drs. Vincent F. Nola and Thomas P. Kenter, presented their findings in a scientific exhibit at the 15th anniversary clinical meeting of the American College of Obstetricians and Gynecologists in Chicago.

• *Science News*, 89:508 June 25, 1966

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