

Night Terrors in Children.

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It is unnecessary to point out the danger of forcing such children with lessons and the absolute impropriety of encouraging their imaginative tendencies with stories and fairy-tales. Indeed, in all cases of this affection the mental development of the child is far more in need of being held in check and restrained than of being fostered and rapidly encouraged. Under no circumstances should such children be plagued with lessons and studies of any kind, and all headwork at night should be carefully avoided. As much as possible they should be in the open air, and by this means and by plenty of exercise it should be a cardinal rule that sleep be induced. For if the child be really tired and sound sleep be enjoyed in the earlier hours of the night, it is far less likely that the disturbance will arise than when the patient retires to bed wide awake and with the mind in full activity.

The greatest care is required in the dietary of children the subject of night terrors. The food must be abundant and nutritious, and plenty of time must be allowed during meals. Many children bolt their food, and in this way digestive disturbance may arise in those in whose case the food, both as regards quantity and quality, appears to be unexceptionable. And in this connection it is very necessary to make special inquiry as to the condition of the teeth. This matter is too often overlooked, and a timely visit to the dentist may be all that is necessary to effect a cure of night-terrors. It is most important in all cases to ascertain if any special article of diet disagrees with the patient. As already mentioned, tea and coffee are particularly liable to offend in this respect; should anything be found to be injurious it must, of course, be omitted from the dietary.

I have purposely relegated to the last the consideration of the drug treatment of night-terrors. As in all disease affecting children, it is not drugs but a most careful revision of the dietary, of the hygienic surroundings, and of the mode of life of the patient which are of paramount importance. Compared to the value of such investigations as these, the necessity of drug-giving becomes of infinitesimal proportions. Yet in some cases there can be no doubt that advantage may

accrue from the administration of a dose of bromide of ammonium or potassium at bedtime, and more especially in those cases where the nature of the attack resembles night-mare. And in some instances, too, when sleeplessness is a marked feature, a dose of hydrate of chloral may be combined with the bromide with some benefit.

Many other drugs have been recommended in this malady, but I doubt if any others are necessary beyond the two just mentioned, for it is not by a vicious polypharmacy that the tendency is to be eradicated, but by the most scrupulous attention to the food, clothing and special tendencies, hereditary and other, of the patient.

It remains to be said that there is another and not unimportant cause of night-terrors, one, too, which is often overlooked. This cause is the presence of some morbid condition affecting the nose or naso-pharynx. Of these abnormalities, adenoids are undoubtedly the most commonly met with, and no case of night-terrors should be finally diagnosed until the question of the presence or absence of adenoid growths has been weighed. Far as I am from admitting the claims of disorders of the upper respiratory passages to be universal causes of disease, as is too much the tendency, yet it is impossible to deny that there are cases of night-terrors of children in which no other adequate explanation can be given but that which connects adenoids and the symptoms complained of as cause and effect. And as in such cases removal of the growths at once causes the disappearance of the symptoms, the line of treatment is, of course, obvious.

That night-terrors are often a torture to small, helpless children, will be evident to many who look back on their own childhood, and we should, therefore, not treat such cases lightly, saying that the boy or girl will "grow out" of the disorder and do nothing; on the contrary, it is right that every possible cause of the malady be sought and an appropriate line of treatment inaugurated. If this be done, there are very few cases indeed which will not be ameliorated, and in the large majority a permanent cure will be effected.

We are glad to hear that several readers of long experience in the care of Children concur in the remarks which we made last week at the commencement of this valuable article on "Night Terrors in Children."

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