was 11/129 or 8.5%, cases spread equally between both groups.

Sub-groups were produced from the data according to the patient's age and wound size. Analysis of all sub-groups revealed non-significant differences except females aged under age 60. This is summarized in Table 3.

PEME did not show evidence of acceleration of healing in our study. The paucity of published clinical trial data must bring into question the effectiveness of this therapy for this condition at the doses used. Large scale trials may need to be completed to assess the further implications of this study.

R. J. MUIRHEAD, D. PLACE, W. A. BUSWELL & J. HESELTING
Department of Accident & Emergency Medicine
Pontefract Royal Infirmary,
Pontefract, West Yorkshire.

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The 'ten-to-fifteen' syndrome

Sir

I wish to describe a situation which I encounter occasionally. I wonder whether other readers recognize this syndrome, are aware of previous publications, and what management they recommend.

The patient is usually a schoolgirl aged between 10 and 15. She has hurt her wrist. X-rays are normal. A few weeks have elapsed and the appearance is quite characteristic. The girl stares at her wrist. The wrist and hand are held rigid, the wrist in about 45° of flexion, the fingers and thumb slightly flexed at the interphalangeal joints. The mother is invariably present, again fascinated by the twist.

Gentle palpation results in withdrawal of the entire limb and a trickle of tears gives way to sobbing. Tenderness is generalized distal to the elbow. When requested to move the hand or wrist, the girl denies ability to do so and stares at the wrist more intensely; the entire limb may shake with the effort. Any attempt

at passive movement increases the weeping. A confrontational situation is developing. Further X-rays are again normal (although there may be minimal osteoporosis of disuse).

A plaster reinforces the child's conviction that there is an organic explanation, as does aggressive physiotherapy. Steroid injection is irrational. I suggest to the child that there is no serious organic problem, and to use the limb normally, and do not advise any sort of bandaging. I do not arrange to see her again. To the best of my knowledge the symptoms disappear in a few weeks but some girls are certainly referred elsewhere.

For weeks the lives of the child and family revolve around the wrist. Yet the mother usually recognizes the illogicality of the situation. Despite some resemblance to Sudeck's atrophy, this syndrome is an entity in its own right. It is unrelated to attempted litigation.

Chalmers (1974) described a similar condition, noting the discrepancy between the initial trauma and subsequent disability. However his patients were usually teenage girls or young adult women, an older age group than my own. Leaman (1986) noted that girls in early adolescence often complain of more discomfort than their injuries would suggest.

This syndrome represents a definite entity, and treatment can cause significant problems.

JOHN BACHE FRCS
Consultant in Accident and Emergency
Leighton Hospital, Crewe

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Cyanoacrylate tissue adhesive

Sir,
I would like to report a new application for the tissue adhesive cyanoacrylate, which has already been used successfully in the closure of simple lacerations, particularly in children (Watson, 1989), and to fix full thickness grafts (Bromley *et al.*, 1964). I have now used it for the fixation of pre-tibial flap lacerations as an alternative to Steristrips in 3 cases, all of whom have had excellent results.

CASE 1

Female, aged 83 years. Relevant medical condition: Pernicious anaemia. Medication: