This is a book of many virtues. It gives us an insider look at the birth of the sleep medicine specialty. It provides, in clear entertaining, first person–prose a first rate primer on the latest findings in sleep science. It speaks with the voice of a mature, humane, sane, and brilliant clinician. Most impressively it lays out in convincing detail the argument for the theory of the 24 mind. That theory, as I understand it, suggests that selected regions of the mind/brain are active and functional 24 hours a day. The mind sleeps both at night and during the day and conversely it does not just simply shut off during sleep, but instead performs vital physiologic and cognitive functions during sleep. REM sleep and dreams may help to down-regulate disturbing emotions. Portions of NREM sleep may help to select memories that will be passed onto to REM for sorting and then long term storage. Unlike other sleep scientists Cartwright never neglected the role of dreams in the theory of the 24 hour Mind. Dreams likely play several functional roles—among them emotional regulation and active facilitation in developing, editing and maintaining the integrity of the Self–concept. Loss of sleep due to insomnia leads to an imbalance of the internal hormonal milieu that distorts appetitive signaling that in turn ultimately yields increased risk for diabetes and obesity. Nightmares are among many other things an attempt to integrate traumatic forms of stress. Sleep and dreams are disturbed in characteristic ways during depression and both sleep and dreams can be harnessed to facilitate remission from at least some of the features of depressive illness. Cartwright recounts her landmark prospective studies of the sleep and dreams of people going through divorce—studies that have still not been surpassed in the wealth of findings pertinent to sleep and dream research.

It is rare to come across a scientist in the sleep science field with such a distinguished history of research contributions who is also a first rate clinician. Her humane and astute approach to care for her patients come through in her decision to not label a very young man with the diagnosis of REM Behavior Disorder despite a set of signs that were consistent with such a label. Instead she treated the man with the available sleep hygiene adjustments and other therapies and the man responded remarkably well. There are clinical vignettes...
and insights dispersed throughout the book that make the read all the more fascinating.

Among the many hats Cartwright has worn in her distinguished career in sleep science is that of expert witness in the courtroom. In the central chapters of her book she recounts the tragic cases of homicides committed apparently while the patient was sleepwalking. Can someone perform all of the complex acts of killing another person while “asleep”? Cartwright says that in rare cases this is possible. She presents in detail the tragic case of Scott Falater’s murder of his wife of many years. A neighbor heard the cries of the wife and saw Falater pushing the body of the bloodied woman into the family pool. Falater had stabbed his wife dozens of times and then calmly left the scene of the murder (apparently to place the bloodied knife and clothes into a Tupperware container), then returned to the body to push it into the pool. After pushing the body into the pool Falater apparently went back into the house. Cartwright thinks Falater went back into the house to go back to bed/sleep, just as most other sleepwalkers do unless they are awakened by a loud sound. The police called to the scene by the neighbor found Falater coming down the stairs from the bedroom and the body floating in the pool. One pities this family, especially the teenage children who were apparently asleep when all this happened but awoke to the father being led away in handcuffs and their mother brutally murdered. Falater was convicted of murder despite the defense’s claim that the defendant has been sleepwalking. In the years that he has been in jail Falater sent Cartwright many of his dreams which she reproduces (with his permission) in an appendix of the book.

The neuro-psychologic conditions under which this sort of violent tragedy can occur are laid out and extensively discussed by Cartwright. All apply to the Falater case. There is usually a stressor in the patient’s life that disrupts sleep. There is usually a history of sleepwalking and a family vulnerability to the disorder. The parasomnia usually occurs in the first part of the night in a NREM stage. After the event the patient is utterly amnestic for the episode and attempts no cover-up of the deed. There is grief, remorse and efforts to cooperate in the investigation. Cartwright sees it as an obligation of the scientist that when he or she has information that can assist the afflicted or the unfortunate there is an obligation to step forward to lend a hand. Cartwright recites case after case of complex behavioral actions engaged in by otherwise unconscious individuals. A woman with a history of sleepwalking wakes up with blood on her hands, notices a trail of blood leading into the kitchen where she finds her cat butchered—apparently by herself while she was sleepwalking. These sorts of horrifying and tragic case histories cry out for further attention from the scientific community and Cartwright has led the way in addressing such cases.

After reading Cartwright’s book, I am convinced that the official stance of the sleep medicine community on testifying in forensic cases needs to be revised or at least made more nuanced. Cartwright’s story of her career in sleep medicine is a refreshing read. She has kept alive the great and honorable tradition of the old sleep scientists to be interested in BOTH sleep and dreams on the assumption that no account of sleep in human beings is complete without an account of the dreaming brain as well. My only qualm concerning this excellent book is that it does not address recent comparative and evolutionary studies of sleep and dreams, but these approaches are, unfortunately, largely still in their infancy, and Cartwright may have decided to forego discussion of evolutionary approaches to sleep and dreams for that reason.