should, now that the journey is ended, be allowed, yea, assisted, to claim her own without hindrance or delay. While it may seem a little shocking to think of or see the incineration of a body, it is horrifying to think of or see a body in state of putrefaction. Incineration need not interfere with the religious belief which calls for resurrection of the body; if the elements can and are to be collected after the process of putrefaction, the same may be equally true of cremation.

Burial, putrefaction, disease, death and sorrow. Cremation, health, happiness and longevity.

J. O. MALSBUY, M.D.

The Tobacco Habit.

MINNEAPOLIS, MINN., May 9, 1899.

To the Editor:—Will you permit me to voice a word of commendation for the able, possibly somewhat extreme, but in the main, just, statement of the facts connected with the use of tobacco, contained in Dr. Woods' article in the JOURNAL of April 1. Dr. Woods is entitled to the thanks of every clean-minded and clean-bodied man and woman for such an arraignment of the profession for throwing its influence in the direction of such debasing forces. I can not believe that many men, even among users of tobacco, would say "amen" to Dr. McKenna's attempted reply in the JOURNAL of April 22. I have known a great many users of tobacco, but I have known very few of them who were willing either to commend the habit or to recommend it to their sons and daughters. If tobacco is as desirable as Dr. McKenna seems to think, why should its advantages be denied to our wives and daughters? I met a hard-headed business man this morning and asked his opinion. He said: "I have always used tobacco and when a young man I drank like a fish. I determined to quit whisky and I have never drank since. I have made a hundred such resolves to quit tobacco and am using it still." We have all heard numbers of such testimonies and yet in the face of this and the associated facts a supposedly intelligent physician will calmly deny that the tobacco habit is selfish, immoral and degrading. The very possibility of such denial is abundant proof of the thing denied.

Very respectfully,

EDWARD J. BROWN, M.D.

Feeding in Typhoid.

CINCINNATI, OHIO, May 10, 1899.

To the Editor:—It is the generally accepted opinion that typhoid fever patients should be placed exclusively on a liquid diet. I am constrained to believe that this practice is the outgrowth of custom or tradition, handed down from generation to generation, and not the result of clear or practical observation. It is, I believe, generally conceded, and I do not know why, that the giving of solid food retards the recovery of the patient and predisposes to relapses.

Starting out with a desire to test this matter more thoroughly and to prove, if possible, the contrary to be true, I have, in my private practice, for some time given nearly all of my typhoid patients some solid food in connection with liquids. I do not wish to be understood as saying that I have given them quantities or great varieties. I have allowed them to have steak (tenderloin), sweetbreads, soft boiled egg, toast and a few vegetables, when in season. One thing I have observed, patients on a mixed diet do not complain nearly so much of gastric distress, of the fulness and distension (flatulence) about the stomach and bowels, as when confined exclusively to a milk or liquid diet.

I confess, I can see no objection to a limited amount of solid food, if properly prepared for the mouth and stomach; in other words, properly cooked and served. One thing I have not failed to observe, viz., patients kept exclusively on a milk diet

are almost invariably constipated, just the contrary that we would expect in typhoid. I think that I may safely assert that 90 per cent. are constipated, requiring cathartic medicine or clysters, or both. The contrary condition has existed in the cases when I have allowed a mixed diet.

It is, I believe, the consensus of opinion that the giving of solid food to patients tends to relapses; such has not been my observation. In the twelve cases where I pursued the plan of giving a limited amount of food, there has not been a single recurrence of disease within the usual period. I think this sufficient argument to prove that the careful giving of solids has nothing whatever to do in bringing about relapses. When they have occurred after the giving of food, it has simply been a coincidence and would have occurred in any event.

The matter of feeding these patients should be more thoroughly studied and practiced by the profession at large. It is high time that we get out of the rut of our forefathers and adopt a more rational and liberal plan. I do not mean reckless extravagance in the other direction. Where relapses do occur in these cases it is due to the fact that the poison has not been wholly eliminated and the local lesions not entirely healed. With both banished there can be no such thing as relapse.

W. H. DEWITT, M.D.

Chief of Staff, Christ's Hospital.

Formerly Physician to City Hospital and Longview Asylum for Insane.

Cerebellar Tumor or Masturbation.

DELPHOS, OHIO, May 13, 1899.

To the Editor:—In the last issue of the JOURNAL, p. 1027, R. C. Cabot, M.D., describes a case, and asks, "Can all the symptoms of this case be explained by the masturbation?" I would say emphatically, "No." The masturbation was a result, not a cause. The treatment or nature removed the cause, and then the mental impression received at the hospital enabled him to cease the practice.

C. V. MOOTS, M.D.

Parasitic Theory of Cancer.

BUFFALO, N. Y., May 11, 1899.

To the Editor:—On page 1000 of the JOURNAL for May 6 is a brief allusion to an address which I gave the other day in Baltimore on "Cancer as a Parasitic Disease." Your correspondent has made a curious mistake and has given me credit for saying just what I did not say. He has made me declare my "abhorrence of the parasitic theory," when the whole address was an argument in favor of the same. I do not exactly like to go on record in this way, and if you will kindly correct it you will do me a great favor.

Very truly yours,

R. PARK, M.D.

Army Transports to the Philippines.—On the afternoon of April 31, 1899, two army transports sailed from San Francisco, Cal., for Manila, P. I., the transport *Warren*, formerly the *Scandia*, and the chartered transport, *Newport*. The former carried eight batteries of the Sixth U. S. Artillery, 300 recruits of various regiments serving in the Philippines, and 50 members of the hospital corps. The medical officers on board were Major Guy L. Edie, brigade surgeon, vols.; Lieutenants E. H. Hartnett and W. J. Calvert, assistant-surgeons, U. S. Army, and Acting Asst.-Surgeon E. E. Persons, on duty with the troops, while Acting Asst.-Surgeon R. E. Williams was assigned as transport surgeon. The *Newport* carried two light batteries, F of the Fourth and Fifth Artillery regiments, and a battalion of 260 marines, with Acting Asst.-Surgeons Harrold L. Coffin and Robert F. Robinson. Several female contract nurses and Red Cross nurses were passengers on this transport. Both vessels had ample hospital accommodations and medical supplies for six months for the commands on board.