

This human sleep disorder is similar to behaviour which can be experimentally induced in cats by making a lesion in the locus coeruleus area of the pons (Jouvet & Delorme, 1965). Cats then demonstrate "REM without atonia" and are seen to manifest various stalking and pouncing behaviours during electroencephalographically recorded REM sleep.

The case described by Scott is obviously complex, with many diagnostic possibilities aside from the REM behaviour disorder. Once these are identified, the polysomnographic study of sleep is extremely useful in reaching the correct diagnosis.

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Nosological problems

SIR: Hamilton (*Journal*, February 1989, **154**, 201-206) draws our attention to an important area of nosological deficit. Several recent articles have also highlighted the anxiety-depression overlap, some using cluster analysis to display how poorly both the ICD and DSM classificatory systems apply to the group of symptoms which patients suffer.

Davidson (1988) and Blazer *et al.* (1988) have independently taken the process one step further, using graded membership analysis to differentiate system clusters which form possible sub-categories of anxiety neurosis and depressive illness. Each has suggested five categories - Davidson's projection being slightly more ambitious, as he also suggests that these categories predict treatment response and prognosis to some extent.

A good classificatory system must have general applicability to the clinical population under study, and should display continuity in the form of future symptom expression. Our current situation of re-emphasising these important nosological problems has become rather static, and we must look to the future. The potential sub-categories generated by

statistical methods need to be applied in large clinical studies to demonstrate whether they have any role to play in achieving much-needed improvements.

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Chronic patients in acute wards

SIR: Simpson *et al.* (*Journal*, January 1989, **154**, 77-82) drew our attention to some of the problems experienced by chronically mentally ill patients on acute District General Hospital wards. We recently surveyed the long-stay general psychiatric population (in-patients for more than 1 year) of Liverpool district (catchment population 400 000). We found that 16% (32 patients) were on admission wards. This proportion is alarming, as the district has been relatively well supplied with long-stay beds until recently.

Limited space, social facilities and occupational facilities are some of the factors which make admission wards unsuitable for the chronic severely mentally ill. However, the implications for the acute psychiatric services must also be considered. The new long-stay population are a major determinant of bed throughput on admission wards (Royal College of Psychiatrists, 1988). Therefore, inadequate provision of services for the chronically ill will have implications for the functioning of the acute services, as well as for the quality of life of this group of patients.

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