thirteen or fourteen months earlier he had suddenly lost speech and hearing, and that a doctor put something in his ears, and "blod" (*sic*) for about ten minutes, when he as suddenly and completely recovered.

Wishing to observe the patient's gait more closely than I had done at first, I asked him (in writing) to walk away from me, and when he was a little more than half way across the messroom, I called loudly, "Now come back!" expecting that one of his mates would turn him back; but to my surprise he turned of his own accord; and another order, loudly and clearly uttered, was promptly obeyed. I now remarked in a loudish tone, "You hear me now?" He nodded. "Tell me your name." He shook his head. "Say One, two, three." He opened his mouth and made two or three feeble and utterly soundless efforts, then shook his head again. "Say Ah!" After an apparent effort, he got out a whispered and only just audible "Ah." "Say Eee." Again a whispered but correct sound. "Say your name." [Brown.] A sort of whispered stutter, getting as far as B-r—, was the only response.

Being doubtful of the true diagnosis, I asked the captain to have the boy sent up next day to my office for more searching examination; and in the meantime ordered him some iodide of potassium (which I found in a medicine chest on board), on the vague possibility that some form of incipient cerebral syphilis might be at the bottom of the symptoms. I admit that this was unscientific procedure, but under the circumstances it seemed better than doing absolutely nothing. Before leaving the ship, and while conversing with the captain in the saloon, I was informed that the patient had asked audibly for a cup of tea.

The next day, at 2 P.M., the lad came to my office (accompanied by a sailor), hearing and speaking as well as ever in his life. Nothing abnormal (except slight exaggeration of the right knee-jerk) was to be found anywhere, not even by ophthalmoscopic examination. The statements of the evening before as to a previous attack were repeated *vivâ voce*. That attack, he said, occurred at his home in Southampton, but I carelessly neglected to ascertain the name of the physician who cured him by "blowing into his ears." The diagnosis of functional deaf-mutism was made, and the patient dismissed with a prescription for sodium bromide and ammoniated tincture of valerian, to be taken for a week, together with the application of a blister to the nape of the neck; and with some plain speaking as to the abuse of tobacco and coffee, to both of which he was addicted, and as to the dangers of sexual excess. The latter he denied, though one of his comrades was convinced that he had abused himself in this respect, and one of the officers told me he was sure the boy masturbated habitually; he certainly looked as if he did.

This case agrees closely with that reported by Dr. Ransom in the BRITISH MEDICAL JOURNAL of March 2nd, in several particulars, notably in the absence of features or circumstances suggestive of conscious fraud, and in the fact that the deafness was not absolute, and that both aphasia and aphonia were for a time complete. The chief point of difference lies in the more speedy but gradual recovery of my case.

I do not know whether Sir William Dalby would admit this case as one of true functional deafness, but in the absence of evidence of organic disease or deception, voluntary or involuntary, I do not know what else to call it.

I regret that the departure of the patient for Southampton the day after my second examination makes it impossible for me to follow up the case and report the subsequent history.

SULPHIDE OF CALCIUM AS A PROPHYLACTIC OF INFLUENZA.

By W. E. GREEN, M.R.C.S.,
Surgeon to the Isle of Wight Railway.

DR. J. SINCLAIR COGHILL has contributed a valuable paper on the prophylaxis of influenza by means of a large daily dose of quinine, which is undoubtedly one of the most valuable methods of treatment, but knowing that it is not everyone who can take quinine I resolved, when the first epidemic

visited us, to try a daily dose of 1 grain of sulphide of calcium. All my household took it with the exception of two servants, who for some reason or other did not, the result being that all escaped but those two exceptions.

The next year, when the epidemic again broke out, I asked the authorities of the Isle of Wight Railway to supply all their *employés* with the pills, and all who took them regularly escaped. The manager of the Central Railway also asked me to supply his men with them, and he afterwards informed me that as far as he could ascertain none of the men who had taken the pills regularly had had influenza.

During the next outbreak the pills were again given with like results, but on the Isle of Wight Railway they were not given out to each workman as formerly, consequently but few took them, and the result was that a large number of influenza cases occurred amongst those who had not used the remedy.

During this epidemic I also had an attack from having neglected to take the medicine until a day or two after the symptoms appeared.

I can certainly speak from much experience of the efficacy of this remedy, having ordered it to numerous patients with the most satisfactory results.

It takes about three days before the system becomes sufficiently saturated with the drug to prevent infection, therefore it is rarely of use to those who have already been exposed to it, though even then it appears to modify the attack. When a case appears, I believe the 5-grain dose of quinine to be more rapid in its action than the sulphide of calcium, and therefore safer to give, but should afterwards carry on the effect with the sulphide of calcium, which I feel sure is equally efficacious and much easier for many to take, as it never appears to disagree in any way, although continued regularly for many weeks.

I had a case of influenza a few days ago in a patient who had been taking 12 grains of quinine regularly every day for some weeks, and I have also seen it occur in others who have been taking daily doses of simple sulphur, with the idea of preventing influenza. I believe its *modus operandi* to be that it renders the blood unfit to receive and support the influenza bacillus.

CASTRATION FOR ENLARGED PROSTATE.

By A. G. FAULDS, M.B. GLASG.,
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I HAVE read with great interest the articles on castration as a treatment for enlarged prostate in recent numbers of the BRITISH MEDICAL JOURNAL.

My object is to draw the attention of surgeons to a certain contingency, always grave and often (in my experience) fatal, which should be taken into account before deciding on what is surgically a simple operation. I am indeed surprised at the published statements of Dr. J. W. White, of Philadelphia, and of Dr. E. Hurry Fenwick. The first-named cites thirty cases, all successful; the latter gentleman nine cases, of which number seven are reported as successful, that is, where benefit resulted without mishap. Would it not be educative and equally important to give the details of non-successful cases? With this object I give the following black list:

CASE I.—J. N., aged 66, had endured a catheter life of three years. When examined the residual urine drawn off was nearly 12 ounces, mixed with pus and blood. The prostate was very large, so that its upper limit could scarcely be reached through the rectum. With the assistance of two resident medical officers of the Glasgow Royal Infirmary I operated on December 24th, 1894. Healing, etc., were most satisfactory, but though about a week after dysuria was mitigated on January 19th hemiplegia occurred, with death on the day following.

CASE II.—J. M., aged 71, was castrated by me on January 3rd. Six days later he presented the signs of acute mania, and on January 13th died.

CASE III.—I was asked by a medical friend on January 12th to see a case of enlarged prostate. The patient had been abroad, and for six years had suffered dysuria, with the passage of pus and blood. I ascertained these to be the consequences of enlarged prostate, and operated. A week after