May 1, 1934. E. REINITZ 1,956,695

FLAT FURUNCLE PLASTER

Filed May 22, 1931

FIG. 1.

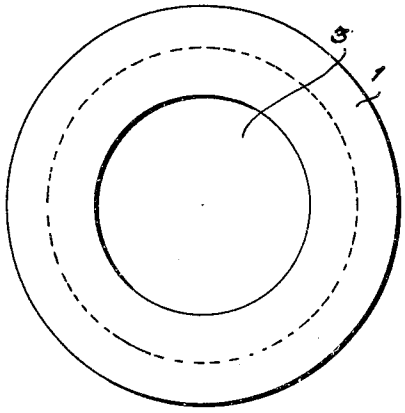

FIG. 3.

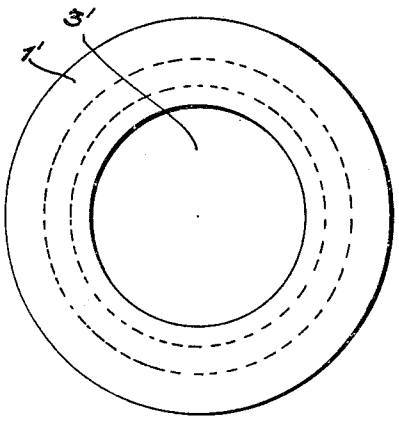

FIG. 2.

FIG. 4.

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FLAT FURUNCLE PLASTER

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In Austria May 31, 1930

1 Claim. (Cl. 128—155)

There are known chamber plasters in several modes of execution and structures; in most cases chambers are formed by felt inlaids, wound protecting covers or similar means, said chambers serving for the reception of the outflowing pus.

The present invention comprises a flat furuncle seal or plaster which owing to its qualities may be regarded as belonging to the kind of chamber plasters since according to the requirement a chamber is automatically formed.

This purpose may be attained in the simplest manner. There is used an ordinary adhesive or healing plaster, which is cut out so as to form a window or opening which is covered by a very thin, translucent and resilient, yielding rubber film being yet impermeable for the pus.

In the annexed drawing Figs. 1, 2 and 3, 4 show two modes of execution of the improved medical seal or plaster in a plan view and in a cross sectional view.

The frame of the seal as shown in Figs. 1 and 2 consists of two annular sticking or adhesive plasters 1, 2, the adhesive side of which is the lower one.

Before the rings 1 and 2 are united a circular rubber film 3 or the like is placed on the adhesive side of the ring 1, said film having a diameter which corresponds approximately to the mean diameter of the ring 1. After having united the rings or plasters 1 and 2 they form a single ring like body, in which the edge of the film 3 is tightly anchored. The seal furnished in this form being pressed with the adhesive side of the ring 2 to the skin closes completely the part to be protected and prevents contaminations from getting access to the said part from outwards. The effusion of secretions out of the wound is not prevented, and the thin rubber film may be expanded to the utmost measure, without causing a tension; and the film being translucent the course of the healing process may be observed, an outflow of secretions being always impossible.

An advantage of this elastic wound plaster consists in the acceleration of the healing process.

In the form shown in Figs. 3 and 4 yet a healing plaster 4 is introduced between the adhesive plasters 1', 2', so that the edge of the rubber film 3' is held between 1' and 4. The healing plaster 4 projects inward beyond the inner edge of the adhesive plaster 2'.

The frame of the closure or seal may have, of course, any suitable form and contour and may be if required cornered or oval. The improved closure or seal has compared with the chamber plasters and especially with the known arched wound protecting covers the advantage, that it is quite flat and adapts itself in case of requirement to the vaulted skin part, so that it can form a chamber which may increase automatically if necessary.

What I claim is:

A plaster for boils, comprising a flat plaster securing element adapted to be applied directly to the body and to adhere thereto and having an opening to receive and expose a boil, and a thin elastic translucent rubber skin lying directly on and secured to said plaster securing element and also lying directly on and revealing the boil and so that as the size of the boil increases the said elastic, thin, translucent rubber skin bulges out because of its direct contact with the boil.

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