

was treated for a short time in the apparatus worn on entrance, a modified long Desault. A plaster-of-Paris bandage was applied later, the patient not being etherized, Dr. S. Martin, of Roxbury, being present. The plaster bandage was replaced by a silicate-of-potash bandage, covering a long external pasteboard splint. The patient was discharged four weeks after entrance, and six weeks after fracture, with good union, but with slight bowing outwards at the seat of fracture.

NOTE. These cases of fracture of the thigh are reported, as they illustrate that certain facts are to be borne in mind in treating this lesion in young children. There is less muscular resistance to overcome than in adults. The fracture is usually transverse, and there is less danger of overriding of the fragments. Children do not as a rule bear close confinement to bed as well as adults. Buck's extension was tried in the first and second case, and proved to be much less satisfactory than with adults, owing to the greater difficulty in keeping children quiet. Hamilton's method was tried in Cases I. and II., and proved much more efficient in keeping the child still. It, however, confines the patient very closely to a recumbent position, which is irksome to a child, and in delicate children favors hypostatic congestion and lobular pneumonia. The plaster-of-Paris bandage did not cause any chafing in the cases in which it was used. It could be kept quite neat by painting on the parts exposed to soiling through discharges a thick coating of shellac or asphalt. The weight of the appliance did not appear to be a serious annoyance to the children. Silicate-of-potash bandages are of course much lighter, but the time required for them to become stiff prevents their use in recent fractures. In the cases reported, the double inclined plane recommended by some surgeons for use in treating fractured thighs in children was not found necessary, as the tilting upward of the upper fragment was readily overcome.

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## SHORT COMMUNICATIONS.

### CODE OF ETHICS.

BY ELLWOOD C. LESTER, M. D.

THE Pea Ridge correspondent in his sketches of practice very graphically depicts the consummate meanness to which a physician may descend without violating the letter of the code of ethics. The assumed spirit of friendship for Dr. White, the faint praise, the innuendo of *limited experience*, with a quackish display of instruments and uncalled-for proceedings in arriving at the diagnosis of intestinal irritation, reveals a serpent more deadly than a rattlesnake, — a genuine sneaking copperhead, who quietly wounds his victim; a reptile which will bite in the dark, yet cower in the light of day. Every physician of experience has encountered such, and he is the most dangerous. He speaks of other physicians as clever fellows, good, social gentlemen, who *will* make good physicians after a while — all they need is a little experience, and they will be all right; or slightly insinuate they have some unfortunate weakness, and thus more cruelly stabs than one who proclaims himself an open enemy. Several years ago I encountered just such a fellow. He admitted many social virtues, but said *he had never seen my diploma*. A few days after I met him near my office, called him in, showed him the *questionable document*, and informed him that I dreaded a *skunk* more than a *wolf*. I know many physicians use consultations as a means of exalting themselves and degrading the attending physicians. By a wonderful display of learning, by imitating the Pea Ridge doctor in the use of entirely unnecessary instruments, and by half-expressed, half-suppressed innuendoes they create distrust, and thus steal patients from physicians.

It is remarkable that any physician would take the pains to teach the profession how to demean a brother physician and steal his patients without violating the code of ethics; and not less strange that a medical journal could be found ready to yield its pages to such base purposes without editorial rebuke, as one medical journal has done. The highly eminent physician who manufactures a secret nostrum and advertises it in newspapers under a woman's name is less reprehensible. It is baser to do base acts under the mantle of the code of ethics than under the petticoats of a woman. Both the doctor and the journal through which he teaches his professional legerdemain should receive the unqualified condemnation of the medical profession.

PHILADELPHIA, PENN.

[We are sorry to find that such a portrayal seems too true for fiction. — Ed.]

#### ARE WOMEN ELIGIBLE TO THE MASSACHUSETTS MEDICAL SOCIETY.

MR. EDITOR, — From what has appeared in the JOURNAL, as well as in the public press, one would imagine that the above question had been definitely answered in the affirmative. A careful study of the by-laws has convinced me that this is not the case. By-law XXXIII. reads as follows: —

##### “ALTERATIONS OF BY-LAWS.

“XXXIII. All proposals for alteration of the by-laws shall be stated in writing.

“No alteration of a by-law shall take effect until it has received the concurrent vote of the councilors and the society; and no amendment affecting the import of said alteration shall be ingrafted on it without a concurrent vote. But the councilors or society may at any stated meeting, notice having been given at a previous stated meeting, or in the call for the meeting itself, adopt rules and orders for their better government, or alter, or amend, or annul the same, but these rules or orders shall not be temporarily suspended at any meeting, except by an affirmative vote of at least three fourths of the Fellows present.

“The society shall consider, and act on, by-laws at adjournments of anniversary meetings only, and not on the days of said meetings.”

I have quoted the whole passage that I might not be accused of mutilating the sense, although the part relating to rules and orders for the government of either council or society has nothing do with the question. Now, as there has been no concurrent vote of the society, how is it possible to modify the by-laws so as to admit women?

The answer to this, no doubt, will be that as no by-law forbids their admission no legislation is necessary to sanction it.

It is true that there is no distinct prohibition, but there can, I think, be no doubt that the founders of the society and the framers of the laws did not anticipate that this would be construed into assent. The first by-law describes the qualifications of candidates, and in it we find always the pronoun *he* repeated a number of times.

Again, it is true that in laws and rules *he* is often used to refer to persons of both sexes, but only in cases where one could reasonably expect that both sexes were implicated. It needs no argument to show that only of late has the admission of women been favored by more than an insignificant faction. The feelings, or if you please the prejudices, of the society in old times were altogether against it, and it seems, at least to me, absurd that while the concurrent vote of council and society is necessary to change some paltry by-law, a matter of this consequence should be settled by the council alone. Serious complications may arise should any board of censors examine and admit women into the society, should it be shown afterwards that the council had exceeded its powers. The prudent course in this state of doubt would appear to be to lay the matter before the society.

THOMAS DWIGHT.

#### MORPHINE POISONING.

DR. COURTENAY, of Jamaica, contributes the following to the *British Medical Journal*, October 18th, to illustrate (1) the development of peculiar symptoms from the administration of morphia; (2) the marked physiological antagonism of belladonna to morphia, proved by the power of the former drug speedily to relieve the ill effects of the administration of the latter.