- Hodge D., Delgado-Paredes C. & Fleisher G. (1987) Intraosseous infusion Flow Rates in Hypodermic 'Pediatric' Dogs. *Annals of Emergency Medicine* **16**, 305–7.
- Josefson A. (1934) A new method of treatment— intraossal injections. *Acta Medica Scandinavica* **81**, 550–564.
- Meola F. (1949) Bone marrow infusions as a routine procedure in children. *Journal of Paediatrics* **25**, 13–6.
- Rosetti V. A., Thompson B. M., Miller S., Mateer J. A. & Aprahamian C. (1985) Intraosseous Infusion: An Alternative Route of Pediatric Intravascular Access. *Annals of Emergency Medicine* **14**, 885–8.
- Shoor P. M., Berryhill R. E. & Benumof J. L. (1979) Intraosseous Infusion: Pressure- flow relationship and Pharmacokinetics. *Journal of Trauma* **19**, 772–4.
- Tocantins L. M. (1940) Rapid absorption of substances injected into the bone marrow. *Proceedings of the Society of Experimental and Biological Medicine* **45**, 292–6.
- Tocantins L. M. & O'Neill J. F. (1940) Infusion of Blood and other fluids into the circulation via the bone marrow. *Proceedings of the Society of Experimental and Biological Medicine* **45**, 282–3.
- Tocantins L. M., O'Neill J. F. & Jones H. W. (1941) Infusions of Blood and other fluids via the bone marrow. Application in pediatrics. *Journal of the American Medical Association* **17**, 1229–34.
- Tocantins L. M., Price A. H. & O'Neill J. F. (1943) Infusions via the bone marrow in children. *Pennsylvania Medical Journal* **46**, 1267–73.
- Tocantins L. M. & O'Neill J. F. (1945) Complications of intraosseous therapy. *Annals of Surgery* **122**, 266–77.
- Valdes M. M. (1977) Intraosseous fluid administration in emergencies. *Lancet* **ii**, 1235–6.

The hanging head method for the treatment of acute wry neck

Sir,

I read the above letter to The Editor (*Archives of Emergency Medicine*, 7, p. 125) with interest. The method described by Mr Banerjee involves the use of an assistant who 'supports the pelvis to prevent the patient from sliding down', he also concedes that supplementary manual traction to the head and neck may need to be applied, although not usually necessary. The standard method of manual traction with the patient lying flat on a couch and the operator sitting at the head end of the patient applying gentle but continuous traction for 5 to 10 min, for a selected group of patients, is effective and does not require the help of an assistant. As we need to maximize the use of staff in the Accident and Emergency Department, any method of treatment which requires the assistance of additional staff may be interesting but probably not an efficient use of resources.

On critical analysis therefore the hanging head method may not have a very useful place for the treatment of acute wry neck.

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