

March 27, 1956

W. H. SCHOLL
TUBULAR BANDAGE APPLICATOR

2,739,587

Filed Sept. 26, 1952

2 Sheets-Sheet 1

FIG. 1

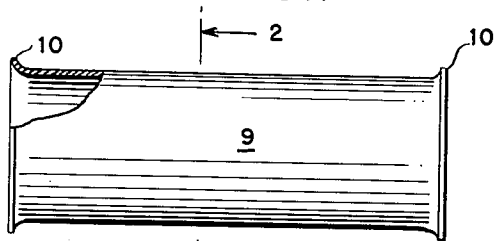


FIG. 2

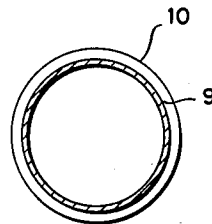


FIG. 3

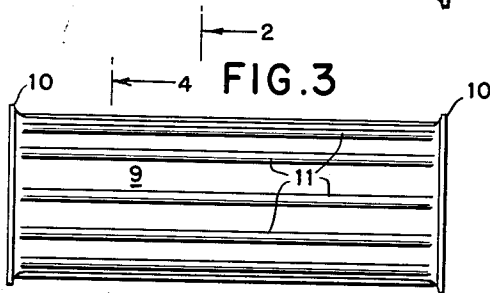


FIG. 4

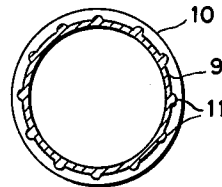


FIG. 5

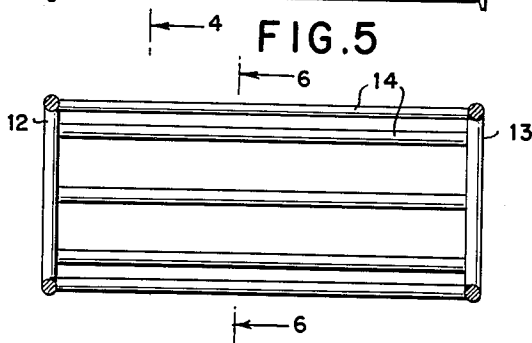


FIG. 6

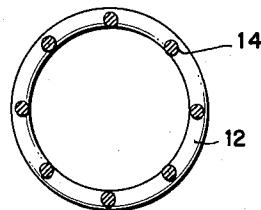


FIG. 7

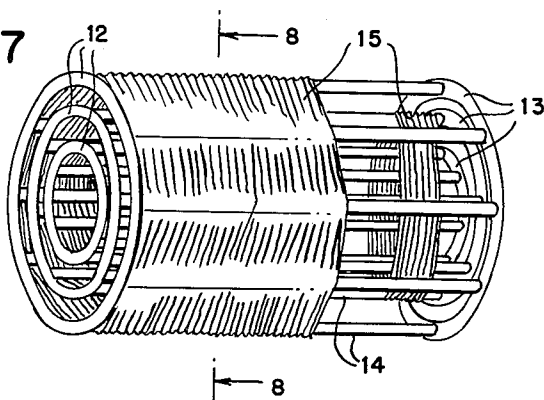
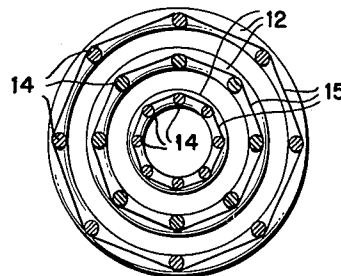


FIG. 8



INVENTOR.

BY William H. Scholl

S. J. G.
ATTORNEY

March 27, 1956

W. H. SCHOLL

2,739,587

TUBULAR BANDAGE APPLICATOR

Filed Sept. 26, 1952

2 Sheets-Sheet 2

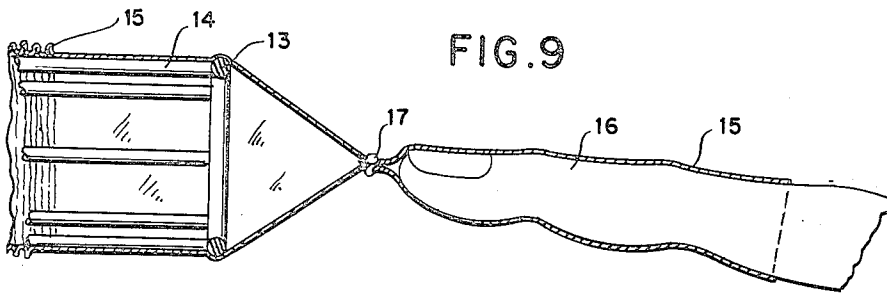
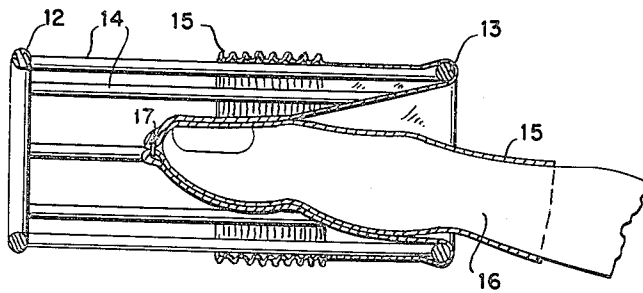


FIG. 10



INVENTOR.
William H. Scholl
BY

S. G. Co.
ATTORNEY

1

2,739,587

TUBULAR BANDAGE APPLICATOR

William H. Scholl, London, England, assignor to The Scholl Mfg. Co., Inc., New York, N. Y., a corporation of New York

Application September 26, 1952, Serial No. 311,568

2 Claims. (Cl. 128—157)

My invention relates to an improvement in tubular bandage applicators.

Heretofore applicators for the emplacement of tubular bandages have had several great disadvantages in that they are relatively unsterile since an individual bandage must be placed on the applicator then the applicator applied to the injured member and after each use the applicator must be sterilized before being used again.

Another disadvantage has been that all previous types of applicators must be brought into contact with the wound thus allowing more chance of infection should the applicator be contaminated.

Another disadvantage of previous types of applicators has been in the difficulty of judging how much material to place on the applicator especially when it is necessary to wind the material spirally about the wound. This is automatically taken care of by my invention as will be later explained.

One of the advantages of my invention is the provision of an applicator which, when applying tubular gauze to an injured member, need not touch the wound itself or the surrounding flesh.

Another advantage of my applicator is the provision of an instrument which may be loaded with many yards of tubular gauze so that the whole may be sterilized then used many times before reloading is necessary.

Other objects and advantages will be apparent from the specification and drawings, in which:

Fig. 1 is an elevation of the applicator partly broken away;

Fig. 2 is a cross section taken on line 2—2 of Fig. 1;

Fig. 3 is a modification of the applicator;

Fig. 4 is a cross section taken on line 4—4 of Fig. 3;

Fig. 5 is a longitudinal cross section of another modification of the applicator;

Fig. 6 is a cross section of Fig. 5 taken on line 6—6 of Fig. 5;

Fig. 7 is a slightly perspective view of various sizes, of applicators in nested position;

Fig. 8 is a cross section taken through Fig. 7 on line 8—8;

Fig. 9 is an illustration showing one of the applicators being used to bandage a finger;

Fig. 10 is similar to Fig. 9 showing near completion of the bandaging operation.

Referring to the drawings, 9 is the body of the applicator which is substantially a tube made of metal, plastic, or any material which may be sterilized without suffering distortion or disintegration. The ends of the tube 9 are flared outwardly at each end as at 10 and as is shown in Figs. 3 and 4, the body 9 is formed with ridges 11 to facilitate a surer grip on the applicator.

The modified form shown in Figs. 5 through 10 is made of two annular rings, having a substantially circular cross section, 12 and 13 rigidly joined together by horizontal bars 14. These bars are joined to the inner sides of the annular rings 12 and 13 by brazing, welding or any other convenient method. The applicator as shown

2

in Fig. 9 will be found to be the most economical from a standpoint of the use of a minimum amount of material and also provides for the exposure of the greatest amount of bandage area to any sterilizing agent.

Figs. 7 and 8 provides for a series of applicators which vary in size from the smallest for fingers up to the largest for use on the head. These sizes may all be loaded with tubular gauze 15 and bunched on the applicator as shown in Fig. 7. For sterilizing or shipping these applicators may be nested the one within the other as shown by Figs. 7 and 8.

Operation

Either of the applicators as shown by Figs. 1 through 8 may be selected and prior to use loaded with tubular gauze bandage, then sterilized and dried. If, for example, a finger 16 is to be bandaged the small size applicator is selected. This applicator although of a small size, is of considerably greater diameter than the member to be bandaged so that when the operator slips the applicator over the injured member no portion of the applicator touches the skin or wound.

It will also be realized by those skilled in the art that bandages which have been previously sterilized may be fed from their container over the applicator so that instead of bunching the bandage on the applicator a supply of bandage is always available, its capacity only being limited by the capacity of the bandage container.

When the applicator is over the finger, a small amount of gauze 15 is stripped off the applicator over the annular ring 13 and held in place by another finger, the patient's thumb or by adhesive tape, the applicator is now removed from the finger to the position shown by Fig. 9 and a small piece of string or narrow adhesive tape 17 is used to tie closed the gauze 15 at the finger tip. After the string 17 has been applied and tied the applicator is again slid over the finger in the manner shown by Fig. 10, the angular ring 13 being run up the length of the finger as far as is necessary whereupon the gauze 15 is cut and the applicator removed ready for the next bandaging operation.

It will be easily seen by those skilled in the art that by having a large supply of tubular bandage bunched on the applicator, it may be run up and down an injured member many times to form many layers of bandage, a factor which is extremely important where a cast is to be applied to an arm or leg for example.

In connection with the flares 10 at the ends of tube 9 it will be seen by those skilled in the art that their function is to retain the gauze on the applicator during the period of sterilization or when the applicator is not in use, however, these flares could be eliminated without departing from the invention, and other changes in the structure described may also be made without departing from the scope of my invention in which I claim:

1. In a tubular bandage applicator of the character described, annular rings, said annular rings being substantially circular in transverse cross section and connected together by longitudinal members to form a partially open cylinder, portions of said rings extending longitudinally beyond the extremities of said longitudinal members, whereby a tubular bandage may be placed over said cylinder and be loosely retained thereon.

2. In a tubular bandage applicator of the character described, two annular rings, said annular rings being substantially circular in transverse cross section and connected together by longitudinal members to form a partially open cylinder, portions of said rings extending longitudinally beyond the extremities of said longitudinal members, said longitudinal members, forming a ridge at their junction with said annular rings for the reten-

2,739,587

3

tion of a length of tubular gauze encompassing said cylinder.

1,992,344
2,456,507
2,567,926

References Cited in the file of this patent

UNITED STATES PATENTS

1,669,451 Brandwood _____ May 15, 1928
1,795,529 Watson et al. _____ Mar. 10, 1931

5

255,502
511,782

4

Alhadate _____ Feb. 26, 1935
Hendrickson et al. _____ Dec. 14, 1948
Dunkelberger _____ Sept. 18, 1951

FOREIGN PATENTS

Italy _____ Oct. 25, 1927
Belgium _____ June 14, 1952