

numbers, the vision is more than perfect. If he cannot read easily No. X, the vision is defective. Suppose the eye can read promptly only No. XX at ten feet; then the degree of vision would be represented by $\frac{10}{XX} = \frac{1}{2}$. Suppose the eye reads No. VIII at ten feet, then the vision would be represented by $\frac{10}{VIII} = 1\frac{1}{4}$, which means that it is one-fourth more than perfect. The other eye must be tested in the same way, and a similar record made. If each eye sees readily No. X at ten feet, the vision of both is perfect, and the record would be $\frac{10}{X} = 1$. The conclusion would be that, since the vision is perfect, there is no disease of the eyes. There is occasionally a rare exception to this conclusion, but it is a safe rule to follow.—*St. Louis Med. and Surg. Jour.*

EXAMINATION OF THE URINE FOR LIFE INSURANCE.

1. If albumin is found in the urine, do not recommend the application for insurance because the quantity of albumin present is small, even though it be mere traces.

2. If albumin is present in the urine and the applicant is over forty years of age, decline the application.

3. If albumin and renal casts are found in the urine, decline the application regardless of the age of the applicant or the quantity of albumin present.

4. If albumin is found in the urine in large amounts—two or more grammes to the litre—decline the application.

5. If the applicant is of middle age or over, and has always been a generous eater, especially of meat; and if he rises regularly at night to void considerable quantities of clear urine of low specific gravity; and if, in addition, there is decided tension of his pulse, with accentuation of the second sound of his heart, decline the application even though the urine is free from albumin.

6. If true renal casts are unmistakably present in the urine, either epithelial, granular fatty, hyaline, or composite, decline the application, even though the urine is free from albumin.

7. If the specific gravity of the urine is normal (1.020) or above, but contains albumin at times, while at other times it contains none, especially on rising in the morning, and no casts are present in the urine of an applicant who is under thirty years of age and apparently in good health. Albuminuria is doubtless of the so-called functional form, and, in the discretion of the home office, the application may be accepted for a ten-years' endowment policy. As yet, however, such risks cannot be considered altogether safe for life policies.

8. If the applicant is subject to frequent or occasional attacks of gravel—one or more of which was recent—the application should be declined.

9. If the applicant has had one or more attacks of gravel, and more or less dull pain is present in the renal region, and the urine is more or less turbid from the presence of pus, the application should be declined.

10. If the applicant has had attacks of gravel, but five years have elapsed since the last attack, the urine remaining perfectly normal, and no pain is present in the region of the kidney, the application may be accepted.

11. If the applicant is over fifty years of age, and voids his urine with more or less slowness and difficulty at times, the stream being small, forked, or dropping, and at time involuntarily shutting off before the finish, and if he rises regularly at night to void urine, and is subject to periodical attacks of frequent urination, the application should be declined, even though the urine itself is in every respect normal.

12. If the urine contains sugar, the application should be declined.

13. If the urine is turbid from admixture with pus or blood, the application should be declined.—*Purdy, New, York Medical Journal.*

THE TREATMENT OF RETROFLEXION.

Dr. Feit (*Festschrift d. Berlin. geburstshif. Gesellschaft zum X internat. med Kongress, p. 59*) notes that retroflexion of the uterus has become a surgical disease, and therefore, since all cases do not demand operation, precise indications for treatment must be laid down. Life is not endangered by this malformation; some retroflexions are readily cured by simple therapeutic measures; while, on the other hand, no operation can restore the uterus to position as long as it remains fixed. The most easy cases for permanent cure are those which occur before thirty, whether in relation to the puerperium or from more obscure causes. For the results of abnormal labors and mismanaged puerperia are not the sole cause of retroflexion. That malformation is occasionally found in newborn children, and not rarely at puberty. Here cause and effect may be confounded, for the beginning of menstruation can hardly go on so normally in a chlorotic girl with faulty position of the uterus as in a robust subject. In cases of retroflexion in young subjects the careful application of the pessary is sufficient treatment, and half the cases so treated will be permanently cured after wearing the instrument frequently changed, for about a year. The operations are ventro-fixation, shortening of the round or utero-sacral ligaments, and Schucking's vaginal hysteropexy. The results are at the best faulty, for they can not make the uterus move freely at the same time that it lies in a good position between other viscera, bladder, intestines, etc. As long as a retroflexion is movable it requires but little treatment in a woman past the change