on forcible removal of the suction device by the infant and was immediately noticed by mirthful onlookers. The patient himself was entirely asymptomatic until the lesion was drawn to his attention. This caused considerable mental distress.

Fortunately, the lesion resolved spontaneously within a week without medical intervention or long term sequelae.

Case report 2

A 25 year old paediatrician presented during a routine weekly meeting of his medical colleagues. The lesion was first noted by members in the front row during the patient's lengthy exposition on a case of self-mutilation due to Lesch-Nyhan syndrome. The patient's indignant incomprehension of the barely restrained laughter gave way to red-cheeked contrition on production of a mirror.

On examination, there was a 3 cm disc-shaped area of reddishbrown discolouration in the midline of his forehead. Further examination revealed tachycardia and a hyperdynamic circulation. The lesion had resulted from the forcible retrieval of a suction-tipped arrow by a toddler who had not been amused by the patient's demonstration of what would have happened if William Tell had missed.

The arrow has, unfortunately, been destroyed and the patient permitted photographic documentation of the injury only while wearing elaborate disguise (Figure 2).

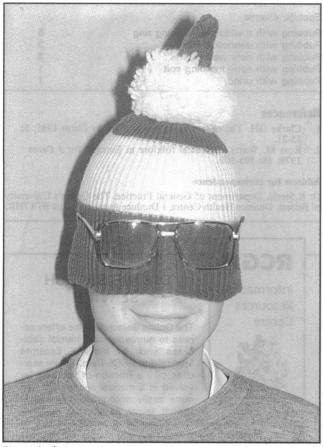


Figure 2. The patient can suffer acute psychological distress.

Discussion

Two severe cases of ecchymosis hominis circulae have been identified in otherwise healthy young men within a fortnight. To our knowledge, this lesion has not been previously reported in British

medical literature. We postulate that the condition is very common among certain high risk groups and the apparent low incidence is due to under-reporting.

Results of a confidential questionnaire survey (unpublished data) suggest that the main risk factors appear to be male sex, recent fatherhood and subnormal intelligence.

These two cases demonstrate the classical clinical features of ecchymosis hominis circulare. Worthy of particular note is the typical midline, forehead distribution of the lesion. The only source of diagnostic confusion is a congenital midline vascular malformation.² A careful history should make differential diagnosis straightforward, as the patient will eventually confess to his self-inflicted injury.

It is important to be aware that the very embarrassed patient may go to extraordinary lengths to conceal the stigma associated with ecchymosis hominis circulare. Case 2 resorted to heavy disguise while case 1 claimed that he had been struck by a cricket ball even though the incident occurred in winter.

The natural history of ecchymosis hominis circulare follows a benign course with complete resolution occurring usually within a week. The only potential complication is the psychological morbidity as a result of constant ridicule from curious passers-by. The two cases reported here did not develop complications and we attribute this to the stoical nature of the subjects. We anticipate that patients with additional medical conditions would be more prone to develop psychological complications and we therefore recommend a scoring system, such as APACHE II³ as a routine part of the assessment of these difficult cases.

References

- Who Dr. Invasion of the Daleks. London: BBC TV, 1971.
- Margileth AM, Museles M. Cutaneous haemangiomas in children. JAMA 1965; 194: 523-526.
- Knaus WA, Draper EA, Wagner DP, Zimmerman JE. APACHE II: a severity of disease classification system. Crit Care Med 1985; 13: 818-829.

Address for correspondence

R Hutchinson, 14 West Pathway, Harborne, Birmingham B17 9DU.

Wart charming practices among patients attending wart clinics

K STEELE

Introduction

THERE is no strong scientific evidence that magic rituals or charms have any effect on warts and the dramatic cures sometimes reported are probably the result of the ritual coinciding with the end of the normal life of the wart. The reason why some investigators¹ have reported that charms can be effective is likely to be their failure to use adequate controls. The aim of this survey was not to discover the efficacy of these charms but to investigate their nature and the extent of their use among patients attending wart clinics. The presence of patients at a wart clinic who had previously used charms on their warts implies that the charms, in these cases at least, were unsuccessful.

K Steele, MD, MRCGP, MICGP, senior lecturer, Department of General Practice, The Queen's University of Belfast.

Submitted: 16 August 1990; accepted: 20 September 1990.

Method

The survey was carried out in five health centres in Belfast and its environs which hold separate wart clinics. All patients attending their general practitioner with warts over a 20 week period were surveyed anonymously. Prior to referral to the wart clinic the patients were interviewed by the authors using a questionnaire. Nine hundred and five patients were referred to the five wart clinics but eight were unable to attend. Of the remaining 897 patients 71 (7.9%) had lesions other than cutaneous warts so that in total 826 patients were interviewed. The age, sex and social class of these patients was ascertained along with details of self-treatment prior to consulting their general practitioner, with particular emphasis on their use of magic charms or folk medicine.

The percentages for groups were compared using the chisquare test. In all comparisons the level of significance was taken as P < 0.05.

Results

Of the 826 patients taking part in the survey 451 were female (54.6%). The age range of the patients was two to 81 years and 41.9% were in social classes 1 and 2. Four hundred and fifty three patients presented with warts, 313 with plantar warts and 60 with both types of wart. Two hundred and forty nine of all the patients presenting with warts (48.5%) and 172 patients presenting with plantar warts (46.1%) used ointment purchased over the counter prior to attending their doctor. One hundred and one of the 826 patients (12.2%) used a charm prior to consulting their doctor. Significantly more of the patients presenting with warts (18.7%) than plantar warts (1.3%) used charms prior to attendance (P<0.001).

The use of charms fell into four main categories, namely the principle of wasting; the principle of transference, which involves another person; incantations; and specific charms (Table 1). Altogether 20 separate charms were described. There were no significant differences in the use of charms by age group, sex or social class. Seventy five of the 309 patients who felt their warts caused embarrassment (24.3%) used folk medicine compared with 21 of the 204 patients who did not (10.3%) (P<0.001).

Discussion

Charms are evidently widely used to treat warts and their use is probably even more widespread than reported in this study, given the reluctance of patients to admit to such practices. In a comprehensive review of European medical folklore, Ross² claims that most folk medicine represents a form of faith healing or conscious suggestion. This is also true of charms.

The principle of wasting was the most popular method of charming warts. Most often the wart would be rubbed with a potato, and the potato would be buried. The wart would disappear as the potato withered. The next most popular method was the principle of transference, in which money or some other object would be left on the ground. The unsuspecting person who picked it up would inherit the wart. Incantations in the form of prayers and exhortations were another popular means of charm. The fourth category is that of specific charms, many of which involved liquid. It is claimed that washing charms are widely used in Ireland,² and that warts are often washed in holy wells which adorn the country.

The methods of charm described are probably thousands of years old and the extent of their current use shown by this study confirms that magic is still an influential force in our society. While science reveals more and more truths, many people still embrace faith, hope and fantasy while the world grows cold about them.

Table 1. Classification of folk medicine used by 101 patients prior to presenting to their general practitioner for treatment.

	Number of patients using charm
Principle of wasting	
Rubbing with potato and then burying same Rubbing with bacon and burying same Rubbing with apple and burying same Rubbing with pin and burying same	48 5 1 1
Rubbing with meat and burying same Rubbing with snail and impaling same on a tree	1 1
Principle of transference Selling warts Throwing money over shoulder Leaving piece of wool on the ground Rubbing with matchbox and throwing same away Putting five pebbles and five pieces of silver in a bag and throwing away	12 3 1 1
Incantations Employing a charmer Using self said incantations Reciting the Lord's prayer Blessing from a child whose mother and father have the same surnames	8 3 2
Specific charms Rubbing with a widow's wedding ring Rubbing with dandelion milk Rubbing with holy water Rubbing with early morning spit Rubbing with urine	5 3 2 1 1

References

- Clarke GH. The charming of warts. J Invest Derm 1965; 5: 15-21.
- Ross M. Warts in medical folklore in Europe. Int J Derm 1979; 18: 505-509.

Address for correspondence

Dr K Steele, Department of General Practice, The Queen's University of Belfast, Dunluce Health Centre, 1 Dunluce Avenue, Belfast BT9 7HR.

RCGP

Information Resources Centre



ONLINE SEARCH SERVICE

The Online Search Service offers access to numerous commercial databases such as Medline, Excerpta Medica and DHSS-Data. Online searches take a fraction of the time involved in a manual search and can more easily accommodate multiple search terms or specific research

parameters. The service is provided at a reduced rate to Fellows, Members and Associates, and results are sent out within three working days of receipt of the search request. An Urgent Action Service is available if references are required immediately.

Online Search Service: Morag McFarland or Clare Stockbridge Bland, RCGP, 14 Princes Gate, London SW7 1PU. Telephone: 071-581 3232 Ext 254.