

### A Danger of the Trendelenberg Position

A patient, aged 46, suffering from complete but reducible uterine prolapse, was operated upon in the Trendelenberg position and hysteropexy with three sutures performed. The subsequent onset of intestinal obstruction necessitated further interference, and the mesentery was found twisted, with a volvulus of the ileum. Beneath the inferior border of the mesenteric loop were caught up two coils of small intestine, one of which was tightly nipped. Dr. H. Duret, who publishes the case in the *Journal de Science Médical de Lille*, attributes the obstruction to the position of the patient at the time of operation. The throwing back of the viscera at an angle of  $45^{\circ}$  causes some amount of disturbance to their normal relations, especially in those who, like the patient, are the subjects of visceroptosis, and when, at the end of the operation, the horizontal position is resumed, the mesentery easily turns upon itself, and a volvulus is produced, which usually occurs from left to right owing to the relative fixation of the cæcum. The author, therefore, advises care in the use of the Trendelenberg position when dealing with cases of enteroptosis; the operating table should be moved into position slowly, and the abdomen should not be closed after operation until search has been made for twisted mesenteric loops and volvuli.—*The Hospital*.

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IF SANMETTO IS USED in conjunction with instrumental treatment of urethral stricture it will be found to soothe, check or prevent the smarting and inflammation that is so common after passage of bougie.

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That palpation of the abdomen by a heavy-handed examiner may cause unnecessary pain to the examinee is well known, and is sufficient reason, apart from the muscular resistance evoked, for gentleness in such manipulations. But Schreiber in the *Deutsch. Archiv. für Klin. Med.* describes albuminuria as a hitherto unknown sequela, and finds that he can produce this phenomenon practically at will in patients with fairly thin abdominal walls. The exact position at which he applies pressure for this purpose is at the level of the second lumbar vertebra, where the renal arteries arise from the aorta; sustained palpation of the aorta here will lead to albuminuria shortly after-