Clinical Memorandum.

URINARY INCONTINENCE OF CHILDREN TREATED BY ANODYNES PER RECTUM.

BY EDWARD T. WILLIAMS, M.D., OF ROXBURY.

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 9th, 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 communication 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. Recommended 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 containing one-sixth grain of morphine and one-fourth grain extract of belladonna. On December 10th I made it one-eighth grain morphine and one-half grain extract of belladonna. Both these answered perfectly, and in six weeks she was practically cured. In the succeeding six months she did not wet more than six times, but each time was carefully followed by the use of the belladonna suppository for one week to prevent a relapse. For two years now, since the summer of 1884, she has been perfectly well and improved greatly in general health.

I might report other cases far more rapidly cured. I select the above on account of its long standing, and, since I was obliged to proceed somewhat tentatively, as showing very well the comparative action of morphine and belladonna. The latter I have never given

without some morphine, believing they act better in combination, as they do when given by the mouth.

From my present experience I regard the rectal treatment as superior to all others in this disease.

Reports of Societies.

MASSACHUSETTS MEDICAL SOCIETY. SUFFOLK DISTRICT. SECTION FOR CLINICAL MEDICINE, PATHOL- OGY AND HYGIENE.

ALBERT N. BLODGETT, M.D., SECRETARY.

JUNE 8, 1886. The meeting was opened at eight o'clock, by the Chairman, DR. F. I. KNIGHT. The records of the meeting at which the subject of

MILITARY DRILL AND PHYSICAL CULTURE

was first discussed, were read and approved.

PROF. D. A. SARGENT, of Harvard University, was introduced, and opened the further discussion of the same subject by a paper¹ in which the defects of the present mode of physical instruction were pointed out, detailing the reasons why military drill as a means of exercise is inadequate in character, and injurious in effect. The claims established by Prof. Sargent against the efficacy of the drill were illustrated by means of a student of Harvard University, who having the clothing removed from the upper part of his body, performed the evolutions of the manual of arms before the audience, with the chest and arms uncovered, so that the muscular movements attending these exercises were plainly visible to those in the hall.

Prof. Sargent then illustrated other forms of physical exercise by means of the nude subject, and showed the relative efficiency of Indian clubs, wands and pulley-weights. Prof. Roberts, the Superintendent of the Boston Young Men's Christian Association Gymnasium, then gave a nude exhibition drill in dumbbells, which elicited generous applause. This drill is one of the most important features of the class-exercise at that Institution, and is considered very important in aiding the symmetrical development of the body. One of the most objectionable features of the military drill is found in the fact that the movements are essentially one-sided, and their effect upon the body is to make it unsymmetrical, often inducing a marked drooping of the shoulder of the right side, and sometimes doubtless causing curvature of the spine. The curvature once produced, it is quite easy to perpetuate it. Ladies often acquire lateral curvature from the habit of carrying the train always in one hand, and thus producing a tendency to curvature, which other forms of exercise, such as horseback riding, etc., may perpetuate.

The setting-up drill was then demonstrated, and the good features of this exercise pointed out. The fact was strongly brought out that physical training needs the careful supervision of an educated instructor, to direct the exercises to the needs of the particular individual, and thus prevent the harm which may, and no doubt does arise from the unintelligent and injudicious use of what in well-directed channels is a most important adjunct to physical health.

PROF. HITCHCOCK, of Amherst College, was intro-

duced, and said that he had but few remarks to add to what had been said.

The subject of physical training is a broad one, and concerns all the pupils in all our schools. It is not the introduction of all forms of training that is needed, but of chosen and carefully adapted forms of exercise for the conditions arising in the individuals before us. A library has been said to be not a collection of books, but a selection of books; and so the features of physical training may be very different in relation to the special requirements of each person.

The average college boy is a rather hard animal to drive, and is apt to kick over the traces. He must be catered to in the laying out of irksome duties, so as to get as much pleasure with the labor as possible. Military drill is objectionable on account of the character of the exercise, and on account of the discipline. If we desire to make a mere automaton of a boy, to deprive him of his thinking faculties, to make him dependent on orders and directions of others, then military drill is a good thing. Is this system the right one? I think not. Every boy is examined in all the branches of his curriculum, and his progress is in accordance to carefully prescribed directions. The same should be true in relation to physical training as is true in relation to mental or moral training. Boys should not be turned into a gymnasium as calves are turned into a pasture, but should be carefully overlooked and guided, in order that the very means for their physical benefit may not become an agent of harm, or positive danger.

GEN. HOBART MOORE, Instructor in Military Drill in the public schools of Boston, said that he had been much interested in the exhibition of the drill, and not less amused. He would not be surprised to find curvature of the spine, or any other deformity resulting from the exercise of the drill as this was done before the audience. In actual practice, however, the evils represented and charged to the drill, are not observed. The statement has been made that the drill is confined to one side of the body. This is not so. The drill is made to embrace movements in exercise of both sides of the body, and the result of its employment is not asymmetrical development of the body of the boy. In addition to this, the actual practice of the drill is preceded by exercise in the "setting-up drill;" so that every possible source of defective or restricted exercise is removed.

Gen. Moore stated that he had pupils in Harvard and in other schools, and was constantly receiving most encouraging reports from them as to the influence of the drill-movements, and their relation to the bodily health and well-being of the pupils. In all the schools where the drill has been introduced, the boys are anxious to join, and often it is necessary to refuse permission to ambitious youths on account either of the small size of the applicants, or on account of their years. The parents of boys often come to the school to beg permission for their boys to join in the drill. An experience of twenty-five years in the practical teaching of the drill has convinced him that it is not only not harmful, but is of positive advantage both in relation to the physical development of the boy's constitution, and also in relation to the training of the mental and moral nature.

If this were not so, the drill would long ago have been discarded from the curriculum of our public schools. The striking rarity of accidents in the exercises of the

¹ See page 245 of the Journal.