surgeons have found a weak solution sufficient, and it is desirable to economise its use. In laryngeal cases weak solutions often suffice, but, as I have said, stronger ones may be required. I have had to employ 10, and sometimes 20, per cent.; but have often avoided this by using repeated applications of 2, 4, or 5. Much depends on the depth to which it is necessary to induce, and the time it is required to maintain, anæsthesia. I have succeeded six times in growths of the larynx without exceeding 5 per cent. When the attachment is firm and deep this will not be enough. In the nose 5, 10, 15, or 20 per cent. may be required, according to the extent and depth of anæsthesia necessary. Superficial anæsthesia may be produced in this and other mucous membranes by 2 to 5 per cent. Tactile anæsthesia may be tolerably complete when sensibility to thermal and other impressions is incomplete. In three cases of excessive hyperæsthesia I have completely removed the condition with 2 and 4 per cent. In seven or eight cases of excessive pain in late laryngeal phthisis it has been quite arrested by cocaine. In extreme dysphagia in the same disease some patients have been enabled to take food after sparing but careful use of the anæsthetic. In several of these cases a weak solution of 1 or 2 per cent. has answered. The remedy may be used as a spray instead of painting. Thus a weak spray for a very short time renders the throat or nose anæsthetic.

There is another effect which none of your correspondents notice. The cocaine produces pallor, sometimes quite extreme, of the membrane to which it is applied. This it will do in health, and in the same way it often causes the immediate disappearance of hyperæmia, an effect the importance of which is obvious. Considering that there may be an arrest of our supply, it would be well if those who are using the alkaloid internally would content themselves for a time with a fluid extract of the cuca leaves, which can be easily obtained. For fear of encroaching too much on your space, I will only add to-day that I had anticipated Dr. A. H. Bennett's suggestion, and have made a number of experiments with other alkaloids, the results of which I shall be happy to furnish if you can find room for them in THE LANCET. I am, Sir, yours truly,

Dean-street, Park-lane, Dec. 6th, 1884. PROSSER JAMES.

To the Editor of THE LANCET.

SIR,—A lady suffering from two small recto-vaginal fistulæ, who had been three times operated upon by a distinguished London surgeon with only a partial amount of success, came under my care a few days ago. The fistulæ now being small I determined to "raw" the edges by means of the actual cautery, using that of Paquelin for the purpose. Before applying it I painted the vaginal surfaces thoroughly well with a 4 per cent. solution of the hydrochlorate of cocaine. Partial insensibility ensued in about seven minutes, and the patient bore the operation very well, remarking that she "felt the burning, although she did not feel the pain." I was pleased and yet disappointed; pleased that she "did not feel the pain," but disappointed after the glowing accounts I had read with regard to cocaine that she should "feel the burning." Were I using it again I would employ a stronger solution, say 10 per cent., as subcutaneous injection in my case, owing to the thinness of the tissues, would hardly have been practicable.

I am, Sir, yours faithfully,

J. RUDD LEESON, M.D. Edin.,
Late Demonstrator of Anatomy, St. Thomas's Hospital.

Twickenham, Jan. 10th, 1885.

"AGORAPHOBIA."

To the Editor of THE LANCET.

SIR,—Having seen in your last impression a request from a surgeon to give an account of a case of agoraphobia treated satisfactorily, I venture to write to your valuable journal and offer suggestions founded upon a case for some years under my care, which has ended in complete recovery, whether *post hoc* or *propter hoc* it is not for me to say.

The patient was a robust man, in the prime of life, between thirty and forty, fond of exercise, above the average intellectual development, but much subject to the *symptom* (I have always maintained it is not a *disease*) to which has been given the pedantic title of "agoraphobia." I have no hesitation in affirming that this symptom is usually due to sexual and alcoholic excess. We all know that some men can indulge to a much greater extent in the two excesses above-named without any serious consequences than can others. And it is the imitation of these Sileni and Priapi by their weaker brethren which constitutes the chief cause of agoraphobia.

In my experience the exhibition of drugs is of little avail in such cases. The fault is not on the side of morbid excess, but of morbid imitation; and if you can once get the patient to recognise this fact, the cure is, as a rule, in his own hands. Tonics stimulate the already excessive desire; whereas sedatives, such as bromide of potassium, debilitate the patient to such a degree as to prevent his carrying out his daily avocations. The agoraphobic patient should keep a strict account of his expenditure to the heathen gods (Bacchus or Venus), and should use his best endeavours to lessen it. He should also endeavour to keep an account of the number of hours he walks in the day, and should increase them as his strength improves. He should also note the time he goes to bed and the time he rises in the morning, especially remarking if he should be awake in the night, and for how long.

This is not the place to enter into a discussion on insomnia, although this, too, is undoubtedly a minor cause of agoraphobia. As a rule, the simplest remedies for this disease are the best. My favourite prescription is an hour's brisk walk in the open air before going to bed, followed up by a hot glass of wine and water, not forgetting the nutmeg.

I may, I hope, be excused if I add a few empirical hints gleaned from my patients in these cases. The patient must be spirited and courageous; he must force himself into the street to take walking exercise. The pace should be slow for the first quarter of an hour, and then worked up by slowly increasing degrees to the usual speed. Should the symptom be very aggravated, the patient should only (in London) walk in the open streets, where he can obtain a cab should he require one. Should he be obliged to traverse any short distance, across an open space, and should he then feel that horrible sensation (described by Legrand du Saulle) of the heart being squeezed as in a vice, a few sharp blows with his fist on the epigastrium will restore the action of the organ to regularity, and often bridge over the abyss till he can reach a place of security. Agoraphobia depends much on association; therefore let the patient avoid all places in which experience has shown him that the sensation is apt to arise.

Claustrophobia generally accompanies agoraphobia. This is not the fear of *open* spaces, but the fear of *shut* spaces. Most of the cases under my care have experienced this sensation when at stool. This I attribute to two causes: one physical, which is the debilitating effect of passing the fæces; the other moral, from the fear that if the patient should faint he might fall against some object and injure himself. A patient liable to faint at stool (and this is very common) should leave the door of the closet unbolted, and have a servant outside ready to respond to his call should he feel unwell. Far be it from me to encourage the practice of secret drinking; but I have known one agoraphobic patient much improved by carrying a flask of wine in his pocket, which he could take on an emergency, and in extreme cases even brandy is allowable. A walk with a companion is a most valuable remedy in this disagreeable state of things; as thereby the heart's action is rendered more regular and more powerful, and the fact that there is some one at hand to assist should occasion arise gives the patient a confidence he can never feel when alone.

The treatment of agoraphobia may be thus summed up. 1. Diminish sexual intercourse. 2. Diminish alcoholic stimulants. 3. Increase exercise. 4. Take enough, but not too much, sleep. Your obedient servant,

HENRY SUTHERLAND.

Richmond-terrace, Whitehall, S.W., Jan. 1885.

TREATMENT OF INTESTINAL OBSTRUCTION.

To the Editor of THE LANCET.

SIR,—If you will allow me a final word in reply to Mr. Steele's letter in your last number, I would merely observe that I consider it amply confirmatory of my original statement, that rest, opium, and starvation had for many years been the recognised treatment in cases of intestinal obstruction. He observes that I "still look upon Mr. Thomas as merely one of many authors who have laid down the so-