not know, however, that the there exists in any European or American inuseum a specimen of the bony skeleton from a case of mycetoma.

The two specimens exhibit the peculiar features of mycetoma as it affects the bones of the foot, namely, the development of sinuses of fairly large size and comparable with the sinuses which ramify through the soft parts, and with these a condition of rarifying osteitis.
'The history of these two cases is very similar. Dr Hyde's was that of a native of the United States, who had never been out of the country, born of Bohemian parents, and aged 20, in whom the condition had lren developing for thirteen years; a hard nodule was first noticed in the skin of the sole, and the condition gradually involved the anterior third of the foot. Buttons of flesh developed, some of then being present in large coalescing patches, others being isolated. These buttons formed the mouths of sinuses, passing in all directions internally.


From a drawing of a specimen of Fungus Foot in the Madras Museum, in Druitt's Surgcon's Vaulc Mecum. Eleventh Edition. London. 1878.
Our own case, it may be remembered, was in a French Canadian, aged 21, ind the condition began ten years previously as a bluish spot upon the imner side of the right foot, developing only some months later into an open sore; while yet later there appeared on the sole, between the first and second metatarsals, one of the characteristic buttons of Hesh. In both there was characteristic swelling and deformity of the affected part, with notable absence of pain. In both also from the sinuses and in sections of the affected region there were obtainable the granules of the fungus, which on microscopic examination resemble actinomyces in the broad details of their structure. Both, then, present the classical features of the ochroid variety of Madura foot though we observe from the short account of Dr. Hyde's case, given in the November number of the Medical Jouminul, that although the

