peritoneum and muscle on either side and tied, and then a second series of the Lembert variety was introduced, so as to bury those of the first row, and the uterus was returned to the abdominal cavity. There was practically no blood or liquor amnii in the pouch of Douglas.

At the patient’s express wish she was sterilised by removing a portion of the Fallopian tube on each side and ligaturing the cut ends. The abdomen was closed in three layers. The patient stood the operation well.

Two hours later, however, there was profuse hæmorrhage from the vagina and the patient became somewhat collapsed, but soon revived under treatment with saline per rectum and another subcutaneous injection of ergot.

The baby weighed 7 lb. 6 ozs. and was put to the breast five days after the operation.

The abdominal wound healed by first intention, the stitches were removed on May 29. The patient was allowed up on June 9, and she and her baby were discharged on June 15.

I have to thank Mr. Roberts for his valuable assistance, and Major O’Flaherty for administering chloroform.

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A METHOD OF REGULATING THE TEMPERATURE OF INTRAVENOUS INJECTIONS.

By CAPTAIN A. T. FROST.

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Owing to the difficulty of actually determining the temperature at which the fluids introduced intravenously reach the circulation, the following modification of a similar apparatus described by Major T. W. Gibbard, R.A.M.C., in the Lancet, is put forward as more easily handled, and not so easily broken during manipulation. It is so simple that the thermometer can be fitted to the transfusion apparatus for either salvarsan or saline solution, and at a small cost.

All that is required is a glass tube 3 in. long, with slightly expanded ends, so that the rubber tubing may be firmly tied on. The calibre is such that No. 12 tubing can be passed over the ends and fit tightly. The thermometer is similar to an ordinary clinical one, but is only 2½ in. long, and differs from it in that there is no capillary break to prevent the mercury falling with a lowering of the temperature, and at the top end there is a safety expansion to avoid breakage, if the heat of the fluid should be greater than the registered scale. The thermometer registers from 96° F. to 101° F.

Two rubber corks each one-third of an inch thick are bored centrally to hold the thermometer in the “window.” One cork fits over the top, and the other is slipped over the bulb as far as the constriction. Four
"V"-shaped notches are cut in each cork to allow an unimpeded flow of the solution to be injected through the tubing and over the thermometer. The rubber corks, in the proper position on the thermometer, are pushed with it into the glass tube.

As the heat of the fluid falls rapidly from the container to the needle, the nearer to the vein the temperature is registered the more accurate is the reading. The "window" is introduced 3 in. from the needle, thus acting for the double purpose of inspection and heat regulation. At a temperature corresponding to 99°F. patients feel a warm spot in the vein, at the point of the needle. The heat may be maintained at this level by means of a heating bath in which are placed a few feet of the rubber tubing.

The accompanying photograph shows the thermometer window, and rubber tubing in position, but disconnected to show the thermometer.

MALARIAL COMA MISTAKEN FOR DRUNKENNESS.

By Colonel F. Smith, D.S.O.
Royal Army Medical Corps.

This case emphasizes the importance of never losing sight of malaria in doubtful disease conditions in malarious countries.

The conductor of a tramcar in Calcutta called the military police late at night to remove a drunken soldier from the car. The police took the insensible soldier to the guard-room, where he lay all night. About 9 next morning it occurred to the guard that the man was ill and he was carried to hospital.