

There is no indication that hæmorrhage affects one side of the liver oftener than the other, and even in embolism it cannot be stated with certainty which side is most frequently attacked.

GEORGE M. GOULD. "A Biographic Clinic on Gustave Flaubert." *Medical Record*, April 14th, 1906.

Dr Gould epitomizes his article as follows: Flaubert from boyhood to the day of his death was the victim of unrecognized eyestrain. His epilepsy typical or atypical, his "nyctero-neurasthenia," his "migraine," or whatever name be given his symptoms, was the glaring consequence of abuse or overuse of slightly astigmatic or otherwise ametropic eyes. The mental and moral shock of the discovery led to his morbid seclusion and unhygienic life, but every indication points to a control of epileptic tendency by means of opium. This unhygienic life was partly offset by the violent "exercise" that Flaubert habitually took in his study, by means of howling, declaiming, stamping, walking, and so on. This regime met with three compensations: 1. Ocular rest; 2. excitations of the emotions and mind to overcome the inhibition of eyestrain; 3. muscular exercise. The writer concludes by emphasizing the effect of eyestrain in its wrecking power on the character, intellect, and will of this writer.

W. E. DEEKS, M.D. "Suggestions on the nature and treatment of Rheumatism." *New York Medical Journal*, March 3rd, 1906.

Dr. Deeks gives a summary of the views which are held upon the aetiology of Rheumatism briefly as follows:

Cullen's theory. He believed that rheumatism was due to the direct influence of cold on the joint structures, the coverings of which were so thin that they were unable to protect the deeper tissues.

Nervous theory. This was suggested and advocated by J. K. Mitchell, and in a modified way accepted by a number of well known physicians.

Friedlander's theory. He believed that the lesion was located in the medulla near the nuclei of the vagus and glossopharyngeal nerves and that the articular lesions are but the peripheral manifestations.

Embolic theory. Heuter suggested that the disease was due to a micro-organism which first invaded the endocardium producing endocarditis and from this emboli were distributed throughout the circulation to the parts affected.

Miasmatic theory. This was advocated by Saunders, Haygarth, Mac-lagan, and others. They believed that the poison was closely allied to malaria in its manifestations.

Infective theory. More recently this has been widely advocated because of the presence in the lesion of a diplococcus. It is claimed that