

whenever the beverage was taken, punishment immediately followed the indiscretion.

In all cases of this affection the child seems in its usual health on going to bed, and it is only after some hours it awakes in great agitation and fright. In my experience, this has invariably been the case, and in this way the malady becomes sharply differentiated from attacks which are due to febrile disturbance or those which are associated with definite nervous diseases.

It is scarcely necessary to point out the injurious effects which are caused by the pernicious habit, common with nurses and other ignorant persons, of telling children that a bogey will visit them at night if they are naughty during the day, or by relating ghost stories to excitable and neurotic boys and girls. Such procedures do an infinity of harm, and often cause the approach of night to be viewed with the greatest dread on the part of the unfortunate child. Supervision by the mother is most needful in this respect, but owing to ignorance and to the silence of the child, such watchful care is seldom exercised. But in treating cases of night-terrors it is always well to bear in mind the possible connection of the malady with injudiciousness on the part of the nurse or other attendants.

It has been thought that night terrors and nocturnal epilepsy are connected in some way. If any connection exists, it is apparently merely that of both affections being predisposed to by a similarly neurotic tendency. That epileptic adults have been unduly prone to night-terrors in childhood I do not believe, and am persuaded that there is no closer union of these two maladies than that mentioned. On the other hand, it seems to me that there is some relationship between night-terrors and the tendency to wet the bed which, in an aggravated form, is such a distressing affection of many neurotic children. And in some cases it certainly seems that the evacuation of the contents of the bladder may take place during or immediately after an attack, the child being probably unaware of what has happened. In many of the children subject to this troublesome ailment (night-terrors), there is observed a habit of carrying on conversations with imaginary people after they are put to bed, which is another manifestation of the neurotic, romantic disposition so often observed in children who are, night after night, the victims of these distressing frights.

(To be continued.)

Medical Matters.

ANTI-TYPHOID VACCINE.



INSUFFICIENT data and conflicting evidence render any precise statement as to the value of inoculation with typhoid vaccine as a preventive of typhoid fever impossible of enunciation. Accounts have recently been published giving description of its method of use and direct after-effects.

Dr. Marsden, Medical Superintendent, Monsall Hospital, Manchester, gives an account of the procedure, the subjects of inoculations being nurses employed in the typhoid fever wards. Fourteen nurses received the vaccine during a period of six months. In general, the clinical symptoms have agreed with those detailed by Professor Wright, but in addition headache was consistently present in all; in several it was accompanied by general pains and aching, whilst one nurse complained of "cramps in the legs and feet." Frequently, also, there was nausea, and on two occasions vomiting. At the end of thirty-six hours the constitutional symptoms had disappeared, but local tenderness sometimes persisted for two or three days longer. By inoculating, therefore, in the evening, the nurses were allowed to have one day in bed, and returned to duty on the following day.

With two exceptions the instructions issued by Professor Wright were followed in making the injection. The first injection revealed the fact that the local tenderness was much increased, and thus caused discomfort in wearing the natural clothing, so that future injections were made over the insertion of the deltoid. In the second place, as the nurses are usually only employed in the typhoid fever ward for a period of three months, the inoculations have only been repeated on two occasions. One of these nurses, inoculated in October, 1899, suffered from an indefinite febrile attack in January of this year, which might possibly have been an abortive attack of typhoid fever. Widal's reaction, Dr. Marsden remarks, loses its diagnostic efficacy in such cases after the use of typhoid vaccine. The author, on the whole, seems favourably impressed with the method, any success gained by which in protecting the lives of fever nurses would be of great service to the community.

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