odor was exhaled, the subcutaneous tissues being discolored. The axillae and groins presented numerous gas bubbles, many of them of large size, so that an incision permitted the escape of a gas which emitted an explosive sound and burnt with a pale blue flame when ignited. Upon incision into the peritoneal cavity no gas was detected. Gas bubbles were present everywhere, in the clots, within the heart, in the myocardium, and under the pericardium. The lungs showed sub-pleural gas-bubbles, the kidneys when cut into showed many bubble cavities and retroperitoneally, large gas-cysts were easily discernable. The most striking features, however, were presented by the liver. Its capsule was completely disintegrated, and the organ itself seemed as if worm eaten. It was a most excellent example of a "foaming liver." The hepatic veins also contained gas.

Cover slips from different organs and the blood showed a bacillus of the same morphology as the one found at autopsy and when cultures were made from the rabbit colonies grew on the different media in no respects differing from the growths resulting from the original cultures. Some of the tissues were hardened and stained, and the bacilli were demonstrated. Bacilli were also seen in the walls of the gas-cysts.

A bouillon culture was likewise injected into the pectorals of a pigeon, which, next morning was found dead, with rigor-mortis marked. In this case, the result was mostly local, with marked emphysematous crackling in the pectoral region. The muscles exposed by incision were quite gangrenous, pale in color, and very emphysematous. The superficial and deep pectorals were separated by a large cavity. No pus was present, but a dark red fluid oozed out of the wound. Cultures and cover-slips again identified the same bacillus. In all respects this resembled the Bac. aerogenes capsulatus of Welch.

Instances of gas occurring in the tissues both before and after death are common enough, but only in the last few years has a satisfactory explanation been forthcoming. Previously it was thought that the presence of air or gas noticed in the tissues of the body, was due to the fact that air had entered the veins during some surgical procedure, or, when post-partum, the large uterine sinuses afforded ample opportunity for its admission. It was sometimes believed, too, that air had gained entrance by the alimentary tract, as a result of perforating gastric ulcer, for instance, and that death had followed partly from this cause.

Experiments carried on by Nysten and Hare showed that amounts of air varying from 40 to 120 c.c., in direct ratio to the size of the dog, could prove fatal if injected suddenly into any large vein. Hare believes that no quantity of air which could possibly enter a vein during an operation would be large enough to produce sudden death, and this would seem the most rational view. By cautious injection at intervals, a large volume of air may be introduced into the venous system with no untoward results, and Laborde and Munroe demonstrated that 1120 c.c. might be passed into the jugular vein of a dog within the space of ninety minutes with apparently no injury. This goes to show that large amounts of air