

has preferences for certain regions. It invariably commences on the scalp, whence it tends to progress downwards, affecting different localities in the following order of preference: Face and neck, sternal and intrascapular regions, groins, armpits, umbilicus, and lastly the extremities. In a few cases it becomes general, producing a form of pityriasis rubra. The disease is as a rule very sluggish in its course. It may remain confined to the scalp for years before it invades the rest of the body. When the disease spreads, widely separated localities may be attacked. Thus seborrhœic eczema of the scalp and inguinal regions is fairly common.

The lesions generally have a scaly or crusted appearance, although they frequently undergo change, as for example, into the moist form. Moist lesions are probably always secondary, and in most cases are associated with the scaly or crusted manifestations of the disease. In uncomplicated forms of the disease vesicles and pustules are absent.

The scaling lesions are the mildest variety, and are frequently seen on the scalp and face, where they form circumscribed or diffuse scaly patches, on a normal colored or slightly hyperæmic skin. This is the condition which was formerly described as *pityriasis capitis, barbæ, faciei*, etc. Another form of scaling lesion is seen during the involution of the crusted and papular patches, particularly in the sternal and intrascapular regions. Here the skin has a fawn color which is a specific symptom of this disease.

The crusted form of lesion results from the accumulation of scales, fat and fibrinous serum. The crusts are generally greasy and of a yellowish or brownish color. Typical forms are frequently seen on the scalps of infants and of adults, where they nearly always result in alopecia.

Besides appearing in diffuse patches the lesions frequently present very characteristic forms and figures during the evolution and involution of the disease. Thus we frequently see solid patches varying in size from a pea to a large coin. Many of these lesions clear in the centre and assume an annular form, and these again may become crescentic in shape by the involution of part of their circumferences. When a number of these annular and solid forms coalesce gyrate figures are produced. The epidermis around the periphery of many of these lesions has a wrinkled appearance. The scales and crusts are, as a rule, readily scratched off down to the tips of the papillæ, when the surface of the patch appears dotted with minute blood points. This is the condition which is so frequently observed in psoriasis. An important characteristic feature of the