

CLINICAL LECTURE ON A CASE OF
FROSTBITE, TORONTO GENERAL
HOSPITAL, SESSION 1880-81.

CLINIC OF DR. THORBURN.

History.—J. P., aged 29, admitted Nov. 22, 1880; is a French Canadian; lives in Montreal; is a labourer; has always been healthy, of good constitution; has used liquor moderately; his family history is good.

Present Complaint.—Was travelling from Buffalo, N. Y., to Montreal; got as far as Hamilton by rail, when, his money being nearly exhausted, he determined to walk the remainder of the distance. Arriving at Duffin's Creek, Nov. 21st, and having no place to sleep in over night, went into a barn and lay down on some straw, his feet being towards the door. On awakening next morning he resumed his tramp, but after proceeding for a short distance, felt a severe pain in both feet. On removing his shoes and stockings, found both feet frostbitten.

On examination after his arrival at the Hospital (Nov. 22nd), the toes, and nearly as far up as the tarso-metatarsal articulation of each foot, were found affected—dark, livid in appearance.

Treatment.—Poultices of charcoal are ordered.

Nov. 24th.—The line of demarcation is appearing.

Nov. 29th.—There is complete separation between the living and the dead integument.

Dec. 1st.—The injury is found not to have extended beneath the skin, excepting in some of the toes.

Dec. 24th.—Amputation of the three middle toes of the left foot through the second phalangeal articulation; and of all the toes of the right foot through the metatarso-phalangeal articulation performed; the patient not being under the influence of an anæsthetic, at his request.

Dec. 30th.—Poultices of charcoal applied.

Jan. 29th.—Amputation performed of the two remaining toes of the left foot, the bones having become necrosed.

Dr. Thorburn remarked substantially as follows:—In the case now before us, we see some

of the severer effects of the application of cold to the human frame. Differing from this condition only in degree, is that common and annoying affection known as chillblain, to which I propose briefly to draw your attention in the first place. This is seen in the young frequently, and in women oftener than men. This may be accounted for by the fact that chillblains are much more liable to attack those of feeble and languid, than those of vigorous circulation. As another illustration of this truth we may remember the parts specially obnoxious to this condition, viz: the toes, fingers, nose, etc., all parts with comparatively feeble circulation.

In such patients then, and in such parts, we find, if they are exposed to the cold and heat, especially if these conditions are considerable, and more especially if the change from one to the other is rapid, a local inflammation of the skin supervening, with the following symptoms:

First, there is to be noticed a certain amount of rubefaction. The inflammatory process, if it has not been increased by irritating treatment, or unwisely stimulated by too rapid application of heat, may proceed no further than this stage. If, however, a contrary course has been pursued it may proceed to sloughing or even ulceration. This stage is thus described by the late Mr. Syme: "Ulcers of chillblain's present the appearance of a smooth, superficial excavation, with thick, white edges, and a peculiar viscid, slimy discharge."

In addition to the physical signs just mentioned, we find considerable hyperæsthesia of the part, as shown by the intolerable itchings, and often the absolute pain located there. This condition is usually increased toward evening, and is aggravated by proximity to the fire, or the application of any stimulating solutions.

Treatment, is local and general. Our local applications should be of a stimulating character, as tr. iodini; or cupri. sulph., grs. ij; aquæ, ʒj; or lin. saponis c. opio.

The parts should be covered to exclude the air. If ulceration has declared itself, wet lint may be applied; and when the parts are indolent in healing use this prescription:—