a pale color, often containing small cavities. Gas-cysts may be seen under the endocardium and the pericardium. The blood in the cardiac cavities contains many bubbles of gas. And so the different organs are separately affected, yet the amount of charge depends directly on the kind of infection, the mode of infection, and when the examination is made.

From what has gone before it may be concluded that the Bac. aerogenes capsulatus is widely distributed in nature. It may gain entrance to the tissues by any abrasion of the skin, by way of the pulmonary system, or from the alimentary tract, where it is probably a constant inhabitant, by a perforating gastric typhoid or other ulcer, and through any part of the genito-urinary system; after operation on the urethera or following child-birth or abortion, infection is relatively common. The effects of the organism may be plainly visible before death, showing that it is capable of growth in the living subject, but probably the bacillus is most commonly distributed just before the circulation ceases, so that its results are more often noticable a few hours later. A terminal infection by the Bac. aerogenes capsulatus is common enough, instances being recorded by Welsh and Flexner, Norris and others. The low resistance of the tissue brought about by long drawn out sickness, creates the condition—wherein the opportunity for the germ to gain a foot-hold is assured. Indeed this loss of resistance is essential in all cases. The relation of the Bac. aerogenes capsulatus to gaseous phlegmons, malignant cellulitis with production of emphysema, is assured. The local infection may remain so, and be amenable to energetic treatment, as illustrated by Mann's case, but it is frequently general. the emphysema being first noticed often far distant from the point of infection, either before or soon after death.

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