

varieties of catatonia may reflect a common pathophysiology, involving dopamine and GABA neurons in the mesostriatal and mesolimbic systems and hypothalamus (Fricchione, 1985). Dopamine agonists, e.g. dantrolene and bromocriptine, appear to relieve NMS by direct alteration of dopaminergic transmission, while barbiturates, hydantoins, and benzodiazepines, which interact with receptors closely related to the GABA/chloride-ionophore complex, do so indirectly, mediated by GABA feedback loops in the mesostriatal and mesolimbic systems. The relatively weak GABA-ergic properties of barbiturates may also account for the shorter duration of lucid intervals following amylobarbitone sodium infusion compared with those produced by benzodiazepines.

In view of the wide variety of conditions associated with catatonic states it seems doubtful whether a response to barbiturate or benzodiazepine infusion has any *diagnostic* validity, although the latter may be of therapeutic benefit, depending on the extent and localisation of underlying cerebral pathology. A safeguard against the pitfalls of the traditional 'functional/organic' dichotomy would therefore be to conceptualise catatonia as a non-specific neuropsychiatric syndrome, a final common pathway of response to an overwhelming psychiatric, neurological, or medical insult.

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#### Sub-Cortical Dementia and the EEG

SIR: The review of the concept of sub-cortical dementia by Cummings (*Journal*, December 1987, **149**, 682–697) was timely, comprehensive and persuasive. A further body of evidence that can be cited in favour of the nosological distinction between cortical and sub-cortical dementia comes from the electro-encephalogram (Fenton, 1974). The EEG in the cortical dementias of the Alzheimer-senile type is invariably abnormal, characterised by diffuse asynchronous delta and theta dominant records. By contrast, the EEG of the sub-cortical dementias of Huntington's chorea, Parkinson's disease, post-traumatic encephalopathy, and post-encephalitic states is either normal or 'flat' low voltage in type. The vascular encephalopathies occupy a variable and often intermediate position between the two.

These differing EEG patterns in the cortical and the sub-cortical dementias must reflect the progressive disintegration of different neural systems, and is further evidence in support of employing this nosological classification of the dementias. We are at present attempting to carry out a double-blind assessment of the EEG in these two categories of dementia.

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#### 'Barking Mad'

SIR: "She had something that girl. She's mad, that's the worst of it. Bonkers, barking, round the bend". 'Barking mad' is a term in colloquial use which has started to appear in English literature as the line above, from John Welcome's 1968 play *Hell Is Where You Find It*, illustrates. In David Hare's play, *Plenty*, Sir Leonard Darwin observes that "in the diplomatic service it isn't as if a mad wife is any kind of professional disadvantage. . . . Some of our senior men, their wives are absolutely barking". Despite such current use, barking is not described in psychiatric texts as a sign of mental illness. I have recently seen a patient in whom barking was part of the clinical picture.

*Case Report:* A sixty-year-old Irish divorcee had lived alone in a council flat since separation from her husband four years previously. Two months prior to the onset of symptoms she had retired from her work as a caterer. At presentation