no direct connexion between the boiler and the outside of the container except through the cork. The lid had then no insulating properties, but was used to keep the cork cushion in its place, and protect the contents of the container from rain.

A sketch of the final container is attached. It was made with sheet iron, gauge 19 (0.042 inch) as being lighter, stronger, and less cumbersome than if it were made with wood. It can be easily handled by two men. The temperature of the water after twenty-four hours on three separate occasions, varied from 61°C. (141.8°F.) to 63°C. (145.4°F.), with a minimum outside temperature between 7.5°C. (46°F.) and 10°C. (50°F.).

The container is being handed over to the Army School of Cookery, Aldershot, for further trials.

READY-MADE SOAKAGE PITS.

By Major J. C. A. Dowse, M.C.
Royal Army Medical Corps.

AND

Captain D. Pottinger, M.C.
Royal Army Medical Corps.

DURING the training season of 1925-26 the British Battalions in Poona viz., the 1st Battalion the Queen's Own Royal West Kent Regiment, and 1st Battalion the King's Shropshire Light Infantry went into camp for one month each.

The camp was situated twenty miles from Poona and was on gently sloping ground in a good position. The various essentials for a suitable camp site were all present, except that it was found impossible to construct any soakage pits for the reception of waste water or urine. This condition arose from the fact that there was scarcely more than two feet of earth in any portion of the camp; below this scanty covering was solid rock. The question of the disposal of urine and waste water from cookhouses etc., became acute. One of us (D.P.) conceived the idea of discharging the urine from the latrines down a near-by ant-heap.

It was found that the ant-heaps absorbed the urine readily, and, like Oliver Twist, asked for more. The only dissentient in the scheme was the wily termite, or white ant.

Later on this idea was elaborated and suitable ant-heaps were discovered in close proximity to the various cookhouses and latrines in the camp.

Many of these ant-heaps were used as receptacles for urine and waste kitchen water for over three weeks. In only one case did they show any sign of filling up and becoming unserviceable.

It was estimated that the ant-heap in use near the main cookhouse was capable of absorbing 300 gallons of waste water in the twenty-four hours.
Clinical and other Notes

A curious fact was noticed, namely, that after some thousands of gallons of water were poured down the “soakage pit” the termites came out of the ant-heap and began frantic efforts to start building their “home” over again on the surface of the ant-heap. In this position they became an easy prey to cresol solution, and were slaughtered literally in millions.

The system of constructing the soakage pit was essentially simple: the top six inches of the heap were opened up, and several of the large channels exposed; some stones about the size of one’s fist were then put down to make a firm bed. The ubiquitous kerosine oil tin (four-gallon) was then placed on top, holes knocked in the bottom, and a handful of straw or hay put inside to act as a grease trap. The ant-heap mud which had been removed in the first instance, was “slobbered” round the bottom of the tin to make a neat job, and the soakage pit was ready.

The advantages found in this type of pit were: (1) The ease and rapidity with which it could be constructed; (2) the fact that with care to avoid splashing the pit remained sweet indefinitely; (3) the difficulty of constructing pits in that type of country was completely overcome.

It was thought that this idea, not claimed as an original one, might be of use to officers in the Corps confronted with the problem of removal of waste water and urine in India, where one frequently finds it difficult to dig any depth below the surface before hitting on rock or large stones. The wide distribution of the white-ant heaps makes it an easy thing to find suitable soakage pits of this type.

The illustration shows the “coffee shop” soakage pit which served the
canteen, cookhouse, and bakery of the "coffee shop" for nearly three weeks. On the day of leaving camp this pit showed no signs of ceasing work.

Our thanks are due to Lieutenant-Colonel A. K. Grant, D.S.O., Commanding 1st Battalion the Queen's Own Royal West Kent Regiment, and Lieutenant-Colonel B. E. Murray, D.S.O., Commanding 1st Battalion the King's Shropshire Light Infantry, for permission to quote our experience as medical officers to their units.

EXTRA-GENITAL CHANCRO.

By Major L. B. Clarke,
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Specialist in Dermatology, Burma District.

A case presenting somewhat unusual features occurred recently in Rangoon.

Lance-Corporal X was admitted to hospital with gonorrhoea on June 16, 1927. On June 20 my attention was drawn to a swelling of the upper lip, which he had had several days. As the swelling was painless he made no complaint, and it was only due to keen observation on the part of the assistant surgeon that anything abnormal was discovered.

On examination in a good light the swelling was found to involve the whole of the mucous surface of the upper lip, slightly more marked on the left side.

The patient was instructed to retract the lip with fingers and thumbs. A circular ulcer of dull red colour, the size of a sixpence, with a slightly depressed centre, covered with a blood-stained scab, was discovered on the mucous membrane of the lip on the left side. The edges of the ulcer shelved gradually into the surrounding tissue, and there was a considerable element of induration involving the lesion itself and almost the entire lip. Palpation showed not only induration, but also an entire absence of pain. Apart from the urethral discharge there were no other signs of any kind.

 Asked as to the history of the sore, the patient stated that on June 7 he had received a blow on the lip when boxing, and that he first noticed the ulcer the next day. This statement was borne out by the fact that he belonged to a boxing team which was visiting the station. He thought that it was due to contact with a front tooth, and that the lip had been injured in this way.

The appearance of the ulcer and the absolute lack of pain, together with the indurated nature of the swelling, indicated most probably a primary chancre.

Unfortunately local antiseptics had already been applied several times and microscopic examination of serum from the sore was therefore out of the question.