promotes healing, for it is usually possible at the same time to take away fragments of cloth, which are such a potent cause of prolonged suppuration. The adoption of such a method as that described makes for such speed and such certainty of success that the more routine removal of all projectiles of any size should be the rule. Moreover, the man in the trenches can never understand that a piece of shell left in his leg is anything but an unmixed evil.

Thus he ponders, he worries, and ultimately its presence becomes a source of irritation to him. It may cause him real pain, or it may be imaginary or assumed, but in any case it interferes with the proper discharge of his duties. Unless there are contraindicating factors present, the rule should be to remove all foreign bodies of any size from accessible situations, and as soon as possible after the infliction of the wound.

OPEN-AIR TREATMENT FOR WOUNDS.

A SIMPLE AND INEXPENSIVE FORM OF OPEN-AIR WARD, AS USED AT THE V.A.D. HOSPITAL, HENLEY-IN-ARDEN.

BY

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DURING the present war open-air treatment has played a large part in the cure of wounded soldiers, and any medical man who has had charge of wounded knows what excellent results can be obtained by this method, especially in the more serious kinds of suppurating wounds and in cases of general infection.

I submit this short account of an open-air ward because I think it may be of interest to your readers and also because it has one or two features which may specially commend it.

The ward was built for use at the V.A.D. Hospital, Henley-in-Arden, of which hospital I am Commandant and Medical Officer, and is specially adapted for such hospitals, as it has the merit of being cheap and at the same time efficient.

This particular ward has accommodation for eight beds, though I have had as many as nine beds in it at one time, but buildings can be constructed on these lines to take two or three beds, or twenty or thirty.

The chief features which I claim for this particular form of building are as follows:

1. It is open to the air on both sides, the ends only being closed in. Most open-air wards that I have seen are closed in on three sides. The protecting screens, at the back of the bed-heads, seen on the right hand side of the view of the interior, are 4 ft. high, and afford ample protection from draught. The left hand side is open down to the ground, except for an open balustrading. Thus there is a free current of air continually passing over the heads of the patients as they lie in bed, and yet they do not feel any draught.

2. The deep sloping eaves are set at such an angle that the rain cannot drive in, even on the most windy and rainy days. During the past month of July, in which we have not had a single day without rain and have had some of the most severe thunderstorms I have ever seen, the interior of this ward has always remained dry and the patients have suffered no inconvenience from wind or rain.

3. If it is desired to close in one side completely, this is done by a system of spare screens, which either fit into grooves provided or are hinged on to the already existing screens at the back of the beds, and are then thrown upwards and bolted to the wall plate or roof. In this way either side of the ward, or both, can be entirely or partially shut in.

4. It is easily built, the materials being wood and asbestos sheeting, the latter being cheaper than wood, besides having the additional merit of being fireproof. The roof is of match-boarding, covered with rubberoid. The floor is constructed of boards, tongued and grooved, so that no draught can come through. The whole structure is raised some twelve inches from the ground on small brick pillars; this allows a free current of air under the building, and at the same time does not kill the grass, should it be found necessary to erect such a building on a lawn or in a field.

5. It is quickly and easily erected. This particular building was put up complete in four days—ten days from the date of the order being given.

6. It is easily connected with the main building of the hospital by a covered way, so that nurses and patients can pass to and fro in any weather.

I shall be pleased to give further details to anyone interested in the subject, or these can be obtained direct from the architects, Messrs. Osborne,

Pemberton and White, 40, Bennetts Hill, Birmingham.

THE late Mr. Arthur Rich Saunders, M.B., of Victoria Park, Dover, formerly President of the Jamaica Medical Council and Board of Examination, left estate valued at £15,117.