

equilibrium of the labyrinthine circulation. I remember one case in particular upon whom I operated, over two years ago. The patient had been treated by several eminent special surgeons without obtaining relief. She was about fifty years of age and subject to frequent and pronounced attack of ear vertigo associated with deafness and tinnitus aurium. Examination revealed catarrhal-otitis media chronica. As the noises and deafness were much pronounced in the left ear I incised the drum membrane, cut the tensor tympani muscle and moved the ossicles freely from within outwards.

A suitable hook was inserted in the opening in the membrane and the ossicles were subjected to the above treatment every other day for a period of two weeks. The tinnitus and dizziness completely disappeared, the hearing power was slightly improved and there has been no recurrence of dizziness since the operation. These cases that I have referred to both nasal and aural, undoubtedly show that by restoring the equilibrium of the circulation at the base of the skull many annoying and disagreeable symptoms can be greatly benefitted and if attended to in the early stages a 'cure' can frequently be promised.

With regard to Dr. England's question, it is rather difficult to answer. The view has recently been advanced by Grunwald and I merely mentioned it.

NEPHRECTOMY FOR MALIGNANT TUMOUR IN AN INFANT.

E. W. ARCHIBALD, M.D. and C. B. KEENAN.—Dr. Archibald read the clinical notes of this case; Dr. Keenan exhibited the pathological specimen and read the report.

F. R. ENGLAND, M.D.—I would like to ask Dr. Archibald, in the event of recurrence, which so frequently occurs, whether the recurrence is local, appearing at the seat of operation, or metastatic, occurring in some other part of the body. The hypernephromas, which are generally met with in middle life, have of late been much studied and with great interest by the pathologists; their exact origin is still, I believe, a debatable question. I would like to ask Dr. Keenan if he thinks there is any analogy between the so-called mixed sarcomata of the kidney, generally occurring in very young children, and the hypernephromas; the latter are supposed to be due to displaced suprarenal rests and Dr. Keenan says the former are thought to be due to displaced Wolffian bodies.

C. B. KEENAN, M.D.—With regard to the analogy between the two, so-called adeno-sarcomata of the kidney and the hypernephromata: In the hypernephromata we have a reproduction of part of the normal