

The person should be placed in a cool room, the part immersed in iced water—or very gently rubbed with snow. If ice or snow cannot be obtained, the coldest water should be used, repeatedly changing it, until the circulation and sensibility are thoroughly restored. The patient should not approach the fire, and all warm applications should be scrupulously avoided. These precepts should on no account be neglected, for by so doing, mortification would in all probability be the result.

Sooner or later after the part has been restored to its natural temperature and sensibility, capillary congestion takes place, accompanied by the usual symptoms of reaction: heat, redness, pain, and swelling. If the part has been exposed to severe or long-continued cold, effusion under the cuticle appears; this generally takes place in from 12 to 24 hours; the vesicles may be filled with a colourless serum, or a mixture of blood (or the hæmatin of blood) and serum.

In the milder form of inflammation the contents of the vesicles is *colourless*, in that where the part has become disorganized, the contents of the vesicle is very *dark* coloured: and if the dark colour of the vesicle is accompanied by the falling of the nails, we may conclude that such an amount of disorganization has taken place, that gangrene must be the result.

*The treatment of Frost-bite* after reaction has commenced, consists in endeavouring to prevent the inflammation from running to such an extent as to induce sloughing of the structure. The necessity no longer exists for keeping the patient in a cool room. The part should be placed in an easy and elevated position, lightly covered, and slightly stimulating lotions applied. If local reaction threatens to be severe, painting the part with the compound Tincture of Iodine has been found most serviceable. If vesicles appear they should be opened by small punctures, and lint applied, spread with a mixture of equal parts of lime water and cod-liver oil, which has the effect of relieving the burning and smarting sensation, probably by protecting the ulcerated surface from the action of the atmosphere.

Should the part lose its sensibility, become colder, assume a purplish, mottled or greenish-black hue, vesicles filled with *dark fluid* rise upon the surface, and the swelling, at first hard and tense, put on a doughy character; then we have gangrene to deal with, and should treat it accordingly, by mild local antiphlogistic treatment: and if there is much local tension, by free incisions. When fætor appears, it should be diminished by antiseptic applications, such as carbolic acid, the chlorides and charcoal. If the gangrenous parts are large, these substances may be applied in the form of solution, or the charcoal may be dusted upon the part; if small, they may be used in poultices.