

(No Model.)

5 Sheets—Sheet 1.

J. W. KALES.
PHYSICIAN'S TABLE.

No. 487,625.

Patented Dec. 6, 1892.

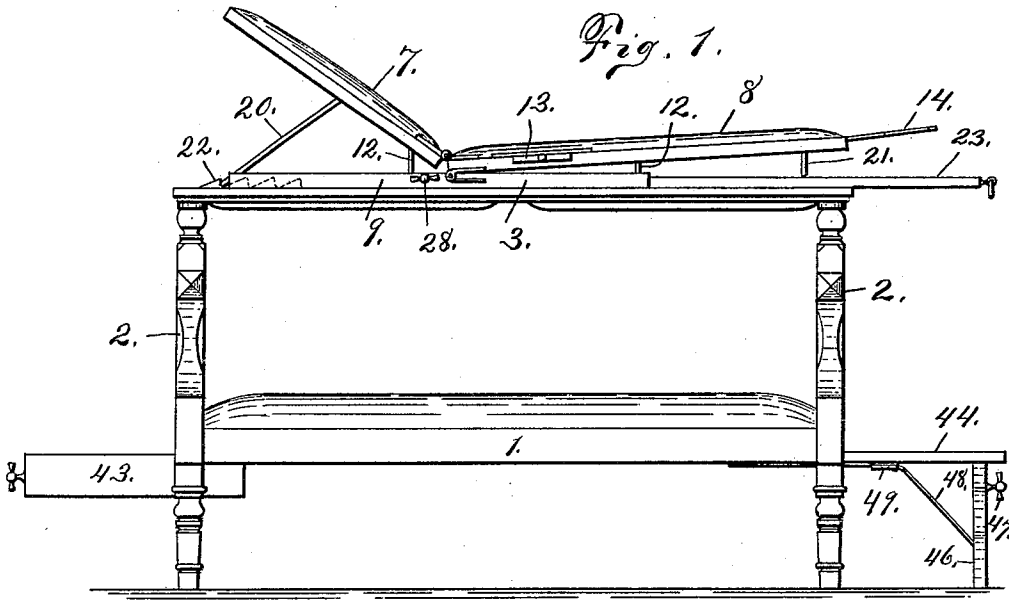
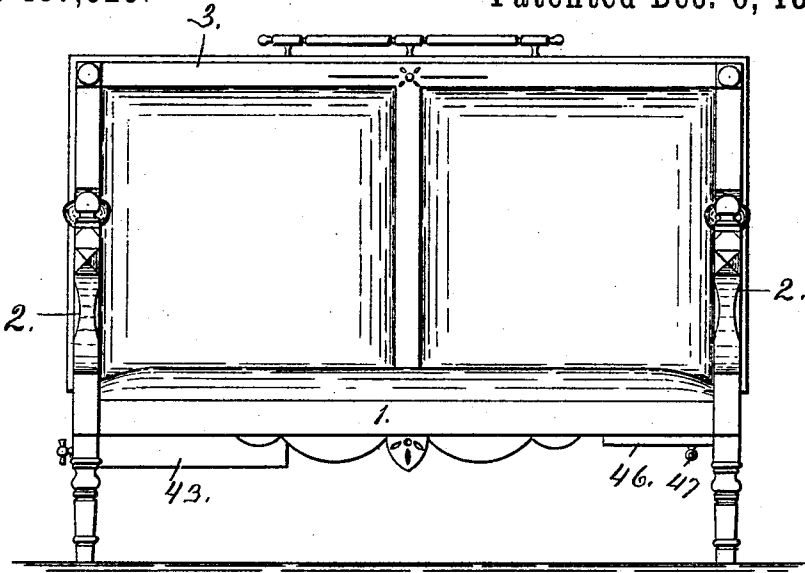


Fig. 2.

WITNESSES:

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ATTORNEY

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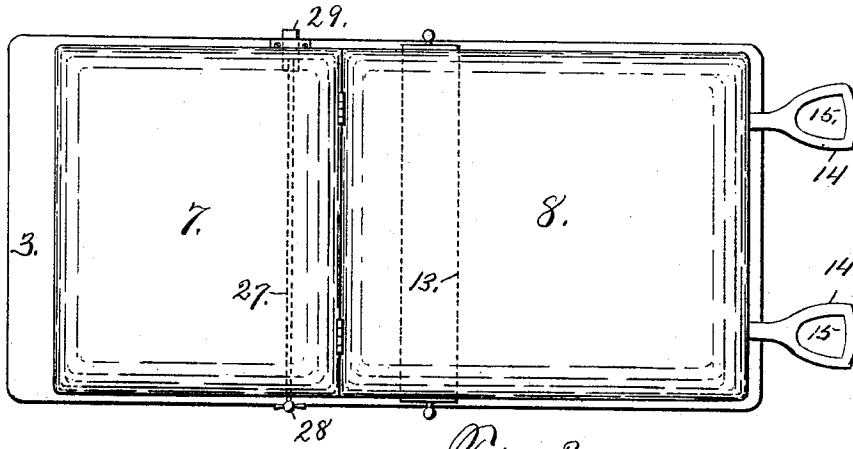


Fig. 3.

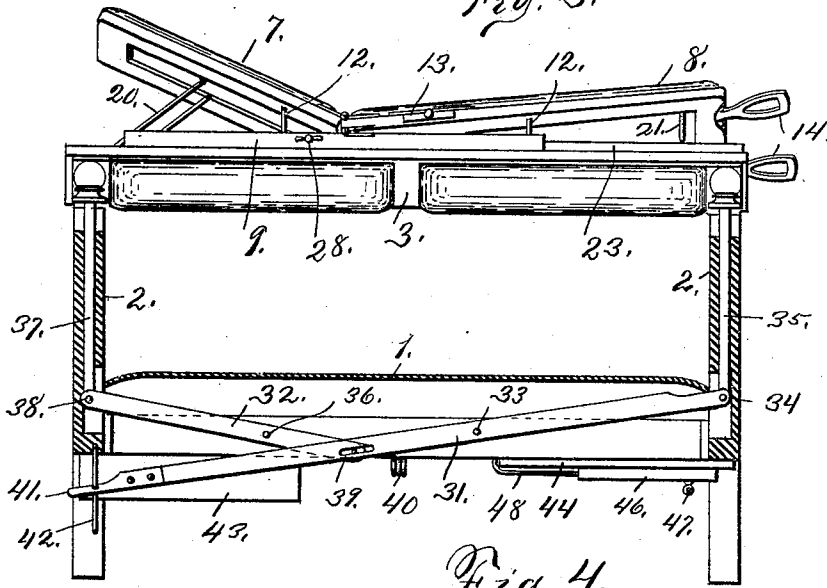


Fig. 4.

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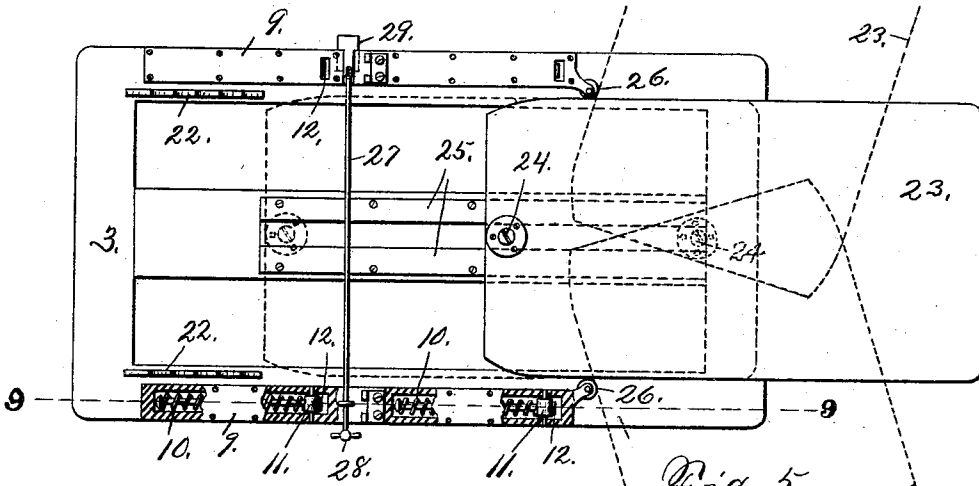


Fig. 5.

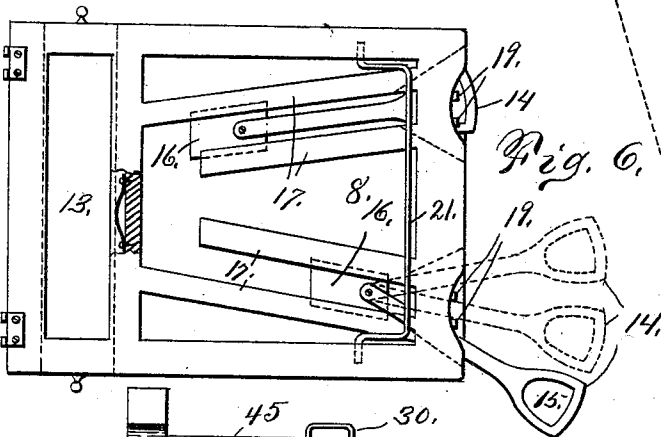


Fig. 6.

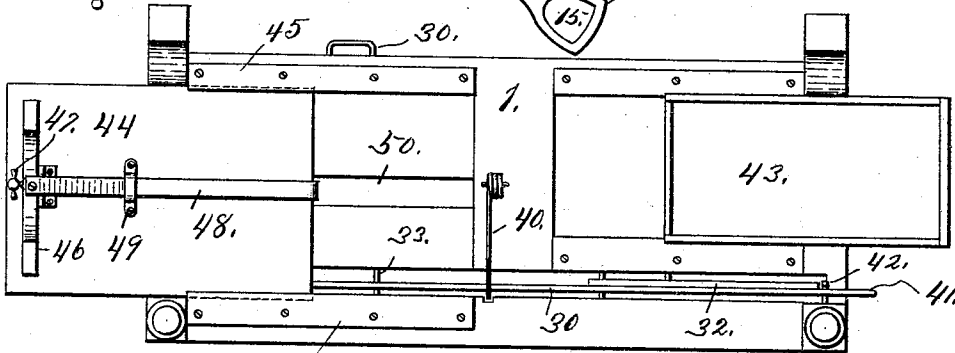


Fig. 7.

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(No Model.)

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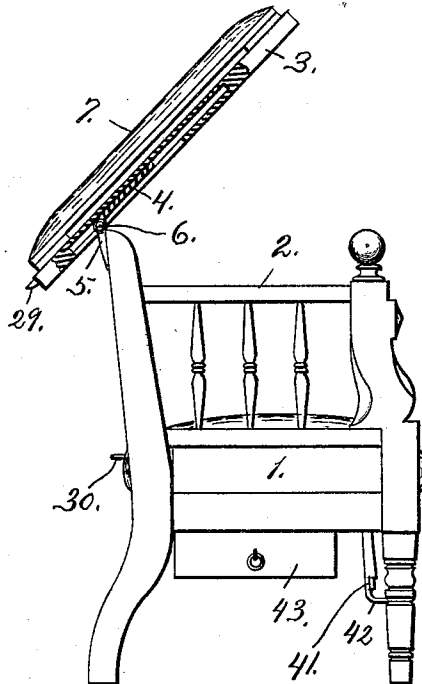


Fig. 8.

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Fig. 9.

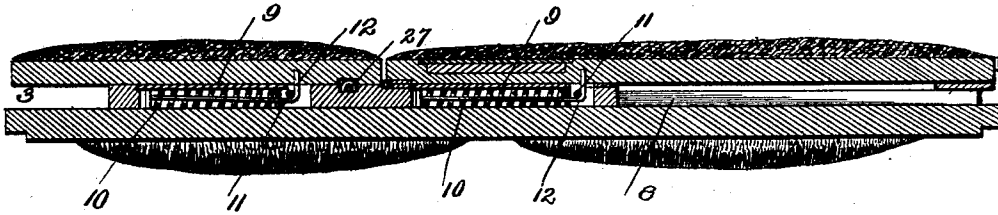


Fig. 10.

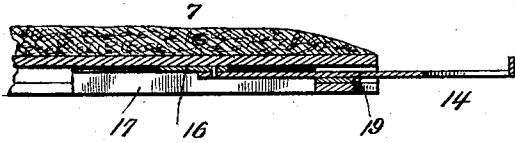


Fig. 11.

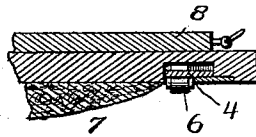


Fig. 12.

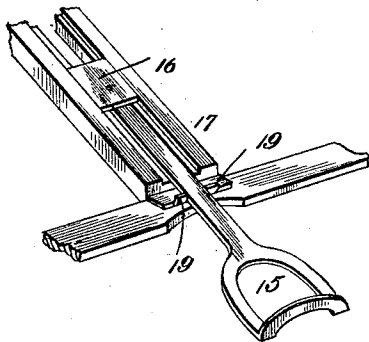
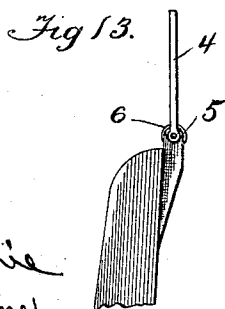


Fig. 13.



Witnesses

John Deane
W. W. Deane.

Inventor
John W. Kales.
By *R. Deane*
his Attorney

UNITED STATES PATENT OFFICE.

JOHN W. KALES, OF FRANKLINVILLE, NEW YORK.

PHYSICIAN'S TABLE.

SPECIFICATION forming part of Letters Patent No. 487,625, dated December 6, 1892.

Application filed March 11, 1892. Serial No. 424,495. (No model.)

To all whom it may concern:

Be it known that I, JOHN W. KALES, of Franklinville, in the county of Cattaraugus and State of New York, have invented certain new and useful Improvements in Physicians' Tables; and I do hereby declare that the following description of my said invention, taken in connection with the accompanying sheet of drawings, forms a full, clear, and exact specification, which will enable others skilled in the art to which it appertains to make and use the same.

My invention relates to improvements in physicians' tables, and more particularly to that class of physicians' tables used for gynecological and surgical purposes. Its object is to produce a table which will be attractive in appearance and not suggestive of its real function, but may be readily thrown into operative position.

It consists of a table, which when not in use may be used as an ordinary settee, but may be adjusted into a table by drawing the back of the settee up and over the side arms or frame thereof. The table then formed may be placed in various positions, so as to render more convenient the positions of the subject to be operated upon and enable the operator to more easily reach and handle the patient. This is accomplished by a particularly-arranged mechanism, all of which I will now proceed to more definitely describe and claim.

In the drawings, Figure 1 is a front elevation of my improved table when used as a settee. Fig. 2 is a similar view of my improvement when used as a physician's table. Fig. 3 is a top plan view of the construction shown in Fig. 2. Fig. 4 is a view showing the side of the table thrown on an incline, giving what is known to the profession as the "Sims" position. Fig. 5 is a top plan view of my improvement with the hinged leaves removed to show construction. Fig. 6 is an under side view of the larger hinged leaf, showing the arrangement of the stirrups or foot-braces. Fig. 7 is a bottom side view of my improvement. Fig. 8 is a side elevation showing the sliding connection between the side arms and back piece or table-top. Fig. 9 is a sectional view taken on the line 9 9 of Fig. 5. Figs.

10, 11, 12, and 13 are detailed views of certain parts, more particularly hereinafter described.

Referring to the drawings, 1 is the body of the table; 2, the side arms or legs thereof, and 3 the back or table-top.

4 is a sliding hinged plate pivoted to the projection 5 at the rear of the arms 2 and having a roller 6 mounted upon its bearings, so as to reduce the friction in raising the back of the settee into position as a table-top. In order to thus dispose the settee-back as a table-top, the operator, standing at the front of the settee, grasps the back at its top edge and swings said back upon its pivots formed by the hinged plates 4 into a horizontal position, and then pulls said back forward upon said plates the required distance, the back sliding upon said plates and then permitted to rest upon the upper ends of the standards forming the legs and in part the side arms of the settee. On the upper side of this table-top are hinged the cushioned leaves 7 and 8, the leaf 8 being hinged to the pieces 9 and the leaf 7 being hinged to the leaf 8. One of the pieces 9 is recessed, as seen in Fig. 5, so as to receive the spiral springs 10 and rollers 11, through and over which the cords or connections 12 pass. These cords are secured to the under sides of the leaves 7 and 8, so as to hold them in position, particularly when the table is employed as a settee. In the forward end of the leaf 8 is arranged the arm-rest 13, which passes through the leaf and has a small knob or handle projecting on either side thereof, so as to enable it to be drawn out on either side of the table, the unused knob passing within the leaf when the rest is extended from the opposite side thereof. On the under side of the leaf 8 and extending through its rear end are arranged the stirrups 14. (See Fig. 6.) These stirrups 14 have enlarged outer ends, with opening 15 cut into them for the reception of the patient's heel or foot, and their inner ends are pivoted to sliding blocks 16, which travel within the ways 17.

In the end of the frame forming the leaf 8 and in line with the grooved ways 17 are arranged short projections 19, and as the stirrups are drawn out they are held from lateral

displacement by these projections, and either of the stirrups may be arranged to rest in any of the positions shown in Fig. 6.

Pivoted levers or arms 20 and 21 are connected to the leaves 7 and 8, respectively, so as to hold them in tilted positions, as shown, the arm 20 resting in notches 22, so as to enable the operator to graduate the incline of the leaf 7. Under the leaves 7 and 8 is arranged a sliding shelf or leaf 23, which is secured to the table-top by the bolt 24, the head of which travels in the slide 25. It will be seen by reference to Fig. 5 that this slide can be drawn out to lengthen the table-top or may be projected out from either side of the table after clearing the friction-rollers 26, as shown in dotted lines, to support the patient's lower limbs when the table is adjusted in the Sims position.

27 is a rod passing through the table-top, having the knob 28 at one end and the catch 29 at its other end. This is arranged to lock the table-top in position when used as a settee, the catch resting in the staple 30. (Shown in Fig. 7.)

For tilting the table-top sidewise, so as to place it in the position known by physicians as the "Sims" position, I have arranged the levers 31 and 32, the lever 31 extending across the settee and its lower forward end being pivoted, as at 33, and loosely connected, as at 34, to the vertical rod 35, and the lever 32, being pivoted, as at 36, is loosely pivoted to the vertical rod 37 at one end, as at 38, and to the lever 31 at the other end, the pivot resting in the elongated slot 39 in the lever 31. This lever 31 is held in place by the spring 40, (shown more clearly in Fig. 7,) and when it is desired to tilt the table-top the lever 31 is grasped by its handle 41, drawn down, and thrown into contact with the rack 42, arranged upon one of the forward legs of the table. On the under side of the table I have arranged at one end a drawer 43 for the reception of the instruments employed for operations and on the opposite end a sliding step 44. This step 44 travels in slides 45 and has hinged to its underside the bracket or support 46. When it is desired to use the step 44, it is drawn out by the handle 47, which brings the support 46 into a vertical position, and when the step is returned to its place the support 46 will turn to a horizontal position by reason of the strap 48, which is secured to the support at one end and passing through the staple 49 and under the step 44 into a groove 50, where it is secured to the under side of the table, as seen in Fig. 7.

In operation when it is desired to use my improved physician's table the operator has only to raise the back of the settee and turn it up, so as to rest upon the arms or side frame thereof. The leaves 7 and 8 may then be tilted or the stirrups drawn out into the position desired, or the arm-rest drawn out on either side of the table, or the slide 23 drawn

out to extend the table, or the vertical rods 35 and 37 may be thrown up to tilt the table into the Sims position, using any one or more of the above positions which will best suit the purpose of the operation to be performed. The step is then drawn out, as described, to assist in placing the patient in position.

It will be seen that in combining my improved table with a settee and so constructing it as to make its seat form no feature of the table I am enabled to use the table at any time by simply throwing up the back into position, and should anything be resting upon the seat it may remain there without hindrance to the operation, while in the old form of physicians' tables it is invariably necessary to first clear the table-top, which has become laden with paper and office fixtures.

I claim—

1. A combination physician's table consisting, essentially, of a settee having pivoted back, which may be thrown into a horizontal position upon the frame, forming a table-top, said table-top having hinged leaves on its upper side adapted to be held in inclined positions, adjustable stirrups connected to one of the leaves, a sliding arm-rest mounted in the same leaf, spring-tensioned connections for holding the leaves in place, a sliding extension-board arranged beneath the leaves, pivoted lever secured to the lower end of the table and connected to vertical rods which pass up through the frame for tilting the table-top, and a sliding step with hinged support arranged at one end of the table, the whole combined and operating substantially as shown and described.

2. In a physician's table, stirrups for the patient's heels to rest in, in combination with a supporting-frame having grooved ways therein and sliding blocks held in said ways and having pivoted thereto the inner ends of said stirrups to permit them to have lateral movement, substantially as set forth.

3. In a physician's table, stirrups for the patient's heels to rest in, in combination with a supporting-frame, grooved guideways secured thereto, sliding blocks resting in said guideways and having pivoted thereto the inner ends of said stirrups, and the projections secured to the outer ends of said guideways and adapted to receive between them the arms or shanks of said stirrups, substantially as set forth.

4. In a physician's table consisting, essentially, of the frames 1 and 2 and the table-top 3, and the pivoted levers 31 and 32, pivoted to the vertical rods 35 and 37 for tilting the table to a side incline, substantially as shown and described.

5. In a physician's table, the combination of a settee having its back standards or arms provided upon the rear side near the upper ends with hinged plates, rollers mounted upon the pintles or pivots of said hinged plates, and the table having said hinged

plates sliding therein, substantially as specified.

6. In a physician's table consisting, essentially, of a frame with adjustable table-top, the sliding step 44, traveling in grooves 45, and hinged support 46, having the strap 48 secured to it at one end and passing around the step 44 and secured to the frame of the table at its other end, substantially as shown.

In testimony that I claim the foregoing as my invention I have hereto set my hand in the presence of two subscribing witnesses.

JOHN W. KALES.

Attest:

OTTO E. HODDICK,
FERDINAND P. KERSTEN.