

There was an extreme
tarsal bones, with caries.
the cuboid and external
tarsal series of joints
internal cuneiform and
region—on either side
scaphoid and internal
inter metatarsals—were
a second small area
ds of the three middle
h the history given of
outions, while the con-
hollowed out in it tal-
dian disease given by

moved it in June, 1894,
middle and lower thirds
plenirisy, but eventu-
ump.

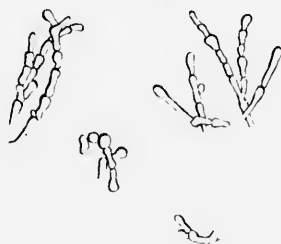
the Pathological Labor-
(.) was preparing to de-
ded in preservation fluid
he heard that it was to
ociety, he examined it
e to specimens of Ma-
tons with sinuses, and
ch were granules of a
a pin-head, and yet
e as large as two or
asses were formed of

scope, and again upon
could be easily seen.
myces, forming lobate-
adiate arrangement of
however, were larger
were easily distinguish-
while under the high
he clubs to bifurcate.
y cases the collections

onsiderable shrinking,
seen *en masse*. Never-
masses, the branching
he masses long hyphal

processes tending to be swollen at their extremities projected far beyond the main clump of rays. In these, while there was evidence of granulation and uneven staining, I could detect no sign of transverse cleavage. In one specimen, however, I came across ample evidence of such, and it is necessary that the fact should be mentioned. This was in a specimen of a large mass obtained from a sinus when first I examined the foot. This was placed in glycerin and surrounded with Canada balsam, and has formed one of the best and most typical examples of the actinomyces-like appearances that I have mounted. (Fig. 3.) Within the last few days I have teased and faintly stained a portion of this mass, and to my great surprise have found that some of the separated hyphæ show the clearest evidence of being formed of irregular joints of varying length and very varying breadth, some of the segments being oval, and, in fact, almost spherical, although in general they are elongated. Of such segmentation, as I have said, not a trace is observ-

FIG. 3.



able in the peripheral zone of the intact mass, and I am led to conclude either that these segmented hyphæ are an intrusion, that the sinus contained more than one form of fungus, or that in the deeper layers of the rayed masses true segmentation does exist, as Carter originally noted and figured, and as Bassini also found in his case.

Leaving out of account this single observation, I may say that in all other respects the microscopical appearances, in general, tally with the description given by Kanthack,¹¹ just as the clinical history and the appearance of the diseased foot tallied entirely with the description given by Vandyke Carter³ and others.

There are two main varieties of mycetoma, the black and the white, or, more truly, ochroid. To these Vandyke Carter would add a third, in which the surface has the appearance of having been sprinkled with red pepper. So far as I can learn this third variety is very rare, and no exact observations have been made upon its pathology. It may, therefore, be passed over for the present.

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