The specimen showed the intestinal wall firmly embedded in the wall of the uterus on the right posterior aspect, about three-eighths of an inch above the junction of the body and the cervix. When fresh the anus had a diameter of about half an inch. The proximal end of the loop was moderately dilated and the distal end quite collapsed. The outer end of the right Fallopian tube was enlarged and firmly adherent to the loop at the junction of the two ends. The right ovary was also adherent to the loop.

On careful inspection it was found that there was a complete solution of continuity between the proximal and distal ends, that the part embedded in the uterine wall was altogether proximal, and that the distal end was completely closed by adhesion to the side of the proximal end and the line of junction was protected by the adherent tube and ovary.

Under the circumstances attending the case any attempt to repair the intestine without removing the uterus would have been attended by extreme difficulty and danger. The operation performed afforded one the power of absolutely preventing any escape of fecal matter and reducing the risk of infection to a minimum. Had the case come under observation immediately after the accident the repair of the intestine might have been more easily accomplished and the tear in the uterus successfully treated by suturing or by drainage.

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