

walk until last fall, when the condition became very much aggravated, the nodules appearing all over the foot.

The discharge from these sinuses has always been scanty and of a thin purulent character. He came to the General Hospital where, as the foot seemed useless, it was amputated.

Dr. ADAMI remarked that in the pressure of work he had delayed the examination of the foot until that afternoon when first he heard that it was to be brought before the Society that evening.

On proceeding to examine it he was immediately struck by the resemblance between the general appearance of the amputated foot and that of cases of madura foot. There were the same button like elevations of the skin scattered over the surface, and at their centres the same fine sinuses leading deep down into the interior of the foot, while by pressure upon the buttons there was extended a thin pus containing characteristic yellowish gray bodies. Upon studying the discharge under the microscope, and again upon examination of sections the structure of these bodies could be clearly made out. They clearly resembled in general appearance the ray fungi of actinomycosis, forming lobate masses of varying size, the larger being easily distinguished by the naked eye, some indeed being as big as small shot. Like actinomyces, the masses showed a radiate arrangement of filaments or clubs all around the periphery, with a central irregular network of filaments; unlike actinomyces the clubs were so large that they could be recognized by the low power of the microscope (Zeiss A), and under the high power there was a marked tendency observed for the clubs to bifurcate. In the sections the masses could be seen surrounded by collections of leucocytes, so loose that unless special precautions were taken, the fungi fell out. These appearances tally entirely with the very full description given by Kanthack in the *Journal of Pathology*, Vol. I. Whether this is a species absolutely identical with the Indian form can only be determined by