J. V. McMANIS AND F. KOENIGKRAMER.

TREATMENT TABLE.

APPLICATION FILED NOV. 23, 1916.

1,390,301.

Patented Sept. 13, 1921.

4 SHEETS—SHEET 1.

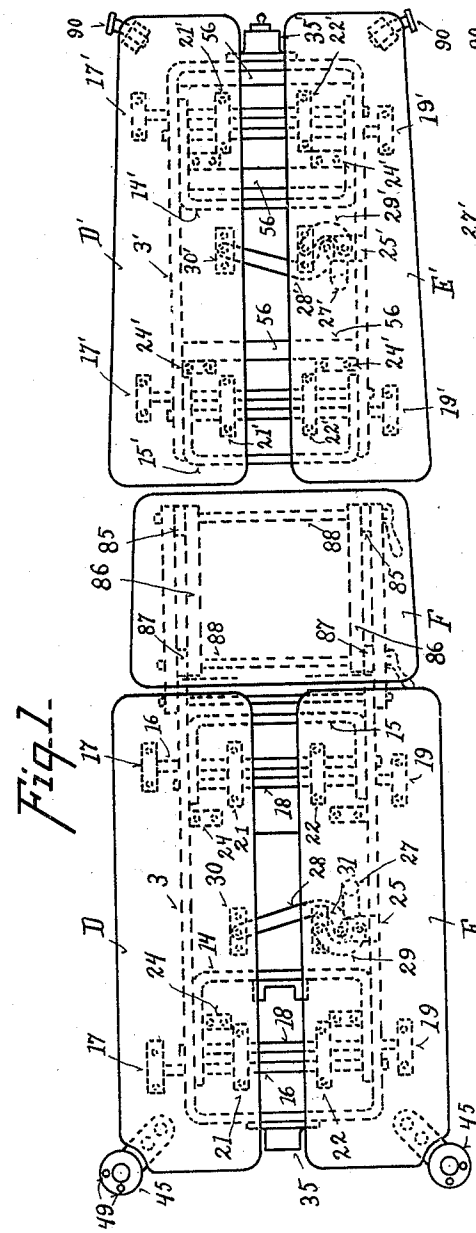


Fig. 1.

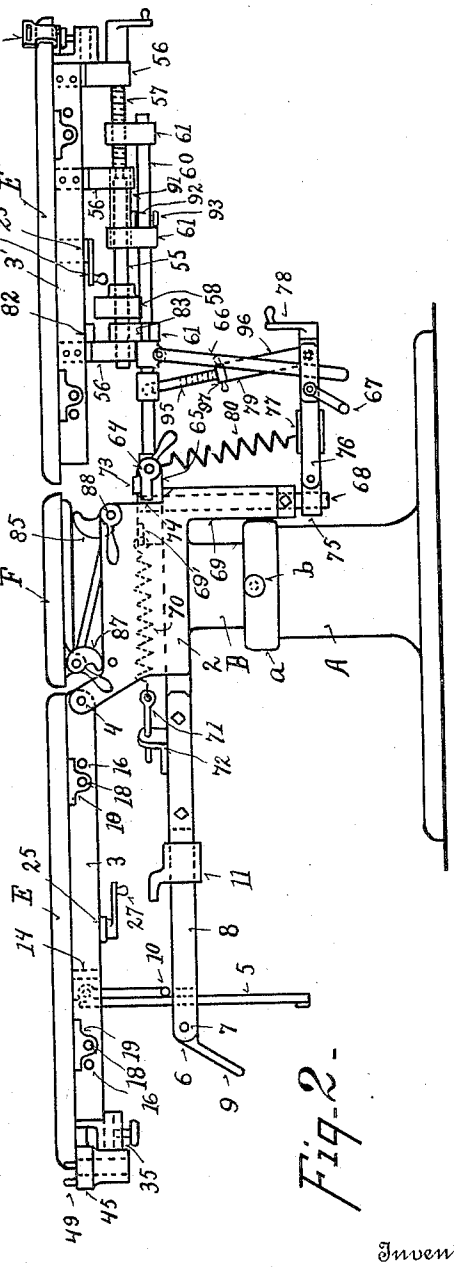


Fig. 2.

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Fig. 3.

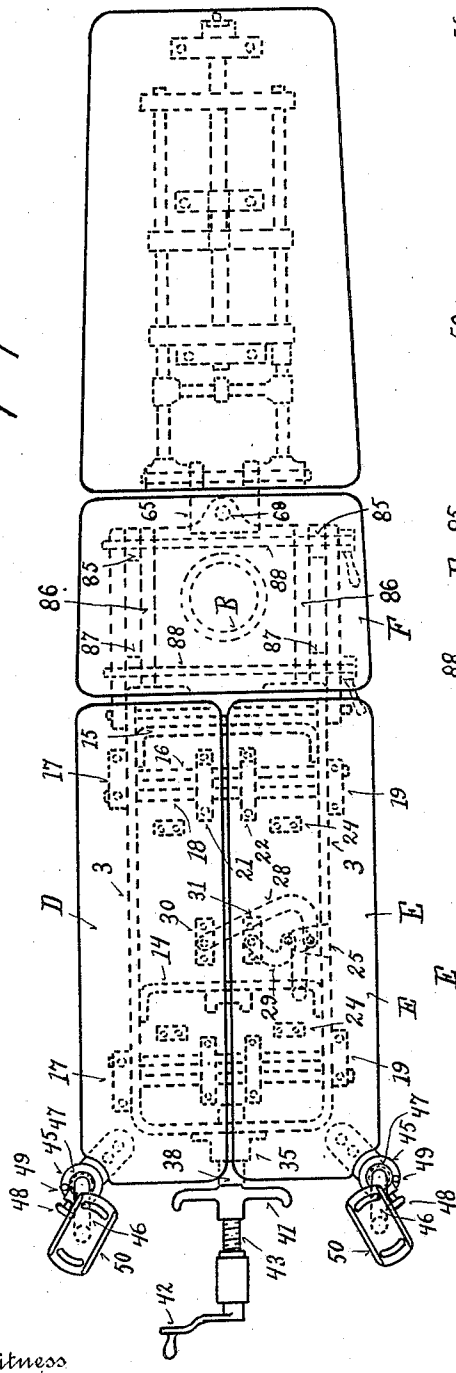
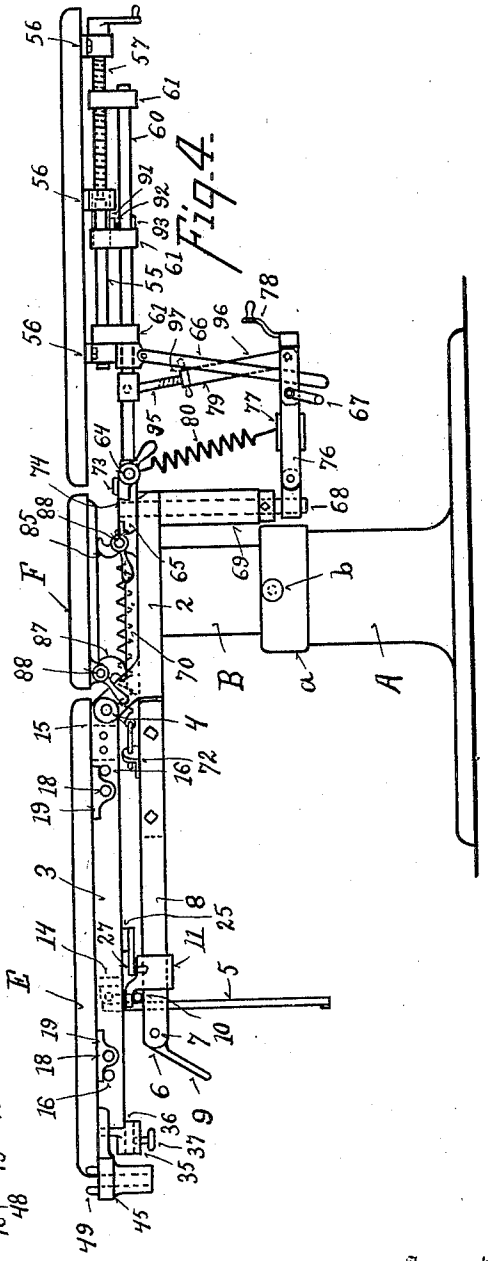


Fig. 4.



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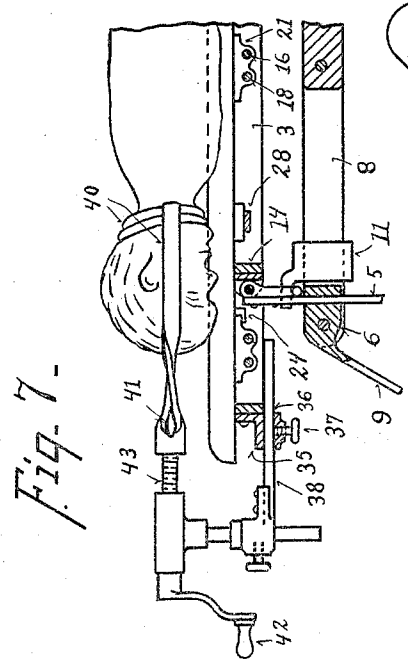


Fig. 7.

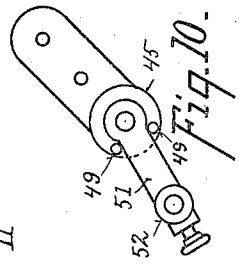


Fig. 10.

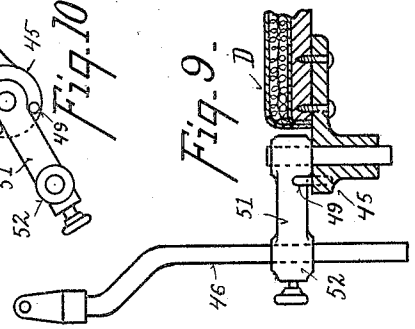


Fig. 9.

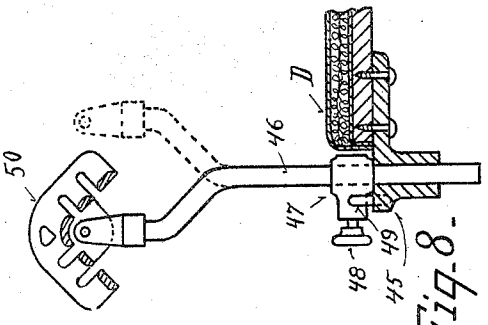


Fig. 8.

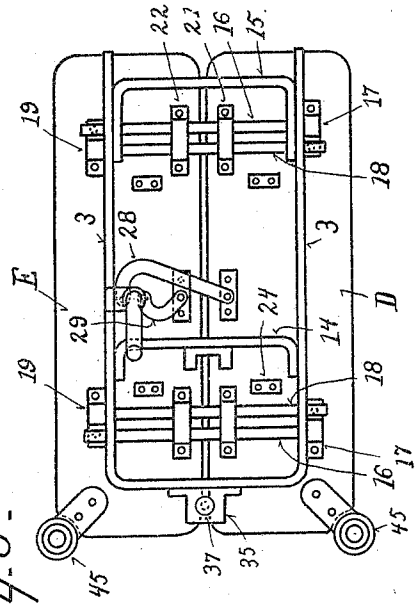


Fig. 5.

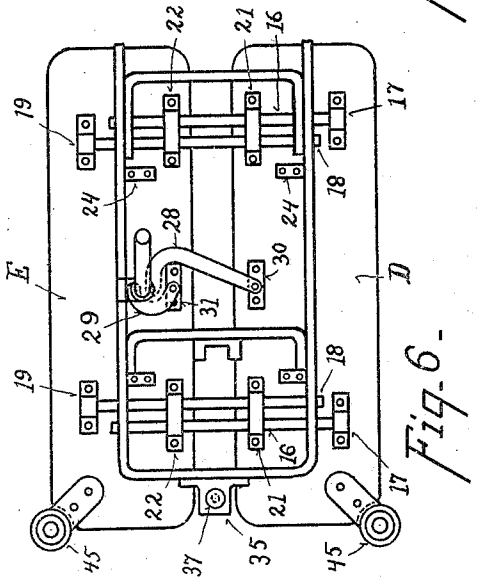


Fig. 6.

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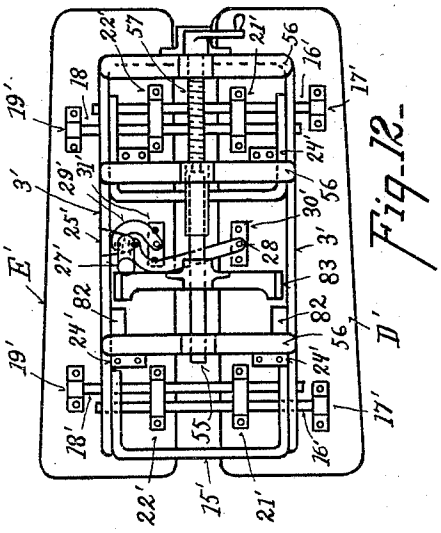


Fig. 12.

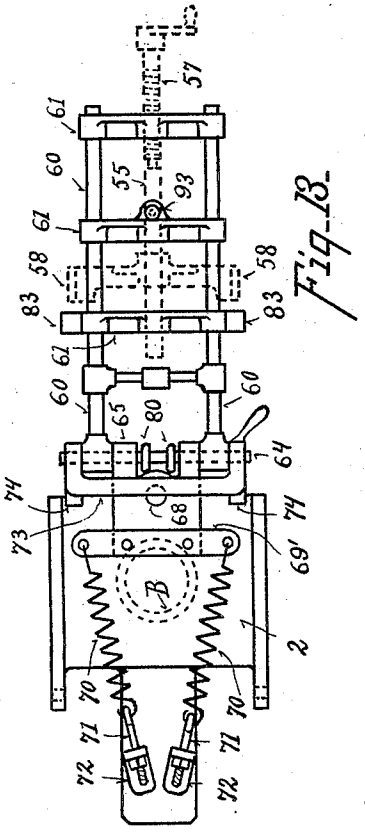


Fig. 13.

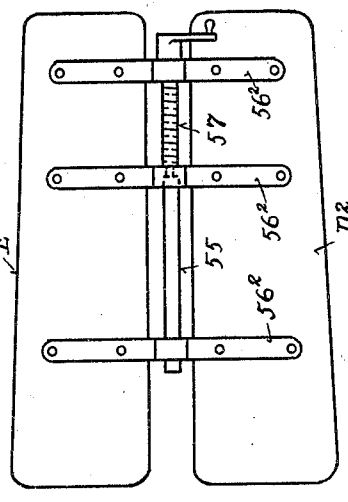


Fig. 14.

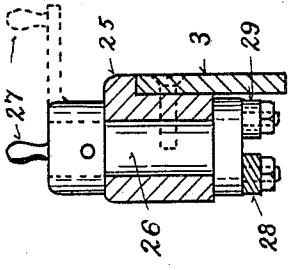


Fig. 11.

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TREATMENT-TABLE.

1,390,301. Specification of Letters Patent. Patented Sept. 13, 1921.

Application filed November 23, 1916. Serial No. 133,073.

To all whom it may concern:

Be it known that we, JOHN V. McMANIS and FRANK KOENIGKRAMER, citizens of the United States, residing, respectively, at Dayton, Montgomery county, and Cincinnati, in the county of Hamilton and State of Ohio, have invented certain new and useful Improvements in Treatment-Tables, of which the following is a specification.

Our invention relates to improvements in treatment tables. One of the objects is to provide a treatment table having a table top, or one or more sections thereof, divided longitudinally into two sections, preferably adjustable to and from each other to constitute a continuous table top when closed together and a table top with a longitudinal opening when separated.

Another object is to provide a treatment table in which there are a plurality of top sections one or more of which is divided longitudinally into two sections.

Another object is to provide a treatment table having an adjustable resiliently supported top section divided longitudinally into two sections preferably adjustable to and from each other.

Another object is to provide improved mechanism to firmly and adjustably support said longitudinal sections and facilitate their adjustment relative to each other and relative to the support therefor.

Another object is to provide improved means to lock the longitudinal sections in different adjusted positions to insure rigidity relative to each other while the table is in use.

Another object is to provide in combination with a top divided longitudinally, apparatus to be employed in conjunction therewith to strain, support, and retain the patient in the desired position or positions.

Our invention also comprises certain details of form, combination, and arrangement, all of which will be fully set forth in the description of the accompanying drawings, in which:

Figure 1, is a top plan view of a treatment table, embodying one form of our improvements.

Fig. 2, is a side elevation of the same.

Fig. 3, is a view similar to Fig. 1, illustrating a modification thereof.

Fig. 4, is a side elevation of Fig. 3.

Fig. 5, is a bottom plan view of the longitudinally divided main top section with the longitudinal sections in the closed position.

Fig. 6, is a similar view with the longitudinal sections in separated position.

Fig. 7, is a central vertical section illustrating one application of the longitudinally divided top.

Fig. 8, illustrates detachable supports for the extremities of a patient carried by and movable with the top sections, and separately adjustable relative thereto.

Fig. 9, represents a modification of Fig. 8.

Fig. 10, is a detail of the modification Fig. 9.

Fig. 11, is a detail of the adjusting and locking mechanism.

Fig. 12, is a bottom plan view of the longitudinally divided auxiliary top section and part of its adjusting and supporting mechanism.

Fig. 13, is a plan view of a portion of the auxiliary top section supporting mechanism.

Fig. 14, is a bottom plan view similar to Fig. 12, illustrating a modification.

The accompanying drawing represent the preferred embodiments of our invention in which A. represents a base, B. a standard vertically adjustable relative to the base, preferably hydraulically operated and capable of being locked by a collar *a* and set-screw *b*, against vertical movement and rotation. The standard B has a head 2 to which a series of table top sections, two or more, are adjustably attached. As illustrated in Figs. 1 to 4, the construction of the main table top section is the same, and 3 represents the main table top frame pivoted at 4 to the head 2 and adjustable to various positions of inclination about the center 4, being held to any desired position of adjustment by means of a locking bar 5, which passes through a slot in a locking and releasing member 6, which is pivoted at 7 to parallel bars 8 attached to the head 2. The member 6 automatically grips the bar 5 by

gravity to prevent it moving downwardly except when pressure is applied to the handle 9 of member 6. The bar 5 also carries short cross-arms 10 to be engaged by members 11, sliding on the bars 8, to lock the frame 3 in its lowered position to the bars 8.

The frame 3. is preferably loop shaped with cross braces 14 and 15. The bar 5 is preferably hinged to the brace bar 14. Two longitudinally separate table top sections D. and E. are mounted upon the frame 3. to be adjustable to and from each other by means of rods 16 rigidly attached to the section D. at 17 by means of brackets and rods 18 rigidly attached to the section E. at 19 by means of brackets. These rods 16 and 18 are arranged in pairs parallel to each other and are supported to slide endwise in perforations through opposite sides of the frame 3. As illustrated in Figs. 1 and 12, the ends of the cross braces 14 and 15 are long enough to reinforce the frame 3. at the points where it is perforated to receive the rods 16 and 18, and to form bearing surfaces of greater area therefor.

Brackets 21 attached to the top section D, and brackets 22 attached to the top section E, are perforated to receive and permit the rods 16 and 18 to slide endwise therein. The brackets 17 and 19 by engaging the outer faces of frame 3. limit the adjustment of top sections D. and E. relative to frame 3. in one direction and stop members 24 attached respectively to the sections D. and E. by engaging the frame 3. from the inside limit the adjustment of the top sections D. and E. in the opposite direction.

A journal bracket 25 is attached to the frame 3. and has journaled therein a crank shaft 26 with an actuating hand lever 27. At the inner end of the shaft 26 are two crank pins on which are journaled at one end links 28 and 29.

The link 28 is pivotally connected at its opposite end to a block or bracket 30. rigidly connected to the top section D. and the link 29 is similarly connected at its opposite end to a block or bracket 31 rigidly connected to the top section E.

As illustrated in Fig. 5, the crank pins on which links 28 and 29 are journaled are opposed to each other on a dead center to oppose adjustment of the top sections, and the brackets 17 and 19 bear with more or less pressure against the frame 3 with the result that the top sections are locked firmly at one extremity of their adjustment with reference to frame 3. As illustrated in Fig. 6, a ninety degree throw of the crank shaft 26. causes the crank pins thereof to assume a similar dead center position to act in conjunction with the stop members 24 to lock the top sections D. and E. at the opposite extremity of their adjustment firmly to the frame 3. The rods 16 and 18 being supported at opposite ends with reference to the frame 3, and by brackets 17 and 19 at one edge of the top sections D. and E. and by brackets 21 and 22 near the opposite edge of top sections D. and E. affords a firm and rigid connection and adjustable support between said top sections and the frame 3, with locking action at each extremity of the adjustment.

When the top sections D. and E. are adjusted close to each other they form practically a single or continuous top section, and when adjusted apart they provide a recess to receive the face or head of a patient, and permit the patient to receive and expel air through the open space between the top sections. In such positions the spinal column of the patient is in a natural position without any spiral or torsional displacement which would result from resting on a continuous top section with the face turned to one side.

A bracket 35 rigidly attached to the frame 3. has a socket or perforation 36. and a set-screw 37 to receive and lock the shank 38. of any one of several attachments, such as detachable or adjustable head pads, spinal column tensioning or stretching mechanism, or the like. In Fig. 7, is illustrated the position of a patient with face in the space between the top sections and with a harness 40 attached about the neck and to an adjustable cross head 41. adjustable by means of a crank handle 42. and screw 43. carried by the shank 38. and bracket 35. to apply tension to the spinal column, while the patient is resting in the desired position on the table.

The top sections D. and E. are each provided with a bracket 45 which is perforated to receive the shank 46 which carries a collar 47 adjustable thereon and held thereto by a set-screw 48. The set screw boss of the collar 47 seats between two pins 49 carried by the bracket 45 to prevent rotation of the collar 47 and shank 46. The shank and collars are therefore readily adjusted to or from operative position.

The upper ends of the shanks 46 are provided with supports 50 for the lower extremities of a patient, which supports are pivotally attached to the shanks 46, and the shanks bent to provide a considerable range of adjustment of said supports by loosening the collars 47 and rotating the shanks 46 relative thereto. A further adjustment of the supports 50 may be had by employing extension brackets 51 seated in the perforations of brackets 45 and in engagement with the pins 49, while the shanks 46 and collars 47 engage perforations 52 at the opposite extremities of brackets 51 in the manner heretofore described, as illustrated in Fig. 9.

The supports 50 having an extensive range

of adjustment in conjunction with a table top section having an opening longitudinally at the center have important functions for treatments.

As illustrated in Fig. 3, only the main table top section is longitudinally divided. As illustrated however, in Figs. 1 and 2 both the main top section and the auxiliary top section are longitudinally divided, the top sections D^1 and E^1 being supported upon the frame 3^1 and adjustable relative thereto by the respective parts heretofore described and which as regards the auxiliary top are designated by like reference letters and numerals with "prime" affixed thereto.

The frame 3^1 however is in turn supported with reference to the head 2 and standard B. so as to have a variety of movements upon different axes of oscillation with reference to said standard B. as follows. The auxiliary top and frame 3^1 have an oscillatory movement upon and relative to a longitudinal axle 55 upon which the frame 3^1 is rotatably supported by means of a series of brackets 56 attached to frame 3^1 and rotatably attached to the axle 55 and screw shaft 57. The frame 3^1 may be locked rigidly against this oscillatory movement by means of a locking member 58 movable longitudinally on axle 55, and actuated by a lever not illustrated. The axle 55 and screw shaft 57 are in turn supported upon a frame 60 so as to provide a movement of the auxiliary top and its frame 3^1 longitudinally of the frame 60 by means of brackets 61 which are rigidly attached to and constitute a part of the frame 60, said axle being rotatably and slidably mounted in two of said brackets 61 and the screw shaft threaded to the third of said brackets 61, to enable said screw shaft to feed the frame 3^1 endwise on frame 60. The frame 60 in turn is rotatably mounted upon the horizontal axle 64 supported by a head 65 beneath one end of the auxiliary top section, thereby permitting the frame 60 to oscillate upon the axle 64 to depress or elevate the free end of auxiliary top section and its frame 3^1.

A locking lever 66 is adapted to be clamped in position by a hand crank 67 to lock the auxiliary top section against movement relative to its axle 64.

The auxiliary top section is also adjustable rotatably about a vertical axle 68 which is journaled in a vertical recess in the sleeve 69 carried by the standard B. The axle 68 is rigidly attached to the head 65 which carries the axle 64. Said head 65 also carries a cross bar 69 to opposite ends of which are attached adjustable tensioning springs 70 attached at their opposite ends to eye-bolts 71 which engage brackets 72 carried by the standard B. The springs 70 being opposed to each other may be adjusted as to tension to normally hold the auxiliary top section in central or longitudinal adjustment with the other top sections. A yoke-shaped locking lever 73 is rotatably supported on the axle 64 and its free ends 74 are adjustable into and out of engagement with locking faces on the standard B. to lock the auxiliary top section against movement, on its vertical axle 68.

In order to resiliently support the auxiliary top section in a substantially horizontal position with reference to its axle 64, a collar 75 is rigidly secured to the lower end of the axle 68, and a loop shaped frame 76 is pivotally attached to the collar 75 so as to occupy and retain a position vertically beneath the auxiliary top section. One or more springs 80 are attached at one end to the axle 64 or head 65 and at the opposite end to a carriage 77 which is movable along the frame 76 to or from the axle 68 by means of a crank arm 78 which turns a screw shaft attached to the carriage 77.

An adjustable brace or rod 79 pivotally attached at its lower end to the outer end of frame 76 and at its opposite end to frame 60, transmits the thrust or lift of the springs 80 from the frame 76 to the frame 60. By adjusting the carriage 77 any desired amount of resilient lifting force may be applied to the auxiliary top section to sustain it in a substantially, horizontal or inclined position irrespective of the position or weight of successive patients. The locking lever 66 when clamped by member 67 to frame 77 locks the frame 76 and 60 together and to a rigid position relative to the axle 64. The locking member 58 by moving longitudinally on the axle 55 is interposed on opposite sides of axle 55 between locking faces 82 carried by the frame 3^1 and locking faces 83 carried by one of the brackets 61.

In Figs. 1 to 4 is illustrated an intermediate top section F, which is preferably employed, although it may be omitted, and the main auxiliary top sections be brought closer together. Where employed the section F is so mounted upon the standard B as to be adjustable relative thereto so as to depress either the end next to the main top section or the end next to the auxiliary top section, or to simultaneously depress said section at both ends. These movements are attainable by means of cams 85 which are pivoted to the standard to support one end of the section and links 86 pivotally attached to the section F at one end and to the standard at their opposite ends, while cams 87 at the opposite end of the section from the cams 85 serve to support that end of the section F next to the auxiliary top section in either of two positions, the cams 85 and 87 and links 86 are employed in pairs at opposite sides of the section F, and the cams mounted on axle rods so as to move in pairs in unison.

The longitudinal gap in the table top

allows of treating the spine with the patient face downward and without twist or strain in the upper or dorsal or cervical spine. The vertical adjustment of the longitudinally divided top enables some of these treatments to be carried out on a low or unusually low table where the operator can secure sufficient leverage for the purpose while other operations can be carried out to better advantage upon a high table, thereby providing a wider range of usefulness for the table.

It will be noted that the forces applied to the lower end of axle 68 through the collar 75 due to the strains of supporting the auxiliary top section tend to force the lower end of said axle toward the base A, and if uncounteracted would tend to cause the axle 68 to bind or turn with more or less friction in its bearing in sleeve 69. The action of springs 70 upon the axle 68 has a direct tendency to counteract or counterbalance the lateral strain applied at the lower end of axle 68, and by adjusting the tension of springs 70 these opposing forces may be practically counterbalanced one against the other leaving the axle 68 to turn in its bearing free from lateral strain.

In order to properly apply strain to the spinal column of patients, the application should vary depending upon the physical condition and weight of the patient. Thus for children and persons of light weight, the strain may be applied at one end only, as for instance through the harness 40 to the neck of the patient, or by securing the ankles of the patient by cuffs or harness to detachable ankle clips 90 attached to the extremity of the auxiliary top section and then applying strain by rotating the screw shaft 57. Under other conditions, as for instance where the patient is of more than average weight the weight and inertia of the body of the patient interfere with application of strain to the spinal column from one end, and we have therefore provided for applying strain at one end through a harness 40 and by securing the ankles to the ankle clips 90 and rotating the screw shaft 57, strain may be applied at the same time at both extremities of the spinal column. Also with strain applied to the spinal column with the patient resting face downwardly, oscillatory motion may be imparted to the auxiliary top section on any one of its axes of oscillation as may be required.

The leg crutches 50 being separately adjustable relative to the respective segments D and E. and adjustable therewith to and from each other, and to provide an intermediate gap, greatly facilitate the adjustment of a patient to a comfortable position and a position of the table top either high or low where access may be had and accurate observation made, while the gap provides space and facilitates the use of necessary instruments for observation or operation.

It will be noted that the longitudinally divided auxiliary top section is adjustable through the springs 80 and members 66, 76, and 79 to different rigid and oscillatable positions of inclination above and below the horizontal upon the axles 64, which are of importance in positioning and treating patients, and for such treatments the auxiliary top section may be oscillated on its vertical axle or the lock members 74 may be employed as required.

The longitudinal gap in the auxiliary top section also greatly facilitates certain treatments in which the auxiliary top section is oscillated about the longitudinal axle 55, and by means of a sleeve carried by the middle bracket 61, a brake shoe 92 fitted thereto and a set screw 93 carried by an ear on the crossbar 61 to hold the brake shoe in place and adjust the pressure thereof on the sleeve, this rocking motion of the auxiliary top section may be tensioned to move freely or sluggishly as required.

The brace member 79 is composed of a screw rod 95 pivotally attached to the frame 60, a tubular member 96 pivotally attached to the frame 76, and in which the screw rod 95 telescopes, and a hand nut 97 threaded to the rod 95 and seating upon the upper end of member 96.

The mutual adjustment of the nut 97 and the carriage 77 enables the springs 80 working through their normal field of elasticity and without undue strain to impart any degree of resiliency required to the auxiliary top section, from that necessary to support a child to that required to support adults of more than average weight, and to retaining the full arc of movement in the auxiliary top section irrespective of the weight carried thereby.

We claim—

1. A treatment table comprising a vertically adjustable standard, a main top section frame adjustably mounted on said standard, an auxiliary top section frame adjustably mounted on said standard and top sections in pairs separated from each other longitudinally of the table mounted respectively upon said main top section frame and said auxiliary top section frame.

2. A treatment table comprising a standard, a main top section frame adjustably mounted upon said standard, a longitudinally divided and separated main top section supported upon and relative to said main top section frame, an auxiliary top section frame adjustably and resiliently supported relative to said standard and a longitudinally divided and separated auxiliary top section supported upon and relative to said auxiliary top section frame.

3. A treatment table comprising a standard, a main top section adjustably supported relative to said standard, an auxiliary top section adjustably and resiliently supported relative to said standard upon two axles at substantially right angles to each other, and longitudinally divided into two segments with an intervening gap of substantially uniform width.

4. A treatment table comprising a standard, a main top section adjustably supported relative to said standard and a divided auxiliary top section adjustably supported relative to said standard upon three axles at substantially right angles to each other, and longitudinally divided into two segments with an intervening gap of substantially uniform width.

5. A treatment table comprising a standard, a main top section adjustably supported relative to said standard, and an auxiliary top section adjustably and resiliently supported relative to said standard upon a horizontal axle near one end of said auxiliary top section, and longitudinally divided into two segments with an intervening gap of substantially uniform width.

6. In a table of the class specified, a top section frame, parallel transverse guides carried by said frame, a pair of top sections supported by said parallel guides and separable thereon from each other transversely to the longitudinal axis of the table, means to manually adjust said top sections away from each other, and means to positively lock them apart.

7. In a treatment table, a table top section divided longitudinally of the table into two segments, means to adjust said segments away from each other to provide a gap of substantially uniform width, and means to lock them in the separated positions.

8. In a treatment table, a table top section divided longitudinally of the table into two segments, means to adjust said segments to and from each other upon substantially parallel guides to provide a gap of substantially uniform width between said segments, and means to adjust said segments together.

9. A treatment table having a vertically adjustable standard and a plurality of table top sections adjustably supported upon said standard, one of said top sections comprising a frame pivotally mounted relative to said standard and adjustable to different positions of inclination relative to said standard, a pair of supporting pads mounted upon said frame and adjustable to and from each other transversely of the major axis of said table.

10. A treatment table having a standard and a plurality of table top sections adjustably supported upon said standard, one of said top sections comprising a frame pivotally supported upon said standard and provided with transverse guide members, a pair of supporting pads provided with transverse guide members to engage said transverse guide members of the frame, the line of separation between said pads being substantially along the major axis of said table, and said pads being adjustable to and from each other upon said guide members.

11. In a treatment table a table top section comprising a supporting frame, a pair of supporting pads mounted upon said frame with the line of their separation at substantially the major medial axis of the table, means to adjust said supporting pads to and from each other upon said frame to open and close a gap between said pads, and harness carrying means located at one end of the gap between the pads.

12. In a treatment table a table top section comprising a supporting frame, a pair of supporting pads mounted upon said of supporting pads mounted upon said frame and separated by a gap to partially receive the body of a patient longitudinally thereof, and harness carrying means located at one end of said gap between the pads.

13. In a treatment table a table top section comprising a supporting frame, a pair of supporting pads mounted upon said frame by means of substantially parallel guides and separated from each other in the direction of the major axis of the table, means to adjust said supporting pads to and from each other, and supports for the extremities of a patient independently mounted upon and independently adjustable relative to said respective supporting pads, and adjustable with said pads to and from each other.

14. In a treatment table, a vertically adjustable standard, a main table top section adjustably supported upon said standard, an intermediate table top section supported upon, and vertically adjustable relative to said standard and an auxiliary table top section divided longitudinally into two segments with an intermediate longitudinal gap, said auxiliary top section being pivotally and resiliently supported upon one or more axles relative to said standard.

15. In a treatment table a vertically adjustable standard a main table top section supported upon said standard and longitudinally divided into two segments with an intermediate longitudinal gap, an auxiliary table top section divided longitudinally into two segments with an intermediate longitudinal gap, said auxiliary top section being pivotally and resiliently supported relative to said standard upon one or more axes, and an intermediate table top section supported upon said standard and adjustable from a position in substantially horizontal alinement with said main and auxiliary top sections to a lower position out of horizontal

alinement with said main and auxiliary top sections.

16. In a treatment table a main table top section divided longitudinally into two segments with an intermediate longitudinal gap of substantially uniform width, and an oscillatable auxiliary top section divided longitudinally into two segments with an intermediate longitudinal gap of substantially uniform width.

17. In a treatment table a main table top section and an oscillatable auxiliary table top section, one of said top sections being divided longitudinally into two segments and means to adjust said segments to and from each other to produce or close a longitudinal gap of substantially uniform width intermediate of said segments.

18. In a treatment table a main table top section, and an oscillatable auxiliary top section, one of said top sections being divided longitudinally into two segments, means to adjust said segments to and from each other along substantially parallel guides and means to lock said segments substantially at one extremity of their movement.

19. In a treatment table, a main table top section and an oscillatable auxiliary table top section, one of said top sections being divided longitudinally into two segments with an intermediate longitudinal gap, of substantially uniform width and means to apply tension to a patient along the line of said gap.

20. In a treatment table, a loop-shaped supporting frame, a table top section divided longitudinally into two segments adjustably supported upon said frame by means of a series of parallel transverse rods each passing through and adjustable endwise in perforations at opposite sides of said frame, and each rigidly attached near opposite edges to one of said segments and slidably attached to the opposite segment, and means to positively adjust said segments relative to said frame and relative to each other to provide a longitudinal gap between said segments, and to close said gap.

21. In a treatment table, a loop shaped supporting frame, a table top section divided longitudinally into two segments adjustably supported upon said frame by means of a series of parallel transverse rods each passing through and adjustable endwise in perforations at opposite sides of said frame, and each rigidly attached near opposite edges to one of said segments and slidably attached to the opposite segment, means to positively adjust said segments relative to said frame and relative to each other, and means to lock said frame and segments together at opposite extermities of said adjustment.

22. In a treatment table, a table top section divided longitudinally into two segments adjustable to and from each other to provide and close a longitudinal gap of substantially uniform width, and supports for the extremities of a patient carried by and adjustable to and from each other with said respective segments.

23. In a treatment table, a supporting frame for one of the table top sections, a table top section divided longitudinally into two segments adjustably supported relative to said frame by means of parallel transverse rods rigidly connected to said respective segments and slidable endwise in recesses in said supporting frame, and means to manually adjust said segments to and from each other relative to said supporting frame.

24. In a treatment table, a supporting frame for one of the table top sections, a table top section divided longitudinally into two segments adjustably supported relative to said frame by means of a series of parallel transverse rods rigidly connected near respective edges to said respective segments and slidably connected at opposite sides to said frame, and means to positively adjust said respective segments relative to said frame to provide and close a longitudinal gap in said table top section.

25. In a treatment table, a supporting frame for one of the table top sections, a table top section divided longitudinally into two segments adjustably supported relative to said frame by means of a series of parallel transverse rods each rod having two points of attachment to one segment, a sliding engagement with the opposite segment, and sliding engagement near its opposite ends with said frame, and means to positively adjust said segments relative to each other and relative to said supporting frame to provide and close a longitudinal gap in said table top section.

26. In a treatment table, a main table top section and an oscillatable auxiliary table top section, one of said top sections being divided longitudinally to form a longitudinal gap to receive the face of a patient resting thereon face downwardly, a vertical axle on which said auxiliary top section is oscillatably supported, and means to counterbalance the lateral strain on said axle incident to its supporting said auxiliary top section.

27. In a treatment table, a main table top section and an oscillatable auxiliary table top section, one of said top sections being divided longitudinally to form a longitudinal gap to receive the face of a patient resting thereon face downwardly, a vertical axle on which said auxiliary top section is oscillatably supported, and adjustable resilient means to counterbalance the lateral strain on said axle incident to its supporting said auxiliary top section.

28. In a treatment table, a main table top section and an oscillatable auxiliary table top section, one of said top sections being divided longitudinally to form a longitudinal gap to receive the face of a patient resting thereon face downwardly, a vertical axle on which said auxiliary top section is oscillatably supported, adjustable means to counterbalance the lateral strain on said axle incident to its supporting said auxiliary top section, and means to lock said auxiliary top section against oscillation upon said vertical axle.

29. In a treatment table, a main table top section, an oscillatable auxiliary table top section, one of said top sections being divided longitudinally to form a longitudinal gap to receive the face of a patient resting thereon face downwardly, and means to simultaneously apply strain to the spinal column of the patient at opposite ends of the spinal column.

30. In a treatment table, a main table top section, and an auxiliary table top section oscillatable transversely upon an axle longitudinal thereof, one of said top sections being divided longitudinally to provide a longitudinal gap of substantially uniform width to receive the face of a patient resting face downwardly.

31. In a treatment table, a main table top section, an oscillatable auxiliary table top section, one of said top sections being divided longitudinally to form a longitudinal gap to receive the face of a patient resting face downwardly, and an intermediate table top section adjustable vertically into and out of horizontal alinement with said main and auxiliary top section.

In testimony whereof we have affixed our signatures in the presence of two witnesses.

JOHN V. McMANIS.
FRANK KOENIGKRAMER.

Witnesses:
F. W. REINERS,
WILLIAM RIESTERER.

Correction in Letters Patent No. 1,390,301.

It is hereby certified that in Letters Patent No. 1,390,301, granted September 13, 1921, upon the application of John V. McManis, of Dayton, and Frank Koenigkramer, of Cincinnati, Ohio, for an improvement in "Treatment-Tables," an error appears in the printed specification requiring correction as follows: Page 5, claim 12, strike out line 86; and that the said Letters Patent should be read with this correction therein that the same may conform to the record of the case in the Patent Office.

Signed and sealed this 18th day of October, A. D., 1921.

[SEAL.]

KARL FENNING,

Acting Commissioner of Patents.