

side of the foot, whose surface was depressed quarter of an inch below the general surface of the organ. This was covered by a white, friable, fluffy substance, appearing to the naked eye like mould or fungus. A probe could be passed into several sinuses opening into the ulcer. These sinuses contained masses of the same fluffy material as was found upon the surfaces of the ulcers, and, in addition, yellowish, highly refractile bodies, forming mulberry-like groups. The sinuses opened into cavernous spaces within the substance of the foot. These were filled with white tubercles.

It will be seen that this case of Kemper and Jameson varies from the usual clinical history and symptomatology in its short duration—six months—in the absence of any description of the very characteristic buttons, in the fact that redness, swelling, and tenderness of the foot preceded any recorded external inflammatory manifestation; and again in the fact that ulceration appears to have been the main process, and that the ulcers were covered with white, fluffy, mould-like substance. This last point together with the description of blebs rather than buttons are points which I think are unlike what would be described in connection with the true disease.

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