

A child about a year and a half old seemed indisposed and the mother proceeded to take the temperature by rectum. The child made a sudden movement and the instrument broke off at the upper constriction, leaving the bulb in the rectum. I reached the house about an hour afterward. The child was evidently in pain, crying and straining ineffectually. An anesthetic was given, and with the aid of a small bivalve ear speculum the bulb was extracted. It was placed somewhat obliquely; the sharp, jagged end had penetrated the mucous membrane, thus probably frustrating the efforts at expulsion. Although evidently some injury had been inflicted on the mucous membrane, no ill effect followed.

H. SPEIER, M.D.

[Several other letters on the above subject have been received. The fact is, the breaking of a thermometer in the mouth or the rectum is not such an unusual occurrence, and the statement "there is no case on record of the breaking of a thermometer in the mouth or anus," which occurred in our Vienna correspondent's letter, should not have been published.—Ed.]

Traveling Fakirs: A Remedy.

SPRINGFIELD, OHIO, Dec. 10, 1906.

To the Editor:—Our city was recently afflicted by an unusually blatant pair of fakirs, and the way in which we got rid of them may be of interest. They advertised under the name of "Dr. Otto Urban," or "Prof. Joseph Otto Urban and his staff of magnetic healers." They carried full-page advertisements in our local papers, gave public exhibitions in the city hall and opened offices in a hotel. The first day they had between 30 and 40 patients.

Our medical society has a committee to look after illegal practitioners, and it was soon learned that "Dr." Urban was not licensed by the state board. A warrant for his arrest was secured and the fact demonstrated that Urban was a myth. R. E. Brake was the man brought into court, and he was regularly licensed. A warrant was then secured for the arrest of his business manager, C. J. Young, alias Joseph Otto Urban, but he skipped out before we could arrest him.

The day after we attempted to arrest Urban they did not have a patient, and Brake said in an interview that we had ruined his business.

If these fellows try to operate elsewhere we will gladly furnish those requesting it, all the information we have concerning them.

W. B. PATTON.

The "Philistine" on Vaccination.

CINCINNATI, Dec. 9, 1906.

To the Editor:—I desire to call your attention to the outburst of pent-up enthusiasm of the editor of the periodical (bound in butcher's wrapping paper) called the *Philistine*, or *foolistine*, of December, 1906. This gentleman, who is also a manufacturer of expensive furniture, endeavors to pull down the barriers which have stood for a century in support of vaccination. His article, while very weak, is cleverly written and, of course, will be hailed by many as a just attack, just as the followers of poor Dowie embraced his wonderful teachings, until their funds gave out.

The editor of the *Philistine* makes this statement: "Vaccination has got to go along with black cat salve for itch and sheep nanny tea for mumps." What a brilliant comparison. Does he really believe this? No, we shall not feel alarmed about this wonderful man who explodes "every little while." In the meanwhile let us hope that there will be no outbreak of smallpox in the furniture factory at East Aurora, N. Y.

DR. WILLIAM C. HERMAN.

Medical Organizations and Appointments on Health Boards.

JACKSON, MICH., Dec. 17, 1906.

To the Editor:—Through the medium of THE JOURNAL I should like to secure information regarding the appointment of members to local boards of health on the recommendation of the county societies or similar medical organizations. The inefficiency and dishonesty of boards appointed through political favor is so notorious that it behooves the profession to

take this matter up for serious consideration, as a means of protecting both the public and themselves.

If any of the readers of THE JOURNAL know of such an arrangement as mentioned above I shall be greatly indebted for information as to methods and results.

CHRISTOPHER G. PARNALL.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish name or address will be faithfully observed.

LOCUM TENENS IN CALIFORNIA.

GOSHEN, MASS., Dec. 14, 1906.

To the Editor:—In order to act as *locum tenens* in California is it required that one shall take the State Board examination and register?

ANSWER.—Yes, all states require registration before one can practice medicine. A few, Arkansas, Florida and Tennessee, allow registration under temporary permits, but this is under the supposition that the applicant will secure a permanent certificate at the next meeting of the board of examiners.

DOUBLE VISION.

PEARSON, MD., Dec. 4, 1906.

To the Editor:—What is considered by the best authorities on diseases of the eye to be the cause of diplopia, or double vision, that is, one person appearing as two persons to the person so affected. Is it generally considered a disease only of the eye or a symptom of Bright's disease or some other trouble? Is it usual for double vision to occur only in one eye, and that only on looking straight forward or slightly downward, not on looking upward? Would a slight amount of inflammation of the eyelid or the conjunctiva produce it in some individuals?

A. L. HODGDON.

ANSWER.—Diplopia, or double vision, is merely a symptom of some eye disease, usually paresis or paralysis of one or more of the external eye muscles. This paralytic condition is, in its turn, generally due to disease (syphilis, rheumatism, gout, diabetes, etc.) affecting either the nerve supply to the muscles at their centers or along their course from the brain to the orbit. The disease in which double vision most commonly occurs is locomotor ataxia. It is well known that a temporary double vision is one of the commonest forerunners of that disease, although it may be due to many other diseases of the brain and cord. Double vision in one eye only (monocular diplopia) is a rather rare condition and is not generally noticed by the patient. When it occurs it is generally due to hysteria or to beginning cataract.

NON REPETATUR.

PENN YAN, N. Y., Dec. 13, 1906.

To the Editor:—We are frequently annoyed by hearing that our prescriptions have been repeated without our knowledge or consent, either for the patient himself or for one of his friends. Have we any means of preventing such a practice other than trusting to the fairness of the pharmacist? Just what effect, if any, have the words "Do not repeat" when written on the prescription.

WILLIAM BRADY, M.D.

ANSWER.—The prescription is an order to the druggist to furnish the patient with a certain medicine prepared in a certain way and of a definite quantity. If the order incorporates the directions that the preparation is not to be repeated the druggist has no right to refill it. This much appears to be reasonable and we believe is legally correct. It is important in the interest of the patient himself, as well as of the physician, that the prescription should not be repeated, since it frequently consists of a remedy appropriate only to a temporary condition which may have disappeared before the request for repetition is made and it possibly contains drugs the continued use of which may produce a drug habit. The druggist not only ought not to refill the prescription, but he should not give a copy, as this would defeat the object of the prohibition against repetition. The prescription may be copied before it is delivered to the druggist.

CARREL'S TECHNIC OF ANASTOMOSIS.

NAPOLEON, OHIO, Dec. 19, 1906.

To the Editor:—Please inform me where I can obtain Carrel's method of anastomosing arteries or veins, with technic.

C. M. HARRISON.

ANSWER.—Carrel and Guthrie's technic is described and illustrated in THE JOURNAL, November 17, 1906. There are many illus-