when it gradually disappears, leaving behind a vitildigo, corresponding to the size and shape of the primary lesions. It need not be mentioned, that in the fair sex this disease is a source of great annoyance and anxiety, especially to those who move in the better circles of society. The rich in palaces, among excellent hygenic surroundings, and the poor in the hut, rarely partaking of baths are equally affected with it. Those predisposed to cutaneous disorders, in the so-called "cutaneous diathesis," in the scrofulous and eczematous, tinea versicolor is more likely to appear, then in individuals with a sound integument.

Diagnosis.—The diagnosis is by no means so easy as it has been supposed heretofore. There are a legion of affections simulating tinea versicolor. Therefore the principle features of the disease must clearly be brought forth, at the expense of minor points, unnecessary and burdensome to the general practitioner. As a rule the lesions are situated on the neck, shoulders and chest and rarely on those parts exposed to light. The color of the lesions is very suggestive, consisting of a mixture or rather a variety of hues, a fawn, which can approriately be termed opalescent, or as the French calls it a "café an lait" tint. The spots or macoles are usually elevated above the surface; when they are exposed to heat, they exhibit an erythemations tendency. Lastly the delquamative nature of the lesions should form the most important diagnostic feature of the disease. Finally the microscopic examination and the detection of the microsposon furfur, leaves no doubt as to the real character of the disease The absence of subjective symptoms as burning and itching should be taken into consideration in making a diagnosis. In excessive perspiration it is true these lesions may undergo maceration with subsequent inflammation and might be mistaken for eczema, yet the subjective symptoms are as a rule insignificant to warrant a diagnosis of eczema, and furthermore eczema never appears on the parts usually involved in tinea versicolor. Chloasma may at times be mistaken for tinea versicolor. If we however bear in mind, that it is the rete mucosum which is excessively pigmented in chloasma, while tinea versicolor is an affection of the corneous layer, we will never be at a loss to differentiate between these two diseases. The patches in chloasma—furthermore—are smooth and not elevated, while the macules of tinea versicolor are raised above the surface and covered with fine furfuraceous scales. The parts involved in these two diseases are also different, chloasma occurring more frequently on the face, a region, seldom, if ever attacked by tinea versicolor. Vitilligo can hardly be mistaken for tinea versicolor. Although a sequel to the latter, it presents features distinctive from the former disease. The patches of vitilligo are white, while the borders pigmented; they are never elevated, nor do they exhibit the furfuraceous scaling. Lentigo invades the exposed portions of the body, is not attended by scaling and does not present the hue, peculiar to linea versicolor. As a rule, the microsporon furfur is not known to thrive on parts exposed. Macular syphilide may give rise to considerable perplexity in the diagnosis; its color however is not so intensely yellow, as that in tinea versicolor; neither do the macules show any tendency towards elevation or desquamation. They are rather of a