The medical profession no less than the crippled poor are indebted to General Maxwell for his perseverance in advocating the claims of the Beaufort limbs. Rich patients, who can afford £18 or £20 or more for a high-class artificial limb will not so much, for themselves at least, appreciate Count Beaufort's inventions; but poorer persons, who need a good substitute more, will value them highly. The object of the pamphlet before us is two-fold—to make the inventions more generally known than they have hitherto been, and to arouse the charitable to bestir themselves so that the crippled poor may be supplied with these improved appliances.

The author of this pamphlet, like the inventor of the limbs, has taken up the work for the love of it, and both have devoted many years to the undertaking.

The inventor's object for the new limbs was to devise some efficient mechanism which would be so simple that comparatively poor patients could avail themselves of it. In the lower limb this has been attained by the use of a rigid artificial foot with a curved sole. The degree of curve has been arrived at empirically. By the simple device of a curved rigid sole, even on a pin leg, the gait is so much improved that it is said, except for a shorter step, little deviation from the normal can be observed. Shortly after its invention in 1851, Baron Larrey is referred to as having shown "how the Count had demonstrated the advantage of an elongated foot-piece over the ordinary peg, not only in increasing the base of support and in maintaining equilibrium to a greater certainty, but also in its allowing the body to be carried further forward in walking and in lengthening the pace."

In former days, poor patients who had lost any part of their lower limb above the level of a Syme's amputation were reduced to two varieties of artificial limb—a "box" or kneeling leg for amputations below the knee, and a bucket leg for those above the knee. In both of these there was a stiff knee and a peg extremity, involving the same short step and "dot-and-carry-one" action. Even the curved sole would have been a great gain in walking, but the Count has set himself to add to the comfort as well. For amputations below the knee two lateral uprights rise from the solid curved foot, and are jointed opposite the bend of the knee. To the uprights are attached two leather sockets—one for the stump, the other for the thigh. Thus such a poor patient has a lighter limb, with the use of his own knee-joint and the advantage of a curved sole. This limb is sold to the crippled poor of the Continent at 40 francs (about 33s.) by the maker, Mr Werber, 20 Rue Richelieu, Paris, i.e., at about the average price of the old box or bucket leg.
For amputations above the knee there is only the upper socket, a straight knee, and the curved sole. According to circumstances, the “bearing” is taken at the ischium, on the sides of the stump, or partly also on its face. By a simple device, the knee which is rigid for walking can be bent when the patient sits down; this is a great convenience. The maker’s price for this limb is 45 francs.

The Beaufort arm is no less ingenious in its device than the leg. No attempt has been made to give movable fingers, only a movable thumb; but a mechanism has been introduced into this by which a patient can grasp and lift objects, hold a pen, and in many cases write well. General Maxwell tells of chess playing and successful painting with these arms. The cost is proportionally small.

The Provident Surgical Appliance Society of London, 12 Finsbury Circus, supply the Beaufort limbs, either through subscribers’ tickets or by direct purchase.

As yet instrument makers in Great Britain are opposed to the Beaufort limbs. On the Continent they have been opposed to them too, and perhaps it is only natural. The limbs have not originated in the profession, and they are very cheap. The very large experience of their success, however, obtained by the French and Italian societies place the value of the invention beyond any doubt. Why should their usefulness not be extended to Scotland? It is surely only a question of time, and that not long distant. How this may be brought about we may leave General Maxwell to tell—“Don’t,” he says, “call a public meeting; don’t appoint a president, secretary, and treasurer; don’t hire an office and put a clerk in it. All that sort of apparatus will come in due time, if the necessity should be proved; but let one person consult with his friends, and ask for a few pounds to be expended in giving two or three known patients a leg or an arm—by preference the former. The patients to be selected should be such as have a good long stump, especially cases of amputation below the knee. . . . If one or two such walking advertisements go about a large town, applications will spring up like mushrooms. . . . The private society may then emerge into a full-blown institution.”

_Note: The text is a brief summary of a report on artificial limbs._

*Army Medical Department, Report for 1885.* Published for Her Majesty’s Stationery Office.

From this report, which is drawn up on the usual lines, we extract a few figures and facts as worthy of notice.

The average annual strength of the troops serving at home and abroad during 1885 was 177,928, and the admissions into hospital during the same period among those are 201,295, which is at the rate of 1131.4 per 1000, the deaths being 1993, or 11.12 per 1000. These figures when compared with the mean of the lists for the decennial period 1875–1884, indicate an increase in the proportion of admissions of 72.3 per 1000, the average death-rate for the same period being 11.84 as compared with 11.12 as given above.