

tions improved under these measures, but not enough for the purpose at hand. Their evanescence was still the defective feature.

He has since then received treatment successively from Dr. Bremer, St. Louis ; Dr. Spitzka, New York ; Dr. Hammond, Washington ; Dr. Bryson, Dr. Robertson, and myself, and notwithstanding the infinite variety of treatment he has undergone, and the talent brought to bear on him, his hope is still deferred ; he still wallows in the Slough of Despond !

Amongst other things I used was ligation of the dorsal vein ; and, according to his own account, he was distinctly cheered, on two or three successive nights following it, by apparently strong erections ; but he was afraid to make use of them lest they should prove only the filmy dreams of false hopes, and, too, he doubted if the wound was healed sufficiently to allow of intercourse.

The psychic element was strongly prominent in this case ; he was ever ready to be blocked by what he would term impossibilities, though to others they would seem matters of no importance. And though he acknowledges that the erections following the ligation were stronger and more enduring than he had for years, he hesitated — and his opportunity was lost. Erections became rapidly weaker as collateral venous circulation was established, and I gave him up as a hopeless case.

What I was anxious for was, by interrupting, if only temporarily, the venous return, to secure for him one good, lasting erection and successful intercourse, in order to dissipate the psychic element—to force him to believe that he was capable of accomplishing the act. But this, as with the other measures employed, was rendered futile by his strong and ever-present belief in the “ impossible.”

## CATARRH.

By John E. Bacon, M.D.

“A Night with Venus and a Lifetime with Mercury.”

Syphilis, of all the constitutional diseases having local manifestations, is the one which most frequently comes under the observation of the nose and throat man, and by having a proper understanding of the disease in all its forms much real good may be done, but a failure to recognize it in good time may be attended with the most disastrous consequences.

Syphilis is not always a venereal disease and its victim ought not to be so universally despised and systematically robbed. Witness the many cases of infection among physicians, the vast majority of which are acquired while performing professional service. Remember the many reported cases of chancre of the lips, tongue, tonsil and finger, which occur in cases of young and innocent girls, trained nurses, and wives who come to you in total ignorance of the nature of their malady, and bear in mind that the virus may be conveyed by a kiss, a handshake, using table linen, towels, and by wearing clothing belonging to another, and learn to pity rather than despise, learn to study each case as it comes and certainly treat it rather than dismiss with your stock prescription for syphilis in all its stages.

The physician should certainly inform each patient of the infectious nature of the discharges of syphilitic sores, and warn him to have toilet articles of his own, table linen and dishes, and that his soiled clothing should be disinfected before sending to the laundry, that the innocent may not suffer also.

It is not within the scope of this paper to discuss the disease generally, and therefore the consideration will be limited to lesions of the upper respiratory tract, and to the hereditary and the acquired forms of the disease.

Hereditary syphilis should be constantly borne in mind by every physician who has much to do with children, as the general practitioner always has, and he

Smikes—“There goes a divinity.”

Spikes—“Divinity nothing ! She’s a female manicurist and chiropodist.”

Smikes—“Well, don’t she shape our ends.”