

In the evening the pain in living portions of feet was more intense, a quantity of ichorous discharge had escaped, and the frost-bitten parts were white and shrivelled. He slept none the night after admission, and for several days the pain in the feet where the living and dead structures met was agonizing, at the same time his general health was little affected. Five days after admission the discharge became very fetid. On Jan. 4th, fourteen days in hospital, the line of demarcation was distinct in both feet; at the same time vesications with superficial ulcers appeared on both heels. A consultation was now held as to the propriety of operative interference; Surgeons Major Young and Smith were present, and Dr. Fenwick kindly gave the benefit of his advice on the occasion. Dr. Fowle Smith had an extensive experience in cases of frost-bite in the Crimea, and his opinion was strongly in favour of non-interference. This opinion was agreed to, and the sequel proves the practice was correct. From this date a solution of carbolic acid was applied to the feet, and had the effect of correcting the fetid discharge. The ulceration gradually extended in depth, and on the 8th April, seventy-six days after admission, the right foot sloughed off at the tarso-metatarsal joint—at same date the line of demarcation had extended through the soft parts of the left foot, and through the tarso-metatarsal joint of great toe, and obliquely across shafts of the other metatarsal bones, the proximal joints being firmly attached to stump. On May the 5th, as it was palpable that it would be a tedious affair to wait for erosion of the metatarsal bones to take place, Hey's operation was suggested and carried out. It was found on removing the metatarsal bones that sufficient soft structures did not remain to furnish a tolerable covering for the stump; the flaps were therefore dissected back and the tarsal bones sawn across about their centres; the flap was then brought together with metallic sutures;—a few vessels required to be tied. Troublesome oozing of blood continued for several hours, controlled at last by pressure and perchloride of iron. There was considerable constitutional disturbance after the operation; he had marked rigors and general fever; there was also subsequent inflammation of lymphatics of left leg, but no suppuration in glands. The wound did not unite by the first intention; this could not have been hoped for in consequence of the chronic state of inflammation the soft parts near face of stump were in. He commenced to mend and steadily improved from the 22nd May. A very small point of ulceration now exists on left stump; the sore on right is considerably larger. He can walk from one ward to another with the help of a stick. The left stump is more rounded and the bones better protected by soft parts than the right; on the latter there is considerable tension of the skin.