this patient is discussed and it is concluded that the nerves were damaged by fracture of the base of the skull.

Dr. William A. Smith, Atlanta, Georgia, and Dr. H. Houston Merritt, New York, N. Y., gave helpful criticism.

REFERENCES

AN AXIAL-ROTATING TABLE

WILLIAM A. NOSIK, M.D.*

Cleveland, Ohio

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There is presented here an axially rotating table which has been designed to facilitate certain neurosurgical and neurorontgenological procedures.

The prime advantage in the use of this table is the ability of the surgeon to present either side of the head for operation by rotating the patient on his long axis without disturbing the sterile draping about the surgical field. Since the patient and

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* 10515 Carnegie Avenue, Cleveland 6, Ohio.
AN AXIAL-ROTATING TABLE

Drapes rotate as a unit, the possibility of contamination is lessened. This is particularly true in ventriculography, where the head is often manipulated to gain a more effective emptying of the ventricular system. This table is mounted either on a standard operating table or, as we prefer, on a hydraulic lift-table for convenience in transporting the patient to the x-ray room. The hydraulic pump is necessary to adjust the unit to the operator's height. Figs. 1 and 2 illustrate how the unit is mounted on the lift (Fig. 1 A), its component parts, and its mode of operation.

The unit (Fig. 1) consists essentially of a supporting frame (B) and a movable frame (C). This movable frame is so placed that the foot end pivots on the frame at D and is welded to a large ring (E) which moves on rollers affixed to this support. A locking device is incorporated so that the patient may be securely held in any one of the positions occurring in 30° intervals around the entire ring. The patient's head is secured in a head rest (F) which is adjustable in the vertical direction. It is also adjustable in the horizontal direction or capable of being entirely removed by virtue of the telescoping U-shaped bar (G).

Another removable telescoping segment (H) has an adjustable pulley for those situations where constant traction is desired on the head throughout a procedure in the cervical region. The patient is locked in position on the lower frame by a removable upper frame (I) which is bolted to it at the foot end and secured further by appropriate straps.

The patient is draped after suitable preparation of the head by slipping a sterile cone-shaped drape over the head to be held in position by a draw-string or elastic in the groove