

## CHAPTER VI.

### BANDAGES OF THE HEAD.

#### SKULL-CAP.

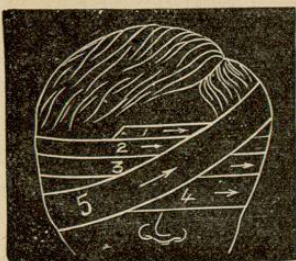
In all of the bandages of the head it is well to first apply a close-fitting flannel or cotton cap, known as a skull cap, to the head. It retains the bandage better in position, as it keeps the turns from coming in contact with the slippery and sliding hair. It will also be found full as comfortable to the patient, as it tends to keep the hair evenly distributed about the head, and so prevents its matting under different portions of the bandage. Pressure from the bandage is also more equalized.

#### CIRCULAR OF THE FOREHEAD AND EYES.

**Description.**—It should be three or four yards in length, and have a width of from one and one-half to two inches.

**Application.**—Place the initial end 1 at or near the centre

FIG. 13.



Circular of the Forehead and Eyes.

of the forehead, standing at the back of the patient, and confine by a horizontal circular turn, 2. At the 3d turn begin to drop the course of the bandage still more, so that on its completion it shall have been dropped one-half or three-quarters of its width. The 4th turn is to be made in a similar manner, covering the eyes and as much of the face as seems necessary; then, after an upward spiral course, 5, confine the bandage by a pin or thread, at or near its starting point.

**Uses.**—This bandage, though necessarily so simple, fulfills many important indications. In wounds of the forehead or upper part of the face, and operations thereon, in injuries and operations on the eyes and nose, and nasal passages, it serves

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to convey proper soothing applications to the parts, as well as to restrain excessive muscular action, and so facilitates union between the edges of the wound.

#### THE FILLET, OR HEAD-BAND.

**Description.**—A piece of flannel, or cotton, thirty inches long by twelve inches wide. At a half an inch from the inferior border, midway from the two ends of the bandage, cut out a triangular piece (the base downwards) so as to leave an opening sufficiently large to admit the nose.

**Application.**—Standing behind your patient, place the centre of the bandage over the face, covering it from the mouth up; the nose being permitted to pass through the triangular opening. Carry each end horizontally backwards about the head, and confine with pins or stitches.

FIG. 14.



The Fillet, or Head-band.

**Uses.**—This bandage admirably takes the place of the preceding in retaining dressings to the parts about the upper portion of the face. It can be used (though it is less elegant) in the place of the Monocle or Binocle, soon to be described.

A 'Sling' and a "Triangle" of the face have been devised, but they are really not so convenient as the Fillet. The former is a four-tailed bandage (made similarly as the Sling Compress, Fig. 4, page 22). The body of the bandage is placed over the face, and the extremities are carried backwards and fastened, the two superior at the nape of the neck; the two inferior above the occiput; or, they may be crossed at these points and brought forward, and finally confined in front. The *Facial Triangle* is applied in a similar manner. It should be, the base of the triangle, one yard in length; the height, that is from the base to the apex, should be eighteen inches.



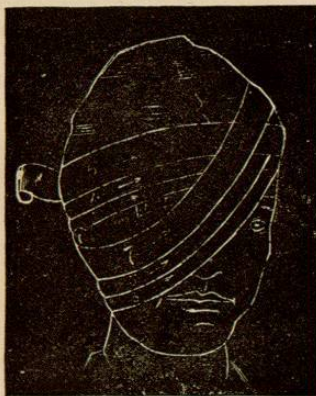
## CROSS OF THE EYE.

(Monocle.)

**Description.**—This bandage should be six yards in length and have a width of from one and a half to two inches.

**Application.**—Taking the right eye, for example, standing behind your patient, place the initial end of the roller, 1, above

FIG. 15.



Cross of the Eye.

the right eye, previously protected by a compress or some cotton-wool. Confine this by one horizontal circular turn, 2, about the head, and continue till you come to the occiput, for the next turn; here you make a pass downwards, coming along under the right ear, then up over the inferior angle of the inferior maxilla of the right side, and across the inner angle of the orbit, finishing the third course of the bandage. Continuing from this point (the forehead), the bandage is to be carried up over the left parietal protuberance, then down to a level with the circular turns 1 and 2, and finally finished as a circular of the head, thus making the fourth course. Course 5 is to be executed the same as course 3, remembering to overlap in its course, to the distance of one-half or three-quarters of its width, the preceding turn. Course 6 is executed the same as course 4, remembering the overlapping. Finally, when you come near the terminal end of your bandage, confine by one or two circular courses about the forehead and occiput, following course 2.

**Uses.**—This is a very pretty and firm monocular bandage, when evenly applied; yet it is one that needs some watching lest some of the courses overslip each other, especially if put on a patient that is not very quiet. A light compress of cotton-wool should fill up the orbital cavity, this will not only

keep the lids securely closed, but it will steady the eye-ball in its socket, as well as produce slight compression.

In the case of the left eye, the proceeding is the same, reversing only the direction of the courses.

For *The Triangle of the Eye*, see "Uses" under the bandage Fronto-oculo-occipital Triangle, page 36.

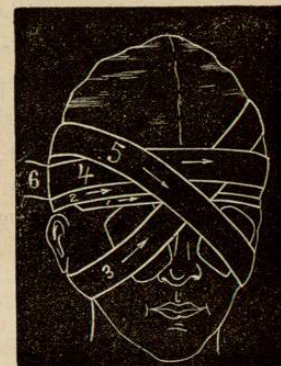
## CROSS OF THE EYES.

(Binocle.)

**Description.**—This bandage should be eight yards in length, and have a width from one and a half to two inches.

**Application.**—Standing behind your patient, place the initial end of the bandage, 1, over his right eyebrow, and confine there by a horizontal circular turn about the head, 2. On the third turn, when coming to the occiput, pass the bandage down, so as to come around under the right ear, up over the inferior angle of the lower maxilla, and up over the inner angle of the orbit of the right side, thus finishing the third course of the bandage.

FIG. 16.



Cross of the Eyes.

From this point carry the bandage up over the left parietal eminence, then down to the occiput, and finally horizontally about the head, thus finishing course 4. Continue the course of the bandage horizontally about the head until you come to the occipital region, when you mount up over the right parietal eminence, and pass downwards over the inner canthus of the left eye, thus finishing the fifth course of the bandage. Continue the bandage down across the left cheek and maxilla, and back under the left ear to the occiput, where you mount up to the level of courses 1 and 2, when you finish course 6 as a horizontal turn about the head.

Turns 7, 8 and 9 are done the same as Nos. 3, 4 and 5, respectively; remembering always to draw in the bandage by



overlapping its underlying fellow by one-fourth, or one-third its width.

On the completion of its application to the eyes, confine by a single horizontal turn about the forehead and occiput, fastening with a pin.

**Uses.**—This bandage fulfils the same indications for both eyes that the preceding does for the one eye. The “double-headed” roller, for the same purpose, I have omitted, as it is not so firm a bandage, and is more complicated. The ears and parietal protuberances are the main points of support to these ocular bandages; hence, pay particular attention to the “laying of the bandage” about these parts.

#### FRONTO-OCULO-OCCIPITAL TRIANGLE.

(Head-band of Mayor's System.)

**Description.**—Take a piece of cotton cloth large enough so that, when folded to a triangle, the base of the triangle will measure one yard, while its height (from apex to centre of base) will be from fifteen to twenty inches.

**Application.**—Standing behind the patient, place the base

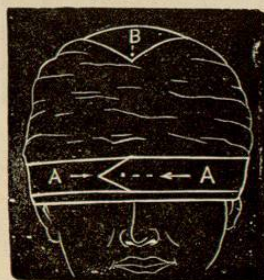


FIG. 17.  
Fronto-Oculo-Occipital Triangle.

of the triangle over the eyes, having the apex over the head, pointing to the occiput. Carry both ends of the base horizontally around to the occiput, covering over the apex of the bandage, and cross there, bring them forwards and confine at the forehead, A, A, either by pinning or tying. Lastly, carry the apex from the occiput up over the horizontal courses of the two extremities to the region of the forehead, and confine with a pin, as at B.

**Uses.**—This is a very simple bandage, as indeed all of Mayor's are, and will nicely take the place of the preceding Cross of the Eyes, or Binocle. It can be easily tilted to one side, covering in only one eye, so as to fulfil the condition of the monocular cross, plated on page 34. It is not so firm, or

evenly compressing a bandage, as the two preceding, and hence would not be so applicable after an operation for cataract, or an iridectomy. Of course, cotton-wool, or some light dressing, will need to be applied to the ocular fossæ before the application of this triangle, just as in the Crosses of the Eyes.

#### FRONTO-OCCIPITAL TRIANGLE.

(Triangular Bonnet of the Head.)

**Description.**—This bandage should measure one yard, or more, from end to end, across the base, and should have a height of fifteen or twenty inches.

**Application.**—Standing behind the patient, place the base of the triangle, 1, at the forehead, over the eyes, having the apex at the occiput. Carry the two extremities horizontally backwards to the occiput, covering in the apex, cross them there, and then bring them forwards and confine at the forehead, 2. Finally, bring the apex forwards, and confine as at B.



FIG. 18.  
Fronto-occipital Triangle.

**Modifications.**—I. By reversing the application of this bandage, putting the base at the occiput and the apex at the forehead, you get the *Occipito-frontal Triangle* of Mayor.

II. By placing the base at one of the sides of the head, the apex covering the other, you get Mayor's *Biparietal Triangle*.

**Uses.**—The uses of these triangles are very numerous, as they are applicable for maintaining any dressing to almost any part of the head. In so doing they take the place, in great measure, of the Recurrent of the Head, and the Six-Tailed Bandage of the Head, to be described further on.

#### ✓ SIMPLE CROSS OF THE CHIN.

(Roller Bandage of the Chin.)

**Description.**—This bandage should be about nine yards in length, and have a width of one and one-half inches.



**Application.**—Standing at your patient's back, place the initial end of the bandage, 1, over the left eyebrow, and confine by one single, horizontal, circular turn, 2, bringing the bandage down under the right ear, continuing it under the lower maxilla and up over the left maxillary ramus, and ear, finishing turn 3. Make, for turns 4 and 5, two vertical circular passes in the course of turn 3, gradually working towards the symphysis of the lower jaw, by overlapping each preceding turn one-half or one-fourth the width of the bandage.



Simple Cross of the Chin.

After turn 5 has been brought to the right inferior angle of the lower jaw, make a single horizontal circle of the neck, 6. At the back part of the neck mount up the occiput, so as to make the fronto-occipital horizontal turn 7. Then continue to the occiput, down below the right ear, across the symphysis of the chin, making turn 8. Circle the chin again, horizontally (course 9), then mount to the top of the head, passing under the lower jaw, forming turn 10, which is still anterior to turn 5. Turn 11 is made in the course of turn 10, overlapping it in its course. Bring the bandage down under the lower jaw again, thence circle the neck horizontally, forming turn 12. Finally, mount to the forehead, from the occipital region, and confine your bandage by a horizontal circular course, as 13.

**Uses.**—In cases of fractures or dislocation of the lower jaw. It is also of use in confining any topical application to the chin, to the parotid regions, and to the ears.

Care should be had that too much constriction is not put upon the neck in making turns 6 and 12, thereby hindering respiration and circulation. If a flannel roller is used no allowance need be made for the swelling of the parts, as the bandage will generally give enough, if it is only "comfortably" (to the patient) applied at first.

#### FOUR-TAILED BANDAGE OF THE CHIN.

(Sling of the Chin.)

**Description.**—This bandage should be one and one-fourth yards in length, and have a width of about five inches. It should be torn, at the middle of each end, towards the centre (as you see in Fig. 4, page 22), to within two and one-half inches of this point.

**Application.**—Standing at the back of your patient, place the centre of the plane of the bandage, 1, at the chin; then carry the two superior ends of your bandage backwards, below the ears, to the nape of the neck; crossing them here, bring them upwards, and forwards over the parietal protuberances, and confine at the forehead, 2. Take, now, the two inferior ends of the bandage, carry them backwards and obliquely upwards across the temporo-maxillary articulations, and confine at the superior posterior angles of the parietal bones, 3.

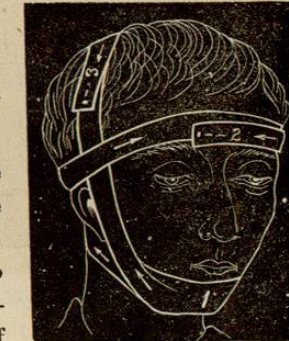
**Uses.**—This is quite a firm and solid bandage, and very easy of application. It does not, however, give that full support to the parts that the preceding does, yet it is very applicable when the mobility of the parts is not over-increased by a very oblique or double fracture, or by extensive luxations of the inferior maxilla. For the maintaining of dressings to the chin, parotid region, and the ear, it is, from its simplicity, much to be preferred to the Simple Cross of the Chin.

#### OCCIPITO-MENTAL TRIANGLE.

(Mayor's Triangle of the Chin.)

**Description.**—Have your triangle with a base full one and one-half yards in length, and with a height of twenty inches, or more.

FIG. 20



Sling of the Chin.



**Application.**—Standing behind your patient, place the base

FIG. 21.



Occipito-Mental Triangle.

of the triangle, A, the apex looking backwards, at the top of the head; seize the two ends of the triangle and bring one down below, and the other over and in front of the chin, crossing them this way, B, B, and then carry them obliquely backwards and upwards, across the temporal and mastoid regions, to confine them at the summit of the occiput. Confine the apex as at D.

**Uses.**—This bandage was designed by Mayor to take the place of the two preceding bandages. This it does, in a measure, in its ready applicability for the confinement of dressings about the regions it covers. It is easily extemporized, and hence is a "popular" way for maintaining topical applications to these parts.

All of the more modern appliances for the treatment of fractures of the inferior maxilla are but modifications of the three bandages just given. A paste-board, or felt splint, with these bandages, will probably fulfil any of the indications that the more elaborate appliances are designed to, and are full as comfortable to your patient.

#### CROSS OF THE HEAD. ✓

(Temple Bandage.)

**Description.**—This bandage should be two inches in width by six or seven yards in length.

**Application.**—Standing behind your patient, place the initial end of the bandage, 1, over the right eye, and confine it by a circular turn, 2, about the head. Continue on for a third course until you come to the right ear; here confine the

bandage, either by stitches, or a pin, inserted perpendicularly with the roller-head, to the posterior angle of the inferior maxilla, covering over the right ear; then, passing under the lower jaw continue the bandage up over the left ear to the top of the head; then descend to the horizontal courses of the bandage, thus completing course 4. Turns 5, 6, 7 and 8 are to follow in the course of turn 4, viz., perpendicularly around the head, remembering to bring the bandage gradually forwards, by overlapping each preceding turn the quarter, or half, the width of the bandage. Turn 8 being brought to the level of the horizontal turn 2, upon the right side, it is to be fastened with stitches, or a pin, perpendicularly to the course of turns 6, 7 and 8, the remaining bandage being exhausted by horizontal turns about the head and occiput, in the course of turns 1 and 2.

FIG. 22



Cross of the Head.

In this application of the Cross of the Head, it has been supposed that it was the right ear, temple, or parotid region that was diseased or injured. In case of the left, you have but to reverse the application of the bandage; that is, make your turns from left to right, across the forehead, putting the initial end over the left eye.

**Uses.**—For the protection or application of dressings to the ears, temples, parotid or hyoid regions. Is readily applied and makes a firm dressing.

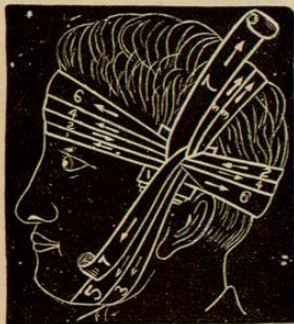
#### KNOTTED BANDAGE OF THE HEAD.

**Description.**—This bandage should be one and a half inches in width, eight or ten yards in length, and rolled into two heads.



**Application.**—Place the plane of the bandage over the injured temple (the left, for example), and then carry the two

FIG. 23.



Knotted Bandage of the Head.

heads horizontally about the head to the right parietal region, where you cross one over the other; continue them till you come to the starting point, thus finishing course 2. Crossing them here at right angles (that is, upon the diseased temple), carry one head of the bandage perpendicularly over the head, while you carry the other perpendicularly downwards under the chin, 3, 3, continuing the course of each around the head and chin, until they meet at the diseased temple again, thus finishing the third course. Cross them at right angles again at this point, continue horizontally about the head, as in course 1, until you come to the diseased temple again, thus finishing turn 4. Turn 5 is formed the same as was turn 3, and turn 6 as turn 4, etc., etc.; at last confine the ends of the bandage in the ordinary way.

**Uses.**—This bandage is intended to exercise pressure upon the temporal artery, as in case of wounds, accidental or otherwise. It needs to be applied with care, and to be watched, as it is possible to make the compression too severe for a long-continued application of the bandage. It should always be aided by a Graduated Pyramidal Compress (see page 21).

#### THE T OF THE HEAD AND EAR.

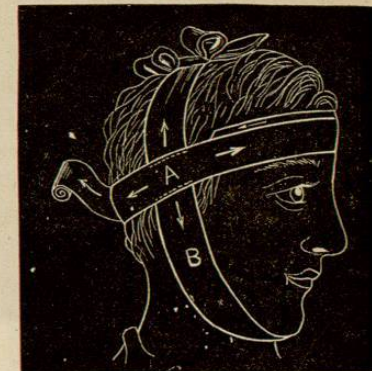
(*T of the Temple.*)

**Description.**—Take first a bandage from two to four inches wide (according to the extent of the injury to the side of the head) and one yard in length; at right angles to this bandage, at a distance of ten or twelve inches from one end, there should be stitched another bandage, two inches wide and two and a half yards in length, leaving one of its ends projecting some

sixteen or eighteen inches beyond the first or widest portion.

**Application.**—Place the point of juncture of the two ban-

FIG. 24.



The T of the Head and Ear.

dages, A, over the right temporal region, if this be the one involved, in such a manner that the widest portion of the bandage, B, shall be perpendicular, as regards the head; then carry the long end of this wide portion of the bandage, B, down under the chin, and up on the other side to the top of the head, there tying or pinning it to the short end, brought perpendicularly upwards from the diseased temporal region. The longer and narrower portion of the bandage, A, is now to be carried horizontally about the head, the long end confining the short one by successive horizontal courses, till it is exhausted, when confine in the usual manner.

**Uses.**—For confining dressings to the temporal, parotid and hyoid regions.

#### PERFORATED T OF THE HEAD AND EAR.

**Description.**—The first piece should be three yards long by two inches wide, and to this, perpendicular to its plane, there should be stitched, at eighteen inches from one of its ends, a bandage having the same length and width, save at the extremity attached to the first piece; here it should be semi-oval, with a width two or three times that of the plane of the bandage; this oval part should be perforated by a longitudinal slit of sufficient size to "take in" the ear.

**Application.**—Pass the ear of the diseased side (suppose it to be the right) through the second portion of the bandage, B, bringing the bandage closely and snugly up to the head.