

Chapter 1 : A Manual of Minor Surgery and Bandaging

The illustrations are the meat of the manual and visualize to the beginner the steps which must be taken to let the young surgeon remember that a neat dressing often bespeaks a good job beneath. The student will soon learn that the principles of support and immobilization entail fundamental concepts in the proper care of injury and infection.

Bandages have demonstrated power as a medical technology in their many varieties, applications, and restorative health qualities throughout the history of humanity. Four unique bandage types have been popularly employed in nursing since the early nineteenth century: Indeed, he was the first to suggest printing the illustrations for use, which would come to uniquely characterize the triangular bandage. The triangular bandage is depicted with elaborate illustration to inform the user of its many applications. The triangular bandage as a technology is defined by its existence as a physical object, its versatile functions, and the knowledge needed to apply it. Bleached or unbleached muslin or calico, linen, silk, or gauze was utilized in instruction and treatment of injury. Texts suggest an appropriate median measurement for the triangular bandage of the s was approximately one square yard. Figure 59 depicts starting materials, figure 60 the triangular bandage. Figures 61 through 65 depict conversion of the triangular bandage into a compact for storage or transport. After its introduction to ambulance work in the field by Esmarch in the late s, physicians began producing texts characterized by elaborate illustration and in-depth instruction on triangular bandaging. Knowledge of the most useful materials and the speed, neatness, and proper tension required of the application were integral to the success of the treatment, and often the survival of the patient. Nurses, patients, first responders, and surgeons observed and experienced the impact of the triangular bandage in medical practice. As a bandage with the primary purpose of serving in emergency situations, first responders were typical users. First responders in the field of battle were soldiers of the U. Army, was any individual intervening during a medical emergency prior to the summoning or arrival of a physician. By the national curriculum for nursing education had outlined coursework for instruction in the use of the triangular bandage. Elementary bandaging was instructed throughout five classes over a time span of ten hours. The emphasis on critical manipulation, practice, and demonstration of bandaging skills required speed, efficiency and dexterity of nurses. Likely, two or fewer hours were spent on instruction of the triangular bandage- which was acknowledged as a first aid utility requiring additional education and training. The outline of curriculum emphasized the additional training of nurses required of them upon entry into the Army Nursing Corps. The widespread development and distribution of the bandage extended the user base and established a market for American consumers of first-aid products. This was demonstrated in part by curriculum change in nursing from to , which incorporated the new text published by Instructor of Surgery at the University of Pennsylvania, A. In his text Whiting outlined the effect of the elimination of gauze from use as a fabric for the triangular bandage. While gauze had been a central fabric to earlier triangular bandages, Whiting proclaimed the improved treatment of injury achieved by bandages made of different fabric. Whiting suggested that gauze was not sturdy enough to exercise the utilities of the bandage, and rather bleached or unbleached muslin had been proven materials for increasing proper bandaging and sustaining life in emergency situations. A knowledge of these subjects is not deemed essential either to the intelligent use of the manual or the application of first aid. While the triangular bandage was free in form, it was manipulated by adhering to the principles of geometry. Rudimentary knowledge of the subject was required of users who were instructed to fold the triangular bandage relative to its features: Additionally, knowledge of how and where to apply a bandage, and with certain pressure, was essential. A majority of texts alluded to the error, which would result from applying a triangular bandage ineffectively, resulting in the continuity of hemorrhaging or arresting of circulation. While it was often assumed that any attempt at immediate aid erroneous or informed would increase chances of survival, texts and aid books asserted that an improperly applied bandage could just as likely harm a patient as hurt them. This reflects the position of the status in the historical context- nurses characterized by tasks of manual dexterity requiring little subjective analysis of procedures. The distribution of knowledge of the bandage to civilians was characterized by a change in the language of texts, illustrations and photographs and

demonstrations, and conceptualization of the status of the bandage as a technology. Texts, which once required understanding of medical terminology, anatomy, and geometry, were modified for the American consumer. While highly descriptive texts instructed bandaging in the late s, the s saw the efficient integration of photographs with fewer lengthy text inserts. Willing civilians could learn by following step-by-step depictions of bandaging, featured in numerous publications at the time. In her *Illustrations of Bandaging and First-Aid*, registered nurse Lois Oakes produced knowledge for the public eye- once reserved for the production and consumption by surgeons and nurses. The illustrations and review by the *American Journal of Nursing*, however, reflected the declining status of the bandage and the popular assumption that any willing individual could become skilled in administering aid. A article in the *Washington Post* reflected varieties of newspaper clips from the time period: Updates to the national curriculum in nursing by reflected a subtle but important decline in time dedicated to bandaging training. Course time in elementary bandaging had been decreased from 10 to eight hours of instruction. This increase in instructional training following increased demand following the First World War might have reflected increased emphasis on emergency bandaging techniques, had the triangular bandage maintained its status as a medical technology. Rather, the opposite occurred. Coursework objectives outlined Army and Red Cross nursing equipment training, training on wounds, fractures, and strains, with no explicit mention of bandaging. Gradually, references to the Esmarch bandage began to disappear from texts by the s. Due in part to the emergence of newer technologies some developed by Esmarch himself, including a rubber bandage , but largely determined by declining status as a medical technology, the complexity of the triangular bandage fell out of favor with clinical and civilian texts. The relegation of the triangular bandage largely contributed to its disappearance as a prominent feature of nursing curriculum. Waverly Press, , Saunders Company, , *A History of the Triangular Bandage*. Howell, *Technology in the Hospital*: Johns Hopkins University Press, , 8. Appleton and Company, , Marrow, *The Immediate Care of the Injured*, Leonard, *A Manual of Bandaging*: Daily Post Book Printing Establishment, *Standard Curriculum for Schools of Nursing*, *Prevention of Disease and Care of the Sick*, Washington: Government Printing Office, , Whiting, *Bandaging*, Philadelphia and London: Whiting, *Preface to Bandaging*, 7. Whiting, *Bandaging*, 10; Eldridge L. Lincott Company, , v. *Illustrations of Bandaging and First-Aid* Baltimore: The Williams and Wilkins Company, National League of Nursing Education, ,

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This manual, with the use of pen and ink illustrations (which make up more than three-quarters of the content), admirably presents the commonly used techniques. The illustrations are sufficiently clear so that the inexperienced intern, after careful reading, should be able to apply dressings, bandages, splints, and casts.

Chapter 3 : A Beautiful Technology: The Lost Art of Triangular Bandaging â€“ Recommended Dose

*A Manual of Minor Surgery and Bandaging (Classic Reprint) [Christopher Heath] on blog.quintoapp.com *FREE* shipping on qualifying offers. In preparing a sixth edition of this Manual, I have carefully revised every page, and have made such alterations as further experience and the progress of surgery have rendered advisable.*

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The Surgeon's Handbook on the Treatment of Wounded in War A Prize Essay by Friedrich Esmarch.