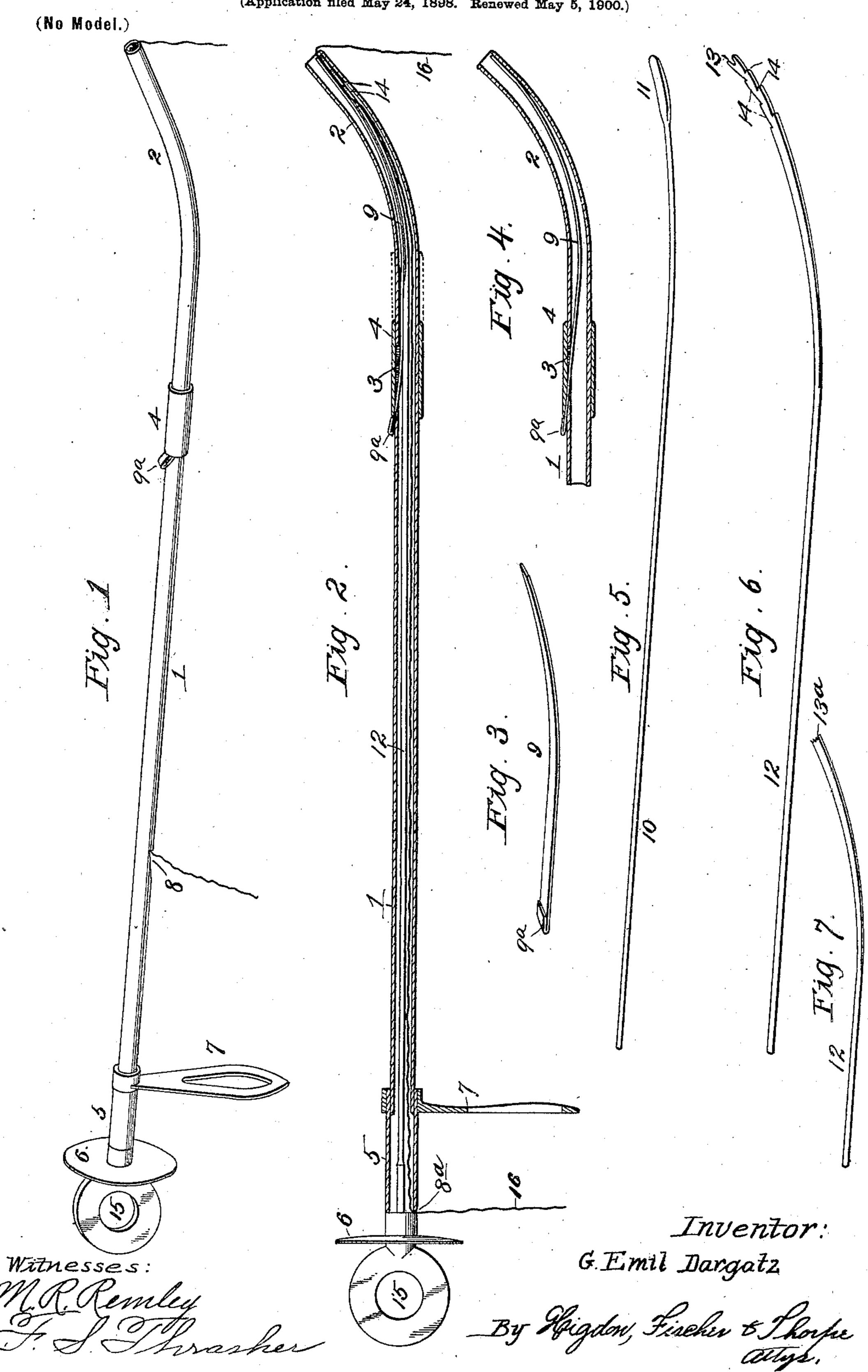
G. E. DARGATZ.

SURGICAL DRESSING PACKER.

(Application filed May 24, 1898. Renewed May 5, 1900.)



UNITED STATES PATENT OFFICE.

GUSTAV EMIL DARGATZ, OF KANSAS CITY, MISSOURI, ASSIGNOR OF ONE-HALF TO A. S. McCLEARY, OF SAME PLACE.

SURGICAL-DRESSING PACKER.

SPECIFICATION forming part of Letters Patent No. 654,564, dated July 24, 1900.

Application filed May 24, 1898. Renewed May 5, 1900. Serial No. 15,644. (No model.)

To all whom it may concern:

Beit known that I, GUSTAV EMIL DARGATZ, of Kansas City, Jackson county, Missouri, have invented certain new and useful Improvements in Surgical-Dressing Packers, of which the following is a specification.

My invention relates to an instrument which I term a "surgical-dressing packer," and it is designed for making local medicinal applications by insertion into any cavity of the body; and the objects are to produce an instrument of this character by which said applications may be made easily and without injury, and, furthermore, an instrument which is simple, durable, and inexpensive in its construction.

With these objects in view the invention consists in certain novel and peculiar features of construction and combinations of parts, as will be hereinafter described and claimed, and in order that it may be fully understood I will proceed to describe it with reference to the accompanying drawings, in which—

Figure 1 represents a perspective view of the instrument with the opening-plunger therein. Fig. 2 is a longitudinal section of the instrument with the packing-plunger therein. Fig. 3 is a detailed perspective view of a spring used in and forming a part of the instrument.

30 Fig. 4 is a longitudinal section of a part of the instrument to show clearly the position of the spring to engage the cord-dressing. Fig. 5 is a perspective view of the opening-plunger. Fig. 6 is a perspective view of the packing-plunger. Fig. 7 is a detail perspective of a modified form of the packing-plunger.

In the said drawings, 1 designates the tube of the packer, which by preference is curved at its front end, as at 2, so that it may be arranged without difficulty in the proper relation to the afflicted part, and said tube at a suitable point is provided with an opening 3, adapted to ordinarily be covered by the sliding sleeve 4 upon the tube. The rear end of the tube is of slightly-increased diameter, as at 5, and is formed with a circular flange or guard 6 and forward thereof with a depending handle 7, and forward of the handle the tube is provided with a feed-opening 8, the object of which will be hereinafter explained.

9 designates a curved spring which is in-

troduced into the tube through the opening 3 until the rear end of said spring presses against the inner or rear wall of the opening 3 and projects slightly through said opening, 55 said rear end being enlarged by folding the end of the metal of the spring back upon itself at 9a, as shown in Fig. 2. The front end of the spring presses firmly against the opposite side of the tube, so that its tendency at 60 all times is to force the rear end outward from the opening 3, but this is prevented by positioning the sliding sleeve 4 over said opening, and thereby holding the spring 9 reliably in position. The arrangement of the spring is 65 such that the reciprocatory movement of the plunger, to be hereinafter described, simply presses or forces the free or front end of the spring laterally without causing the dislocation of its rear end.

The opening-plunger consists of a springmetal rod 10 of greater length than the tube and provided at its front end with a wedgeshaped head or enlargement 11, said head or enlargement having its front end rounded in 75 order that there will be no possible chance of injury resulting from its use. This head or enlargement in width nearly equals the interior diameter of the tube. The packingplunger 12 is also of spring metal and oper- 80 ates within the tube after the opening-plunger is removed. This plunger 12 is shorter than the tube, so that there will be no possible chance of the patient being injured from its use, the front end being of relatively sharp 85 or pointed construction by the formation therein of the notch 13 to receive the free end of the cord-dressing in order that the latter may by reliably fed to and forced through the front end of the tube. At its rear end said 90 plunger is provided with a handle, as at 15, and in practice it will be understood that the rear end of plunger 10 is also provided with a suitable handle. In order to insure that the cord-dressing is positively and reliably 95 fed through the tube the side of the plunger 12 is provided with a series of teeth 14, extending from a suitable point to its front end. When the cord does not properly enter the notch 13, it will be invariably caught by one 100 of the teeth 14. In Fig. 7—the modified form of packing-plunger—the front end is formed

with a series of fine teeth 13^a, which will work with greater positiveness in connection with a very fine cord-dressing than will the plunger 12.

is first arranged within the tube by inserting it through the open rear end of the latter. The tube is then positioned with its front end against the mouth of the cavity of the body and while held steadily in such position the plunger is forced slowly and carefully inward, so as to separate the walls of the cavity without injury to the patient, the walls being separated a distance almost an all the latter.

arated a distance almost equal to the diameter of the tube, because the head or enlargement of the plunger nearly equals the diameter of the tube. Holding the plunger in its new position the tube can be easily forced forward between said separated walls and into

the cavity without injury to the patient, and when so positioned the opening-plunger is withdrawn from the tube and the requisite medicine in the form of a medicated cord 16 is inserted into the tube, or rather its front end is inserted into the tube, through the food

opening 8. The packing-plunger is then inserted in the tube from its rear end and forced forward, its notched or toothed front end engaging the cord and drawing it forward

of the plunger is limited by its handle coming in contact with the guard 6. The plunger is then withdrawn some distance, but is not accompanied in such movement by the cord, it

35 being impossible for the latter to be withdrawn by the backward movement of the plunger, because the spring 9 is pressing the cord laterally against the side of the tube, the frontend of said spring having been forced or

or sprung laterally by the cord-laden plunger in its advance movement, and as the plunger was withdrawn the spring in assuming its original position engaged the cord in advance of the plunger and pressed it firmly against

45 the side of the tube, and thus prevented it from being drawn back with the plunger. The parts being arranged as described the plunger is again advanced and in such movement of course grips the cord at a point some dis-

tance from its front end and at the same time releases the front end of the cord by again pushing the spring 9 to one side, and as this takes place the front end of the cord is projected from the front of the tube into the cav-

55 ity. This reciprocation of said plunger is repeated until almost a sufficient quantity of the cord-dressing has been deposited. The latter is then severed, if too long, and the plunger reciprocated a sufficient number of times to deposit nearly all of the remainder

in the cavity, permitting one end to project therefrom in order that the dressing may be easily and quickly removed from the cavity when its medicinal properties are exhausted and it is desired to replace it with a new dress- 65 ing.

It has been found in practice that a dressing can be properly deposited without using the spring 9, owing to the bend in the tube and the frictional relation between the same 70 and the dressing, which keeps the latter practically stationary on the withdrawal of the plunger, but I prefer to use said spring to hold the dressing, as it is more positive and reliable and greatly facilitates the operation. 75

From the above description it will be apparent that I have produced a surgical-dressing packer which embodies the features of advantage enumerated as desirable in the statement of invention, and it is to be understood 80 that I reserve the right to make such changes in the form, proportions, detail construction, and arrangement of the parts as do not involve a departure from the spirit and scope or sacrifice any of the advantages of the in-85 vention.

Having thus described the invention, what I claim as new, and desire to secure by Letters Patent, is—

1. A surgical-dressing packer, comprising 90 a tube provided with an entrance hole or opening for the cord-dressing, and an opening a suitable distance from its front end, a curved spring fitted through the last-named opening into the front or curved end of the tube, a 95 sliding sleeve upon the tube to cover said opening and said spring, and a reciprocatory plunger fitting in said tube and adapted to feed the cord-dressing through and discharge it from the front end of the tube, substan-100 tially as described.

2. A surgical-dressing packer, comprising a tube provided with an entrance hole or opening to receive a cord-dressing, and an opening a suitable distance from its front end, a spring fitting through the last-named opening into the tube, a sliding sleeve upon the tube to cover said opening and said spring, a thumb-guard at the rear end of the tube, and a reciprocatory plunger fitting in and adapted to feed the cord-dressing forwardly through and discharge it from the front end of the tube, substantially as described.

In testimony whereof I affix my signature in the presence of two witnesses.

G. EMIL DARGATZ.

Witnesses:

M. R. REMLEY, F. S. THRASHER.