

No. 713,488.

Patented Nov. 11, 1902.

N. OMSTED & M. IVERSEN.

VACCINATION SHIELD.

(Application filed Mar. 20, 1902.)

(No Model.)

FIG. 1.

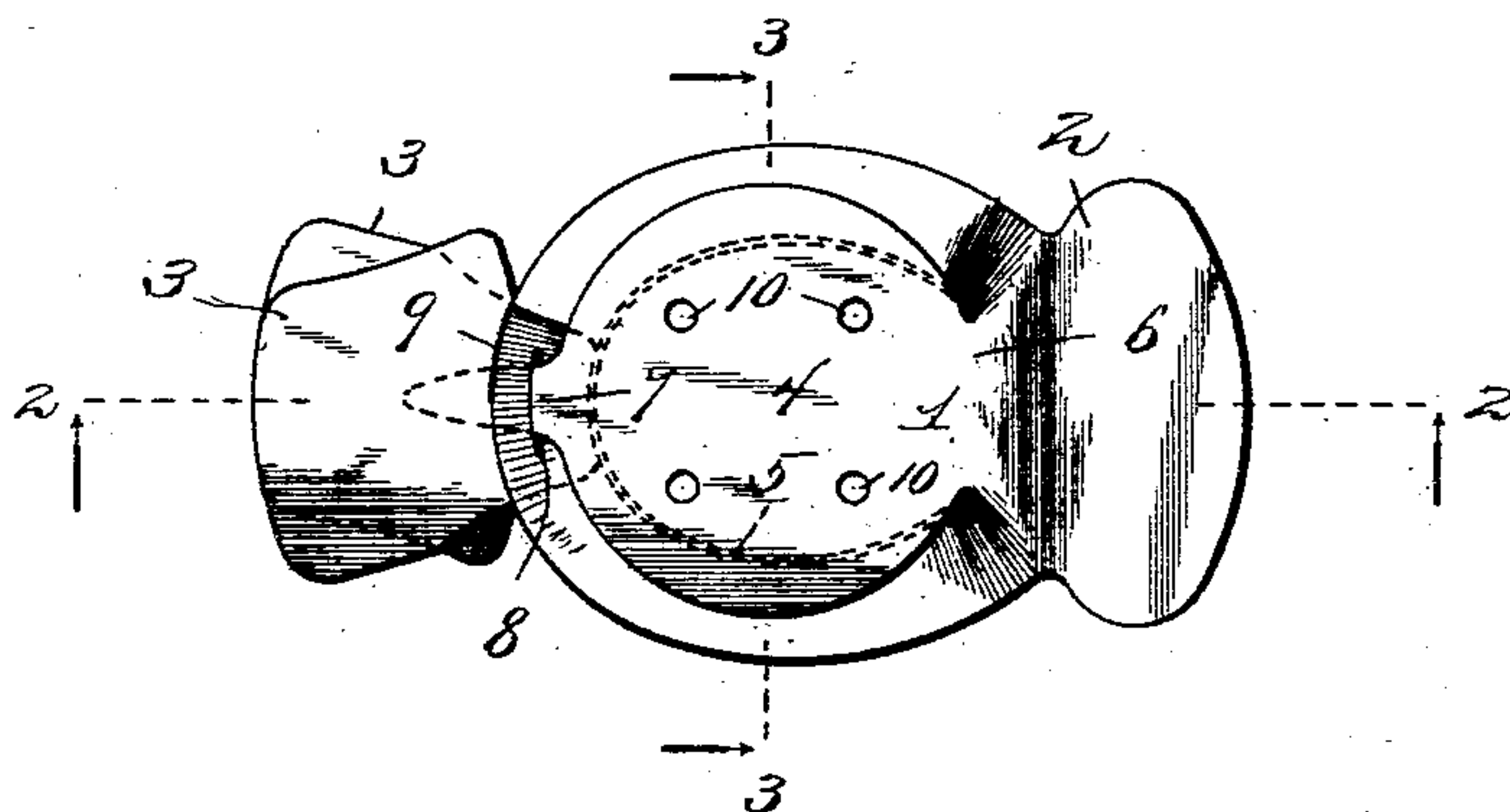


FIG. 2.

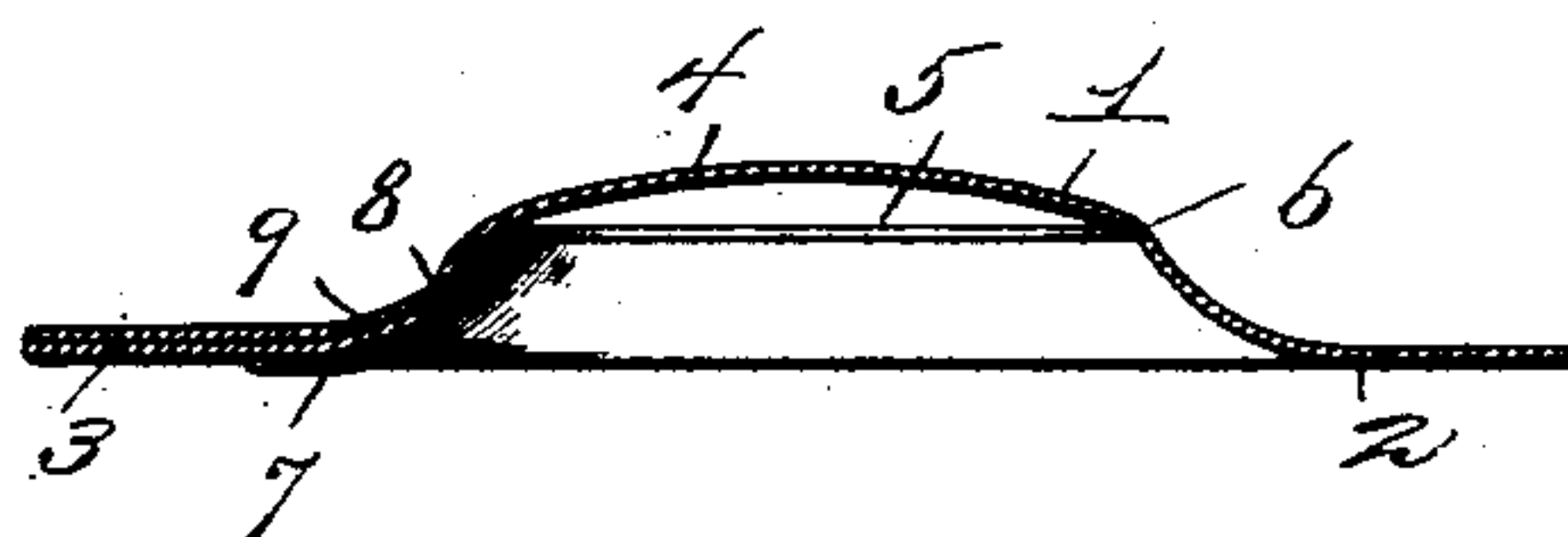


FIG. 3.

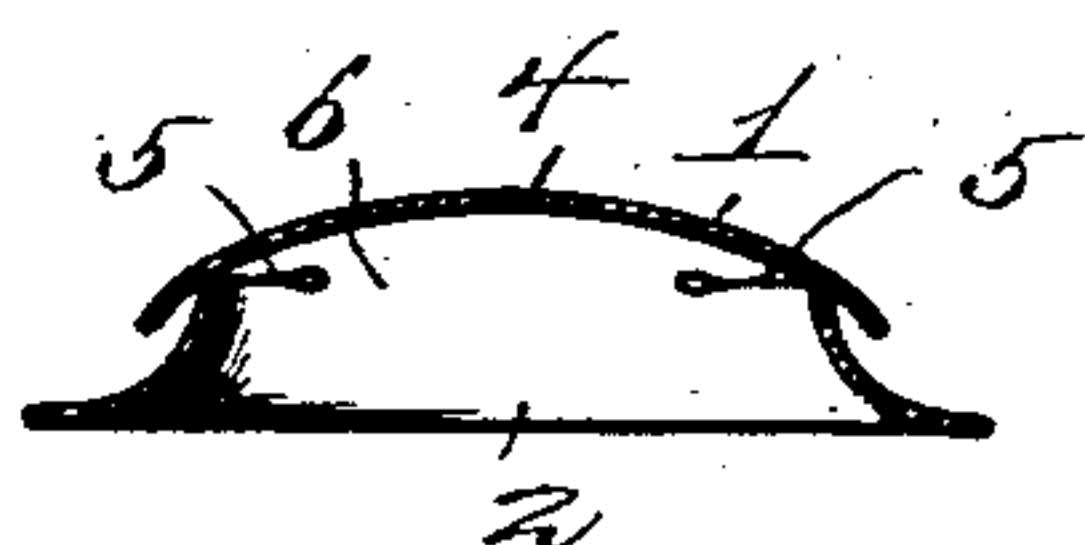
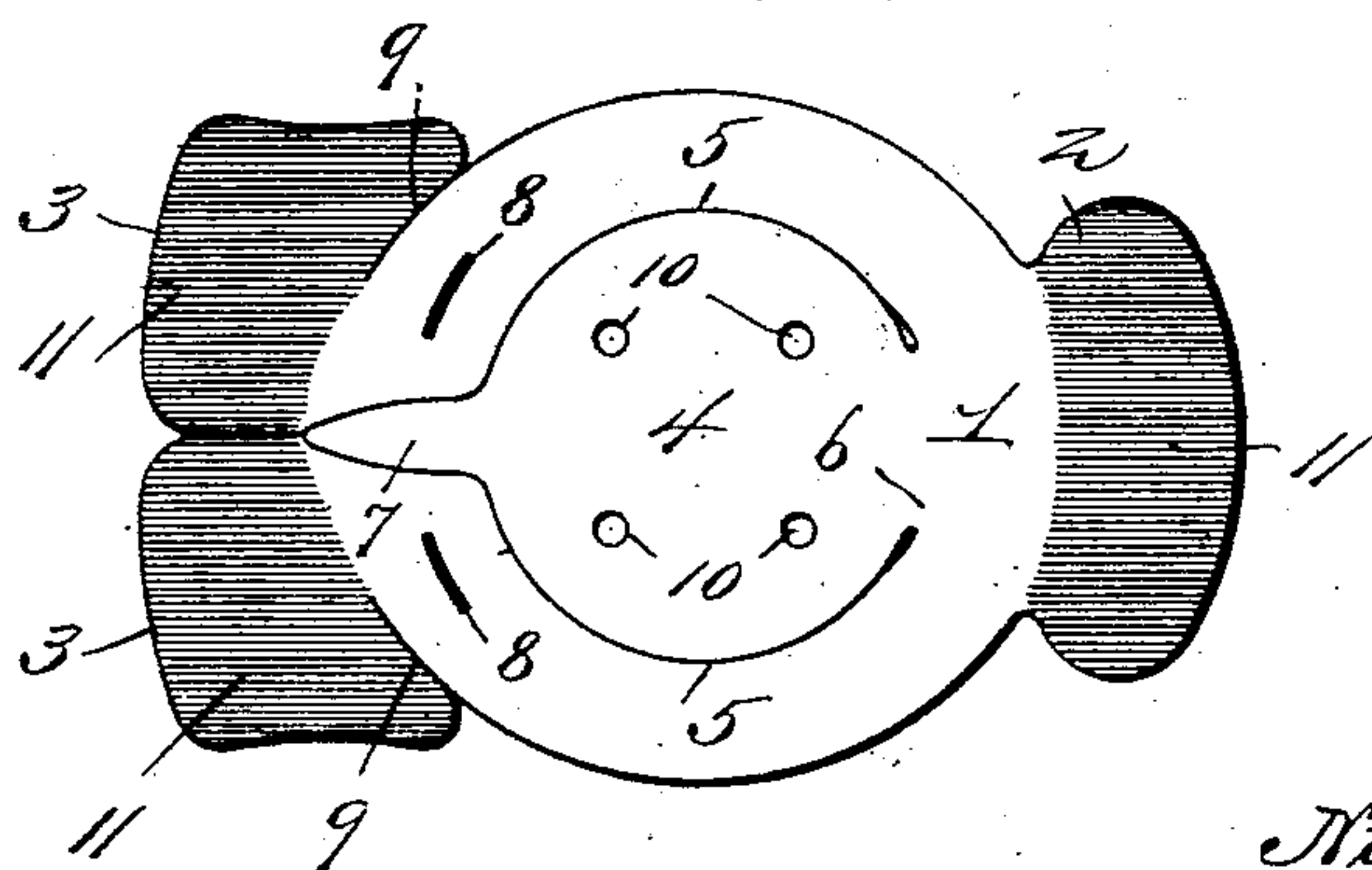


FIG. 4.



Witnesses

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UNITED STATES PATENT OFFICE.

NILS OMSTED AND MICHAEL IVERSEN, OF STOUGHTON, WISCONSIN.

VACCINATION-SHIELD.

SPECIFICATION forming part of Letters Patent No. 713,488, dated November 11, 1902.

Application filed March 20, 1902. Serial No. 99,222. (No model.)

To all whom it may concern:

Be it known that we, NILS OMSTED and MICHAEL IVERSEN, citizens of the United States, residing at Stoughton, in the county of Dane and State of Wisconsin, have invented certain new and useful Improvements in Vaccination-Shields, of which the following is a specification.

This invention relates to a shield for protecting vaccinations or other sore pustules or wounds where it is desired to prevent contact of adjacent garments with a vaccination or other sore; and the main object of the present improvement is to provide simple and effective means whereby the vaccination or scab may be examined at will without inconvenience or pain to the patient or necessitating the removal of the shield and the replacement thereof by a new one and also to prevent transverse constriction of the flesh adjacent the wound or vaccination.

A further object of the invention is to provide a shield which can be cheaply manufactured and economically used.

With these and other objects and advantages in view the invention consists in the construction and arrangement of the several parts, which will be more fully hereinafter described and claimed.

In the drawings, Figure 1 is a top plan view of a shield embodying the features of the invention. Fig. 2 is a longitudinal vertical section thereof on the line 2 2 of Fig. 1. Fig. 3 is a transverse vertical section on the line 3 3 of Fig. 1. Fig. 4 is a bottom plan view of the device, showing it in blank form before the parts are bent and assembled to practically serve as a shield.

Similar numerals of reference are employed to indicate corresponding parts in the several views.

The numeral 1 designates the body of the shield, which is approximately circular in contour and has at one extremity a single securing member or flange 2 and at the opposite extremity a pair of centrally-separated securing members or flanges 3, which serve as interlocking tongues in a manner which will be presently set forth. The body 1 has a central movable cap 4 cut therefrom by the formation of opposite semicircular slits 5, which extend only partially transversely of

the body 1, adjacent the member or flange 2, to form a hinge 6 for the said cap. The cap 4, opposite the hinge 6 thereof, has a central lip 7 projecting therefrom, which is used as a finger-piece in raising and lowering and securing the said cap. The cap 4 and its lip are cut from the body 1, and the latter on opposite sides of the position of the lip is formed with segmental slots 8, which are adapted to coincide and have the lip 7 inserted therethrough to lock the cap closed when the shield is arranged for application over a vaccination scab, sore, or wound. The outer portions of the members 3 adjacent the body 1 and the slots 8 in the latter are partially separated from said body by slits 9, so that they may be interlocked, the slits 9 being adjacent the outer sides of the said member. The cap 4 is also perforated, as at 10, for ventilating purposes, and to render the application of the shield effective the under sides of the members 2 and 3 are supplied with a coating of a suitable antiseptic adhesive material, as at 11.

It is proposed, preferably, to form the shield of stiff linen, though other materials may be employed, and also to vary the proportions and dimensions of the several parts to adapt the improved shield for application to wounds or sores other than vaccination-scabs. The normal size of the shield will be sufficient to cover and protect a vaccination-scab, and it will be observed that the opposite side portions of the body are not secured to the flesh adjacent the scab to avoid transverse constriction, which would be very painful in the event of inflammation, which usually sets in in vaccinations or other sores and wounds.

In applying the improved shield the adhesive material on the member 2 and also on the members 3 is moistened, and the said members are then applied to the arm or any other part of the body over the vaccine scab or sore, the members 3 being interlocked by overlapping the same, as clearly shown by Fig. 1, and secured in this position by the adhesion of one on the other, and thus cause the slots 8 to coincide and remain in coincidence, as also indicated by Fig. 1. When the members 3 are brought together and interlocked as set forth, the body is caused to bulge and elevate the cap a considerable dis-

tance from what may be termed the "base" of the shield, the body under these conditions forming a surrounding guard-rim, which remains unsecured at opposite sides to the arm 5 or part of the body of the patient to which the shield is applied. The shield after being applied over the vaccination scab, wound, or sore is closed by pushing the lip 7 downwardly through the coinciding slots 8, which 10 will then be at the center, and the cap will thus be locked against movement, though free to be manually opened for the purpose of examining the vaccine scab, sore, or wound. When the members 3 are unlocked, as shown, 15 the sides of the body of the shield are drawn in or contracted, and the opposite portions of the cap lie over the free edges formed by the slits 5 to thereby prevent the said cap from being pulled inwardly against the vaccine scab, sore, or wound. The cap may be 20 opened at different times to introduce antiseptics, absorbent cotton, or other medicaments, and in the case of a vaccine scab it is unnecessary to remove the shield until said scab is entirely dried up. When the shield 25 is removed, the arm or part of the body affected, which may be sore from previous inflammation, causes no pain or inconvenience to the patient, because it is only necessary to work loose the members 2 and 3, which will 30 be located at points distant from the most tender portion of the remaining scab or wound.

The preferred form of the improved shield has been shown and described; but it is obvious that changes in the shape, as well as the details of construction, may be resorted to without departing from the principle of the invention. 35

Having thus fully described the invention, 40 what is claimed as new is—

1. A shield of the class set forth constructed from a single blank and comprising a body with an opening therethrough, opposite terminal securing devices, and a hinged cap 45 with locking means therefor.

2. A shield of the class set forth comprising a body with an opening therethrough, and a slotted structure at one end, and a hinged cap having a lip adapted to be remov- 50 ably inserted in the said slotted structure.

3. A shield of the class set forth comprising a body with slitted adhesive members at one end adapted to be interlocked and when drawn together to bulge the body, an adhesive 55 member at the opposite extremity of the body, the latter having an opening therethrough, and a hinged cap to close the opening through the body.

In testimony whereof we affix our signatures in presence of two witnesses. 60

NILS OMSTED.

MICHAEL IVERSEN.

Witnesses:

ERLING K. LOVERUD,

BESSIE LUSK.