

The three parts of the unit are strapped to a standard operating table, B with the gap to the right or left according to which side is involved. Anaesthesia is begun while the patient is supine. After tracheal intubation he is turned face down, his forehead supported on the head-rest. One of the pillows (b_{11}) is tucked from the affected side (cephalic to the gap) to support the upper part of the chest, and the other pillow is placed immediately above the symphysis pubis. The pillows may be buttoned on the table. When the carriage is removed, the anterior surface of the affected side is accessible. The operating table is adjusted so that each of the boxes B and C forms an angle of 15° with the horizontal plane, and, moreover, it is tilted to make the upper surface of the pillows horizontal. The positioning is completed (Fig. 2) after a thin pillow has been placed

under the legs (not shown on the figure) to prevent hyperextension of the knees.

The unit allows free access to the operating field. It is easy to perform manually assisted or controlled respiration (frequently even easier than in the lateral position), even though the healthy side does rest lightly on the table. In our opinion this is an advantage, since it prevents too much over-stretching of the lumbar column in the often elderly patients.

There has been no case of pressure paralysis, permanent or temporary, but on two occasions we have observed cyanosis and congestion of the lower limbs due to pressure from the lower pillow which is apt to lie immediately below the femoral vessels, if the subject is short. This congestion did not cause any embarrassment, but it must be realized that a wrong positioning of this pillow may involve the risk of complications.