and it is frequently a considerable source of income, in addition to the fact that the farm produce diminishes the cost of maintenance.

The City of Glasgow District Asylum, at Gartloch, is constructed for 600 patients. It is an example of the pavilion system, in which each separate block is complete in itself with its day-rooms, dormitories and accessories for a special group of patients. In Dr. Sibbald's words:—"It has the advantage of making it easy to give abundance of light and air to all the apartments. It also defines in an effective manner the responsibilities of every attendant in charge of a group of patients, each block providing accommodation, both night and day, for all his or her patients. It permits likewise of each block being constructed with special reference to the requirements of the class of patients it is intended to receive, free from the hampering influence of architectural or other considerations depending on its forming part of one great building. It lends itself to the adoption of the simpler kind of structural arrangements usual in private houses; and it gives to each group of patients a feeling of having a home not of inordinate size. These separate blocks have hitherto, with few exceptions, been connected with one another, and with the central administrative and commissariat block, by covered corridors."

A most important point to note in such an asylum as this is the acceptance of the principle of two separate and more or less independent sections. The hospital section is set apart for those patients needing constant medical attention and nursing on account of either bodily or mental illness, all new admissions under observation and all such as require special watching for suicidal and homicidal tendencies, or other insane impulses. This section usually contains about one-half of the inmates of the asylum; but the figures may vary from one to two-thirds. Its buildings are of a single storey, and it has its own administrative block, dining-hall and kitchen.

The other, or non-medical section, contains the rest of the patients, who are usually chronic cases, and those who work and are easily managed. Its central building contains the office, dining-hall, amusement room, kitchen and store rooms. The patients are housed in three-storeyed pavilions connected by corridors with the central building. The day-rooms are on the ground floor, and the sleeping accommodation above.

The special advantage of having a separate hospital or medical section is that both medical officers and hospital attendants can give more attention to the sick; moreover, it allows of the non-medical section being constructed more simply and at less cost.

The consideration of the segregated or village type of asylum, for which Dr. Sibbald avows a preference, must be deferred to a future occasion.

CAN TYPHOID FEVER BE ABORTED?

THE reply in the affirmative to this question has raised a somewhat acrimonious and unnecessary wordy war among medical men in the United States. We are not usually taught that this disease can be cut short; in fact, our chief reliance is upon maintaining the patient's strength and upon good nursing. An American physician, however, with characteristic boldness, has replied with no uncertain sound that by his method of treatment this disease can surely be aborted and robbed of its chief terrors. From time to time cases of typhoid fever, which had been cut short in the second or third week, have been reported, and it has not always been possible to beg the question by assuming an incorrect diagnosis. It would, however, be very difficult to make such an easy assumption in view of the long list of cases recorded by Dr. J. E. Woodbridge of Cleveland, Ohio, at the late meeting of the American Association; nor is it possible to assume that the 193 physicians, whose cases are quoted and tabulated by Dr. Woodbridge, are deliberately making false statements, therefore we are bound to pay attention to their truly remarkable results. It appears that some years ago Dr. Woodbridge introduced a new method of intestinal antisepsis for the treatment of typhoid fever, and we have now before us the detailed results of an extensive trial. We have not been able to accurately find out the exact formula, nor do we know the composition of the antiseptic tablets used. We gather, however, that they contain guaiacol, thymol, and formaldehyde. The method appears to be at once eliminative and antiseptic.

Within recent years we have heard much of the antiseptic treatment of typhoid fever. There is scarcely a known antiseptic agent which has not been tried,—from corrosive sublimate to beta-

naphthol,—each in its turn earning a short-lived reputation only to end in disappointment. Why the particular combination suggested by the American physician should be so successful we are unable to say, but that it is so is clear when we read of 7,827 cases with a death-rate of only 1·9 per cent. (*under two per cent.*). Moreover, the average duration of illness in 4,935 cases was only 12 days. Truly this is abortive treatment *par excellence!* Of the cases which recovered 101 had intestinal hæmorrhage, and 95 relapses are recorded. According to our author "the severity of the disease is greatly ameliorated, the symptoms minified (*sic*), all grave complications averted and dangerous sequelæ prevented." "The tongue," he goes on to say, "is quickly rendered moist, tympanites quickly relieved, the excrements (*sic*) lose their offensive odour, delirium is rare, and the 'typhoid state' unknown." With such a record well may Dr. Woodbridge exclaim that "these results have never before been obtained, in hospital or private practice, in so large a number of cases and by so many physicians." To anticipate the obvious criticism* that the American type of the disease is a mild one or has changed, Dr. Woodbridge quotes some recent statistics of the disease in several large hospitals in the States, which show that in the closing years of the century typhoid fever has lost none of the virulence that distinguished it forty years ago. To emphasise the extraordinary nature of his results he quotes the death-rate within the past ten years of several well-known hospitals, *e.g.*, St. Bartholemew's 10 per cent., Boston Hospital 13 per cent., St Louis' City Hospital 20 per cent., while Murchison placed it at 17·4. The most favourable death-rate we have before heard of is that of Brisbane Hospital where the strict cold-bath treatment gave a mortality of only 7 per cent. All of these compare badly with Dr. Woodbridge's "under two per cent."

To us in India, where enteric fever is an ever-present evil, it will be very satisfactory should these remarkable results be confirmed and repeated by physicians here and in other countries. This method of treatment is sure to be tried, and we shall be glad to receive reports about it, for the present we suppress a natural scepticism and only allow ourselves to say it is almost "too good to be true."

* The accuracy of the diagnosis in the reported cases has been challenged, but we may note that the cases treated by this method in the Bellevue Hospital, New York, answered to the serum reaction test of the Eberth bacillus.

THE LARYMORE BOILER.

Owing to the terrible ravages caused by enteric fever amongst British troops stationed in the North-West Provinces and the Punjab, the Military authorities have decided to make an experimental trial of supplying boiled water to regiments in certain cantonments. They have shewn their wisdom in selecting the pattern of boiler invented by Mr. A. D. Larymore, the Superintendent of the Alipur Central Jail, Calcutta. This form of boiler has proved an unqualified success in the jails in which it is employed.

Recently I paid a visit to the Alipur Jail, where I saw experiments being made with a boiler of 120 gallons for Dagshai, and another of 200 gallons for Meerut. The latter is the more convenient size for stations in the plains, and ten of this kind are at present under construction.

The boiler consists of an oblong iron receptacle which is supported on and surrounded by bricks and mud, the ordinary "kutcha-pucka" structure so familiar in India. This arrangement serves a twofold purpose,—it allows of the boiler and bricks being transported from place to place, if necessary, and it conserves heat and prevents radiation. It is essential that every part of the metal boiler should be surrounded by bricks below and on all sides, and the surface covered by a layer of mud and cowdung. The boiler itself is not built into the brick walls; it merely rests on two longitudinal cross-pieces on the top, one in front and the other behind. The object of this is to leave a space between the bricks and the boiler on all sides as well as below, and thus the largest possible area is exposed to the heating action of the flames and hot air. Great attention has been paid to the draught of air, the fire-bars being made wider or closer together according to the fuel used. In Northern India it frequently happens that only wood is available, and this requires wider spaces between the bars.

In front there is a pipe with a tap and key resting on a metal crutch. Through this tap the boiled water is drawn off. At the back there is a waste-pipe to allow of the boiler