tion of its nature and treatment was readily accepted. She has remained perfectly well and free from any depressive symptoms for a year.

Comment.—This case demonstrates the lengths to which a deeply depressed patient may go in an attempt to commit suicide, as well as the necessity for early and complete co-operation between the surgeon and the psychiatrist in the handling of such a patient.

We would like to acknowledge the help received in the management of this patient from Mr. J. R. Thompson, who carried out all the initial surgical measures; from Dr. J. Laycock and his colleagues of the department of anaesthetics; and from Miss J. M. E. Quixley, the ward sister, who was responsible for the nursing care of the patient throughout her period of treatment.

Medical Memoranda

Neurinoma of Superior Cervical Sympathetic Ganglion

The following case is rare enough to warrant publication. It also provides an interesting lesson in differential diagnosis of swellings in the region of the angle of the jaw.

CASE HISTORY

A schoolgirl aged 12 had had a small lump in the right side of her neck since October, 1945. A diagnosis of tuberculous lymphadenitis was made at that time, and she was kept under observation at a clinic reserved for these cases. A carious tooth was removed; the chest x-ray film revealed no abnormality, the E.S.R. was normal, and Mantoux tests were negative at a dilution of 1:1,000. The patient, however, failed to attend for some time. Four years later, in October, 1949, she was seen again in the surgical out-patient department, having been referred by her own doctor because the lump had increased in size.

On examination a globular swelling 5 by 5 cm. was seen on the right side of the neck just below and behind the angle of the mandible. The tumour arose deep to the sternomastoid, had a smooth regular surface, and was of firm consistence. There was no tenderness or any fixation to the skin, and it could not be transilluminated. The tumour showed transmitted pulsation, and the carotid sheath had been displaced forwards and medially. No other glands were palpable in the neck. The pupils were equal, central, and circular. There was no other abnormality.

Operation.—On October 12, through a skin-crease incision over the tumour, the swelling was seen to be coming from deep to the carotid sheath, which was displaced forwards and medially. The tumour was easily enucleated by gentle blunt dissection, and its pedicle appeared to arise from the superior cervical sympathetic ganglion. The wound was closed without drainage. The pathological report on the tumour stated: "The specimen consists of an ovoid encapsulated tumour 5 cm. in greatest diameter. The outer surface is smooth and the cut surface is composed of an irregularly trabeculated white tissue containing dilated blood vessels. It is of rubbery consistence. *Microscopical appearances:* The tumour is a neurilemmoma composed mainly of a loose meshwork of cells of variable size and shape. In some areas there is definite regimentation of the nuclei, but this is not a prominent feature. Small intercellular vacuoles and large blood spaces are frequent. No nerve fibres could be demonstrated, and collagen fibres are scanty and irregular in distribution. There is no evidence of malignancy."

Horner's syndrome developed on the right side immediately following the operation. Six months after there was some improvement, but when seen again a year later, though there was considerable improvement, Horner's syndrome still persisted.

I wish to thank Mr. Arthur Hill for permission to publish this case, and Dr. A. B. Lintott for the pathological report on the tumour.

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A Difficult Wart Treated by Suggestion

It is well known that warts can be cured by suggestion, and there are many series of cases recorded in which the treatment was successful in a certain percentage of the warts. We venture to record a case in which suggestion was not only successful but in which it was the only possible treatment.

CASE REPORT

A brass-turner aged 39 had had for some years a large number of warts on his hands. Two years ago they had been curetted under local analgesia. This operation succeeded in the case of all the warts except two small ones and a very large one on the nail-fold of the ring finger of the right hand. This had recurred almost immediately, and it was soon evident that, in the process of curetting, the nailplate had been damaged in the neighbourhood of the lanula and the wart was now growing in the matrix (Fig. 1).

FIG. 1

FIG. 2

The finger was painful and interfered with his work. Indeed, he came to hospital prepared to submit if necessary to amputation of the phalanx.

It was clear that any surgical treatment successful in destroying the wart would leave the patient with a permanently split nail. We did not feel justified in exposing the nail matrix to what we believe to be the dose of x rays required for the destruction of a wart. We decided, therefore, that the only treatment that could possibly result in a *restitutio ad integrum* was to make the wart disappear by means of suggestion.

One of us (L. C.) undertook to remove the wart by suggestion. The patient, though friendly and co-operative and in his own words "willing to try anything," was openly sceptical.

The mechanism of suggestion was explained in detail with illustrative anecdotes. The history of the warts was taken in minute detail. During the interview the patient's attitude changed and he became receptive of the suggestion that he would be cured. He was instructed not to apply any remedy to the wart or even to cover it with a bandage.

Two weeks later the two small warts had disappeared and the large one was flatter. After a further two weeks the large wart had disappeared and there was some indication that the growing nail was smooth. At the end of six weeks the condition was as shown in Fig. 2. Seven months have now passed, and there is no evidence of the recurrence of this wart.

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