

heart having contracted the other parts must follow. This is probably the explanation of the rapid onset of the ventricular after the auricular systole in the mammal. It will be remembered, too, that even in the mammal contraction begins in the great veins entering the heart.

The basis of all these explanations is found, in reality, in the *natural contractility of protoplasm*. A heart in its most developed condition still retains, so to speak, the inherited but modified *Amœba* in its every cell.

It seems likely to be shown that in the causation of the beat of the mammalian heart all the above-mentioned factors enter.

In conclusion, I would express my conviction that our present explanations of heart disease are of too mechanical a character; the nervous and the other factors indicated should more largely enter into the reckoning in the cardiac pathology of the immediate future.

POST-PARTUM PELVIC ABSCESS.

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CASE I.—*Large Pelvic Abscess opened by lumbar incision in front of Quadratus Lumborum muscle.*—The subject of the following interesting case was a lady 22 years of age, and of very fine physique. Two months prior to her first confinement her husband confided to me the fact of his having contracted an attack of gonorrhœa some short time previously, and that he was afraid he had conveyed the disease to his wife. She had at this time a profuse vaginal discharge, with some evidences of acute inflammation. Vaginal injections were recommended, as the patient would not permit local applications to be made. She was confined in May 1884 with forceps under chloroform. Sublimate vaginal irrigations were used up to the tenth day. On the fifteenth day she had a chill followed by an attack of pelvic inflammation which lasted five days and then subsided, leaving no after ill effects. This looked exceedingly like as if the vaginal washings kept the gonorrhœal disease in abeyance, and on being discontinued absorption of ptomaines generated by the so-called gonococcus took place. At the delivery it was