CURRENT MEDICAL LITERATURE.

was on the left side of the organ around the vertex, when incised it gave vent to a quantity of bloody pus. The after-treatment consisted in addition to drainage, of irrigations with two per cent. formol. A little later, when the purulent discharge had lessened, the lavage was done with one in 2,000 solution of oxycyanide of mercury, followed by the injection of eight to ten c. c. of iodoform oil. The paient made an uninterrupted recovery. The second case was one of pelvic abscess which had ruptured into the bladder. The condition had originated in the ovary and tube of the left side, and did not yield to vesical drainage: an anterior colpotomy was successful.

INTERNAL DERANGEMENTS OF THE KNEE.

By Robert Jones.—One condition which gives considerable disability is rupture of the crucial ligaments. The diagnosis of ruptured crucials is simple if their functions are remembered. The anterior crucial ligament is tense when the knee is fully extended and prevents the tibia from being displaced forward on the femur. The posterior crucial ligament is tense in complete flexion and prevents the tibia from being displaced backward on the femur. Both ligaments check inward rotation of the tibia. Hence, if after an injury of the knee, the tibia can be displaced backward or forward or rotated inward in the extended position, an injury of one or both crucial ligaments may be assumed. If in the extended positions the tibia cannot be displaced forward it may be assumed that the anterior crucial ligament is not torn. If in full flexion the tibia cannot be displaced backward, the posterior crucial ligament is not ruptured.—Surgery, Gynecology and Obstetrics.

GALLSTONES EJECTED THROUGH THE MOUTH.

By A. R. Carmon.—The unique case is reported of a woman who, about a month after an attack of gallstone colic with jaundice, was taken apparently with acute indigestion, vomiting frequently for about four days and bringing up a number of gallstones, varying in size from that of a pea to a small walnut. The author collected more than thirty stones made up chiefly of biliary pigments. The patient subsequently remained in excellent health.

ABSCESS ORIGINATING IN PILONIDAL SINUS.

By Louis J. Krouse.—A pilonidal sinus is a fistulous tract of varying extent in the lower part of the spine, terminating in a blind ex-