"PROMINENT HEEL"

BY

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A condition which appears to have escaped all mention in books is one in which pain is complained of over the back of the heel on the outer side.

A lady, aged 29, states that she has been slightly troubled with painful lumps on the back of her heels for years, and that lately they have got much worse and much larger, so that now it is almost impossible for her to wear any shoes without considerable pain.

On examination a localized swelling is observed on the outer side of the back of the os calcis, about half-way down, opposite the lowest limit of the insertion of the tendo Achillis. This is tender on pressure, is very hard, and gives the impression of being due to a bony out-growth. One is strengthened in this belief by the fact that there does not appear to be much thickening of the skin, such as one finds in a callosity.

In a lateral x-ray photograph, however, no bony prominence is seen, and one is led to think that the lump must be due to a thickening of the fibrous tissue covering the back of the os calcis, perhaps, indeed, to a thickening of the periosteum. This is obviously due to irritation caused by the back of the shoe not fitting the heel properly, and the shoemaker receives the blame for this. Several cases which the writer has seen lately suggest that the shape of the os calcis may be the cause, and that the shoemaker is not alone at fault.

In *Cunningham's Anatomy* the posterior extremity of the os calcis is described as "of oval form and rounded surface," and several drawings are given which bear this out. On examining the three specimens in my possession I found that this description applied only to one of them; when the other two were placed in the position they occupy in the foot and looked at from above, they both projected markedly backwards on the outer side (Fig. 1), so that the description "oval or rounded" does not apply. I went then to the College of Surgeons Museum, and found that out of forty bones no fewer than fifteen projected backwards on the outer side in exactly the same manner.

FIG. 1.—Outline of an os calcis (left) from above, showing projection backwards on outer side and its relationship to back of shoe.

That it does not happen more often is remarkable, and must be attributed to the adaptability of the tissues.

DIAGNOSIS

If it be remembered that the painful lump is situated over the outer side of the back of the os calcis, about half-way down, there can be no difficulty. The more it feels and looks like a bony lump the more the diagnosis is confirmed.

Other conditions for which it might be mistaken are: (1) inflammation of the bursa beneath the tendo Achillis, or of the skin over the latter, both of which are in the middle line; and (2) apophysitis of the os calcis, a diffuse swelling involving the whole of the back of the heel and occurring only in adolescence.

TREATMENT

1. *Palliative*.—With the avoidance of all pressure for one or two months the lump will disappear. This necessitates the wearing of shoes with no backs, or with the backs cut out opposite the lump. I advise my patients to wear "mules," keeping them from slipping off, if necessary, with elastic bands. A moderately high heel is theoretically of advantage, as it reduces any strain there may be around the insertion of the tendo Achillis.

Recently a mule with a loop to encircle the tendon has been put on the market, which is excellent; and Lilley and Skinner have produced a walking shoe on the same principle (Fig. 2). Resolution may be hastened by daily massage and by the application of

FIG. 2.—A walking shoe which does not press on the back of the os calcis.

a lanoline compress at night. Wearing boots instead of shoes, in the belief that it is the slipping of the shoe alone which causes the trouble, will not be effective. High heels are not the cause either; the worst case met with was in a girl, aged 15, who wore flat-heeled brogue shoes.

2. *Preventive*.—If care is not taken the lump will return, for shoes are made on the assumption that the backs of people's heels are of "oval and rounded surface." After perfectly fitting shoes are obtained, preferably by being made to measure, the backs of them opposite the site of the lumps should be beaten out slightly by the shoemaker.

3. *Operative*.—Removal of the prominence by open operation is entirely uncalled for.

NOMENCLATURE

As there is already a condition known as "painful heel" (pain and tenderness in the centre of the heel underneath, involving the posterior attachment of the plantar fascia), it is suggested that the present trouble may be named "prominent heel."

Memoranda**.MEDICAL, SURGICAL, OBSTETRICAL****ZOSTER, HICCUP, AND VARICELLA**

Modern work on zoster and varicella has been extensive, and seems to have demonstrated on both clinical and experimental grounds the existence of a definite etiological relationship. Cases where rashes of zoster and varicella occur simultaneously in the same patient are not, however, very common. Bokay¹ recorded twenty-nine such cases, while Russell Brain² has recently commented on their concurrence. Paton,³ these authors, and others have also adduced strong evidence in favour of a close relationship between encephalitis lethargica, zoster, and varicella. In

¹ Bokay, J.: *Jahrb. f. Kinderheilk.*, 1928, cxix, 127.

² Brain, W. Russell: *Lancet*, 1930, ii, 70; *British Medical Journal*, 1931, i, 81.

³ Paton, L.: *Brit. Journ. Ophthalm.*, 1926, June, 305.