positively what operation is best to perform before the abdomen is opened. The operator should always be willing to modify or change the operation, and be prepared for all emergencies.

## BELLADONNA IN THE TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.

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The frequency and difficulty experienced in the treatment of nocturnal incontinence of urine among children, and occasionally among young adults will be my excuse for publishing an account of the following case, occurring in a lad of nineteen years of age. The cause of this complaint is not always clear, for it has been ascribed to want of care on the part of the mother or those in charge of young children, to worms, to some affection of the bladder or urine, to fright, etc. Be the cause what it may the Draconian method of some parents of punishing their children either by repeated whippings or the deprivation of some harmless pleasure must be condemned without any reservation. The only effect of such a method of treatment that I have ever seen is to make the complaint worse. But as it is not my intention to enter into a discussion of the various methods of treatment, I shall content myself with the details of the case, which has called forth this paper:

T. B.—, æt. 19, the eldest of four sons, all of whom have been troubled with the same complaint from birth. The patient had, at various times, been treated with the tincture of belladonna, but with no apparent benefit, and it was only when it became necessary for him to leave home on business that a cure became a pressing need, and I was asked to do all I could for him. The patient is a fine healthy lad of a somewhat hasty, nervous temperament, which he inherits from his mother. There was no history of worms, but he suffered from chronic constipation, to relieve which the following pill was administered night and morning, and then only at night for some months:

R Ext. Aloes Barb. . . . gr. iii. Ext. Nucis Vom. . . . gr.  $\frac{1}{2}$ . Gum. Mastiche . . . gr.  $\frac{1}{2}$ . Fiat. pil. Sumat unum nocte maneque.

The lower bowel was washed out every night with an enema of warm soap and water, and then a suppository containing one grain of belladonna placed in the rectum. The object of the enema was to clear out any hardened fæces or thread worms, which, by their presence, might by their irritation produce the incontinence. This treatment was rigidly continued for three months with some slight benefit, a week or two passing without a return of the complaint. The amount of belladonna was now increased to a grain and a half. And then a new symptom made its appearance. The nocturnal incontinence ceased, but the patient during the day became troubled with a constant desire to pass water, the annoyance was so great that he had to micturate every five minutes. The suppository was then ordered to be used night and morning, with the entire discontinuance of the nocturnal and diurnal trouble. During the last three months the pupils became permanently dilated, but there was no irritation of the skin, and only occasionally slight dryness of the throat. six months a complaint which had lasted nineteen years was completely cured, and the patient was enabled to proceed to the continent on his business, taking with him a mixture containing nitromuriatic acid, strychnia and gentian. clusions I have drawn from the above case are these, that of all preparations of belladonna the extract is the best, that the success in treatment, to a great extent, depends on the clearing of the rectum of its contents, and the application of the belladonna as near the bladder as possible, and that partial success at first is no reason to discontinue the treatment in despair. The case is interesting, as occurring in a family of four boys all affected with the same complaint, and from the fact that the second son, who formed a clandestine marriage at 16, was cured without treatment of any kind.

## Correspondence.

To the Editor of the CANADA LANCET.

And the second second second

SIR,—I saw an article in the March number of the LANCET contributed by my friend, Dr. Dewar, on his experience with peritonitis.

I, too, have had what seems to me to be an unusual experience with it. I have had 16 cases within a radius of five miles in the last three months. I have had two deaths, both within