A NEUROSURGICAL HEAD REST FOR USE IN ARMY AND NAVY HOSPITALS*

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(Received for publication March 3, 1944)

For many years it has been found advantageous to carry out certain neurosurgical operations with the patient in the sitting or upright position. In some clinics dental chairs were converted to supply this need. In others, elaborate appliances were constructed which could be attached to the operating tables, or various special tables were designed for this purpose.

Shortly after being called to active duty in the Navy, it became apparent that the hospitals connected with the Armed Services needed a simple attachment to an ordinary operating table for this purpose that was inexpensive, of relatively small size, and combined certain essential features that could be universally used by the Army as well as the Navy.

At the Naval Medical Center in Bethesda where the usual operating tables were included in the surgical equipment, such an apparatus was designed and the rough model was tried. It proved so valuable for operations on the brain and cervical portion of the spinal cord that the original apparatus was modified by the manufacturer and is now available.†

Removal of cerebellar tumors, resections of the eighth and ninth nerves for Ménière’s disease and glossopharyngeal neuralgia, hemilaminectomies in the cervical region of the spinal cord and various other operations about the neck and head have been facilitated by having the patient in the upright position. The escape of blood and cerebrospinal fluid by gravity leaves the operative field clean and the exposure unobstructed. This upright or sitting position has been used almost universally for the section of the fifth cranial nerve for the relief of trigeminal neuralgia. Certain other operations on the parietal and temporal region of the head can be done in this position also with great ease.

One of the great objections to the upright or sitting position for neurosurgical operations has been the variations which occur in the blood-pressure recordings during the operation and the necessity of lowering the head of the patient in the midst of the surgical procedure. The head rest in question obviates this danger as the patient can be in the sitting position with the feet and legs elevated to the level of the head. As a further precaution it has been found that splinting the vascular bed of the lower extremities has a most profound stabilizing effect on the blood pressure. If the legs are

* The opinions or assertions contained herein are the private ones of the writer and are not to be construed as official or as reflecting the views of the Navy Department or the naval service at large.
† Manufactured by the American Sterilizer Company, Erie, Pennsylvania.
In this position for the posterior approach to brain and spinal cord operation the feet can be elevated and the head lowered without interruption of the operator. B. Posterior view with head prepared for right-sided occipital temporal and parietal operation. Patient to right of midline of table allowing for a closer approach. C. Antero-lateral view showing setup for a left frontal or temporal craniotomy.

wrapped in ordinary bandage of one thickness from the ankle to the groin, even when the operation is carried out under general anesthesia, the blood pressure will not vary unless there is an extraordinary loss of blood at the operation.

The head rest consists of a bar which can be attached to the stirrup rods which come as ordinary equipment of the operating table. To this bar is attached a movable and adjustable head rest in which the head can be fitted.