

brought downward and another turn taken around the part. Thus a figure 8 turn is made in which the lower loop is the principal one and must be made to lie flat on the part, while the upper one is the accessory loop and gaps at its lower edge as seen in figure 35. This gaping is concealed by the lower loop of the next figure 8 turn. Successive figure 8 turns



FIG. 35.—FIGURE 8 BANDAGE OF THE UPPER EXTREMITY, NO REVERSES BEING USED.

are to be made, each overlapping the preceding one until the entire limb is covered, when the bandage is completed by one or two circular turns. If it is desired to avoid the gaping of the upper turn, a reverse may be made on the under side of the limb, and both loops will then lie flat.

When a very secure bandage is desired, this one may be used. On account of the arm being carried in a sling, there is not the same tendency for the bandage to become displaced as exists in the lower extremity. If it is desired to have the arm flexed, the bandage should be applied while it is in that position and it is not to be bandaged while straight and afterward bent. By so doing the bandage is tightened at the flexure of the elbow and interference with the circulation results.

**Spica of the Shoulder** (Ascending, Fig. 36).—Bandage, 8 yards  $\times$  2  $\frac{1}{2}$  inches.

The initial extremity is fixed around the arm at its middle. One or two spiral or spiral reversed turns are made until the bandage reaches the axillary folds. It is then carried around

the chest, through the opposite axilla or armpit, and returned to the arm, where it crosses the previous turn on the outer side *midway between the anterior and posterior surfaces*. Another turn is made around the humerus and then again around the body. Several turns are thus made around the arm and through the opposite axilla, the points of crossing

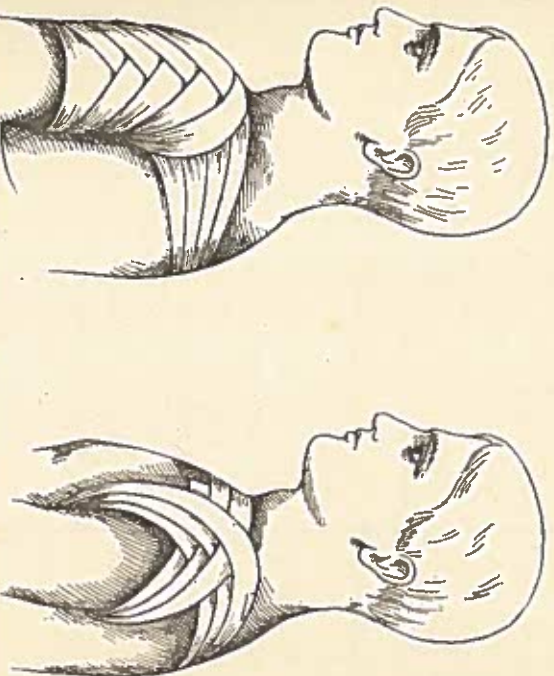


FIG. 36.—SPICA OF THE SHOULDER.

FIG. 37.—FIGURE 8 BANDAGE OF THE SHOULDER AND AXILLA.

being in line with the tip of the shoulder. The successive turns rise higher and higher, overlapping each other one-half to two-thirds the width of the bandage, until the shoulder is entirely covered. (See Fig. 36.)

If the turns around the body are begun before the axillary folds are reached, the arm will be unduly bound to the side. These turns all concentrate themselves at a single point in the sound axilla, radiating from it like a fan both on the front and back of the chest. In applying this bandage the operator should stand exactly at the side of the patient and neither toward the front nor