

## CASE THIRD.

*Adherent Placenta in Multipara, Rupture of Labial Abscess during Delivery.*

The subject of this report was a very corpulent mulatto woman whose weight approximated 225 pounds. Labor was very slow but the child was born in a normal state. During its birth however, the woman complained a great deal of a sharp pain around the perineum, and as the head cleared the orifice a labial abscess gave way emitting, fully a tablespoonful of very foul smelling pus. This was not all, but the placenta was firmly attached and suddenly a great gush of blood welled from the vagina. Crede's method failing to detach the placenta, and the uterus being greatly relaxed, the case was a desperate one, for to introduce the hand into the uterus was a serious menace under the circumstances. Still no other alternative presented itself. The hand was introduced into the uterus, the placenta removed and the entire uterine canal irrigated with Glyco-Thymoline, in this case a 50 per cent. solution being used. Subsequently the patient was douched twice daily with the weaker solution. Suffice to say that the temperature never went above normal during her lying-in, and she arose up on the tenth day free from any complication whatsoever, which speaks volumes for the antiseptic and prophylactic properties of Glyco-Thymoline.

## CASE FOURTH.

*Occiput Posterior Position with Delivery From Superior Strait with Forceps.*

On the night of October 21st last I was called in great haste to see Mrs. W. J. S——, in her first confinement. Os dilated slowly, owing to premature rupture of bag of waters. Patient was hard to control. Under anaesthesia child was found to be at superior strait, and with great difficulty engagement was effected. Following engagement delivery was readily effected, child was alive and active, cervix lacerated and perineum torn to sphincter ani. Repair of both structures was done forthwith, the cervix with silver wire and the perineum with silkworm gut sutures. Glyco-Thymoline douching was then begun, and complete repair of the injured structures was the final outcome, with the entire absence of fever and other complications. Without elaborating further on the conspicuous characteristics of Glyco-Thymoline in obstetrical work I wish to point out its value in the treatment of woman's diseases generally. In order to carry out my intention I will refer to the following memoranda taken from my case record.