

## **Reply to the Reviewers**

We do appreciate the Editorial Office and our Reviewers' constructive comments and criticism to improve our manuscript. We have revised the manuscript according to their recommendations as detailed below. All changes are indicated with red color in the revised manuscript for easy inspection.

### **Reply to Reviewer #1**

**Authors did a nice revision about the old and new concepts of catatonia. In general, the paragraphs followed sequence and concepts achieve a very readable manuscript. I recommend the publication of this manuscript with only three suggestions. Main comments**  
**The manuscript needs an introduction and a conclusion sections. 1. Include some lines at the beginning of the manuscript dealing with current data of incidence and prevalence of catatonia. Probably there are very confusing data. These lines may reveal the interest and relevance of the theme, even in absence of these data.**

*Authors' reply: We have included a short introductory paragraph on data of the prevalence of catatonia.*

**2. Please, add an ending paragraph (not necessarily based on bibliography) dealing with conclusions, proposals and suggestions about the future lines of research and clinical concepts of catatonia.**

*Authors' reply: We have added a brief "Conclusions" paragraph regarding the prospect of catatonia research and the clinical concept of catatonia.*

**Additional comment 3. Please revise completely the manuscript. There are many mistakes in typing, orthography and syntaxes.**

*Authors' reply: We revised the language of the manuscript with the aid of a native English speaker scientist and corrected the mistakes.*

## **Reply to Reviewer #2**

**Dear authors, I have a few comments on your manuscript: - The language is very good but I have found about 4 typing errors, you should revise this. - Your manuscript is a perfect historical sketch, but I would expect at least a few ideas as of a future research in the field of separate catatonia (see the last sentence of your manuscript). You should mention which research you suggest (e.g. whole-genome association studies, epigenetic studies, metabolomics and other "omics" etc.).**  
**The reviewer**

*Authors' reply: We have corrected the typing errors. We have added suggestions regarding future research on catatonia.*

## **Reply to Reviewer #3**

**Dr. Gazdag, Dr. Takács and Dr. Ungvari provided an insightful review of how catatonia evolved as a nosological entity in psychiatry since the time of Karl Ludwig Kahlbaum until the current diagnostic guidelines in DSM-5. As a "sketch" of this history, the authors achieved an appropriate depth of analysis using objective narratives. The logic and language in the main text are pleasant to chew on, and the abstract and core tips are accurate summaries of the essence of the article. Being a researcher working on CNS drug discovery, the reviewer himself thinks of the article as a mirror**

**reflecting how the understanding and diagnosis of catatonia has grown through the work of generations of psychiatrists and started to gain contributions from modern approaches in biological psychiatry. Overall, the reviewer recommends acceptance of the article for publication. Below is a list of minor editorial points that the authors may want to consider: 1. The term "hebeprenic" should be "hebephrenic" according to the standard spelling in English.**

*Authors' reply: We have corrected the typing error to „hebephrenic“ as recommended.*

**2. On page 5, "...his pioneering efforts to coalesced..." should probably be "...his pioneering efforts to coalesce..."**

*Authors' reply: We have changed „coalesced“ to „coalesce“.*

**3. On page 5, "...in a host of psychiatric disorders including mania[8,10,12,15], depression[10,11] infectious diseases, toxic states, delirium, mental retardation and syphilis[5,8]." Please consider revising the statement as "...in a host of psychiatric and non-psychiatric disorders including mania[8,10,12,15], depression[10,11], infectious diseases, toxic states, delirium, mental retardation and syphilis[5,8]."**

*Authors' reply: We have revised the statement as recommended.*

**4. On page 7, "ascribing him the simplified view that catatonia equals schizophrenia". Please consider inserting "to" after "him".**

*Authors' reply: We have inserted „to“ at the suggested place on page 7.*

**5. On page 8 "...only qualitatively different from normal movements, i.e. lacking any odd, bizarre quality". Should "qualitatively" be replaced by "quantitatively"?**

*Authors' reply: We have replaced „qualitatively“ with „quantitatively“.*

**6. On page 10, the 1st sentence, the word “clinical” was misspelled.**

*Authors' reply: We have corrected the typing error.*

**7. On page 11, it might be better to spell out “Brief Psychiatry Rating Scale (BPRS)” instead of just the abbreviation for the benefit of a broader readership.**

*Authors' reply: We have spelt out the rating scale's name as recommended.*

**8. On page 12, at the end of the 1st paragraph “3 out of 12 common catatonic signs/symptoms.” Would it be helpful to the broad readership if the authors make a table listing the 12 common catatonic signs in DSM-5?**

*Authors' reply: We have listed the 12 catatonic sign and symptoms of DSM-5 as recommended.*

#### **Reply to Reviewer #4**

**I pointed out some typographical errors and some suggestions to ask more explanation of words in text. 1. Hebeprenic should be corrected to hebephrenic. 2. Clinical should be corrected to clinical.**

*Authors' reply: We have corrected the typographical errors.*

**Continental Psychopathology and Anglo-Saxon psychiatry are unfamiliar for ordinary readers. So, these words should be explained in the text.**

*Authors' reply: We have added explanations in the text regarding the above terms/concepts.*