URINARY INCONTINENCE OF CHILDREN TREATED BY ANODYNES PER RECTUM.

Dr. Edward T. Williams thus writes in the *Boston and M. & S. Jour*:

It is safe to say that the modes of treatment usually recommended for this distressing infirmity are frequently ineffective and disappointing. A failure of my own some years ago, with a child nearly related and especially dear to me, led me to cast about for some improved method. For the past year or two I have been trying, with complete success thus far, the use of anodynes by the rectum, in the form of injections and suppositories of morphine, belladonna or atropine. I have now cured about six cases by this means, besides temporarily relieving many, more who have passed out of sight during treatment, so that I cannot positively state the final results. I have no doubt, though, that a portion of these have been cured. Some of them were patients of the Sea Shore Home, where the length of stay averages less than a fortnight—too short a time to effect a permanent cure in any case. One of my cases, which I will describe presently in detail, had been a constant sufferer for ten years. The treatment occupied a year, off and on. She is now entirely well.

I find that morphine alone relieves for the time being, but does not cure. Belladonna and atropine are curative, when continued long enough, though I find them to be better borne in combination with a little morphine, which counteracts some of their bad effects, and enables them to be given more continuously. Furthermore, the requisite dose of belladonna is smaller when combined with morphine. When these medicines produce headache or undue nervous excitability, I use the bromides as a corrective, or suspend their administration for a time. I have found no case where they could not be borne when properly given.

As to the mode of administration, a fifteen grain suppository of cocoa butter is most easily handled, and that which I prefer. They should contain a proper amount of extract of belladonna and morphine. For a child five years old, say one-eighth of a grain of belladonna extract, and one-sixteenth grain of morphine; but the doses must be carefully adapted to the particular case in hand, beginning with a small dose, with a smaller relative proportion of belladonna, and increasing the latter and diminishing the morphine as toleration becomes established.

If an enema or clyster be preferred, it should consist of about a drachm of lukewarm water, with a few drops of atropia and morphine solution added, and administered with the small hard-rubber syringe (No. 2) especially designed for the purpose. The old fashioned clyster of starch-water and laudanum is absurdly out of date. I have used nothing for years but morphine and warm water, mixed as for a subcutaneous injection, only that the water should be tepid, and not exceeding a drachm in amount.

I hardly dare claim to be the originator of this self-suggestive plan, though I certainly never heard of its being done by others before I adopted it out of my own fancy years ago, since which time I have freely mentioned it in conversation and before various societies. It is certainly the simplest form of anodyne clyster.

At the Sea Shore Home, where we do things by wholesale, I have two solutions of morphine and atropia ready made. The first consists of one-sixth grain of morphine and twenty minims of water. The dose by drops therefrom is the same as that of laudanum, which makes it especially convenient for the nurses. The other is one-sixtieth grain of atropine to twenty minims of water. Reckoning one-sixtieth of a grain as an average commencing dose for an adult, the dose for a child may be graduated by drops precisely as with laudanum. For a child five years old, then, as an enema, you might give for a commencing dose from three to five drops of each solution, mixed with a teaspoonful of warm water. These doses may be differently combined or altered in any way to suit a particular case.

I mention these points because it is convenient to have both in private and hospital practice certain methods of routine, not only to save thought and labor, but to lessen the chances of mistake.

I will conclude by recounting a single case as an illustration of this mode of treatment. A bright and charmingly pretty girl of fourteen came under my care for this disease July, 9, 1883. Had been subject to it for years, in fact nearly all her life. Was of a peculiarly sensitive, nervous temperament, and subject to convulsions in infancy and early childhood, for which I had myself attended her. Was just beginning to menstruate. The urinary trouble had become a great source of mortification to her, and her shyness about it was so great that she could not be brought to talk with me on the subject, so that all comminication had to pass through the mother, a thing I should hardly have put up with if it had not been one of my particular families. This being my first case (of rectal treatment) I began with morphine alone, one-sixth of a grain nightly, in suppository. Failing to produce full relief I doubled the strength, making one third of a grain, when she went nearly a month without once wetting the bed. On stopping the suppository the trouble quickly returned. Recommenced the one-third grain suppository on September 14th, with full relief of the incontinence as before, but the patient, who was attending school all the time, began to get "fidgety" and nervous from the effects of the morphine, so that I was compelled to give small doses of bromide of potassium daily. This relieved the nervous symptoms entirely. I then began to taper off on the morphine, giving a suppository every second or third night instead of every night, or occasionally halving the suppository. On this treatment she began to wet more frequently, and I became satisfied that morphine alone would not cure her. October 29th I prescribed a suppository