

largest, and then follows a copy of the scales of rates for the purchase of deferred annuities published by that company, and two further tables combining annuity and life premiums. We are rather disappointed not to be directed to the special advantages claimed for nurses. We think this a point which should be most clearly expressed; to what end is the fact of their being contributors to the "Record"? and why the trepidation to the editor for a form of application, which, we apprehend, would be hastily supplied by the Prudential Company on receipt of a post-card, or at the slightest intimation to any agent?

The "sick-pay" scheme appears to be the result of an arrangement with the Sickness and Accident Assurance Association, Limited, of Edinburgh, and here again we fail to find any statement or indication of special terms to nurses.

Assurance against sickness necessitates the embodiment of so many stringent conditions, and so much provision against ulterior motives and possibilities, that it has hitherto proved an extremely difficult problem to set forth a scheme at once safe to the promoters and acceptable to the public. The Prudential and other large societies have long since discarded this class of business for very good reasons, and it is a remarkable and important fact that a very large majority of the friendly societies assuring against sickness are brought out absolutely insolvent on actuarial investigation, so that we do not yet find ourselves in a position to give any encouragement to sickness assurance on the one hand or the other.

With regard to both these schemes, the "Record" certainly states in an explicit manner that they are strictly provident and business arrangements, and that no claim whatever is made to charity or philanthropy.

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A SERIES of gummed diagrams, perforated at the margins for ease of detachment, is here presented, which cannot fail to be of great use as accessories to the ordinary clinical note records. These diagrams represent accurate reproductions of the ordinary anatomical appearances of the larynx, fauces, and naso-pharynx. They have also the merit of exceeding cheapness. We can highly recommend them for the purpose for which they are intended

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## NOTE.

SIR WILLIAM DALBY, having completed his term of twenty years as Aural Surgeon to St. George's Hospital, is now retiring from the post.





*Mackenzie*

*Morell Mackenzie*

From a Photograph taken on 15th December, 1891, by Elliott & Fry,  
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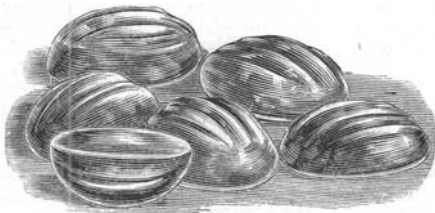
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1. **MORPHIA.** (1-40th of a grain.)  
Adult dose: From 6 to 10 daily.
2. **IPECACUANHA.**  
Readily taken by children. These pastilles are of the same strength as the B.P. lozenges.
3. **MORPHIA and IPECACUANHA.** (1-40th grain Morph., and  $\frac{1}{4}$  grain Ipecac.)  
Adults may take one every two, three, or four hours.
4. **COMPOUND MORPHIA and IPECACUANHA.** A more active remedy than No. 3. (1-40th grain Morph., 1-5th Ipecac., 1-5th Squills, &c.)  
For adults: One every two, three, or four hours.
5. **OPIUM and BELLADONNA.** An agreeable substitute for, and containing the same amount of opium as, the lozenges of the British Pharmacopoeia.
6. **ACONITE.** Each Pastille equivalent to half a drop of the B.P. Tincture.  
Adult dose: One every two, three, or four hours.
7. **COMPOUND CAMPHOR or VOICE.**  
Adult dose: From three to six or eight at intervals during the day.
8. **CHLORATE of SODA.** May be taken whenever the throat is uneasy.
10. **BENZOATED VOICE.** Useful to public speakers, &c. Less active than the Compound Camphor.  
One or two may be taken shortly before any exertion of the voice.
11. **CHLORATE of POTASH.** A more agreeable form than the lozenge of the Pharmacopoeia.  
Dose: From 6 to 12 daily.
13. **RHATANY.** Astringent.  
Dose: 6 to 12 daily, at intervals.
14. **TANNIN.** Astringent, and of the same strength as the Tannic Acid Lozenges B.P.
15. **CARBOLIC ACID.** Antiseptic and stimulant.  
Dose: One to be taken every two, three, or four hours.
16. **BROMIDE of AMMONIUM.**  
Dose: One every two, three, or four hours.
17. **CHLORATE of POTASH and BORAX.**  
Containing these two useful remedies in combination.  
Dose: One to be taken frequently.
18. **BORAX.**  
Dose: One to be taken frequently.
19. **CHLORIDE of AMMONIUM.** Expectorant.  
Dose: One to be taken frequently.
20. **GUAIACUM.** (Two grains of guaiacum in each.)  
Dose: One every two hours.
21. **IODIFORM.** ( $\frac{1}{2}$  a grain of iodoform in each.)  
Dose: One every two, three, or four hours.
22. **RED GUM.** Astringent.  
Dose: One may be taken frequently.
23. **EUCALYPTUS.**  
Antiseptic and stimulant.  
Dose: One to be taken frequently.
24. **COCAINE.** (1-10th and 1-20th grain.)  
Sedative to the mucous membrane.  
Dose: One every three or four hours.
25. **SEDATIVE and ASTRINGENT.** (Morphia 1-40th grain. Red gum 2 grains.)  
Dose: One every two or three hours.
26. **CODEINE.** (1-8th grain Codeine.) Sedative.  
Dose: Six may be taken during the day.
27. **COMPOUND EUCALYPTUS.** (Red Gum, Chlorate of Potash, and Cubebs.)
28. **COMPOUND GUAIACUM.** (Guaiaicum, Chlorate of Potash, and Red Gum.)
29. **COMPOUND RHATANY.** (2 grains of Extract of Rhatany and 1-10th grain of Hydrochlorate of Cocaine.)  
Dose: From four to six a day.
30. **BORACIC ACID.** (1 grain.)
31. **RED GUM and COCAINE.** (Containing Red Gum and 1-20th gr. of Hydrochlorate of Cocaine.)
32. **RED GUM and CHLORATE of POTASH.** Astringent.
33. **RHATANY and CAPSICUM.** (2 gr. of Extract of Rhatany.)  
Dose: From four to six a day.
34. **TEREBENE.** (2 minims of Terebene.)  
Dose: From four to six a day.
35. **JABORANDI.** ( $\frac{1}{4}$  gr. Extract in each.)
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Dose: One may be taken frequently.
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Dose: One when required.
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### OUR NEW DEPARTURE—OTOLOGY.

IT has been determined, after great consideration, to widen the scope of this JOURNAL by including in its matter the subject of Otology. We have been led to do so for several reasons. One of these reasons is certainly not any want of appreciation of our paper in its present condition, as we have every reason to be gratified with the increased demand for it during the present year. On the other hand, it is well known that the specialities of Rhinology and Otology are as closely associated as those of Rhinology and Laryngology, and it has seemed regrettable that a branch of the healing art so closely intertwined with those we have hitherto exclusively cultivated should be kept apart and allowed, as far as we are concerned, to wither. Many of our readers are otologists, and we venture to think that we are about to supply wants which many have expressed and many more have felt. Apart from the American "Archives of Otology," we believe there is no journal in the English language which gives an exhaustive review of the science referred to. What we offer to do is, to present our readers with such original articles, abstracts and reviews, as may enable them to keep abreast of the state of knowledge of the ear and its diseases. Our co-editor, Dr. DUNDAS GRANT, has accepted the responsibility for the fulfilment of this promise, and we have every confidence that the hopes of the editing committee will be realised, and the requirements of a large circle of readers satisfied.

This is the first number which contains the section on Otology.





