published were laid down (forty-three in number), and the situation of the lesion was shown.]

Word-blindness was also discussed, and shown to be due to a lesion in the angular gyrus. This symptom is often attended by psychical blindness, in which the patient can see but cannot recognize objects. The lesion in these cases is deep, involving the association fibres beneath the angular gyrus. It may be possible in future to select lesions of other association tracts beneath the cortex if cases are properly tested—such acts as repeating words after one another, copying, writing at dictation, involving the action of these tracts. Pure aphasia of any of these varieties is rare. The usual form is mixed aphasia, both sensory and motor elements of speech being affected. Here the lesion is in the Sylvian region, and involves both temporal and frontal lobes. Here it is accessible to surgical interference, and the indications are plain. For though we can no longer speak of the speechcentre, we can speak of the centres of motor and sensory and mixed aphasia, and each offers a sufficient guide to the surgeon, as definite as motor spasm or hemianopsia.

DR. ROBERT F. WEIR of New York said that he had been always very handsomely treated by physicians, and he had been very handsomely treated to-night by Dr. Keen. It had been his good fortune, commencing in 1883, to have practised what is now called brain surgery in ten instances—three times for tumors. three times for cerebral abscesses, twice for hemorrhage into the cerebrum where there was no external hemorrhage, once for epilepsy, and once for cerebral pain. His last case of brain surgery, which had been made the subject of a paper by Dr. Seguin and himself in the American Journal of the Medical Sciences, is exemplified in the brain he would pass around for inspection. This case illustrates a point of some importance. It was so deep that in exposing the brain they were within an ace of not recognizing the tumor. It was only detected after some difficulty, deep in the brain substance. Bergmann has stated that an operation for the removal of a brain tumor should not be undertaken, first, when the tumor is large; and, second, when the patient is in a state of coma. Dr. Keen removed a tumor over