

Enuresis

To the Editor:

In their article "Enuresis treated by an improved waking apparatus" McKendry *et al* (*Can Med Assoc J* 106: 27, 1972) have introduced a new device for conditioning enuretic children. It would appear to be the answer to a frustrated parent's or physician's prayer — a simple, fool-proof apparatus to shock the genitals of their patients. It is stated that the apparatus will cure the problem in 72-83% of enuretic children, depending on the state of the child's meatus or spinal cord tumour. Nothing is mentioned, however, about the possible psychological effects of having one's genitals shocked, particularly during adolescence.

The apparatus should remove some of the physician's difficulties; the difficulty of developing rapport, the difficulty of not being judgmental, chastising or frankly punishing. The difference between the shock-treatment method and spanking the child promptly after each bed-wetting episode is obvious. The parent does not need to remain awake waiting for the child to void. Surrogate spankers are hard to find.

As physicians concerned with the health care of the total child, we take strong exception to this simplistic conditioning approach to a multifactorial common childhood complaint, particularly in view of the non-critical way the study was carried out, the lack of controls and of well-defined groups, and the apparent disregard for possible emotional and psychological consequences of such therapy.

R. Morrison Hurley, M.D., M.Sc., F.R.C.P.[C]
Keith N. Drummond, M.D., C.M., F.R.C.P.[C]
Department of Nephrology,
The Montreal Children's Hospital,
Montreal 108, P.Q.

To the Editor:

In reply to Drs. Hurley and Drummond we would like to say that we too are interested in the health care of the total child. The patients we have seen have been thoroughly assessed in regard to the many factors which may bear on bed wetting. When the assessment of an enuretic child indicates that there is no organic cause for his wetting and when the wetting seems to pose a problem to him which he would like to have corrected then we, as physicians, try to provide some therapy which will alleviate his complaint.

We did include some patients with problems such as infection, psychological disorders and surgical lesions the treatment of which failed to eliminate the bed wetting. It was hoped that these children might be helped by the conditioning apparatus. That there was less success in this group is understandable.

Our report evaluates a new conditioning device. The device has the advantage of detecting the onset of wetting at its very inception so that the child inhibits the detrusor contraction before the bladder empties. The device has two circuits. The first, situated close to the urethra, activates the detector with a very small amount of urine. The second circuit provides the impulse which is felt by the girls in the belt line and by the boys in the suprapubic area and upper thighs on the edge of the athletic cup and *not on the genitals*.

In the survey of the patients who had used the device, no adverse psychological effects were reported although some children objected to using the device and did not persist with its use. The majority of children, however, were delighted with the results of the treatment and were

pleased to be free of the disability caused by their bed wetting.

The supplier of the device which we attempted to evaluate provides it to the parents of children only on the advice of a referring physician.

J. B. J. McKendry, M.D.
D. A. Stewart, M.D. and
R. D. Jeffs, M.D.

The Hospital for Sick Children,
Toronto, Ont.

To the Editor:

The editorial "Enuresis" (*Can Med Assoc J* 106: 109, 1972) notes that Gerrard and his associates have found a significant association in boys between enuresis and allergic diseases. It would be incorrect, however, to assume that this is the only explanation of their results. Any researcher who sets out to compare the prevalence of intangible conditions such as food and drug allergies, antipathy to milk, hay fever, etc., in two or more groups of patients must make allowances in the design of his study for his own prejudices. To understand that workers who believe in the allergic theory of enuresis¹ are likely to find more evidence of food allergies in enuretics than in normal controls does not require a sophisticated knowledge of cognitive processes. Data from such a study are acceptable only when they have been accumulated through a "blind" procedure, more especially if they have been derived from an inherently unreliable source, such as the anamnesis. Unfortunately the paper by Zaleski, Shokeir and Gerrard gives no details of the method followed and does not indicate that any provision was made for subjective bias.

McKendry and his colleagues achieved an overall cure rate of 72% with the modified conditioning ap-