In the male patient he avoided the posterior branch of the pubic nerve, but cut the perineal branch of the lesser sciatic, the cutaneous anal nerve. These multiple sections gave excellent results.

Last year Mr. Tavel (of Rome) said he had followed this form of treatment by exposing and tearing away the different nerve filaments of the perineum.

Mr. Rochet believes that the severing of the pubic at the inner surface of the ischium with eradication of the two large branches is sufficient.

The operation is very quickly done by a single curvilinear incision around the ischium.

SOME RECENT METHODS OF INTESTINAL ANASTOMOSIS.

George Gray Ward, Jr., gives in a recent number of the *Medical Record* a brief resumé of the subject of intestinal anastomosis from the historical point of view, and divides the many methods into three classes:

1. Where a foreign body is placed in the lumen of the bowel to facilitate accurate approximation, with or without suturing. This class includes the many devices suggested from the time of the Four Masters down to the present day, such as goose trachea, rings potato, chromatized gelatin, tallow, raw hide, rubber, cardboard and cork, and lastly, most ingenious and popular of all yet described, the Murphy Button, and Harrington's Segmented Ring.

2. In this class belong all the stitch methods without mechanical aids, including the interrupted and the continuous sutures with their many modifications; here belong the Maunsell method and the more recently described Connell suture, which latter especially must ultimately come into more general favour.

3. The methods wherein mechanical devices are used to facilitate the placing of the sutures and are then withdrawn. In this class are to be noticed the inflatable and collapsible bulb of Halsted and the great variety of forceps suggested by Mudd, Grant, Morrison, Lee, Laplace and O'Hara.

Of the three classes he selects one from each as worthy of special commendation, namely, the Harrington segmented