A HUNDRED YEARS AGO

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ENURESIS IN CHILDHOOD

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THE PECULIARITIES OF ENURESIS in a child seem to me only explicable if we assume that the want of control is due to auto-suggestion, dependent at the beginning on the unwise attitude adopted towards the fault by the nurses and parents, and later kept up by the sense of shame and the mental distress involved.

There comes a time when the child passionately desires to regain control and is miserable about his failure, until the concentration of his thoughts on the subject becomes a veritable obsession. Every night he goes to bed with this only in his mind. Every night he falls asleep miserably aware that he will wake to find the bed wetted. The suggestion, impressed in the first place on the mind of the tiny child by injudicious management, has become fixed by the growing sense of shame and the complete loss of self-confidence.

The trouble is seldom serious in early childhood, and the reason for this, I take it, is that an occasional lapse in a child of perhaps two or three years of age is usually treated lightly and in the proper spirit of tolerance. It is only with children a little older that nurses and parents become distressed and begin unwittingly by urging the child to present the suggestion to the nurse or parents that the bed may or will be wetted.

The influence of suggestion is shown by the behaviour of the child when removed to a hospital for observation. It is the invariable experience that the enuresis then promptly stops. In hospital, the attitude of those around the child is different. He has the comfortable and consoling feeling that in wetting the bed he is doing exactly what is expected of him. Perhaps for the first time in many years, the child is free from the obsession, and the bed is not wetted.

"A boy, an only child, who had suffered from enuresis till his seventh year, had regained complete control till his eleventh year, when he went to school. In his dormitory at school was a boy who had enuresis, and was being fined and punished by the schoolmaster. The enuresis at once reappeared and continued unchecked"

It is easy to see the ill-effects of circumstances which add new force to the fear of failure or shake the confidence in the control which has been regained. Thus, a boy, an only child, who had suffered from enuresis till his seventh year, had regained complete control till his eleventh year, when he went to school. In his dormitory at school was a boy who had enuresis, and was being fined and punished by the schoolmaster. The enuresis at once reappeared and continued unchecked while he was at school.

School life is very inimical to cure, unless the trouble can be kept from the knowledge of the other boys. Anything which directly increases the nervousness of the child – an illness, for example, with loss of weight and failure of nutrition, or some mental stress, such as the approach of an examination – is apt to accentuate the enuresis.

Treatment

To stop the development of enuresis in infancy we must intervene to prevent the concentration of the child's mind on the difficulty. During the time when control is ordinarily developed, in the second and third year, judicious management of the child is essential. The emphasis should be upon successes, not upon failures. He must be helped and encouraged to self-confidence, not rendered diffident or self-conscious.

"A public school boy, who was about to be sent away from school for this failing, fortified by the possession of a rubber urinal, wrote six months later to say that he knew now that it must be all worry that caused the trouble, because with the urinal in position he had not once had the incontinence"

If bed wetting is well established the mother, the nurse, the schoolmaster, or whoever is responsible for the child's management, must understand with us exactly what has happened. The action of suggestion on the child's mind must be altered, and self-confidence restored. The child must learn to see that the thing is not so desperately tragic. He should be told that it always gets well, and that it only goes on now because he is worried about it and keeps thinking of it.

Sometimes the prescription of a rubber urinal, which the child can slip on at night, is directly curative. A public school boy, who was about to be sent away from school for this failing, fortified by the possession of a rubber urinal, wrote six months later to say that he knew now that it must be all worry that caused the trouble, because with the urinal in position he had not once had the incontinence.

Hypnotic suggestion is always, I think, successful, but it will rather perpetuate than combat the cause, that undue susceptibility to suggestion, which is characteristic alike of the little child and of many older neuropathic persons.

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