

opalescent tint, the size and shape of which are extremely irregular and variable. It may develop in the above described manner, or else be preceded by the eruption of pea-sized, oval, erythematous macules, somewhat raised above the surface. The macules are usually situated on the neck, shoulders and upper part of the chest, but in rare instances may also be seen on the abdomen, the back, arms, thighs and legs. As a rule, however, they spare the extremities and seldom, if ever, appear upon the face. The patches are either isolated, not exceeding eight or ten in number, or else so numerous and confluent, as to almost cover the entire upper part of the chest. In size they vary from a small pea to a 25 cent piece. They exhibit a tendency to extend at the periphery, to coalesce with each other and form large, irregular patches. Owing to the indefinite fawn-colored tint the lesions manifest, the French adequately term it "café au lait" (coffee and milk color). Tinea versicolor never produces any constitutional disturbances; even the lesions by themselves are unattended by any subjective symptoms. The integument in the immediate vicinity rarely exhibits any inflammatory symptoms, but seems on the whole to be tolerably healthy. Later in the disease the macules become covered with thin, furfuraceous scales, which are adherent, fine and branny and can be removed by rubbing the lesions. They may be either very abundant or scanty, loose or closely adherent. After bathing the patches, the scales become less numerous. In unclean subjects they are very significant and of a dirty iridescent color. In individuals perspiring freely, the scales undergo maceration and form pasty masses or rolls, oftentimes becoming embedded in the folds of the integument. In plethoric persons and those suffering from Hyperidrosis, especially in the summer, the lesions give rise to a great deal of annoyance by manifesting subjective symptoms as itching and burning. The latter, however, as a rule is never present in an ordinary case of tinea versicolor unaccompanied by the above mentioned conditions. The disease has been frequently observed in tuberculous individuals, and the question, if tinea versicolor were really not a tubercular affection of the skin—a variety of Lupus, could easily be promulgated, provided the existence of the specific microsporon furfur could be denied.

The disease shows a tendency to reappear if once removed. Thus we often see the lesions disappear under treatment more readily in the winter months than in the summer or autumn, so that at times we fancy the patient to be completely cured, when insidiously the lesions return at about the same time the next winter. There is a patient in my clinic, who has had four recurrent attack of this disease in the manner described above. We rarely see Trychophytosis in persons past the age of fifty. As regards the course of the affection, it must be admitted, that it is progressive and steady when left alone; under judicious treatment however the rapidity of its extension can be lessened and the lesions finally made to disappear. It seems to me, that brunnettes are more prone to the disease than blondes. A rough, harsh skin is a favorable medium for the invasion of the microsporon. If tinea versicolor has first manifested itself in the first or second decade, it as a rule persists with slight modification until the thirtieth or fore :