a fat woman and we could not make this discovery before) that she had a big, thick gall bladder plugged up with a stone exactly the size of the shadow on the right side. One would think at once, here is the solution of the trouble. I felt quite elated that I had gone in, for this was the pathological lesion. I removed the gall bladder and the stone. I was unable to palpate anything through the fat about her kidney and hoped I had removed the source of her trouble, but a photograph showed the same shadow. Four weeks later through the same incision, I removed the stone in the right kidney. She has yet to undergo a fourth operation for the trouble in the left side.

Among many of the cases, we find that to cure the patient we have to take care of the pyloric disease, of the accessory artery in the lower pole of the kidney, the head of the colon; we have to do with other pathology as well as that of the kidney, and through such an incision I maintain that I can do my patient more service than I can through the back.

DR. CHARLES W. MOOTS, of Toledo, Ohio, read a paper entitled **The Ice Bag in Appendicitis,—A Fetish.**

This article appears in full in the current volume (1921), of the Society's Transactions.

DISCUSSION

FREDERICK S. WETHERELL, SYRACUSE, N. Y.—Dr. Moots makes the statement that the ice bag on the abdomen has no effect on the growth of organisms in the appendix. He also makes the statement that the chance for gangrene is increased by interference with the circulation. I would like to have him explain how the cold gets down through the skin, the superficial fascia and muscles to the appendiceal branch of the ileocecal artery so as to change the circulation, without having any effect on the organisms.

DR. A. J. RONGY, NEW YORK CITY, N. Y.—In a series of experiments in cases with abdominal fistulae where the temperature was measured with ice bags on the top of the abdomen they had no effect on the internal viscera. What the ice bag does is to stop the pain by acting on the nerves of the skin. It does not change the temperature at all, and it cannot do it within the abdominal cavity.

DR. MOOTS, (closing).—In reply to Dr. Wetherell, I believe we agree entirely. I think it was bad rhetoric that permitted you to get the impression you did. I had in mind, when I wrote the sentence, to say that it did not do that much.

For twenty-six years I have been asked by many medical associations to take an active interest in legislation to protect the public from the so-called nonmedical cults. The object in writing this paper was to bring forcibly before you this fact, —that until our trained men will go home and do as well as they know, we have no right to ask legislation to protect the public.

DR. BENJAMIN R. McCLELLAN, Xenia, O., reported two cases of **Torsion of Appendices Epiploicae.**

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