frost to thaw. Recent experience showed that when a line of demarcation is set up, it is the duty of the surgeon to remove the part. Mr. Guthrie recommended the immediate removal of the parts, and all the schools, both at home and abroad, recommend the early removal.

Mr. Barry showed three cases, in one of which both "feet were purple to the instep, the toes almost black, the right leg tense, edematous, and painful to the knee." The usual early treatment, of rubbing with snow and then with cold water, was followed, but we must make five incisions in the leg and instep, as in a case of phlegmonoid erysipelas; these were followed by immediate relief. In this case the patient only lost the great toe and last phalanges of the two next. If an operation had been performed it would have been necessary to have adopted that of Chopart. The two other cases were somewhat similar. He (Mr. Barry) considers these good specimens in confirmation of conservative practice, and tending to establish the value of non-interference.

Dr. Blenkins had seen many cases of frost-bite both in Canada and here; and, looking at the preparation, he hoped it would lead to improved practice. Although no politician, he must acknowledge himself to be a conservative in surgery. If the military officers of this army deserve credit for anything, it is for their anatomical knowledge, as proved by their conservative surgery, which has never been equaled. Speaking about the effect of the cold, we must again recommend the necessity of the parts, and all the schools, both at home and abroad, to observe the line of demarcation to be fully formed, and then, if necessary, to operate.

Dr. Bowen begged distinctly to be understood that he did not consider Mr. Guthrie as an authority in frost-bites, and stated that he does not refer to it in his "Commentaries." The preparation showed a more favourable appearance than previous to the operation.

Dr. Woodsworth asked whether we should amputate at all in cases of frost-bite. He would wait for the line of demarcation to be fully formed, and then only operate if absolutely necessary.

Dr. Bowen was still of opinion that the treatment was the best that could have been adopted in this case under the circumstances.

Dr. de Santi (French) stated that in the French army they wait for the line of demarcation to be fully formed, and only operate as a last resource. Their experience is against amputation in account of the great mortality in such cases, and the liability to gangrene.

Dr. Riolacci (French) said that secondary operations were generally necessary where amputations for frost-bites had been performed.

Dr. Williams considered that the opinions were not so much opposed as might at first appear, but that frost-bite should be considered both as a local affection and when complicated with other diseases. He then proposed the thanks of the Society to Mr. Guthrie for his kindness in preparing the specimen for the meeting.

Dr. Thornton, in seconding the proposal, said that Dr. Bowen well deserved our thanks for bringing before the meeting such an interesting case, and one that was so open to difference of opinion. By the discussion on it we had all gained much practical information, and it was by bringing forward such cases that the true benefits to be derived from the study of medicine would become apparent.