Aetheris, aa ʒ iv
Spirit. Lavandulae, gtt. x.

3. Return to the bath, and remain there half an hour.

4. After drying, paint each spot with the following:

℞. Arthrarobin, or chrysarobin, 1 part.
Liquor gutta perchæ, or flexible Collodion, 10 parts.

Arthrarobin is not quite so effective as chrysarobin; but it is safer. It may be employed over the entire body, whilst chrysophanic acid must not be used on the face or hands, not only on account of the very dark staining of the skin that it causes, but also on account of the likelihood of its causing the disagreeable and even dangerous "Chrysarobin Conjunctivitis." If we decide to use it, the Ungt. Hydrargyri Ammoniati must be employed on the face and hands.

By this means the inuncting of the whole body with disagreeable ointments, the use of cloths and bandages, and all the nasty paraphernalia of the regular ointment treatment is avoided; and the clothing, inevitably ruined in the older methods, is in no way harmed. The evaporation of the etherial and alcoholic vehicles of the remedies leaves them in a thin and hard layer on the skin, and their penetration in these solutions is at least as great as when suspended in the ordinary fatty vehicles.

The local treatment of the second case is more simple. We now possess in the Unguenta Extensa, Collemplastra, and the Plaster Mulls, a variety of very eligible preparations which are really ointments spread on plaster, and so combined with the basis that they can be used and applied like ordinary rubber plaster. We simply take some of the 10 per cent. Chrysarobin plaster mull, cut a piece to accurately cover the psoriatic spots, and apply them. They fit accurately to the parts, need no cloths or bandages to hold them in place, do not soil the clothing, and, above all, limit the action of the remedy exactly to the diseased area. We will direct the patient to renew these plasters daily until the patches are cured.

Shall we succeed in curing our cases? Yes, for the time being. Every spot of psoriasis will disappear from the skin; but others will come back in time to take their place.

25 West 53rd Street,
New York City.

## Society Proceedings.

### THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, June 1st, 1894.*

J. B. McCONNELL, M.D., 2ND VICE-PRESIDENT, IN THE CHAIR.

Dr. S. R. Mackenzie was elected an ordinary member.

*Chronic Nephritis in the Dog.*—Dr. ADAMI exhibited specimens, and gave the results of his examination of a case of chronic interstitial nephritis in a dog, submitted to him by Dr. Wesley Mills. The two kidneys differed in size, the right being the larger, and to the naked eye presented the condition well known as chronic interstitial nephritis. The capsules in both were thickened; they peeled off without great difficulty, revealing a nodular surface beneath. They cut firmly: the sections showing dilated pelves, and the cortex varied in thickness, in some places corresponding to the depression of the surface, and was almost entirely atrophied; that of the right kidney, on the whole, appeared less affected than that of the left. Microscopical examination revealed a condition similar to that seen in chronic interstitial nephritis of man. There was a general fibrosis of the medulla, with occasional tubules containing traces of uratic deposit, while the pelvis of the left kidney contained a minute calculus. The ureters in both had rather thickened walls, but neither in these nor in the bladder was there found any evidence pointing towards an obstruction to the flow of urine

Commenting on the existence of this disease in the dog, Dr. Adami remarked that while in his experience, as well as in that of Dr. Mills, it was of rather rare occurrence, yet it was easy to conceive causes for its production; inasmuch as the factors of excessive inception of nitrogenous food, coupled with insufficient exercise, which are recognized causes of the condition