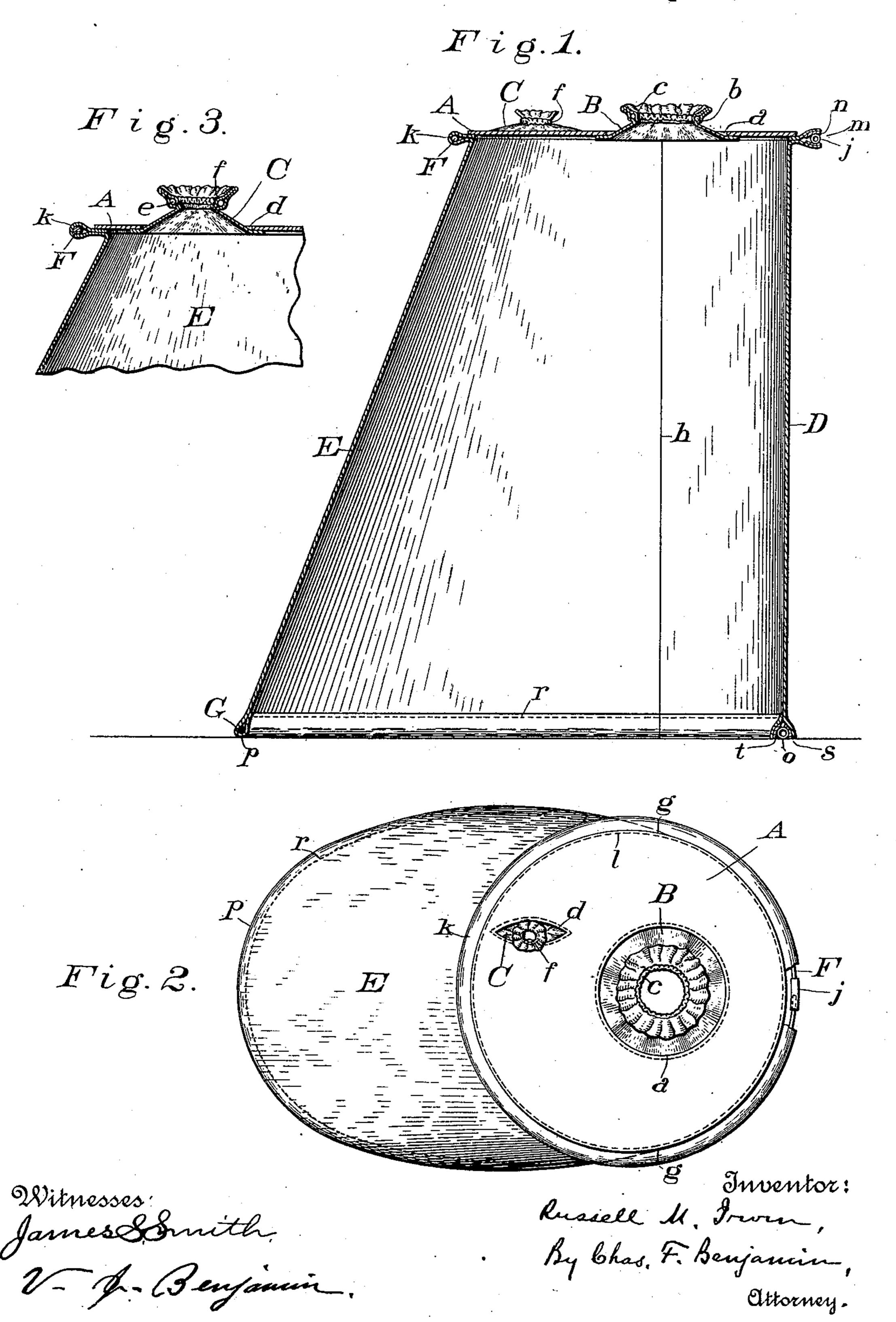
R. McK. IR WIN. PORTABLE BATH CABINET.

No. 601,891.

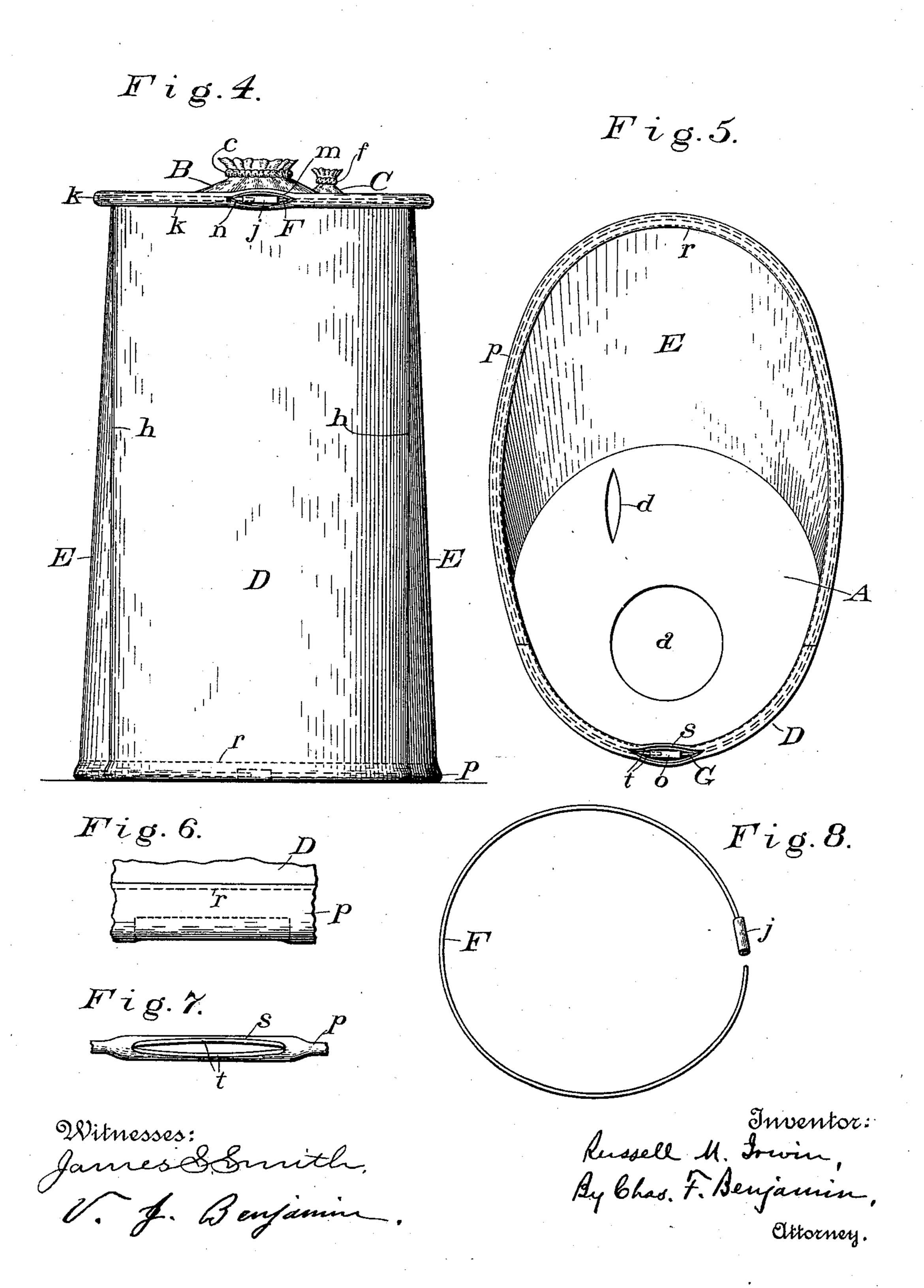
Patented Apr. 5, 1898.



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United States Patent Office.

RUSSELL MCKEE IRWIN, OF NASHVILLE, TENNESSEE.

PORTABLE BATH-CABINET.

SPECIFICATION forming part of Letters Patent No. 601,891, dated April 5, 1898.

Application filed September 10, 1897. Serial No. 651,157. (No model.)

To all whom it may concern:

Be it known that I, RUSSELL MCKEE IR-WIN, a citizen of the United States, residing at Nashville, in the county of Davidson and 5 State of Tennessee, have invented certain new and useful Improvements in Portable Bath-Cabinets; and I do hereby declare the following to be a full, clear, and exact description of the invention, such as will enable othic ers skilled in the art to which it appertains to make and use the same, reference being had to the accompanying drawings, and to the letters of reference marked thereon, which form

a part of this specification.

The object of this invention is to improve the making, shaping, and arranging of portable bath-cabinets for hygienic uses in order to increase their cheapness, lightness, compactness, and efficiency. In carrying out 20 these improvements I leave the cabinet-top round, but cause that part of the wall that comes behind the seated patient to descend | straight to the ground, while the part that comes in front of him flares out from top to 25 bottom to make allowance for his projected knees. This form of the cabinet-wall does away with the cost, weight, and space of surplus material, such as would be involved in carrying the front part of the wall straight 30 up from bottom to top or in uselessly flaring out the rear part of the wall. I also provide the cabinet-top with an outlet for one of the hands of the patient, so that he may wait upon himself while in the cabinet, and also to af-35 ford a vent for the escape of effete air or vapor without the necessity of lifting the bottom of the cabinet from the ground for that purpose and so disarranging it.

In the accompanying drawings the same

40 letters represent always the same parts. Figure 1 is a central vertical section from front to rear through the cabinet; Fig. 2, a top plan of the cabinet; Fig. 3, an enlarged vertical section of the top and front part of 45 the cabinet, showing the arm-sleeve; Fig. 4, a rear exterior elevation of the cabinet; Fig. 5, a bottom plan thereof; Fig. 6, an enlarged elevation of the rear and bottom, showing certain details; Fig. 7, an under plan of the 50 same, and Fig. S a view of one of the two like frame-wires.

A is a disk of any suitable folding and suf-

ficiently tight material, forming the top of the cabinet. It has an aperture a for the passage of the head of the patient. This aper- 55 ture is not in the center of the disk, but toward the edge. The center of this aperture is to be regarded as the center of the cabinet as a whole. That part of the edge which is nearer to the aperture is the rear part of the 60 cabinet and that part which is farther is the front part.

Joined to and projecting above the aperture a is a collar B, of soft but close fabric, cone-shaped, and adapted to be gathered 65 about the neck of the patient by an elastic band b, working in a casing c, provided for

it toward the top of the collar.

To the front and sidewise of the aperture a is a smaller aperture d for the passage of a 70 hand of the patient. Joined to and projecting above this aperture is a sleeve C, of soft but close fabric, cone-shaped, and adapted to fit tightly upon the arm of the patient by means of an elastic band e, working in a cas- 75 ing f, provided near the top of the upright sleeve. This band when relaxed leaves the sleeve sufficiently open to insure the discharge of the heated air or vapor that has passed upward over the body of the patient 80 and is no longer desired.

The wall of the cabinet may be made from a single piece of material or from several pieces, as economy, convenience, or other considerations may prescribe; but for purposes of clear 85 description it is to be regarded as consisting

of a rear section and a front section.

D is the rear section of the cabinet-wall. Its top and bottom widths are equal, and when the cabinet is in position this section descends 90 straight from the rear segment of the cabinet-top, to which it is joined. The ends of this rear segment are indicated by referenceletters g g, and a cross-line drawn from one end to the other would pass through the cen- 95 ter of the aperture a in the cabinet-top.

E is the front section of the cabinet-wall. Its top width is equal to the dimensions of the front segment of the cabinet-top, which segment embraces all of the circumference 100 of the cabinet-top not included in the rear and shorter segment. Its bottom width is greater than the top width, thus enabling the front wall-section to project as it descends

and so accommodate itself to the forward projection of the lower limbs of the patient seated within.

The cabinet-wall, like the cabinet-top, is 5 made of folding and sufficiently tight material, and habitually the same kind of mate-

rial would be used for both parts.

The two division-lines separating the wall into a front and back section are indicated to by reference-letters h h, and these lines run down straight from the ends of the rear segment of the cabinet-top. When the wall is made from a single piece of material, the division-lines are of course merely theoretical. 15 The top edge of the wall is joined tightly to the edge of the cabinet-top by sewing or otherwise.

F is the upper frame-wire, of springy metal, and its length is a little greater than the cir-20 cumference of the cabinet-top. One end is tipped with a socket j, into which the other end fits when the wire is placed. A casing k is provided for it by gathering the upper part of the wall under the edge of the cabinet-top 25 and putting a row of stitching l through top and wall, forming a tubular rim to the top of the cabinet. A slot m is made in the casing for the passage of the wire, and this is lined with a reinforce n to meet the extra wear and

30 tear at that part of the casing.

G is the lower frame-wire, of length equal to the bottom circumference of the cabinetwall. One end is tipped with a socket o, into which the other end fits when the wire is 35 placed. This wire, like the other, is springy and so can be readily inserted and withdrawn from its place. This place is a casing p, formed by turning up the bottom edge of the cabinetwall and putting a row of stitching r through 40 the fold so formed. A slot s in the casing gives passage to the wire, and this is strengthened by a reinforce t, like the upper casingslot.

The setting up, taking down, packing and 45 unpacking, and the entire working of a portable bath-cabinet of this kind are matters of such common knowledge and mostly so obvious that no special account of the operation of this cabinet can be required in addi-50 tion to what has been stated and is shown. Suffice it to say that when the stripped patient is seated on stool or chair within the cabinet, with the customary heating or vaporing apparatus beneath him and his head 55 projected through the collar in the top of the cabinet, the cabinet, distended by its framewires, necessarily takes its proper position. By reason of the straight-down form assumed by the rear wall-section and the tapering form

assumed by the front wall-section, and by 60 reason also of the concave instead of flat outline preserved to the rear section, there is room all around the patient for an efficient application of the heat or vapor to all parts of his body without giving the cabinet more 65 size in any part or direction than is required. The addition of the sleeve to the cabinet-top enables the patient to supply himself with drinking-water, mop or sponge his face, and to get rid of the spent and foul contents of 70 the cabinet without assistance. The whole construction, too, is simple and economical, with a gain in efficiency, portability, storability, and convenience.

I am aware that portable bath-cabinets 75 adapted to collapse and fold have been heretofore made and used, and I have no broad

claim to such a cabinet.

I am aware that such cabinets have been made with round tops, straight rear wall-sec- 80 tions, flared front wall-sections, removable distending wires or frames, expansible neckcollars and closable arm-apertures, and I refer to the United States Patents numbered 208,666, 267,002, 500,858, and 582,639, as show-85 ing, respectively, one or more of those features of construction and the true scope of my own invention.

I claim—

The combination, in a portable bath-cabi- 90 net, of a round, flexible and apertured top, having a soft elastically-gathered collar, centrally placed near the rear part thereof, and a soft elastically-gathered sleeve to the right and front of said collar; a flexible wall de- 95 scending from said top, in straight-down lines around the rear part thereof, and in outwardly-expanding lines around the front part thereof-the upper part of said wall being gathered beneath and within the rim of the 100 aforesaid top, and formed into a casing, overhanging said wall, having a reinforced slot in the edge thereof, and the lower part of said wall being formed into a casing around the bottom thereof and having a reinforced slot 105 in the outer face of said casing; and a pair of flexible and integral framing-wires, dimensioned, respectively, to the aforesaid upper and lower casings of the said wall, and provided each with a socket at one end of said 110 wire; the whole constructed and arranged as hereinbefore fully described.

In testimony whereof I affix my signature

in presence of two witnesses. RUSSELL MCKEE IRWIN.

Witnesses: WM. A. ALEXANDER, CHARLES T. COLE.