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ON INCONTINENCE OF URINE IN CHILDREN: FISTULA IN ANO IN PHTHISIS: AND THE TREATMENT OF DIABETES.

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(Continued from page 599.)

PROPOSITION THE FOURTH.

"The best Treatment of Incontinence of Urine in Children."

The disease here alluded to is, I suppose, that which occurs during sleep, and is unconnected with any organic disease of the urinary organs. The following is an outline of the treatment which I have generally adopted, and which, I think, will be found capable of overcoming this disease with very few exceptions:—

No fluids are to be taken within three hours of going to bed. The bladder is to be emptied immediately before going to bed, and in about three hours after the patient is to be awake, and the contents of the bladder are to be again evacuated. A blister is to be applied occasionally to the sacrum; this answers a double purpose; it acts as a stimulant to the bladder, and it prevents the patient from sleeping on his back, and thus keeps the urine from gravitating to the most irritable part of the bladder—its trigone. To restore the tone of the bladder, I give a combination of equal parts of tincture of cantharides, and the muriated tincture of iron, in doses of twenty drops thrice a day; and in some cases use the cold dash to the genitals, or the cold shower-bath.

I have, however, at this time, in the Hospital, a girl, aged 17, who has been the subject of the disease from infancy, and in whom the above treatment only produced a temporary alleviation, but the case is one of unusual severity and obstinacy, and has resisted every effort towards its removal that had been made before she came under my care. As the girl was rendered incompetent of undertaking a situation, and had become a burden to her friends, I felt unwilling to dismiss her till I had exhausted all my resources. On reflecting upon the case it occurred to me that if I could render a portion of the urethra excessively tender, the passage of the urine over it during sleep would awake her, and that by *breaking through* the habit I might eventually cure the disease. With this object I had the orifice of the urethra cauterized with the nitrate of silver. The operation has been twice performed, as the first was not sufficiently powerful. I have also given her small doses of the balsam of copaiba. It is now eleven days since the operation was performed, and up to the

moment of writing this there has been no return of the incontinence.

Before concluding this brief sketch I wish to caution my readers against resorting to, or countenancing, two agents that are invariably employed in the management of this complaint—I allude to ridicule and punishment. They aggravate the mental distress of the patient, and in no instance within my own knowledge have I found them to contribute in the least to the relief of the disease. The patient whose case I have mentioned, was offered, and accepted the situation of servant, a week before her admission into the Hospital; and during the whole of that week she never undressed or went to bed, but remained on a chair by the kitchen fire, in order to conceal her affliction from the family. Is it then likely that in one so much alive to her state, ridicule or punishment could affect any alteration.

PROPOSITION THE FIFTH.

"The Propriety of Operating for Fistula in Ano when the Lung is affected to a limited extent with Tubercles."

To understand the merits of this question, we ought, I think, to enquire into the cause of the fistula, and the frequency of its occurrence.

Phthisis in connection with fistula is not a very common disease; and on the other side, fistula in connection with phthisis is a very common disease; I speak here of their relative proportions. From what has come under my own observation, fistula appears to be thus produced:—In individuals whose nervous and vascular systems are but little excitable, a deposition of tubercles occurs; these interrupt the passage of the blood through the lungs, and, as a consequence, more of this fluid is sent back upon the liver, and from this arises a constipated state of the bowels in consequence of the necessarily deficient secretion of bile, and also an impeded portal circulation—hence hæmorrhoids and fistulæ. When explaining the manner in which fistulæ arises, it will also be necessary to give some explanation why it does not more frequently occur in connection with phthisis. We know that in the larger proportion of cases of tubercular phthisis, the discharges from the bronchial mucous membrane, or from the intestinal, or from the skin, are sufficient to restore the equilibrium of the vascular system, and to this cause I think we must attribute the comparatively infrequent occurrence of fistulæ.

I believe that the existence of the fistula tends to retard the progress of the pulmonary disease; and if so it is clearly our duty not to recommend the resort

to an operation. But it will happen that a patient, ignorant of the exact state of his case, and inconvenienced by the fistula, is anxious for its removal; even here it is our duty to explain to him the probable consequences before we comply with his wishes.

PROPOSITION THE SIXTH.

"The best Treatment of Diabetes."

I have attended eight cases of this disease within the last three years, and seven of these have died apparently from tubercular disease of the lungs. I am disposed to consider that the pulmonary disease is consequent upon the diabetes, as in three of the cases that I saw in the earlier stage of the diabetic disease, there was no evidence of pulmonary derangement till after the diabetes had been from four to six months in existence. I have generally found that diabetes attacks individuals of the strumous development; and from the very constant connection of diabetes and phthisis, I think we are justified in considering diabetes as one of the various ways in which tubercle develops itself, although we have not as yet been able to detect the proximate cause of the diabetes.

The medicines from which I have found most (*although but temporary*) relief are, Dover's powder in moderate doses at bed-time, the carbonate of ammonia in ten-grain doses three times a day, and occasionally the vapour bath; I have also used quinine, acetate of lead, and alum, but with no appreciable benefit. As regards diet, it will be desirable to avoid saccharine and farinaceous articles as much as we can; but in actual practice it will be found that we can exercise but very little influence over our patients in the matter of their diet. From what I have seen of the use of cod-liver oil in strumous disease, I should be disposed to expect considerable benefit from it in diabetes, if we have an opportunity of administering it in the onset of the disease. It deserves attention, both for its medicinal and dietetic properties; it ministers powerfully to nutrition, and by its alterative properties appears to modify the whole character of the strumous habit. I have not had an opportunity of testing its merits in this disease since the remedy attracted my attention; but I shall indeed be very much deceived if it does not prove of great benefit, even should it not altogether cure the disease.

Colchester, Dec. 15, 1846.

CASE OF DISLOCATION OF THE HIP-JOINT,

COMPLICATED WITH FRACTURE OF THE FEMUR,
BUT AT FIRST TREATED SIMPLY AS THE LATTER.

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Mrs.—, aged 38, a married lady of a highly scrofulous habit, had a scirrhus tumour of the breast, for which she underwent an operation, which left her in a state of cachexia so extreme, that she was for two years confined to her room, and totally unable to move about. She was reduced to such a state of emaciation as to appear a mere living skeleton. At the expiration of this time her health began slightly to improve, and she was able, by the aid of a crutch and stick, to take a little exercise in her room; but on one occasion, in attempting to walk round the room, the following accident happened:—

With one hand resting on the table which served as a support to the left side, and the other arm assisted by a stick, she tried to walk round the table, when suddenly losing her balance, the weight of the trunk was momentarily thrown on the left leg, round which, as on an axis, the body performed a semi-revolution, and fell with force on the floor. Medical aid was immediately summoned, and the femur, on examination, was pronounced to be fractured near its upper third. The fractured limb was found to be from one inch and a half to two inches shorter than the other. Without entering into details, it will suffice here to state, that her medical attendants, by forcible extension, brought the injured limb to match the sound one in length, and kept it in that state by means of the long straight splint.

In this position she remained full five months, suffering, as she informed me, the most excruciating pain, and without any progress being made towards the re-union of the fracture. When called in, I found her in the above deplorable state, and observing, from the great pain she endured, that she could not then bear the slightest movement of the limb, I merely removed the roller and felt for the fracture on the inner side of the thigh, when I discovered, to my surprise, that the ends of the fractured bone were fully three inches apart. It struck me that the best, indeed the only thing I could do, was to remove the extension and suffer the muscles to resume their normal condition. This being done, the patient experienced immediate relief. I was not at this time aware of any lesion beyond the fracture, though I suspected, from the space I had discovered between the ends of the bones, that there must have been also dislocation of the hip-joint. This done, I left her for the present.

A day or two after the pain had so far diminished that I was enabled to make a full examination, and turning the patient slightly on her right side, I immediately detected a dislocation of the hip-joint of the fractured limb on the dorsum ilii. I found also that a large deposit of CALLUS, about the size of the fist, had been thrown out opposite the fracture, and was attached to the upper portion of the bone at its fractured end, and now the case in all its bearings stood clearly revealed before me.

Forcible extension had been established and persevered in for five months, under the impression entertained in the first instance by her medical attendant that it was simply a case of fracture, and that the shortening of the limb arose from muscular contraction. This *forcible extension*, instead of approximating the ends of the fractured bone, only dragged them farther apart, and their distance which at first was from one inch and a half to two inches, now became doubled. The unnatural and long-continued extension of the muscular fibre had produced the intense suffering under which the patient laboured. The callus, or as the patient termed it, the excrescence, was regarded as a cancerous tumour, and the cause of the intense pain—a supposition, apparently favoured by the fact of her having had a scirrhus tumour of the mamma two years before, and her scrofulous habit of body.

The non-union of the fracture had also been ascribed to the same causes. The real nature of the accident had been wholly mistaken.

What now remained to be done? After the lapse of