EDITOR’S NOTE: These paragraphs were taken from a textbook entitled *Local Anesthesia in Dentistry*. The authors were Guido Fischer, one of the developers of novocaine (along with Professor H. Braun), and Richard Riethmüller of the University of Pennsylvania. Lea and Febiger published the book in 1914. If any reader undertakes the use of a stasis bandage after reading about its many potential benefits, please send a report to the *Journal of Oral Implantology*.

**Whimsical Historic Note: Stasis Bandage**

Finally, a very practical addition to the instrumentarium should be mentioned, *i.e.*, the stasis band, as devised by the writer for certain complicated cases. This is adjusted by means of a number of eyelets, and fitted around the patient’s neck tightly enough to cause the face to become slightly reddened (see Fig. 1); deep red or blue coloration must be avoided. This bandage produces compression of the jugular veins and retards the return of the venous blood from the head, thereby rendering cerebral anemia unlikely, and retarding the absorption of the anesthetic solution. In this way still greater certainty of success is guaranteed, the danger of intoxication is minimized, and fainting spells due to cerebral anemia are prevented, or at least the likelihood of their occurrence is lessened. The hyperemia which follows this stasis seems advantageous for the healing process, and is never pronounced enough to produce hemorrhage, but ranges within moderate physiological limits. For the formation of clot in wounds, the hyperemia following removal of the bandage is of inestimable value, preventing, as it does, disturbances in the healing process, postoperative pain, necrosis, etc., which may follow excessive anemia. Normal circulation is rapidly reestablished after removal of the stasis bandage, which in special cases has proved very successful.

Seidel, like other writers who seem to have misunderstood the purpose of this bandage and apparently have never given it a fair trial, has raised the objection that its “cumbersome, conspicuous, and disagreeable application preceding an extraction materially increases the patient’s fear as well as the danger of fainting, and complicates the operator’s work.” In reply to these objections it must be emphasized that in delicate and anemic persons the bandage renders invaluable service, as anyone will admit who has taken the pains to test it—not in two or three but in hundreds of cases. Many dental and general surgeons have reported most favorable results from the application of this bandage, which fully deserves a place in our instrumentarium.

It goes without saying that it is not to be applied in every case, nor was it ever intended for routine practice. It is indicated, however, in delicate patients of livid complexion who are subject to fainting. The operator’s judgment will determine the cases in which this valuable accessory may be resorted to with advantage.

**Reference**