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### Original Communications.

#### CLINICAL LECTURE.

##### ON PITYRIASIS VERSICOLOR.

Delivered at the Montreal General Hospital, Oct. 11th, 1887.

By F. WAYLAND CAMPBELL, M.D., L.R.C.P. London, Professor of the Practice of Medicine in the Medical Faculty of the University of Bishop's College.

This disease is characterised by yellowish-brown spots of variable size, slightly, if at all, raised above the surface and scattered over the chest, abdomen, upper extremities and back, and slightly desquamating in the center. We sometimes meet with cases where the patches are very large, scarcely broken by a patch of healthy skin. Fortunately the disease rarely attacks the face. It is seldom, if ever, met with in very young children, is most common in adults, and very rare in advanced life. It is met with among those who perspire freely. The disease is due to a fungus, which seems to require a dry location for the performance of its work. The reason why the disease does not appear on the face and hands is the fact that these parts have soap and water freely applied to them, and thus the uppermost epidermic layers in which the fungus has its seat are worked off. In men it is sometimes met with in the genitals, that is on these portions of the thigh, on which the serolum rests. Here the skin often acquires a brownish red or copper color. In females it is common on the pubic region and on the Labia majora. The spreading of the spots is often slow, though I have seen it attain considerable dimensions in a very short time. In the fall and winter the disease is most

generally met with, on account of less bathing and warmer clothing. The fungus of this disease is called *Microsporon* "*Furfur*." Pityriasis Versicolor may be confounded with macular syphilide, and pigment remnants of other eruptions. Its decided brown color, slight desquamation and easy removal of the upper layer with the finger nails, will readily prevent an error in diagnosis.

*Treatment.*—The great object should be to cast off the upper layers of the skin in which the "microsporon" has its seat, and for this purpose, I know nothing superior to a lotion of  $\frac{3}{4}$  s to  $\frac{3}{4}$  j of Hyposulphite of Soda to an Oj of water. This lotion should be freely applied to the spots by means of a fine sponge, several times daily. Yesterday, I had at the out-door clinic, a woman, who on the 3rd of this month presented herself to me, with well marked Pityriasis Versicolor, principally on the chest and shoulders, and for whom I prescribed this lotion; its effects was everything that could be desired, and on her return yesterday she was practically cured. The case before you now you see for the first time to-day. I shall adopt the same treatment and in a week I hope to be able to show her to you perfectly cured. Frictions by green soap—with a copious bath daily, will at times be found useful. Ointment of chrysarobin ten to 20 per cent., pyrogallic acid, five to ten per cent., salicylic acid of like strength and thymol of five per cent. are all useful, but my experience is decidedly in favor of the lotion of the Hyposulphite of Soda.

#### LUPUS.

The morbid process consists in the fact that the skin is penetrated by a specific virus at present