Oct. 13, 1953 A. YACZOLA 2,654,899

HOSPITAL MATTRESS CONSTRUCTION

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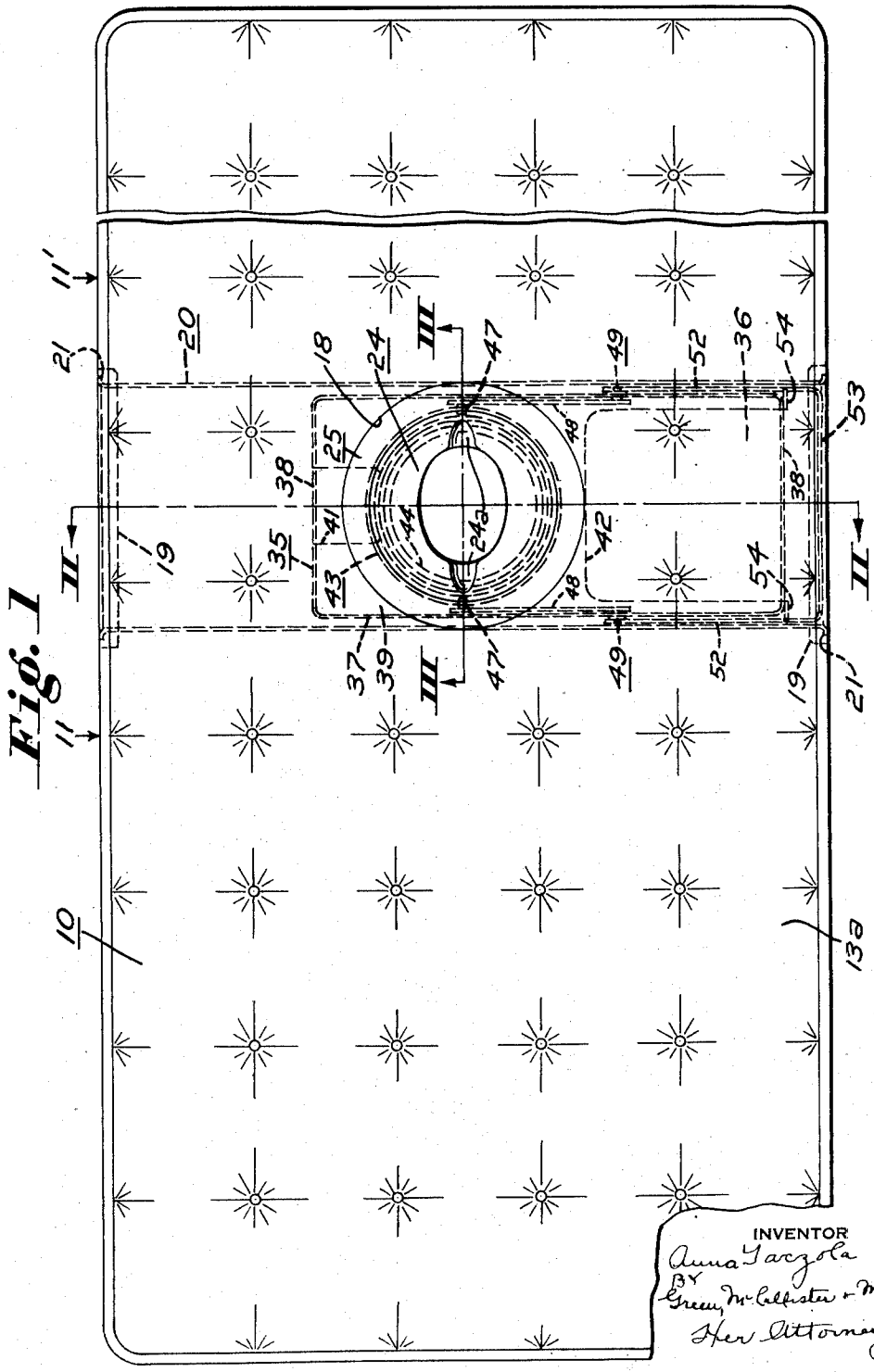


Fig. 1

INVENTOR
Anna Yaczola
BY
Greey, McCallister & Miller
Her Attorneys

Oct. 13, 1953 A. YACZOLA 2,654,899

HOSPITAL MATTRESS CONSTRUCTION

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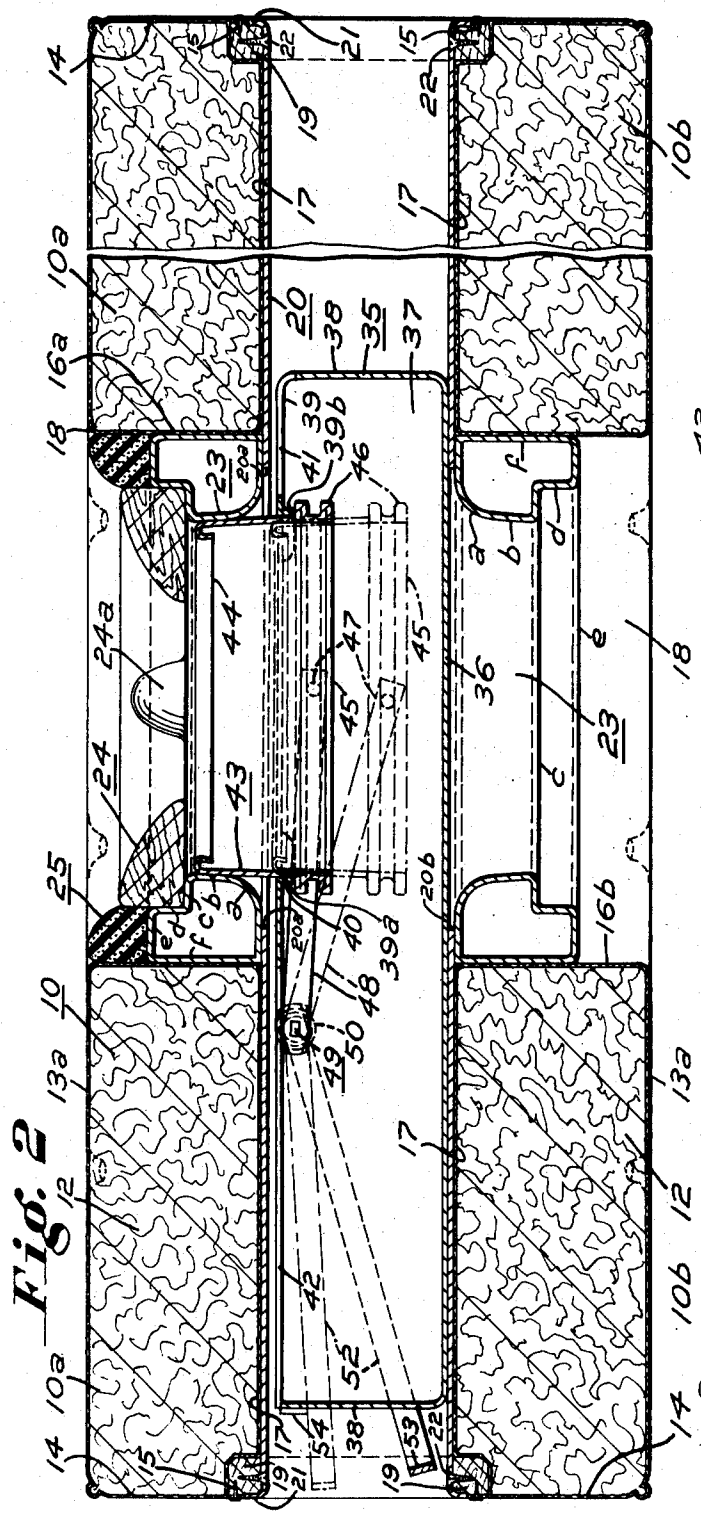


Fig. 2

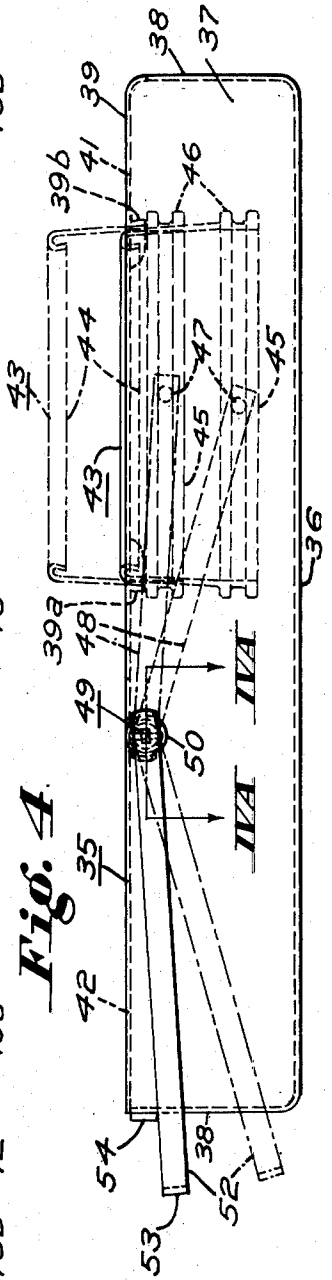


Fig. 4

INVENTOR
Anna Yaczola
BY
Green, McCathran & Miller
Her Attorneys

Oct. 13, 1953 A. YACZOLA 2,654,899

HOSPITAL MATTRESS CONSTRUCTION

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Fig. 3

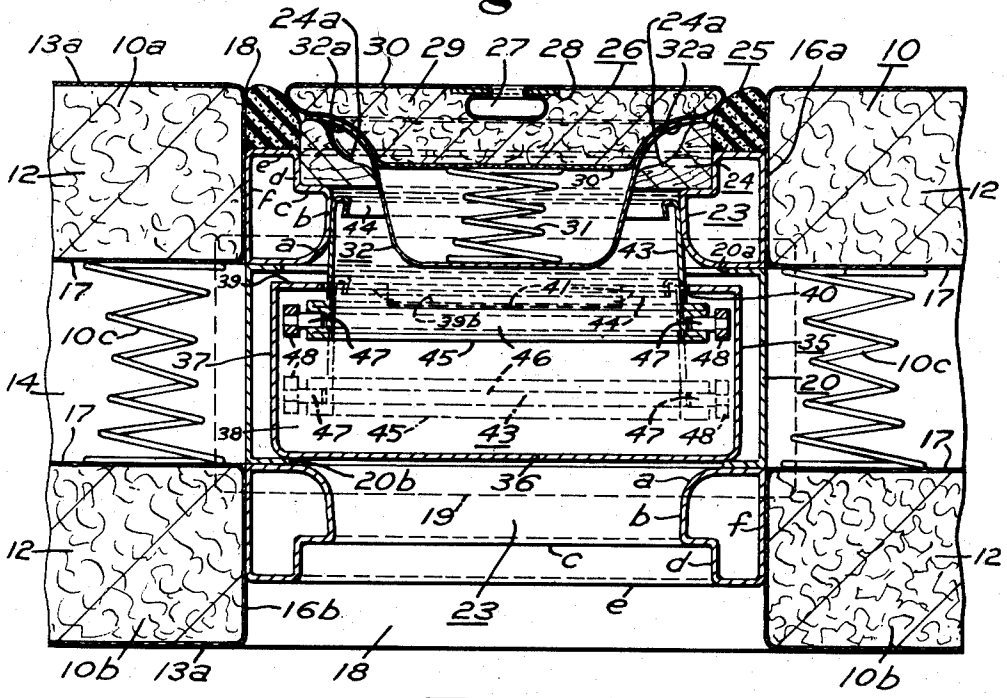


Fig. 5

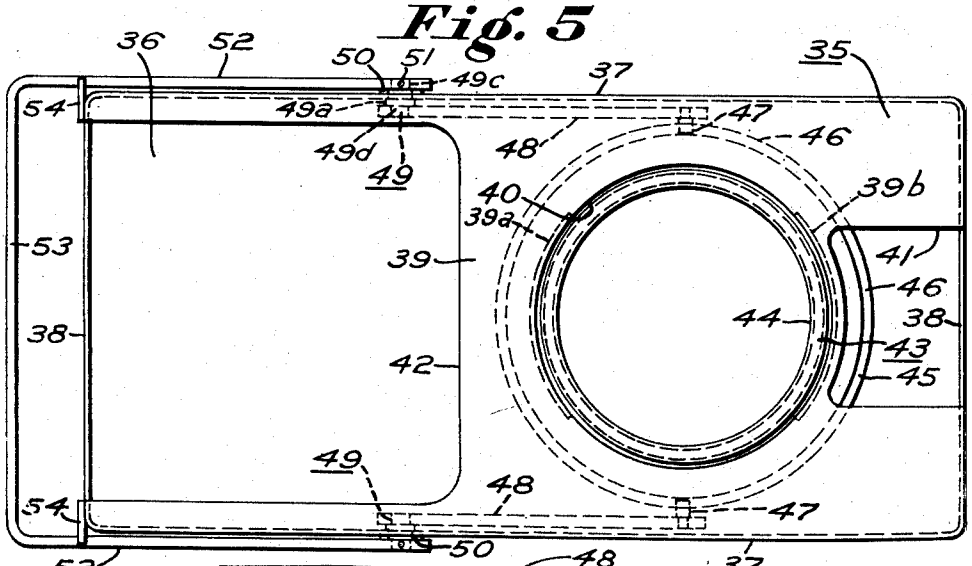
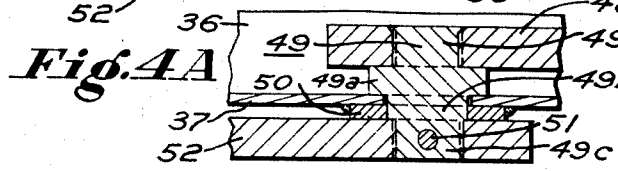


Fig. 4A



INVENTOR

Anna Yaczola

BY Green, McCallister & Miller

Her Attorneys

Oct. 13, 1953 A. YACZOLA 2,654,899

HOSPITAL MATTRESS CONSTRUCTION

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Fig. 6

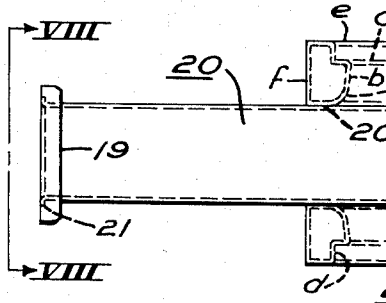


Fig. 4B

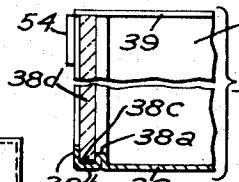


Fig. 4C

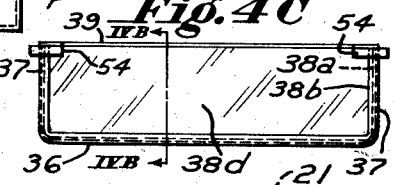


Fig. 7

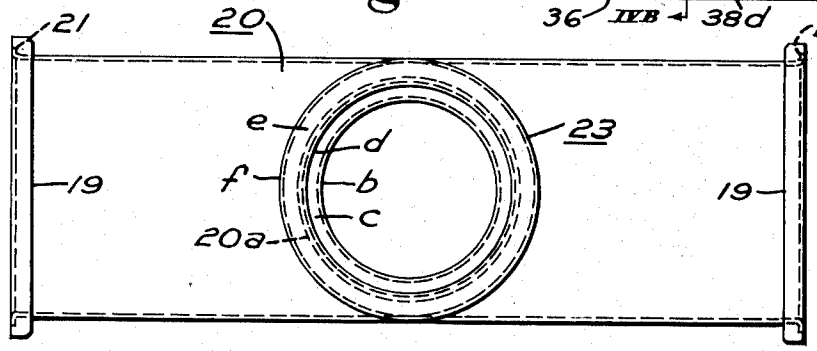


Fig. 9

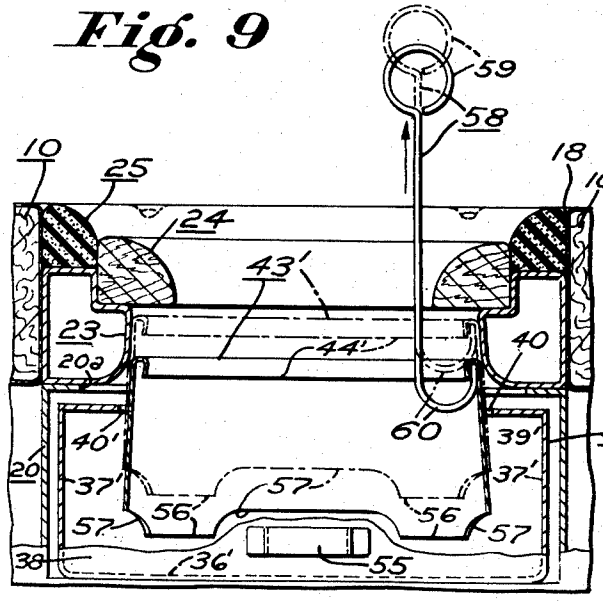
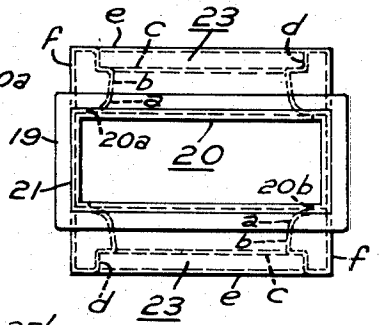


Fig. 8



INVENTOR
Anna Yaczola
BY Green, McCallister & Miller
Her Attorneys

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UNITED STATES PATENT OFFICE

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HOSPITAL MATTRESS CONSTRUCTION

Anna Yaczola, Pittsburgh, Pa.

Application September 22, 1949, Serial No. 117,195

13 Claims. (Cl. 5—91)

1

This invention relates to an improved mattress construction and to an improved bedpan construction for use by bed patients.

At the present time, a so-called hospital type of bed has a mattress-supporting frame constructed in three sections. The top and bottom end sections are hinged about the center section which is stationary. Mechanism is located beneath the frame and controlled by cranks for selectively raising and lowering the top and bottom sections about the center section.

A patient lying on a bed of this type can thus have his back and his legs raised and lowered with respect to his buttocks by the mechanism. The center or fixed section of a conventional hospital bed must bear a greater proportion of the weight of the patient, particularly, if his back or legs are raised by the mechanism. The hospital mattress used is sufficiently flexible to permit this raising and lowering action. It is thus very important that the center or main support section of the mattress have sufficient resiliency and be sufficently comfortable to the patient so that bed sores may be avoided.

Frequently, bed patients cannot be lifted or moved out of bed during their illness and thus, it becomes necessary to employ a bedpan. Doctors and nurses alike feel that a bedpan represents a stumbling block in the advancement of medical science, due to the difficulty in using it, the discomfort to the patient, and the necessity for at least slightly raising the patient to a somewhat awkward position. Various types of bedpans have been devised in some effort to improve the situation, but they all are thoroughly hated by both the nurses and patients alike. Their use may incur considerable pain where the patient has a bone fracture, a stroke, etc. The lifting operation of the patient onto the pan exhausts both the patient and the nurse. Since the pan is uncomfortable to the patient it cannot be left in position for a considerable time even when prudence so dictates.

Those skilled in the art, in addition to experimenting with various types of bedpans, have also endeavored to provide some suitable form of attachment which could be used with an opening in the mattress. None of the latter arrangements have been practical or have they been adopted.

In my determination to provide a practical solution to the problem presented, I have investigated the various types of devices which have been devised. Such investigation indicates that the type which is removable from the bottom of the mattress isn't practical by reason of the design

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of a hospital bed frame structure and the raising and lowering mechanism which is associated therewith; the necessity for stooping and crawling under the bed each time to remove the pan and after cleaning it, to replace it, is also another important factor. One investigator devised a bedpan-carrying shelf which could be slid into position substantially along an upper plane of the mattress and then afterwards could be replaced by a mattress section. This arrangement is cumbersome, difficult to use, and does not provide sufficient support for the buttocks or hips of the patient, particularly, when the shelf containing the bedpan is moved into position. These and other types of shelf arrangements were also only accessible from one side of the bed. Another type of shelf arrangement is provided with a solid shelf which is normally in position to support the patient, but is moved transversely outwardly to expose a bedpan when the latter is to be used; this arrangement is disadvantageous from the standpoint that it is difficult to get to the bedpan to remove and replace it. In the second place, the shelf is hard and uncomfortable to the patient, and in the third place, the patient has to be raised during the sliding movement of the shelf. These and various other types were investigated but were all found to be deficient in one respect or another.

Being myself a nurse, I have been particularly cognizant of the critical and long outstanding need for an improved arrangement of some type which will solve the problem and meet the various factors involved. In the first place, I determined that the construction should be such that the buttocks of the patient are supported substantially as comfortably as if an ordinary type of mattress is used; in the second place, I found that the bedpan device should be readily accessible to the nurse, but should operate beneath the plane of the mattress, so that the patient does not have to be raised when it is to be used; in the third place, the arrangement must be fully sanitary and be capable of being readily cleaned; in the fourth place, the arrangement should be such that the bedpan can be left in position for continuous use without undue discomfort to the patient, and alternately, the opening in the mattress should have a covering such that when it is used, it will have substantially the flexibility and resiliency of adjacent portions of the mattress; and, in the fifth place, the construction should be such that it will not interfere with the bed raising and lowering mechanism.

It is customary in practice to turn over mat-

tresses, to change mattresses, and to air or sanitize mattresses after a period of use. Thus, I determined that the structure should be such that this can still be done and that the bedpan mechanism will be operative from either side of the mattress. In the use of the beds I have determined that in some cases one side of the mattress will be exposed and the other side may be against the wall or against another bed; there is no definite criterion as to which side will, in all cases, be available. As a result, I have determined that the construction should be such that the bedpan may be removed and inserted endwise with equal facility from either side, laterally or transversely of the mattress.

After a thorough evaluation of the factors which I believe have to be met in the provision of a successful construction of the type involved, I was able to devise an arrangement which it is felt fully meets the overall problem presented and will, for the first time, establish a practical solution thereto.

It has thus been an object of my invention to provide a new and improved form of mattress construction for use in connection with bed patients, and particularly, which may be used in connection with an ordinary adjustable type of hospital bed frame structure;

Another object has been to solve the problems here before presented in connection with the use of bedpans and to do so in a practical manner that will be acceptable to hospital and other health authorities;

A still further object has been to develop a mattress construction which will by a simple modification serve the function of a bedpan arrangement without adversely effecting its normal function of comfortably supporting the patient;

These and many other objects will appear to those skilled in the art from the illustrated embodiments shown in the drawings and hereafter described.

In the drawings,

Figure 1 is a top plan view of a mattress constructed in accordance with my invention;

Figure 2 is an enlarged transverse or end section in elevation taken along the line II—II of Figure 1;

Figure 3 is an enlarged fragmental side center section taken along the line III—III of Figure 1;

Figure 4 is an enlarged side view in elevation of a bedpan constructed in accordance with my invention which may be moved endwise into and out of either side of the mattress construction of Figure 1; this pan is shown in an operative position in Figure 2;

Figure 4A is a greatly enlarged top sectional detail taken along the line IVA—IVA of Figure 4;

Figure 4B is an enlarged broken side section taken along the line IVB—IVB of Figure 4C;

Figure 4C is a front end view of a modified form of pan construction;

Figure 5 is a top plan view of the pan construction of Figure 4 on the same scale as Figure 4;

Figure 6 is a side view in elevation on the scale of Figure 1 showing the housing enclosure or guide frame of Figure 2 which is adapted to slidably receive the pan of Figures 4 and 5; this view is endwise of the mattress;

Figure 7 is a top view of Figure 6;

Figure 8 is an end view from either end of the enclosure structure of Figures 6 and 7; and

Figure 9 is an enlarged side sectional fragmental view in elevation taken substantially along the line III—III of Figure 1, but showing a modified form of pan construction which may be used in accordance with my invention.

Referring particularly to Figure 1, a mattress 10 is provided with a center section (between arrows 11 and 11') representing the stationary section of the frame of an ordinary adjustable hospital bed. The end sections to the right and left of 11 and 11' of Figure 1 may be adjusted up and down to position the patient in a comfortable relationship. The bedpan arrangement of my invention is, as shown in this figure, mounted to extend laterally or transversely and centrally of the stationary portion of the mattress 11—11'.

The mattress 10 may be of any suitable commercial construction to provide the requisite comfort for the patient, but preferably has an upper and lower layer of material 10*a* and 10*b* and intermediate supporting springs 10*c*, see particularly Figure 3. As shown in Figure 2, the upper half or layer 10*a* of the mattress has suitable tufted material 12, a top cloth-like enclosure 13*a*, and an outer cloth-like enclosure 14 which are common to both the upper and lower layers 10*a* and 10*b*. Enclosing walls 16*a* of cloth-like material seal off a circular opening 18 that extends centrally-vertically through the mattress 10 and may be integrally joined with the outer portions 13*a*, the end portions 14, and similar inner portions 17. That is, the portions 16*a* of layers 10*a* and 16*b* define a vertical-central opening through the mattress and the portions 17 define a horizontal-lateral opening therethrough which cross zontal - lateral opening therethrouh which crosses and is entrant through the vertical opening 18.

The mattress may, as shown, have a rectangular frame of wood 19 about the opposite ends of the horizontal opening therethrough to reinforce the construction and to provide a mounting ring for a rectangular enclosure or guide frame 20 which is to extend therealong. The rings 19 may be secured to the fabric-like material of the layers 10*a* and 10*b* of the mattress by cement and rivets 15. The frame 20 is preferably of somewhat flexibly-rigid metal construction which can be readily cleaned, such as aluminum or stainless steel, and is secured in position at its outer ends (adjacent opposite sides of the mattress) by screws 22 which are mounted in the rings 19. It will be noted that the ends 21 of the frame 20 are turned up about the rings 19 to protect them and to provide flanges for the introduction of the bedpan.

The rectangular frame 20 has a central-vertical opening therethrough which is provided by cutting out its top and bottom walls to provide circular edges 20*a* and 20*b*, respectively. A hollow annulus-like support or guide member (preferably of metal construction) 23 is mounted on the top and bottom walls of the frame 20 adjacent their respective edges 20*a* and 20*b* (as by welding) to form an integral construction. It will be noted that each guide member 23 has a curved wall portion *a* for the introduction of a sleeve-like connector member 43 of the bedpan construction, a slightly inclined or sloped wall portion *b* for providing frictional engagement with the interfitting connector member 43, a pair of step or angle portions *c* and *d* for supporting a toilet seat 24, a horizontal top wall portion *e* for supporting a soft and flexible fabric ring or extension 25 of the seat 24 (of plastic, wood, or compressed fabric) and a back wall *f* which abuts against the enclosing material 16*a* of the mattress layers 10*a*

and 10b. The seat portions 24 and 25 are removable and thus can be inserted in position when the mattress is turned over. The construction of the frame 20 and the mattress 10 is the same on their upper and lower sides, see Figure 2.

When the bedpan is not in use and it is desired to close the opening, a lid 26, see particularly Figure 3, may be used. The lid 26 preferably has suitable soft tufted material 29, a cloth-like fabric enclosure 30, and a reinforcing part or metal cup 32 within whose upper rounded rim 32a the enclosure 30 may be positioned and secured by cementing. One or more spiral compression springs, such as 31, may be positioned between the bottom of the enclosure 30 and the inside of the metal cup 32. It will be seen that this construction provides a resiliency and softness to the seat substantially corresponding to the resiliency and softness of the mattress, itself, so that no discomfort is encountered by the patient when the cover 26 is in position. It will also be noted that no metal or other rigid or irritating materials are exposed to the patient's buttocks, either when the lid is in place or removed. To facilitate the removal and insertion of the lid 26, I have provided it with an enclosed cloth-like ring 27 which is secured to reinforcing fabric 28 about a central opening in the lid, so that a finger may be inserted therein to grip the lid.

Referring particularly to Figures 2, 3, 4 and 4A and 5, I have provided a slidable bedpan 35 of sanitary and easily cleaned metal, such as galvanized steel, porcelain, stainless steel or aluminum. This bedpan is of rectangular-longitudinal construction. It is somewhat shallow and its top wall 39 has a rounded or circular opening 40 therethrough adjacent an end opening 41; adjacent its other end it has a large rectangular opening 42. As shown particularly in Figure 4, the pan has a bottom wall 36, opposite side walls 37, end walls 38, and a top wall 39 which are preferably of integral construction. The openings 40, 41 and 42 extend through the top wall 39 to facilitate the cleaning of the pan and also to provide an entry for waste body material to be collected therein.

As shown in Figures 1 to 3, the seat 24 has at least one depression 24a of V-shape to receive the patient's tail bone and prevent a concentration of pressure thereon. An opposite depression 24a is shown, so that the seat may be used from either side thereof. The depressed positioning of the seat 24 with the adjacent raised positioning of the extension 25 provides maximum comfort for the buttocks of the patient.

In the preferred embodiment of my invention, I have provided an annular connector cone or sleeve member 43 which, as shown particularly in Figures 2 and 3, is adapted to move vertically with respect to the opening 42 in the pan 35, in a raised position to frictionally engage the wall portion b of the support annulus 23, and in a lowered position (see the dot and dash lines of these figures) to move downwardly along a pair of spaced-apart guide and reinforcing flange portions 39a and 39b (see Figures 2, 4 and 5) of the top wall 39 of the pan, and thus, clear the top of the guide frame 20, so that the pan 35 can be easily removed and inserted. The flange portions 39a and 39b have a vertical extent sufficient to prevent tilting of the connector 43 during its movement. The connector member 43 serves to guide waste material downwardly into the pan when in its raised position and its side walls are slightly sloped (conic) to provide a wedging engagement with the annular wall b of one of the stationary guide members 23 of the support frame. The bottom end 45 of the member 43 is fully open to the inside of the span 35.

The connector member 43 has a turned-in top rim flange 44 for guiding the waste material downwardly and has an outside, U-shaped, circular, guide flange portion 46 about its bottom end portion to slidably receive an operating slide mechanism, as shown particularly in Figure 3. The flange portion 46 also reinforces the connector member 43. Pins 47 are operably mounted to slide between bounding edges of the guide flange 46 and are riveted to extend inwardly from inner ends of a pair of lever arms 48. The lever arms 48 at their other ends are carried by and secured on pins 49 which are rotatably or pivotally mounted to extend loosely through holes in the opposite side walls 37 of the pan. It will be noted in Figure 4 that the pivot mounting is adjacent to the top wall 39 of the pan and out-of-the-way of waste material to be received. Each pivot pin 49 in also secured to one of a pair of operating lever arms 52. Each pin 49 has a flange 49a (see Figure 4A) that bears against an inner portion of the wall 37 of the bedpan and has a slightly larger shaft portion 49b which is journaled in a bearing 50. The bearing 50 is welded or brazed about the hole through the wall 37 of the pan. The end 49c of each pin 49 is slightly reduced and flattened to extend through an inner end of one of a pair of operating arms 52 that have an integral connecting portion 53. Each pivot pin 49 is fastened by a pin 51 to its associated arm 52 and enables the lever mechanism to be disassembled and removed from the pan 35. The other end 49d of each pivot or mounting pin is also flattened and secured by welding or upsetting to its associated lever arm 48. The portion 53 serves as a hand lever for operating the mechanism and is adapted to strike against (is limited in its upper movement by) stops 54 which may be brazed or welded to extend from the front wall 38 of the pan. The portions 52 and 53 provide a U-shaped operating lever.

As shown particularly in Figure 4, an upward movement of the hand lever portion 53 causes the arms 48 to move along the flange 46 to lower the connector member 43 to the dot and dash line position of Figure 2 and a lowering of the lever portion 53 causes the arms 48 to move the connector member 43 upwardly to the full line position of the same figure.

From the above description, it will be apparent that the pan 35 can be inserted from either side of the mattress 10 with equal facility and can be inserted and removed by gripping the hand lever portion 53. An up or down movement of the hand lever can be then employed to raise or lower the connector member 43 into and out of position with respect to the annular support or guide member 23. There is thus no necessity for reaching into the mattress for controlling the operation of the mechanism, to insert or to remove the pan.

In the modified arrangement shown in Figure 9 of the drawings, instead of providing a connector member that is levered on the bedpan for vertical movement with respect thereto and with respect to the annular member 23, I have provided a connector member 43' provided with the

usual flange 44' and sloped side walls which is adapted to be raised and lowered by a suitable tool, such as 58. The tool 58, as shown, has a finger ring 59 and a looped, somewhat semi-circular, end portion 60 that is constructed to engage under the rim 44' to lift the connector 43' into position with respect to the member 23. The connector 43' can be moved downwardly out of position by pressing the loop 60 against the top portion of the rim 44'. The tool 58 may also be used, if desired, for lifting out the seat 24 and the lid 26, although this can be done by hand.

The connector member 43' is of sufficient length that its spaced-apart feet portions 56 may rest upon the bottom of the bedpan 35' when it is in its lowered position. In this position, its rim 44' is in substantial alignment with the top wall 39' of the bedpan. The legs or feet 56 are formed by cutting out portions 57 therebetween.

Employing this arrangement, the connector 43' may be carried by the bedpan and then lifted into the dot and dash line position of Figure 9 when the bedpan opening 40' is aligned with the opening 18 through the mattress. Like the arrangement of Figure 2, this arrangement provides a sealed-off and sanitary connection for by-passing waste material to the bedpan.

In modified construction, the connector 43' may be removed when the bedpan is being cleaned. I, however, prefer the construction of the embodiment of Figure 2, in that it is operative from the side of the mattress and does not require a tool entered through the vertical opening in the mattress. In the construction of Figure 9, insead of providing a U-shaft lever for sliding the bedpan into and out of an aligned relationship with respect to the opening in the mattress, I have provided a hand grip 55 which may be welded to an end wall 38 of the pan.

A study of the structure of my invention will indicate that the bedpan may be introduced from either side of the transverse opening through the mattress 10 and that the other parts of the construction are such that the mattress can be used in the same manner regardless of which planar side is facing upwardly. In addition, flexible and resilient features of the mattress are retained and the lid 26 is designed to give the same supporting action as adjacent portions. Another advantage of my construction is that the lid 26 may be left off when necessary and the patient's hips will be supported by the mattress as well as by the soft ring extention 25 of the seat 24, thus providing maximum comfort even when the bedpan has to be used substantially continuously. It will also be noted that the waste material cannot come in contact with the annulus 23 by reason of the inner radial projection of the seat 24 and also by reason of the employment of a connector such as 43 or 43'. The only parts which ordinarily have to be washed out and sterilized are the connector and the bedpan which can be readily removed from the side of the mattress. Of course, when the mattress, itself, is being aired, other parts of the construction may be easily sanitized and/or washed out.

The bedpan 35, itself, is so constructed that it can be easily cleaned. It has an additional opening 41 which connects to the circular opening 40 and permits water to be flushed along the pan between both open top ends thereof.

As shown in Figures 4B and 4C, I have also provided a modified type of pan 35 that has a transparent front sight window pane 38*d* of glass or plastic material so that the nurse may check as to the patient's progress. It will be noted that the side walls 37 and the bottom wall 36 having an inner integral flange 38*a* and an outer flange 38*b* for clamping the pane 38*d* in position. A sealing mastic, plastic, or rubber-like liner 38*c* is shown positioned between the edge of the window pane 38*d* and the channel formed by the flanges 38*a* and 38*b*.

What I claim is:

1. In a hospital mattress having a centrally-located vertical opening therethrough and a transverse opening therethrough entrant to the vertical opening, a supporting enclosure extending along the transverse opening and having at least one wall open to the vertical opening in the mattress, a sliding bedpan slidably movable within and movable along said enclosure, an annular guide member extending vertically from said enclosure adjacent the opening therein and along the vertical opening in the mattress, said guide member being adapted to support a seat, said bedpan having a vertical opening through the top thereof adapted to be aligned with the vertical opening in the mattress, a connector member operably mounted for vertical movement between said bedpan and said annular guide member to close off the transverse opening through the mattress when said bedpan is in an operative relationship with respect to the vertical opening therethrough, and means carried by said sliding bedpan for moving it along said supporting enclosure into and out of position with respect to the vertical opening in the mattress.

2. A hospital mattress as defined in claim 1 wherein, said means is a lever mechanism carried by said bedpan and operably connected to said connector member, and said lever mechanism is constructed and arranged to raise and lower said connector member with respect to said bedpan into engagement with said guide member, said lever mechanism extending along said bedpan and being operative from a front end portion thereof.

3. A hospital mattress as defined in claim 1 wherein, said guide member has a sloped inner wall, and said connector member has a sloped wall constructed and arranged to make wedging engagement with the sloped wall of said annular guide member.

4. A hospital mattress as defined in claim 1 wherein, said connector member has a vertical height approximating the vertical height of said bedpan and is constructed and arranged when in a lowered position to be carried by said bedpan along said supporting structure.

5. A hospital mattress as defined in claim 1 wherein, said guide member has at least a pair of support portions one of which is vertically offset with respect to the other, a fabric ring positioned on an upper one of said support portions, a seat member positioned on another of said support portions, said seat member extending radially inwardly beyond a vertical wall of said guide member.

6. A hospital mattress as defined in claim 1 wherein, said connector member has an upper turned-over flange portion constructed and arranged to receive a lifting tool therein.

7. A hospital mattress as defined in claim 6 wherein said connector member has a series of feet adapted to rest upon the bottom of the bedpan when it is in a lowered position with respect to said annular guide member.

8. In a hospital mattress having a centrally-

located vertical opening therethrough and a transverse opening through opposite sides thereof entrant to the vertical opening, a substantially rectangular somewhat flexible metal enclosure extending along the transverse opening and having a vertical opening through its top and bottom walls which is adapted to register with the vertical opening in the mattress, a substantially rectangular sliding bedpan slidably movable within and movable along said enclosure, said bedpan having a vertical opening through a top wall thereof adapted to be aligned with the vertical opening in the mattress and in said enclosure, a pair of annular guide members, one of said annular guide members extending vertically from a top wall of said enclosure about the vertical opening therein and along the vertical opening in the mattress, the other of said annular guide members extending vertically from a bottom wall of said enclosure about the vertical opening therein and along the vertical opening in the mattress, a sleeve-like connector member operably mounted for vertical movement through vertical opening in said bedpan and between said bedpan and the upper one of said guide members, a lever mechanism pivotly mounted on side walls of said bedpan and operably connected to a lower portion of said connector member, said lever mechanism extending towards one end of said bedpan and along opposite sides thereof, said lever mechanism being constructed and arranged to raise and lower said connector member into and out of a cooperative relation with respect to the upper one of the annular guide members and into and out of said bedpan, said lever mechanism having a front arm portion positioned to be actuated from a front end of said bedpan.

9. A hospital mattress as defined in claim 8 wherein each of said guide members has a top wall portion, a seat positioned on one of said top wall portions, a lid positioned on said seat to close off the vertical opening through the mattress, and said lid having a soft resilient construction such that it presents substantially the same type of support for the patient as adjacent portions of the mattress.

10. In a hospital mattress having a vertical opening therethrough provided with an upper entry portion and a horizontal opening extending transversely therethrough across the vertical opening and entrant from at least one side of the mattress, a support structure extending along the horizontal opening and open to the vertical opening of the mattress, a bedpan having a vertical top opening therein, said bedpan

being slidably positioned for movement along and within said support structure to align its top opening with the upper entry portion of the vertical opening in the mattress, and a connector member operatively carried by said bedpan for vertical movement from a withdrawn position within said bedpan through the top opening therein to an outwardly-projecting position along the vertical opening of the mattress towards its upper entry portion to close-off the horizontal opening of the mattress and guide waste material downwardly into said bedpan.

11. A hospital mattress as defined in claim 10 wherein, said connector member is of sleeve-like construction and has a vertical extent substantially corresponding to a depth of said bedpan.

12. A hospital mattress as defined in claim 10 wherein, said bedpan has a top wall within which its top opening is positioned intermediate its ends, said top wall having a substantially rectangular opening at one end thereof and a continuation opening from said vertical top opening to the other end thereof, and a front wall of transparent material secured to said bedpan for inspecting a waste material content of said bedpan.

13. In a hospital mattress as defined in claim 10, a pair of lever arms journaled in opposite side walls of said bedpan and operatively connected to said connector member, a substantially U-shaped lever member extending along side walls of said bedpan and across a front wall thereof, means operatively connecting said U-shaped lever member at its inner ends to each of said lever arms, and said lever arms being actuated by said U-shaped lever member to raise and lower said connector member through the top opening in said bedpan.

ANNA YACZOLA.

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1,604,205	Tiffany	Oct. 26, 1926
2,157,394	Beery	May 9, 1939
2,215,757	Hurst	Sept. 24, 1940
2,243,791	Botenstein	May 27, 1941
2,318,240	Mas	May 4, 1943
2,537,906	Over	Jan. 9, 1951

FOREIGN PATENTS

Number	Country	Date
14,028	Great Britain	June 24, 1899
347,634	Great Britain	Apr. 29, 1931