

duration is from three to seven years. In rare cases a considerable portion of the foot has become involved in twelve months or less.

Nevertheless if one case has occurred on this continent it is fairly certain that others have, and Kemper's case may have been one of these. I own that it is difficult to imagine what disease Kemper could have had before him if it was not mycetoma. It must, however, be remembered that recent observations are bringing to light the fact that aspergilli and other fungi have a tendency to assume a rayed growth within the organism.⁶ The probability is that we have to deal with a series of actinomycoses, and it is a question which the future must solve, as to how many fungi, of the more usual type—not only streptothrices, but also hyphomycetes—are capable of producing the clinical appearances of Madura foot or mycetoma pedis. Bassini's case, for example, does not wholly conform with the classical descriptions of the black variety, nor again does Hewlett's third case.¹² We have pointed out that in some respects Vincent's case presents unusual features, and if further research in our own case brings to light additional examples of true segmentation of the hyphae then it will have to be divided off from the rest.

In its slowly progressive character, its long duration, the absence of constitutional disturbance, and little local pain, in external appearance and the development of innumerable sinuses with affections of the bones of the foot, in the presence of characteristic large granules, recalling the appearance of enlarged actinomycotic masses—in all these particulars it will be seen that our case conforms remarkably with the disease as found in India. Kemper's case, on the other hand, presents many departures from the usual type. In it the patient, a native of Ohio, aged twenty-five years, suffered from a swollen foot for three months before any external lesion was manifest. Then several blebs the size of a split pea made their appearance. When first seen by Kemper there were five or six of these, about half an inch in diameter. In their centres a round opening existed with well-defined borders, and out of the sinuses exuded a glairy white fluid, resembling white of an egg and extremely offensive. These eventually coalesced into one large ulcer. Later other ulcers appeared. There was intense pain, so that the patient gained very little sleep. The foot was removed six months after the first swelling showed itself.

Examination after removal revealed a large ulcer over the inner