when sensory disturbance, atrophy, or changes in the electrical reaction are still absent. The writer fully agrees with Biro, but states that in a few cases with sciatic neuritis he found the Achilles reflex increased during the first few days of the disease. In one case of spinal progressive muscular atrophy the Achilles reflexes were lost, while the right patellar reflex was absent and the left diminished. As a rule they are markedly changed in this disease. In *tabes dorsalis* the Achilles reflexes show usually the same behavior as the patellar reflexes, but in quite a number of cases the author found the patellar reflexes present and the Achilles reflexes totally lost. He considers this phenomenon of great importance for the early recognition of *tabes dorsalis*. In a great number of *tabes* cases the Achilles reflex is lost earlier than the patellar reflex. The examination of the Achilles reflex should never be neglected as it is just as much a constant symptom as the patellar reflex, and at least reacts quite as perceptibly to diseases of the nervous system as the patellar reflex. Unilateral absence of the Achilles reflex means a pathological process and very often a difference in the Achilles reflex points to a morbid change of the nervous system.

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FOCAL SYMPTOMS IN DIFFUSE BRAIN DISEASES. Dr. Alfred Saenger (Muench. med. Woch., 55, 1908, May 12).

Griesinger defined focal symptoms of brain diseases as those manifestations which are produced by a lesion of a definite area of the brain, in contradistinction to general symptoms, such as dizziness, headache, vomiting, disturbance of consciousness or changes in pulse and respiration which may occur in any disease of the brain. Monakow has just recently advanced a new conception which has, as yet, found little favor in neurology; that is, the conception of *diaschisis*. A division process connecting with localized interrupted fibers through the brain foci and changing according to circumstances. They occur in remote cerebral areas, either in corresponding convolutions of the one or in remote convolutions of the other hemisphere. The appearance of focal symptoms do not always indicate a localized organic change. The writer reports a number of cases in which a diffuse process existed with focal symptoms. Among the cases reported with focal symptoms the following conditions were present: Diffuse tuberculous meningitis, diffuse purulent meningitis, diffuse sarcomatous meningitis and diffuse leptomeningitis. Chronic diffuse carcinomatous encephalitis may occur as a diffuse brain disease and as such be greatly misleading if focal symptoms occur. Chronic hydrocephalus has frequently been diagnosed as brain tumor owing to the focal symptoms produced by the condition. Diffuse arteriosclerosis of the brain vessels may cause focal symptoms. Pick has called attention to the focal symptoms in brain atrophy of the senile period. In multiple sclerosis and progressive paralysis focal symptoms often play a great role. The author's cases show the frequency of the various kinds of focal symptoms in diffuse brain diseases. So prominent may they be that the fundamental disease of the brain remains entirely unrecognized. A closer study of focal symptoms, and how they originate, is necessary. Perhaps Monakow's teachings will bring out new facts to the origin of focal symptoms.

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