Clinical Notes, Suggestions, and New Instruments

A Bedside Telephone

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The oft-repeated statement that we spend one third of our lives in bed is probably true for the average person. In that one third the average physician certainly has many telephone calls. The number, of course, depends entirely on the character of his practice. It does not apply to the city specialist, who sees to it carefully that his name is omitted from the residence list of the telephone directory. The man doing family practice, or emergency or industrial surgery, must literally sleep with his telephone. Before the World War I was for many years surgeon to a railway, light and power company. For ten years the telephone herewith illustrated was a source of great comfort and convenience.

It combines the bell in the base with the continental type of hand telephone, with the receiver and transmitter in one piece, and can comfortably be used with one hand without raising the head from the pillow. It is provided with a plug, to fit jacks in the bedroom, sleeping porch, library and breakfast room. It has the great merit of requiring only the self-contained bell for this variety of locations, and does not demand defacing the house with unsightly wall bells that ring when they are not wanted.

To patients in the hospital, the bedside telephone is often a great convenience. Short convalescences may be a source of comfort and entertainment for the convalescent. For the business man recovering from some surgical procedure, which keeps him in bed only because postural rest is necessary, the bedside telephone is something more than a matter of passing interest. It enables him to keep in touch with his business in an easy way that satisfies his mind, and lessens the urgency to get out of bed or go home sooner than the necessities of the case make advisable. In this way it is a valuable addition to our surgical therapeutics.

My own telephone was assembled. The upper part is an Ericson, which did not at that time have a bell. I had a bell box attached, which, however, was “foreign equipment,” and quite against the rules of the Bell Company. After much argument I was permitted to use it as a sort of laboratory experiment, with the express understanding that it should not establish a precedent for its use by others.

About this time I built a new residence just outside the city limits, and had it liberally supplied with jacks in the various sleeping and living rooms, and garage. There were twelve in all, and I paid for the equipment and installation. I knew nothing then about a service charge for jacks. It was only when pruning down overhead expenses at the time I went into military service that I discovered that I had been paying a service charge of twenty-five cents a month on each jack. In other words, for equipment which belonged to me I had paid the company about $300 for a supposed service that had not cost them one cent, as no repair had ever been required. The attention of public service commissions is invited to this. It must be a local rule of the Oregon commission. On a recent visit to Los Angeles I found twenty rooms at the Good Samaritan Hospital equipped with jacks, and the ordinary desk telephone circulating between them. The entire charge for this was one dollar a month, and no service charge for the jacks.

The Ericson phone is now made by the Federal Telephone and Telegraph Company, with the bell in the base, and recently the Western Electric has added a similar instrument to its output. That will, if I fancy, do away with talk about “foreign equipment,” and the medical profession, and then patients, may have an adaptable bedside telephone.

The attention of telephone companies is invited to the economic importance of this real need. The Directory of the American Medical Association contains the names of 159,250 physicians, and a list of 6,794 hospitals. It is believed that the medical profession will find this bedside telephone a great convenience to themselves for night use, and to some of their patients during convalescence.

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