

Night Terrors in Children.

WE cull, from the notes of a lecture by Dr. W. B. Cheadle, F.R.C.P., delivered at St. Mary's Hospital, and reprinted in the *Gazette* of that institution, the following interesting remarks.

One of the most troublesome disorders, and one certainly most misunderstood, is what is known as *Night Terrors*, a source of anxiety to parents, and of worry and vexation to the medical attendant.

I daresay you have not heard much about these night terrors of children. They are hardly mentioned in the text books, and are rarely seen in hospital. Yet you will constantly be consulted with regard to them when you get into practice. They occur in children from two or three years old, until seven or eight—or even later—although, after seven or eight, the disturbance more often takes the form of mere fits of restlessness in sleep, talking and groaning, and, occasionally, somnambulism.

The attacks usually occur in this fashion. The child, always a restless sleeper, tosses about or grates its teeth, or talks in sleep. Then, sometime during the night, it wakes up screaming, evidently in extreme terror. I say wakes up—but it does not wake up completely. It does not appear to be fully conscious, does not recognize its mother or nurse, or where it is, and takes no notice of their soothing talk, but goes on crying, screaming, and talking incoherently—delirious as it is termed—for perhaps half-an-hour or more, without anyone being able to pacify it. At last the excitement subsides, it takes notice once more, and is eventually soothed off to sleep again.

Now, these night alarms, after a time, affect the child with a vague fear during the day, and especially as night approaches, so that it is often afraid to go to bed, or to be left in the dark, and the nurse or mother has to sit with the child until it falls off to sleep.

The frequent recurrence of these "head symptoms" or "delirium," as they are often called, give rise to great anxiety on the part of the parents. Their fears are, moreover, strengthened by the fact that the child is obviously out of health—languid, yet excitable—has poor appetite, its bowels are out of order from constipation, and it does not thrive. The brain is thought to be affected, or in danger of becoming so, and pictures of meningitis, water on the brain, and convulsions rise up.

Children who suffer from Night Terrors are, indeed, usually, but not invariably, of emotional neurotic type and stock, and the medical man who is called in, observing this, agrees that the child's brain is too active, that there may be danger of meningitis or other brain disease if the organ is unduly stimulated, and advises, judiciously enough, that all causes of excitement should be avoided. If the patient is old enough to do lessons, he usually advises also that all school work should be given up, that no lessons of any kind are to be given on any account—the child's mind to be left absolutely fallow. With this, a dose of calomel is prescribed to set the liver in order, and some bromide to soothe the excited nervous system. These measures give relief, but only for a time. It is found that the symptoms return, to be relieved again by another dose of aperient, and a fresh course of bromide, and so the case goes on.

THE USUAL CAUSE OF NIGHT TERRORS.

These alarming fits of incoherent half-conscious terror, are, however, in the vast majority of cases not indicative of brain disease, nor indeed, of serious disease of any kind. They are nothing more or less than children's nightmare, bad and terrifying dreams. Anyone who has suffered from a nightmare will remember the horror and distress it causes, how one wakes up in abject dread, with beating heart and sweating at every pore. Even the bravest men are cowards when opposed by this night demon. And how real for the time the situation seems! It is with difficulty that one can at the moment bring oneself to believe it is a mere dream. You will understand, then, how intensely a small child suffers; and, imaginative as it is, how difficult for it to realise that its terrors are unsubstantial dreams.

The night terrors of childhood are produced by causes similar to those which set up the nightmare of adults; not late and heavy dinners or suppers, but some internal disturbance and irritation, having its seat almost invariably in some region of the alimentary canal.

The brain phenomena are purely reflex, or else the brain irritation is set up by toxic material absorbed into the circulation from the digestive tract. Again, the disturbance is central in origin, primarily cerebral in some instances, as when the patient has been unduly excited by a pantomime, or a children's

[previous page](#)

[next page](#)