A SUGGESTION FOR THE TREATMENT OF ENURESIS IN FEMALES.

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No apology, I consider, is required to introduce any treatment that may be of service in cases of enuresis. All practitioners meet with them in their practices, and sorry cases they are as a rule both to patients and doctors. The treatment I wish to make the following remarks upon is not original, but owing to many cases that I have had at my command as surgeon to the Home and Infirmary for Sick Children, Lower Sydenham, and thanks to my colleagues engaged in the out-patient department for sending them to me, I have been able thoroughly to test its utility. It is the application of a strong solution of silver nitrate to the neck of the bladder and urethra. It is curious to note that no mention is made of it by West, Eustace Smith, or Goodhart in their standard works on diseases of children. In Holmes's *Surgery* is found the following: "Sir Henry Thompson says that in obstinate cases the application of a solution of nitrate of silver (gr. x ad 3i) to the neck of the bladder may be beneficial." One case is recorded by Dr. Day in his book of this treatment, and this led me to apply the remedy to my first case.

CASE I.—The patient, a healthy girl, aged 18, suffered by day and night since she was 8 years of age, and in consequence was unable to obtain a situation in any capacity. Her mother informed me she had been under many doctors, and from hospital to hospital, so that for me to suggest any of the usual remedies with any hope of success would have been useless. I therefore applied, by means of a probe armed with cotton-wool, a solution of silver nitrate (gr. xxx ad 5i) to the urethral canal, allowing it to remain in for about 90 seconds. To my surprise, during the three following days there was no incontinence. I repeated the application on the fourth day, and again at the end of a week. A year afterwards she informed me that she was engaged in a large business house in London, and had not been troubled with her complaint since the first time of the so-called operation.

It might be said that this was a case of hysteria, cured by the shock of examination and the moral treatment, but there was no evidence to support that theory, as she was in every other respect a healthy girl, and most anxious to get cured.

CASE II.—A very neglected child, aged 9, of a poor family in Penge, had suffered both by day and night since she was 2 years old. She was able, after two applications, to hold her water during the time she remained in the Home. No other treatment was ordered, except that no liquids were given after 5 P.M., and she was taken out of bed at 10. A few months afterwards I called upon the parents, who informed me that the bad habit returned the day after she arrived home, and had continued ever since, and my offer to take the child in again met with a flat refusal.

CASE III.—A child, aged 14 years, had been troubled by day only since 4 years of age. This girl had been under treatment for one month at the Victoria Hospital, as an out-patient at Great Ormond Street Hospital and at Guy's Hospital. After applications on December 8th and 15th 1899, she was able to hold her water during her stay in the Home up to January 21st, 1900, and also during a month while she was at the Whitlock Convalescent Home at Broadstairs, which is attached to the Home at Lower Sydenham. Calling on her parents two months after she had returned home, I was informed she had had occasional relapses. I found, however, that no precautions had been taken to guard against them, in fact, she would be sent out for four or five hours at a time to carry a basket of washing through the streets, where there was no possibility of relieving herself. It is a recognised fact that many of these cases do improve when they are admitted into a hospital, and relapse when the care bestowed upon them is removed; still, as the treatment of this case was not complicated by any drugs, and she had daily incontinence for a fortnight in the Home prior to the applications, I think it is a fair inference to assume that the treatment was, to say the least, worthy of further investigation.

Fearing the solution did not thoroughly come in contact with the whole length of the urethral canal, I had made for

dilator, with this exception, that the blades are straight. With this instrument the urethra can be easily dilated, the child being held by a nurse in the lithotomy position.

No oil or ointment should be used, but the blades moistened with distilled or sterilised water. After the urine has ceased to flow a little ointment is smeared over the hymen and labiae, and a probe, well armed with cotton wool and saturated with the solution, is passed between the blades and withdrawn two or three times. The instrument is then removed, and again inserted at right angles to that at which it was first introduced, the urethra dilated, and the swab applied so as to ensure that the whole of the canal comes in contact with the solution. By this method there is but little pain, and seldom is chloroform required. In children I prefer not to give it, as it does away with a factor of the treatment, namely, the moral lesson. For those above 15 years of age the lateral position can be used, but it is not so convenient. About twenty-four hours in bed is all that is afterwards required, and up to the present time no retention, cystitis, or other troubles have occurred. At the end of the third and seventh days applications are made, using solutions of 40 and 50 grs. to the ounce respectively. I will not tabulate all the cases that have been under my care, but will mention two more only to show how far this treatment is useful.

CASE IV.—A girl, aged 9, sent to me from an orphan asylum with diurnal and nocturnal incontinence since 3 years of age, who had been in the Home for two months previously, under the care of one of my colleagues and discharged, was again admitted by his request on hearing that I was giving this treatment a trial. During the first month after readmission no treatment was ordered, except that no liquids were allowed after tea, and the child was taken out of bed at 10 P.M. During this time only five nights were passed without incontinence. After two applications following dilatation there was no incontinence for twenty-nine days and nights. She then passed water in bed during one night, owing to the fact that, escaping the nurse's observation, she went into the lavatory and drank freely of water. She was sent to our Broadstairs Home for a month, and whilst there had no incontinence. After her return to the asylum, the matron informed me that she had had occasional relapses, but these may possibly be attributed to neglect of small precautions, in the same way as the poor girl who had to walk long distances carrying the washing.

CASE V.—The last case was a pupil teacher, aged 18, who consulted me for nocturnal incontinence since the age of 9. Her mishaps occurred at intervals of never less than a fortnight, and every night during the whole time of her catamenial periods. Her father suffered with incontinence up to 16, and an aunt during her childhood. The patient attributed it in her own case to having had measles, scarlatina, and diphtheria in one year. After three dilatations and applications of the silver nitrate solutions she was for four months able to retain her water with only a few mishaps, for which she could always account; for example, one night she took a quantity of oatmeal porridge for a bad toothache, another night some gruel for a bad cold. One of her periods passed over without any incontinence, and during the other three periods she passed water unconsciously for one night only. I made one more application, and for three months after that there has only been one mishap during one of her periods. This case is still under observation.

It must be noted that, with the exception of ordinary nursing precautions, I have not complicated the treatment by the administration of drugs, and the cases upon which I have tried it have been for the most part of the worst type. It is, therefore, fair to assume that with cases in which the complaint is not so marked, especially if aided by belladonna, iron, ergot, etc., according to the requirements of each individual case, success would be greater. There is one great advantage, namely, that the doctor is doing something, and so prevents the relatives from trying one remedy after another, and consulting one doctor after another in the hope of finding a prescription that may be of some good. The older the case the better chance is there of success. It need not be said that this treatment is only applicable to cases of pure incontinence, and not to those due to *petit mal*.

I am unprepared to state a theory to account for this result, but there certainly is a mechanical action caused by the slightly swollen condition of the mucous membrane of the urethra after treatment. This was well exemplified in a confirmed case of an idiot who had a dry bed for a few nights only after each application of the solution; that was as long only as the swelling persisted. In my opinion the real value is the breaking down of the bad habit for a week or longer period.

The dilator is not expensive, and makes an excellent clamp for circumcisions. Messrs. Down Brothers have made for me some fine Lallemand's porte caustique catheters, as it is my intention to try a similar treatment upon boys, and to publish the results at some later date.

me a small dilator after the pattern of Mr. Hopkin Walter's