

sure, then, the proper temperature of the foetus by the temperature of the uterus, and compare the obtained result with the temperature of the vagina, we can in this way diagnose whether the child lives or is dead. It is to be remarked that in the first measurements, only those cases in which the temperature of the uterus is found equal to, or lower than, that of the vagina would speak positively for the death of the child. Repeated measurements, then, would be necessary to establish the death of the foetus, if the temperature of the uterus is found higher than the vagina; that is, immediately after the supposed death of the child. When the child dies its *own* warmth disappears; but the rapidity of the cooling process is not great, because the difference between the warmth of the child and that of the surrounding medium is not much. To this must be added the possibility of a post mortem elevation of temperature. We should only conclude in such a case that the child was dead, if, two or three hours after the first measurement, which showed an elevated temperature, a lowering of the uterine temperature was found. Many cases have proved to the author the correctness of his view, from which he quotes the following: 1.—Primipara; confinement expected on 15th June, onset of the labor delayed, movements of the child no longer plainly perceptible. Careful introduction of a previously warmed thermometer into the cavity of the uterus, between the wall and the membranes gave:

Temperature of the uterus, 38,7C.

“           “       vagina 38,3C.

Diagnosis: the child lives. On the 24th of June, the birth of a living child took place. The introduction of the thermometer had no injurious influence on the course of the pregnancy.

II.—Multipara. Head position, measurement six hours before the birth:

Temperature of uterus 38,1C.

“           “       vagina 38,1C.