shows up the harmfulness of the indiscriminate charity so dear to the hearts of almost all of us, and indicates the limits of the policy of *laissez faire* in social economics. His point of view is well worth the study of all charitable workers and social reformers.

The Uniform System of Accounts,⁶ designed for the use of hospitals and other institutions by Sir HENRY BURDETT, K.C.B., now in its fourth edition, is a work invaluable to those responsible for the balance sheets and general financial arrangements of these places; its nine chapters and three appendixes give full explanations of the system, its origin and its many applications. The book should be consulted by all who have to keep the accounts or write the annual reports of charitable and other institutions of every description.

Dr. W. H. B. STODDART has written a short and excellent account of *Mental Nursing*,⁷ intended to give a prospective mental nurse some idea of the work he or she contemplates. It is a practical guide to the nursing and management of insane persons, and contains no anatomical or physiological details. The book may be recommended to those for whom it has been written, and, indeed, will be found of great service by all who are brought into contact with insane or mentally deficient persons.

⁶ *The Uniform System of Accounts for Hospitals and Public Institutions, Orphanages, Missionary Societies, Homes, Co-operations, and all Classes of Institutions.* By Sir H. Burdett, K.C.B., K.C.V.O. Fourth edition. London: The Scientific Press, Ltd. 1916. (Roy. 8vo, pp. 139. 5s. net.)

⁷ *Mental Nursing.* By W. H. B. Stoddart, M.D., F.R.C.P. London: The Scientific Press, Ltd. 1916. (Cr. 8vo, pp. 98. 2s. 6d. net, by post 2s. 9d.)

MEDICAL AND SURGICAL APPLIANCES.

A Splint for Drop-wrist.

THE skeleton hyperextension hand-splint and also the long hand-splint used by Lieutenant-Colonel Robert Jones were illustrated in the JOURNAL of January 16th, 1915, and more fully in the issue of December 16th, 1916, p. 833. Mr. Bryden Glendining, F.R.C.S., now sends us a description of a splint, the design for which was originally extemporized by Private D. O. Murton when a patient in the

Duchess of Bedford's Woburn Military Hospital, for wrist-drop due to severance of the musculo-spiral nerve a little above the elbow by a piece of shrapnel casing. The splint, which is manufactured by the patient's firm, Henry A. Murton, Ltd., Newcastle-on-Tyne, is made of aluminium, and consists of (1) a wrist portion, moulded and shaped to adapt itself to the volar surface of the wrist and lower ends of the radius and ulna and attached by a webbing strap and buckle. (2) A palmar portion, which is shaped for the hand and is capable of being lengthened or shortened according to the size of the hand, according as one desires to carry the support to the metacarpo-phalangeal joint only or to the first interphalangeal joint; a fly-nut in the splint locks the sliding surfaces and fixes it at the required length. (3) Between the wrist and palmar sections the splint is hinged and fitted with

two strong wire springs, which act in the direction of dorsal flexion; so that, unless counteracted by energetic action on the part of the wrist and hand flexors, the position assumed is constantly that of hyperextension. The support is not carried beyond the first interphalangeal joint, since it is beneficial for the patient to exercise the fingers by means of the lumbrical muscles. The main advantages claimed for the splint are its small bulk and lightness; it has been generally adopted in the hospital mentioned during the period preceding and following nerve suture.

OF 330,179 school children in the city of New York examined in 1914, there were found to be 194,207, or 58.8 per cent., suffering from defective teeth. This exceeded the sum total of all the other defects noted by nearly 80,000.

MOTOR NOTES FOR MEDICAL MEN.

By H. MASSAC BUIST.

THE PETROL CONTROL COMMITTEE'S LATEST ANNOUNCEMENT.

THE Petrol Control Committee made an important announcement on Tuesday touching the necessity for economy on the one hand, and, on the other, intimating that no fresh licences will be granted. This is a practical fulfilment of the forecast made in these columns some months ago, wherein, while attention was drawn to the continued increase of petrol production in the world, the facts were, besides, weighed that the shipping problem would increase the longer the war continued and the motor fuel needs of the services would grow at an amazing rate.

Those factors have now begun to operate, with the result that the Petrol Control Committee has this week issued the notice in question. It concerns medical men chiefly by reason of the fact that the Committee will not be prepared to issue licences to applications received after Wednesday last, except where such applications were for the renewal of licences which had expired in the usual course. Considering that the notification only appeared in the press on Tuesday, the public was given a bare twenty-four hours' notice. Residents in some parts of the country could have had scarcely twelve hours' notice.

Only the small proportion of medical men who have not been using petrol, and who have therefore had no licences, will be needing them. But that proportion of medical men will need them urgently when the time comes, because the necessity will arise from the nature of the work they will then be undertaking. That work must therefore be regarded as of national importance; hence, while no official announcement has been made on the subject at the moment of writing, nevertheless it may be taken for granted that, on showing due cause, medical men not at present holding motor spirit licences will be granted them, since, if it should be necessary to accommodate them, there need be no renewal in April of licences to purely private motorists at present holding them. Indeed, something of this sort is forecast, in that the Committee states that it cannot undertake that they will be able to issue renewals on all applications received from holders of motor spirit licences. In any case it announces that it may be necessary to reduce the quantity of motor spirit at present allowed. The general public may take it for granted that this is only a preliminary intimation that such restrictions will be put into force, and that the case of the medical profession will certainly receive special treatment, in that it is already announced that every effort will be made to avoid disturbance of the existing arrangement under which the Committee receives applications, supported by Government departments, on the ground that the motor spirit is required for work being performed in the national interest. In the past the department concerned has made sundry announcements to the effect that it regards medical work as being of national importance. Therefore medical men have no reason to fear being put to further inconvenience, or having their work restricted to any greater extent, as a result of the latest order of the Petrol Control Committee.

OBTAINING SPARE PARTS.

In regard to some remarks of mine touching the advisability of medical men obtaining immediately such spare parts as are likely to be required for their cars owing to the fact that car-makers are no longer allowed to manufacture spare parts for civilian needs, a medical correspondent writes from Dorset that this advice is a counsel of perfection and of no practical utility. He proceeds to argue that one does not know what part of a car may go wrong, that one cannot stock expensive spares most of which will never be needed, and that "the different spare parts of a car costing £200 would cost at least half that amount." He therefore concludes that it is an absurd proposition to buy spare parts against eventualities. Certainly it would be if one proceeded on any such lines. But it was never suggested that one should. If a motor owner does not know what parts of an ordinary car wear out and need renewal from time to time he can either ask his fellow motorists, or the maker of the vehicle, or the agent from whom he may have bought it. A more or

less cursory examination, moreover, coupled with the amount of service the vehicle has done, will give him a shrewd notion of what is likely to be needed within a period of six months, or a year, beyond which my remarks were not intended to apply. They were based on the announcement prohibiting the making of spare parts, and on the obvious fact that most makers had at the time a certain stock of spare parts for at all up-to-date models, therefore early applicants could alone hope to secure specimens from any such stocks, for which there would arise—as, indeed, there has arisen—an immediate demand on the publication of the announcement in question. Moreover, it is quite idle to hope that the Ministry of Munitions can take any action in the matter of sanctioning the special production of spare parts for medical men, in that the motor manufacturing programme to which this nation is committed this year does not leave any margin for the production for other than spare parts for machinery in absolute use by the services. My advice was, therefore, in the nature of showing the medical man how to make the best of an awkward case.

As to its practicability, provided the stocks of the given spares have not yet been exhausted, there need be no objection on financial grounds. Nothing approximating to 50 per cent. of the cost of any car, as is imagined by the correspondent whose observations on the point I quoted above, is in question: 10 per cent. would be an outside margin; 5 per cent. would be handsome for most doctors.

What is the owner of a car likely to need? Suppose a car has done 12,000 miles, then it is likely that sooner or later one piston will be needed, perhaps two, and some new piston rings. The big ends may need taking up somewhat, but he is scarcely likely to need to have them relined. On the bad roads general nowadays shackle bolts sometimes wear considerably. So an extra cautious owner may like to have some of these, though they are examples of parts which could be obtained and adapted without going to the maker of the given car. On the other hand, a steering worm might be wanted, or a new bevel for the back axle. But these are both parts which could be examined sufficiently with comparatively little labour and time to enable it to be foretold whether or not spares would be needing for them within the next twelve months.

Indeed, at the time my remarks were made, and again to-day, I had not, and have not in mind, the timely expenditure by the medical motorist of more than five or ten pounds on the acquisition of such comparatively few spare parts as are likely to be required by him for his car, and as might have been obtainable at the time the original prohibition to manufacture spare parts was published. Of course, the likelihood of obtaining spare parts has very greatly decreased in the interval. Nevertheless, of the great number of parts that go with the making of a car, comparatively few wear. Of these, fewer still cannot be made to continue rendering service by the simple process of adjustment, as instance steering and big end details; while of what remain a certain proportion, as instance bolts, can be obtained at a pinch from other sources and adapted locally. Thus the long and the short of it is that in the ordinary course of wear in normal service the average medical motorist will not want more than half a dozen spare parts by him to make assurance doubly sure for a twelvemonth ahead.

Of course, some quite unexpected part may go. But I was not dealing with the problem of accidental breakdown, or of abnormal failure, against which no human foresight can provide, but with the proposition of the inevitable wear and tear of a car called on for continual service by a medical man in all weathers, and that problem is like that of maintaining an omnibus or taxicab. The big carrying corporations know to a nicety at what intervals of miles of service rendered clutch linings want renewal, breaks want relining, joints need taking up, and so forth. Likewise, the spare parts departments of all the big motor manufacturers know from mere demand over long periods what parts of each model made by the given firm are most in demand for renewals and replacements. They could, therefore, assist the medical client by giving him a brief answer to any question he cared to put to them touching his own car, provided that in the interval since my notes were published on the subject the stock of spare parts in question has not been exhausted.

THE MILITARY MEDICAL SERVICES IN 1916.

IN the BRITISH MEDICAL JOURNAL of January 2nd, 1915, and of January 15th, 1916, were published articles on the military medical services in 1914 and in 1915 dealing with the losses of the military medical services in the war. The present article continues the history of these services during twelve months of war in 1916.

The two former articles began with the consideration of the strength of these services, showing how greatly the numbers had expanded to meet the strain of war. As the *Army Lists* published since the middle of 1915 are not available to the public, that of June, 1915, having been the last issued for sale, any remarks on the strength in 1916 must be chiefly guesswork.

The following table shows the number killed, and died of wounds, died on service, wounded, missing, and prisoners, in each of the military medical services, during the year; also the number of honours conferred upon each service. It is believed that the numbers shown as killed are correct, but it is possible that a few names may have been omitted. The numbers shown as wounded are doubtless not quite exact, but they are approximately correct. It may be mentioned that many of those who have been reported as having died of wounds have previously been returned as wounded; while most of those reported as missing have subsequently been accounted for as killed or prisoners. There is, therefore, a certain amount of overlapping under all heads. During the greater part of the year the official lists have not mentioned the seat of war in which casualties took place. It may be assumed, however, that two great majorities of the casualties in the various branches of the R.A.M.C. took place in the long-drawn-out battle of the Somme, or battle of Picardy, which lasted for just half the year, from July 1st to the end of the year.

The total number of medical officers killed in 1914 (five months) was 46, of whom 13 belonged to the navy and 33 to the other military services. In 1915 the numbers rose to 97—14 naval, 5 of the mercantile marine, and 80 of the other military services, besides 12 medical men serving as combatants. In 1916 the numbers reached 149, of whom 33 belonged to the navy and 114 to the other military services. 1 colonial services, 1 surgeon in mercantile marine, besides 13 medical men serving as combatant officers. Of these, no fewer than 73 were temporary officers of the R.A.M.C. To these should be added the names of nearly a hundred medical officers who have died while serving, making a total medical roll of honour of 260.

TABLE I.—Casualties and Honours, 1916.

	Killed and Died of Wounds.	Died.	Wounded.	Missing.	Prisoners.	Honours.
Royal Navy	33	4	3	1	2	21
R.A.M.C.	5	4	10	3	14	163
R.A.M.C.(S.R.)	9	2	34	—	—	56
R.A.M.C.(T.F.)	9	18	40	3	—	68
R.A.M.C. (temporary)	75	41	271	2	1	248
Australian A.M.C. ...	4	2	—	—	—	30
New Zealand M.C. ...	4	—	6	—	—	4
Canadian A.M.C. ...	4	4	19	2	2	33
South African M.C. ...	—	4	3	—	1	2
I.M.S.	1	15	7	—	25	46
I.S.M.D.	5	2	3	—	12	5
Combatants	13	—	—	—	—	—
Miscellaneous	2	2	—	—	—	—
Total	162	98	396	11	57	676

THE ROYAL NAVY.

The number of medical officers of the navy on the active list would seem to have slightly decreased owing to casualties; no official list of new appointments appears to