

following day, but I must have to wait and did wait; the next paroxysm was as usual, the third of less intensity, and then no paroxysm.

I did not find such a severe paroxysm of fever fitting with Ars. Alb. but we all know the medicine as to its variable and peculiar nature.

MENOPAUSE AND MALARIA COMBINED.

DR. N. GHATAK, B.A., CALCUTTA.

Srimati Ashalata.....aged 47 years had a plenty of menopause troubles, along with a few malarial fever symptoms. She had all along lived with her husband at Hyderabad, in a village named Pittapore and came back to her native place at Mohanpore, Po. Manbazar in the Manbhum district, in 1919 about August; that very year she contracted malaria and had been suffering from it on and off and had taken an abnormal quantity of quinine in course of 6 months or so, when flooding in profuse quantity made her condition very serious. The poor husband had at last thought of bringing her over to Purulia for better treatment and placed her under the then Civil Surgeon; the Allopathic treatment having proved unavailing and made her all the more enfeebled, she was brought under Homœopathy. Dr. G. C. Sarkar was engaged first and then myself. Dr. Sarkar after a month or so, asked the family to call me in order to have a consultation. We got the following symptoms.

Daily slow fever rising at about 3 p. m. lasting up to 8 or 9 p. m. during which a painful headache deserved special mention. Washing the head more than once would relieve her headache. A scanty sweat breaking up the heat only made her miserably weak and despondent. In fact, despondence was found to be a special feature of her case. Her sleep was full of terrible dreams. Another teasing symptom was that she

could never freely breathe through her nose, as one of the nostrils must have been obstructed alternately. Cold and coryza were very frequent, but she could not tolerate warmth, she must have open air, and free bath, cold washing and sponging in order to relieve all her pains and aches. She confessed and her husband also complained of her hopelessly bad memory,—she would forget in the evening what she had done in the morning. Obstinate constipated. No appetite for anything. Both the angles of her mouth were found to be pitifully sore and cracked.

The above symptoms intervened along with some chronic symptoms in relation to her female diseases. An all gone sensation and a bearing down pain, attended with back-ache and intense tenderness in the spine, especially the constant fear that her female organs would pass out, made her life miserable. To crown all, sudden and gushing flows of profuse blood once or twice a month appeared for more than a year or so. The only thing she had a liking for was ice-cold water which she would drink at least for 10 to 12 times a day. There was another thing which she requested us to make a note of was that she could not tolerate cold air though she wanted it, and if she was in any way exposed to a slight draft of cold air or would walk over during moderately chilly nights then she must have to suffer from gland inflammation and sore-throat. A lump like sensation was a constant thing since her youth, and throat would frequently get raw and sensitive. Her temper was awfully touchy and irritable. The husband gave occasional doses of Homœopathic medicines for the chronic ailment, but to no effect. Dr. sarkar also treated her for a month or so with no impression.

We consulted together and hit upon Lac. Caninum. I gave her a dose of 200th and found her better within a fortnight. She looked a bit cheerful and she said her fever was not visiting her as formerly. The action of the dose having worn off about 22nd or 23rd day, I gave her a dose of 5M, which

put her in a line of continued improvement for about 2 months, all the painful symptoms were less and less felt. Towards the end of 3rd month, a dose of 50M cleared up the whole case. One thing I noticed that a sticky and tar-like putrid substance consisting of decomposed blood and mucus passed off one night with a permanent cessation of the flow. No more medicine was required.

CHRONIC HARDNESS OF HEARING BORDERING
ON DEAFNESS.

DR. C. ROY, M. A., CALCUTTA.

In the morning of 27. 12. 30. there came to my office Sj. Gour Mohon Pan of 41/1, Brindaban Bysak street, Calcutta, with his son Sreeman Dulal Krishna Pan, aged about 18 years. The boy looked very dirty and unclean, his hairs on the head getting no oil probably since the present winter set in. Sj. Pan in consultation with his son gave me the following symptoms:—

“The boy has been obstinately hard of hearing for the last six years; even loud calls do not evoke any response; then after repeated bellowing, he responds with a look of amazement and eyes aghast; he was very active and smart when a child, but since this chronic affection he has become indolent both of mind and body; he is rather stupid now than intelligent; he is extremely chilly in winter and does not wish to bathe; he is rather dirty and filthy; appetite is very poor; has not much thirst; he is rather constipated, with irregular stools; likes fresh and cool air, with cold food and drink; often catches cold and cough; stool and urine offensive; suffered from teasing and troublesome worm complaints all along his childhood and voided urine, occasionally white as milk; during the last few years, he, on rare occasions, had very slight watery discharges from his right