

## AN ELECTRICAL METHOD OF TREATING ENURESIS.

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Cases of incontinence of urine occurring in children often tax the patience of the doctor, and after being "drowned" in belladonna, if no improvement occurs they are left "to grow out of it."

I have recently treated a good many cases by an electrical method; and if care is taken in selecting suitable cases the method seems almost uniformly successful.

It is first necessary to eliminate any possible source of irritation, and it seems that in the residue the cause is lack of cerebral control or weakness of the sphincter.

The method adopted is to give strong "single shocks" from a faradic coil. The "Physio" coil was used for this purpose and adjusted to give 60 shocks per minute. The indifferent electrode, consisting of a pad, was placed either across the lumbar region or over the front of the abdomen, and the active electrode, small and button-shaped, was held on the central point of the perinæum. Treatment was carried out in this manner for 20 minutes two or three times weekly. The strength of current was in each case as strong as the patient could comfortably bear.

The following two cases are quoted as examples of the results obtained.

CASE 1.—A. P.—, æt. 8, healthy. He always "wet his bed," and is a nuisance now he goes to school as he constantly has to ask to "leave the room." Seems bright and intelligent. Not circumcised, but no phimosis. Urine: No hyperacidity or bacilluria. No other apparent cause. Has had prolonged course of medicinal treatment, which was ineffective. Was treated by above method, and showed marked improvement after three applications and quite cured after eight. Now, four months after, he has been able to hold his water for a normal period, and has no trouble at night.

CASE 2.—W. L.—, boy æt. 6, suffering from paralysis of left leg following poliomyelitis three years ago. This has been treated with sinusoidal Schnee baths and is improving considerably. He has had entire loss of bladder control, at any rate for the last two years while he has been under observation, and his bed was "always wet." It will be remarked that the sinusoidal baths did not improve this condition. Recently the same treatment was ordered for him and gradual improvement took place. In all over twelve applications were necessary, and

now he can hold his water throughout the night and is normal during the day.

Results such as these seem to warrant a wider use of this form of treatment.

We reprint from the *St. Bartholomew's Hospital Journal* the above article on a subject of considerable interest to nurses, as they not infrequently meet with cases of this nature, in which children are quite unjustly blamed. Nurses should always recommend that medical advice should be obtained when cases of incontinence of urine in children are brought to their notice.

## MEDICAL MATTERS.

### THE CARRIER IN FOOD POISONING.

The possibility of food infection by contact with a carrier seems, says the *Lancet*, to have been well established in a remarkable case of food poisoning reported from Lambeth. The circumstances in this case, according to the evidence of Dr. Joseph Priestly, the Medical Officer of Health, are as follows. The outbreak was confined to one house in which ten persons were living, all of whom were affected. One died, and Dr. B. H. Spilsbury said at the inquest that death was due to syncope from acute enteritis. Dr. Priestly ascertained that on the Saturday a stew of steak and liver had been prepared and consumed, the gravy being saved until the following day and warmed up with a Yorkshire pudding. On the previous Thursday the wife of the landlord, who undertook the preparation of the food, was taken ill, and the climax of her illness was reached on Saturday night, although she continued to attend to her household duties. Dr. Priestly expressed no doubt that the source of infection of all persons was the gravy from the liver, which was itself sound. The outstanding feature of the case, in fact, is that the person who prepared the food suffered from the same disease as the others two days before they were taken ill, and instead of going to bed she did the cooking for the whole of the household for two days, the result being that the liver gravy was infected. Dr. Priestly was inclined strongly to the conclusion that this person was a carrier of the bacillus, who having previously suffered from food poisoning, had, during culinary operations, sown that bacillus in the gravy of the repast. This evidence, we learn, is amply supported by subsequent bacteriological investigation, the causative bacillus having been found present in the organs of the deceased and in the blood of those who have survived.

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