

whenever I have seen one to remove it. I have seen seven or eight cases of melanotic sarcoma of the skin, and all the patients succumbed in a short time from a recurrence.

DR. ARCHIBALD reported a peculiar case of Empyema.

DR. SHEPHERD: I was very much interested in Dr. Archibald's case, but I do not see why it should not be secondary to the subphrenic abscess, as infection is upward, seldom downward. Still it is a rare case and it is very difficult to say where the origin of these abscesses may be.

DR. ARCHIBALD: The possibility of primary subphrenic abscess was duly discussed, but I excluded it from lack of any primary condition in the diaphragm. It was in the right side, therefore it could hardly be stomach, spleen or pancreas; there was nothing apparently wrong with the liver and nothing wrong with the appendix. Besides it was a very small abscess, whereas the pleural one was very large and the history showed that it had evidently begun as a pneumonia following Grippe, and on this ground was pleural. I therefore decided that the subphrenic abscess was a secondary condition. The recovery of such cases surely ought not to be rare. The statistics of Meindl embrace 179 cases, which consisted of the cases which had been published up to that time and necessarily a great many of them were post mortem cases.

DR. STARKEY read a paper entitled Observations relating to the etiology of Infantile Diarrhoea.

DR. EVANS: For some years past my attention has been directed to this subject. The areas mapped out by Dr. Starkey are interesting in that they tally with the districts which Alderman Ames noted in his book called *The City Below the Hill*, in which he pointed out the relation of the high mortality to the presence of cesspools, as has also been noted by Dr. Starkey. Another fact which strikes one from this paper is the depressed areas in these affected localities. In Dresden an observer drew attention to this fact some years ago. When high winds developed the level would drop to a lower grade; probably the high winds showed that the faulty ventilation of these districts has something to do with the prevalence of disease. Our mortality is a disgrace to any civilized city, and I think it would be of the deepest interest to take one of these districts mapped out, have it patrolled by practitioners, the parents taught how to feed and properly care for their children, to have the food superintended and supplied at a moderate cost with instructions as to its care, and then have the mortality in that district carefully noted, and after a certain period compared with the present statistics. Prof. Holt is carrying on work of this sort in certain districts in New York with great success. Of course I think, too, the