the new formation in the deeper layers of the epidermis.

Such are the general appearances of psoriatic patches as presented to the eye at first sight.

Let us now examine a case of eczema squamosum. Here we have a late stage of one of the four varieties of eczema; it has been noticed to frequently follow eczema erythematosum. In eczema squamosum we also find one or more dry, more or less scaly infiltrated patches occupying various parts of the body; all the superficial, objective phenomena appear almost identical with those of the psoriatic patches; in fact the two diseased surfaces resemble each other so greatly that some continental writers were led to apply the term psoriasis to these cases of eczema squamosum.

Having now endeavored to show how easily a mistake in diagnosis can occur during an ordinary superficial examination of the objective lesions, I will briefly state the points which appear to be most important in distinguishing the two diseases:

One of the most conclusive means of diagnosis of psoriasis, in my opinion, is the discovery of a thin, delicate, almost transparent membrane, which is found beneath the scales in the psoriatic patches, between them and the surface of the integument, which latter is described as "red and studded with minute blood-points." The discovery of this membrane was first made known to the profession by Dr. L. D. Bulkley, of New York, and an interesting description of it can be found in the "Archives of Dermatology," vol. IV., No. 11, Aprill 1878.

In my experience this membrane is always present in the disease now under consideration. In the removal of scales from eczematous patches I have failed to notice any appearance that could be mistaken for this "pellicular membrane" of psoriasis. Among other points of diagnosis may be mentioned the following: The patches of eczema fade imperceptibly into the healthy skin, whereas in psoriasis the termination is abrupt, the line of demarcation being sharply defined. The scales on eczematous patches are thin and occasionally silvery-white; those of psoriasis are thicker and silvery, and, under a hand-glass, present a more or less imbricated appearance which is wanting in the scales of eczema. Again the color in eczema is of a brighter tint than in psoriasis, and the itching is more constant and severe.

Another important aid to the diagnosis is the decided preference which eczema shows for the flexor surfaces of the elbow and kneejoints, while psoriasis exhibits a strong tendency to develope upon the extensor surfaces of the same joints. Combined with the above points the previous history of the case will contribute greatly towards a correct diagnosis. In the majority of cases of eczema there is usually a history of moisture at some stage, "the exudation," which with the older writers was considered a *sine qua non* of all cases of this disease; in psoriasis the disease is always dry from the first; further, eczema squamosum, as the later stage of an acute attack, has been preceded by papules, pustules or vesicles; in psoriasis we have accumulation of scales alone as the primary eruption; finally the average health of psoriatic patients is good, while eczematous subjects are more or less debilitated.

Let us now devote a few moments to the diagnosis between cases of eczema pusculosum et vesiculosum and scabies. This I consider a highly important subject, from the fact that those two diseases now possess more features in common than any other two, and because they are, with the exception of acne, more frequently encountered than any other cutaneous diseases.

We are all aware that the origin of scabies is due to the acarus acabici, and therefore the discovery of the acarus, its ova or caniculus would settle the diagnosis at once. But this is by no means easy in all cases. Take, for example, a chronic case of scabies; here, owing to the long continued and severe scratching, all appearences of the cuniculi and ova are obliterated; in place of them we find inflammation, papules, pustules, vesicles and crusts; exactly the condition present in many cases of eczema.

In such cases the following points may be remembered: In scabies, contagion, either direct or indirect, is bound to have taken place, and a clear history of contagion proves very valuable to the physician. The regions attacked offer important diagnostic hints, scabies generally occurring primarily upon the inner surfaces of the wrists, the lateral surfaces of the fingers, and upon the forearms; in children frequently over the gluteal region. From these points it rapidly spreads until more or less of the whole cutaneous surface is involved.

On scraping the garments the patient wears next the skin, and placing the débris upon a glass slide beneath the microscope, sometimes fragments of the acari can be discovered. A pruriginoid eruption when most abundant over the inner aspect of the thighs, the abdomen and the forearms is suspicious of scabies. Again, the scabies is generally more diffused than eczema, and the itching is marked. Finally, in doubtful cases, resource must be had to treatment to determine the character of the eruption, a parasticide being eminently beneficial in scabies, but being of little, if any, good in cases of eczema. It should be remembered, that severe scratching can develop in patients with scabies a true case of eczema, which has a tendency to become chronic unless subjected to judicious treatment.—*National Medical Review*, Washington, U. S.