## TINEA VERSICOLOR.

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Tinea versicolor, or as it is else termed "Trichophytosis," is not a rare cutaneous disease. But the uncertainty of its recognition, the oscillation and ineffectiveness of its treatment, render it a source of annoyance to both the physician and patient. The latter convinced of the futility of the treatment, very often drifts into the hands of the charlatand; the former at a loss to make a creditable diagnosis and incognizant of the means to abate the disease, thus considerably embarrassed, he finally becomes negligent and indifferent towards the treatment.

It has been my sole labor for the past year, to gather all the literature possible on this subject, which—together with cases of tinea versicolor, occurring both in the clinic and my private practice—enables me to draw the clinical picture of the disease, to accurately as possible dwell upon the diagnosis and to outline the method of treatment as advocated by modern dermatologists. The symptomatology and diagnosis of this variety of tinea will be illustrated at the conclusion of the article by cases, witnessed in the dermatological clinic, where I act as an assistant.

Tinea versicolor is a cutaneous affection due to a vegetable parasite—the microsporon furfur, invariably present in the epidermis, and is characterized by the gradual appearance of yellowish, brownish or opalescent patches of various shapes and sizes, and situated superficially in the stratum corneum.

Etiology.—The direct cause is the vegetable parasite, mentioned above. Eichstadt was the first to demonstrate the parasitic nature of this disease. In 1856 the microsporon was isolated and examined microscopically. Tinea veriscolor is but mildly contagious. The manner of invasion of the integument by the parasite, is a matter of supposition. The air is most probably the abode of the parasite and its spore, which cling to the clothing and skin. Kaposi claims that the spores are contained in the water in which the clothing is washed tenaciously adhering to them and are thus finally conveyed to the cutaneous surface of men. The relation of tinea versicolor to tuberculosis is not known; as a fact, however, it is frequently met with in the consumptives. Both sexes are equally attacked by this parasite, but in my clinic the female sex was predominating. Anæmic individuals and those whose general condition is below par, furnish a good soil to the parasite and its spore; but even robust people are by no means exempt. The age most prevalent to this affection is from 20-30, although cases have been observed in extreme youth and adolescence. A girl aged 12 presented herself in the clinic with the eruption well out.

Symptoms.—As mentioned above, the microsporon invades the epidermis but superficially, the hairs and nails being exempt from it. Its first appearance can be noticed by the development of furfuraceous macules, of a yellowish or brownish hue, at times even assuming an