

cases were complete in the vaccine series, and 36 in the control series, and the total number of cases involved in the statistics is therefore 80.

	Control	Vaccine
Average stay in hospital	56 days	63.4 days
Prostatitis	11.1 per cent	9.1 per cent
Epididymitis	—	4.54 ..

Remarks.

(a) *Average Stay in Hospital.*—The vaccine series required seven more days in hospital than the control. However, a larger number of control cases was outstanding, and not included in the statistics, and these would help to level out the results in the two series, as the reason for their being outstanding is that they have been an unduly long time in hospital.

(b) *Prostatitis.*—There is no appreciable variation.

(c) *Epididymitis.*—Two cases occurred in the vaccine series, none in the control series.

SUMMARY OF THE TWO EXPERIMENTS.

In both the control series of cases the average stay in hospital is shorter. This, however, is probably due to causes other than the administration of the vaccine. There is little variation in the other factors. The slight reduction of epididymitis in the vaccine series in Experiment 1 does not hold in Experiment 2.

CONCLUSION.

There is no evidence from these experiments that polyvalent gonococcal vaccine, with added staphylococci, prepared and administered in this way, has any effect, either in ordinary or in large doses, on the course of early acute cases of gonorrhœa.

Acknowledgments.—My thanks are due to Lieutenant-Colonel R. L. Popham, R.A.M.C., who afforded me every facility to pursue these investigations. I am also much indebted to the various medical officers in charge of the gonorrhœa wards of this hospital, who undertook the administration of the vaccine; especially to Temporary Captains F. Crosbie and J. G. M. Sloane, who conducted the clinical side of the second experiment.

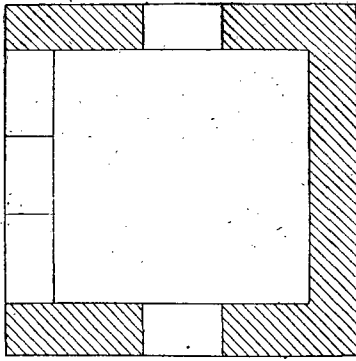
COMBINED INCINERATOR AND FAT AND SOLDER EXTRACTOR.

By LIEUTENANT-COLONEL P. H. HENDERSON.

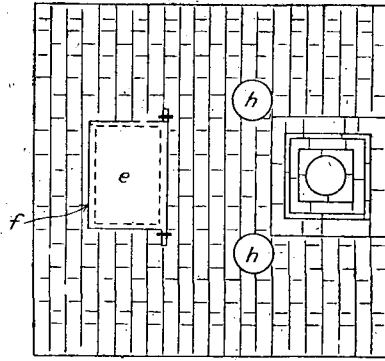
Royal Army Medical Corps.

THIS ingenious contrivance was designed by No. 7251241 Pte. V. W. Joy, 82nd Field Ambulance, with the threefold object of incinerating the camp refuse, separating solder from tins, and extracting fat from food refuse. It was a saving of labour, as each unit was ordered to save one ounce of fat per ration per day for the purpose of making soap and high explosives, and all solder had to be extracted from empty tins before they were disposed of.

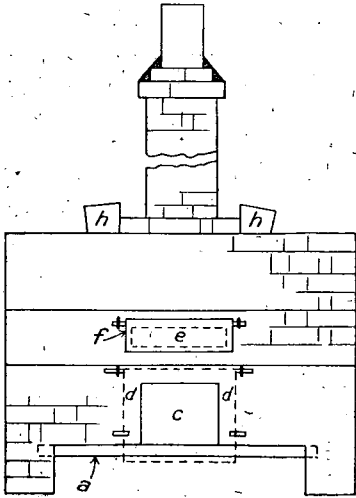
The walls, roof and chimney are built of bricks (where burnt bricks are not available mud bricks will serve). The chimney is finished off with an iron chimney-pot.



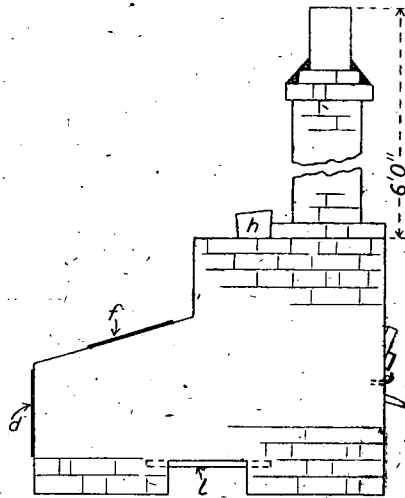
Ground Plan



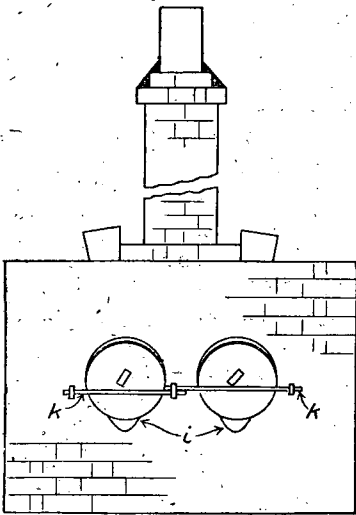
Roof Plan



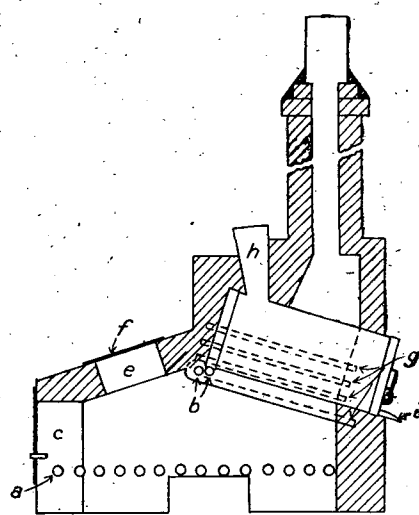
Front Elevation



Side Elevation



Back Elevation



Section through centre from back to front

Scale $\frac{1}{2}'' = 1'.6''$

The fire bars (*a*) are of iron piping of two-inch diameter, built into the side walls two inches apart—a small iron bar being built into each side wall over the draught hole, to carry the fire bars.

Two lengths of two-inch iron piping (*b*) are built into the side walls to carry the inner brickwork. Iron bars are built into the front and side walls to carry the lower roof. The fire is started and attended to through an opening in front (*c*), one foot three inches by one foot, this opening being covered by a hinged cover (*d*). The refuse to be burnt is fed into the incinerator through an opening in lower roof (*e*), one foot six inches by one foot, this opening also being covered by a hinged iron cover (*f*).

Two drums are used, one for extracting solder and the other exclusively for fat, the latter having a jacket of three-inch brickwork built round the under side of the drum to prevent the fat becoming ignited in the drum. This jacket of brickwork is carried on iron bars (*g*) built into the main brickwork. The tins, fatty refuse, etc., are fed into the drums through the iron or tin hoppers (*h*), which are fitted into the upper side of the drum. A tin lip (*i*) is built in under the open end of the drums to carry the solder and fat into the receptacles that receive them. The lids of the drums are kept in place by iron rods (*k*), supported on hooks built into the back wall.

Current Literature.

THE following notes are from abstracts prepared by Lieutenant-Colonel James, of the Ministry of Health:—

Resuscitation in Accidental Asphyxia.—Attention has recently been directed to the use of an appliance called a "lung motor" for resuscitating persons who are apparently drowned or asphyxiated in fire or sewer gas accidents.

Two fire brigade stations in London have appliances for this purpose made by the Life Saving Devices Co., Chicago. It fits in a box about 3 feet by 1 foot, and is a simple pump apparatus for administering a mixture of oxygen and air, the oxygen being carried compressed in a cylinder. Dr. Leonard Hill has pointed out that, to use this apparatus safely, aspiration must be allowed to take place by natural elastic recoil and not by the suction of the instrument. An appliance made by Messrs. Siebe, Gorman, Ltd., of 127, Westminster Bridge Road, is designed to comply with this requirement. When using such an instrument the larynx must be pressed upon so as to occlude the gullet, otherwise the stomach may be blown up. But according to Dr. Hill a special apparatus is not necessary: it is sufficient to allow the oxygen from a cylinder to pass through a flexible tube into the mouth of the patient while artificial respiration is being performed in the usual manner.

Risks from Exhaust Petrol Vapours.—The plan of heating motor ambulances by means of the exhaust pipes from the motor is apparently attended with some risk. If the joints of the pipes are not air-tight, the escape of petrol vapours inside the ambulance is liable to cause accidents. Cases of poisoning in ambulances, motor cars, "tanks" and in unventilated garages and tunnels have been reported in the following Journals.