

**"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.

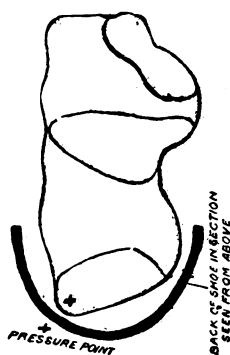


FIG. 1.—Outline of an os calcis (left) from above, showing projection backwards on outer side and its relationship to back of shoe.

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

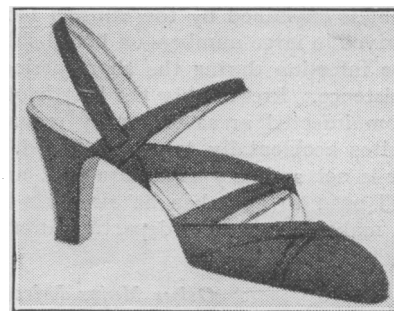


FIG. 2.—A walking shoe which does not press on the back of the os calcis.

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. Bokay<sup>1</sup> recorded twenty-nine such cases, while Russell Brain<sup>2</sup> has recently commented on their concurrence. Paton,<sup>3</sup> these authors, and others have also adduced strong evidence in favour of a close relationship between encephalitis lethargica, zoster, and varicella. In

<sup>1</sup> Bokay, J.: *Jahrb. f. Kinderheilk.*, 1928, cxix, 127.

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

<sup>3</sup> Paton, L.: *Brit. Journ. Ophthalm.*, 1926, June, 305.

view of this relationship, the incidence of a well-known symptom of encephalitis lethargica—hiccup—is of particular interest in a case in which zoster and varicella occurred simultaneously.

J. C., aged 70, was admitted to St. Mary's Hospital on January 17th, 1931, complaining of persistent hiccup and a rash on his left leg. He gave a history of indefinite malaise and anorexia beginning on December 24th, 1930, followed three days later by a severe attack of hiccup, which persisted for the next three weeks in spite of energetic treatment by his doctor, including administration of half-grain doses of morphine. On January 1st, a dull burning pain began in the left knee and radiated to the groin. Three days later a rash developed in that area, accompanied by an inguinal adenitis. From that day until January 17th, when he was admitted to St. Mary's, the rash and pain had increased, while the persistent hiccup had produced considerable distress.

He was, on admission to hospital, a heavily built, exhausted patient, who hiccuped approximately every four seconds. Scattered irregularly over his abdomen, chest, back, arms, and legs was a vesicular rash, in various stages of development and in every way typical of varicella, and which the patient had entirely failed to notice. In an area corresponding to the peripheral distribution of the left second and third lumbar roots was a most profuse zoster rash, and with it a similarly limited area of hyperaesthesia. The left knee-jerk was absent. Temperature, pulse, and respiration were normal, and remained so during his stay in hospital; no other abnormal signs or symptoms were detected.

Examination of the cerebro-spinal fluid showed: fluid clear and colourless; pressure normal; cells, 14 per c.mm., mainly lymphocytes; globulin increased; Lange curve 0012211000; glucose, 0.07 per cent.; chlorides, 730 mg. per 100 c.c.m.; no bacteria seen; culture negative. Injections, intracerebrally, intrathecally, and intradermally, into a monkey and rabbit were kindly carried out by the Lister Institute, but gave negative results for an ultra-microscopic virus. The Wassermann reaction was negative. In view of the maturity of the zoster and varicella rashes, no attempt was made to look for an ultra-microscopic virus in the vesicles. White blood cells were 9,000 per c.mm., and the differential count was normal.

The patient was given 1 grain of nambutol, which checked the hiccup for eleven hours. The dose was then repeated and no further hiccuping occurred. The zoster and varicella eruptions faded, and after a fortnight had practically disappeared, leaving little scarring. The left knee-jerk returned, but remained diminished relative to the other side, while the hyperaesthesia became replaced in about a fortnight by a diminution of sensation to light touch and pinprick of patchy distribution in the area concerned. The burning sensation in this zoster area persisted, and on January 30th, a month after the onset of the disease, occurred the first of a series of typical and intense attacks of post-herpetic neuralgia. X-ray therapy was given by Dr. H. C. Gage, and consisted of a series of nine exposures of the skin area and lumbar roots involved. Dosage: at first, four-fifths B, later one-half B, Sabouraud pastille units, on each occasion with the intervention of a 3.5 mm. aluminium screen. Under this treatment the attacks of neuralgia diminished in frequency and intensity, and finally ceased on February 9th. The patient was discharged cured on February 28th, and has attended the out-patient department on two occasions since to report that he is still free from symptoms.

The case is important as illustrating the relationship between zoster, varicella, and encephalitis on the one hand, and hiccup and encephalitis on the other; for, while it is possible to account for the symptoms manifested by the assumption of a coincidence—that of simultaneous infections—it seems a simpler and more probable view that the whole chain of events was related by an infection due to one virus.

I am indebted to the Lister Institute for their interest and care in investigating the cerebro-spinal fluid, and particularly to Professor F. Langmead for his help and his permission to publish the case.

W. D. W. Brooks, B.M.,

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## Reviews

### A SYSTEM OF BACTERIOLOGY

Of the two remaining volumes of this *System*,<sup>1</sup> which is being produced by the Medical Research Council, volume viii has now been published. In the main it is devoted to the pathogenic fungi, fungi imperfecti, and the spirochaetes. Chapter I deals with the fungi, the major portion having been written by J. Ramsbottom, with a section on the ringworms by Arthur Whitfield. This account suffers from condensation, carried so far as to render it almost useless to the medical reader. The author, Dr. Ramsbottom, is not altogether to blame, for he precludes his section with the remark that "the space allotted to mycology is so restricted that it is impossible to cover the field even in summary." Yet he has attempted to do so, with the result that it is almost unintelligible to those without a good grounding in mycology. We should have thought that, in view of the limited space, it would have been better to attempt to delineate some of the pathological pictures which fungi can produce in man, mentioning the more common pathogenic species, rather than aim at an exhaustive survey. The section of this chapter on ringworms is valuable. The clinical appearances and the pathology of these conditions are clearly described; in fact, the whole story is presented in a more orderly manner than is usual with this subject. The next chapter contains an account of the actinomycetes, and opens with a clear account of the aerobic forms, by R. St. J. Brooks.

The anaerobic actinomycetes, of most importance to bacteriologists in this country, are described by L. Colebrook, and he has given us an excellent account, which concludes with a most useful summary of the principal lines along which further research is required. The chapter ends with a short note on actinobacillosis by F. Griffith. Following this is a useful chapter on the pathogenic leptothricae by Ivy Mackenzie, and then we pass on to the spirochaetes, which take up the major portion of the volume. Chapter IV, by E. Hindle, is concerned with a general survey of spirochaetes. The author adopts Dobell's classification, no doubt with good reason, and one gathers on page 105 that leptospira is discarded as a division of the pathogenic spirochaetes. Yet he continues to use the term, and on page 296 refers to the subgenus leptospira; this is rather confusing. Chapter VI, on the blood spirochaetes, is particularly good, and contains much of interest, such as the changes in immunological type which occur in relapse and Nicolle's views on the origin of the different human strains of relapsing fever.

Some hundred pages are allocated to syphilis, and coming from an authority like Colonel L. W. Harrison the chapter on this disease is naturally a good one. From an article such as this one can get a good idea of the life-history of the disease—a difficulty which the student not infrequently experiences—and the questions of cultivation, natural and acquired resistance, and serological reactions, are dealt with in a clear and well-balanced manner. There is a short note on *S. cuniculi* by E. Hindle. Chapter VIII contains a short account of rat-bite fever by A. Robertson, and in the next chapter E. Hindle discusses the leptospiroses. There is obviously still a great deal to be done before the interrelationship of the various pathogenic leptospires is cleared up. Even in Weil's disease the leptospires exhibit a variety of serological types, a point of importance in relation to the serological diagnosis of this condition, and one which the

<sup>1</sup> *A System of Bacteriology in Relation to Medicine*. Medical Research Council. Vol. viii. London: H.M. Stationery Office, 1931. (Pp. 390; illustrated. Single volumes, £1 1s. net; set of nine volumes, £8 8s. net.)

resident, and also served as resident physician at the Manchester Royal Infirmary, where he had as his colleague on the surgical side Mr. Bilton Pollard, who afterwards became surgeon to University College Hospital, London, and professor of clinical surgery. About this time David Grant's health broke down and he went to Australia in search of sunlight, and there accepted a post as medical officer in the Lunacy Department of New South Wales. After a short visit to England he returned to Australia, and was appointed lecturer in materia medica at the University of Melbourne and honorary out-patient physician at the Melbourne Hospital. Here he made his mark, and was rapidly accepted as a sound physician, a good teacher, and a brilliant and reliable consultant. He brought with him a real culture and the inspiration of his own teachers, who included such great men as Laycock, Balfour, Fraser, Lister, and Syme of Edinburgh; and Ross, Roberts, and Thursfield of Manchester. Later, David Grant was appointed physician to St. Vincent's Hospital, Melbourne, and there, with the late Sir George Syme, he helped to lay the foundations of what has since become a great clinical teaching school. After some years of hospital work he was forced by indifferent health to retire from his honorary positions and from active teaching appointments, but he retained his unquestioned position in the first rank of Melbourne's consultants, and was respected and admired by his colleagues, junior and senior alike, so that, for a generation, David Grant's was a name to conjure with, although many of the younger men did not know him personally, so long did ill-health limit his activities and force him to abstain from public activities even within the profession. Upright, courageous, kindly, and tolerant—he was tolerant of everything but meanness and insincerity—a classical scholar, and a great lover of Scotland, whose fame he helped to spread by his own high character and good works, he is mourned by a wide circle of colleagues and patients, who trusted and admired him, and by a smaller group of intimate friends, who also loved him.

The unexpected death of Dr. WILLIAM BURNS, medical officer of the Glengall Street Dispensary and the Belfast Infirmary, caused much regret in Northern and Southern Ireland, where he was a well-known and highly esteemed member of the medical profession. Dr. Burns was a native of Belfast, where he was born sixty-one years ago. He took a very active part in medical politics, and was an outstanding figure in the recent negotiations with the Northern Government in connexion with the establishment of medical benefits. It was mainly as the result of his knowledge of the Poor Law Medical Service that a satisfactory arrangement was come to between the Northern Government and the Poor Law medical officers. He was appointed medical officer of the Belfast Poor Law Union in 1901, and dispensary medical officer for No. 6 District in 1909. During the war he was one of the medical staff of the Ulster Volunteer Force Hospital. At a meeting of the Belfast guardians many tributes were paid to his eminent qualities, and it was resolved that a vote of sympathy should be conveyed to his relatives. Among his professional colleagues Dr. Burns had many warm admirers. His candour and inoffensive bluntness when dealing with medico-political questions, of which he had an intimate knowledge, was always much appreciated.

The following well-known foreign medical men have recently died: Dr. ERNST OBERWARTH, a Berlin paediatrist, aged 59; Dr. MIGUEL GIL CESARES, professor of children's diseases at Santiago di Compostela; Dr. JEAN VICTOR AUGAGNEUR, formerly chief surgeon to the Lyons hospitals, Mayor of Lyons before 1900, Minister of Education (1914), Minister of Marine, and Governor of French Equatorial Africa, aged 76; Dr. FRANCIS X. DERCUM, a leading New York neurologist, aged 74; and Dr. HENRI GRAZIANI, president of the French Association of Mutilated Doctors.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

### Ministry of Health Estimates

The Estimates for the Ministry of Health, including grants in aid of benefits and expenses of national health insurance, were debated in the House of Commons on the report stage on July 29th.

#### NATIONAL INSURANCE: SICKNESS CLAIMS

Sir KINGSLEY WOOD said that the cost of ill-health, much of it preventable, was very heavy on the nation and on industry. In national health insurance, according to a statement authorized by the Minister of Health, there had been in recent years a rise in sickness and disablement experience so continuous and of such magnitude as to occasion grave concern. In the last year of which the House had full particulars medical benefit cost £8,700,000, of which the insurance doctors received £6,256,000, and nearly £2,000,000 was paid to insurance chemists for drugs and appliances. There was paid in sickness benefit £11,250,000, in disablement benefit £5,350,000, and in maternity benefit £1,440,000. For practically twenty years medical treatment and attendance had been available for insured persons, and £100,000,000 had been spent on it. During that time, partly as a consequence of health insurance, there had been general improvement in the public health, and medical science had progressed. Yet, notwithstanding all this and the efforts of social workers, the medical profession, nurses, and approved society administrators, there had been a marked increase in the claims of insured persons for sickness and disablement benefits, and in the consequent expenditure. This rise had been going on since 1925. In 1930 there was some improvement, but it was not considerable. Remembering the influenza epidemic of 1929 they could not draw encouragement from the figures for 1930. Societies had been affected seriously by the claim experience in respect of married women. Valuers had recently warned some societies that unless the conditions improved the whole of the present surplus would be exhausted within a few years in providing ordinary benefit. Some societies which specially catered for married women would have to cancel their additional benefit schemes altogether. The Government actuary, in his recent report to the House, concluded that the sickness claims of unmarried women had risen by 60 per cent. and the claims of married women by 106 per cent. For disablement benefit the increases were 100 per cent. in unmarried women's claims and 159 per cent. in those of married women. Among males the claims of the younger rather than of the older had increased. Figures published by one of the largest approved societies showed that the excess of claims was greater in the North than in the South of England. Sir Kingsley Wood reminded the House that Mr. Greenwood had said it could not be assumed that the great majority of the claims were due to epidemics or to unemployment. Memorandum 329, issued by the Ministry of Health, declared the increase might be due to economic or other causes not dependent on the state of health. The memorandum stated there was no collateral evidence indicating that the general health of the population was worse in 1927 than in 1921, and no apparent reason why increased ill-health should manifest itself chiefly among married women and young people. Sir Walter Kinnear, speaking a few weeks ago to the National Association of Trade Union Approved Societies at Scarborough, had said that analysis of cases submitted a year ago by a group of approved societies showed that 12 per cent. of members still in receipt of benefit were capable of work. The Secretary of the National Union of Distributive Workers Approved Society had said that national health insurance finance was being sorely tried by doubtful claims. Since the House of Commons last discussed the subject the Minister of Health had endeavoured to strengthen the supervision of claims. He had urged approved societies to maintain efficient sickness visitation, and to make early reference to the regional medical officer for examination of claims. A recent memorandum from the Minister stated that approved societies should not hesitate to refer to the regional medical staff claimants whose incapacity was certified as continuing beyond the expected period. The Minister took a new course in the same memorandum when he advised societies that where

was one of the matters which did not entitle a driver to a practical test of his ability to drive when a licence had been refused on that particular ground, and if the contention of the other side was upheld he had no right of appeal as an aggrieved person.

The Master of the Rolls gave judgement, in which the other Lords Justices concurred, to the effect that there was no right of appeal. Lord Hanworth said that this decision must be a matter of regret to the court, as probably it was also to the local justices. Mr. Hepworth was obviously an experienced and careful driver, and he had made a frank statement. "One cannot avoid regretting," said his lordship, "that this question should be put in the form in which it is put, because it would seem that a driver of great experience, who has shown great care and consideration for others, may be unable to answer a test made for the purpose of driving, but which may be ill-framed for the purpose of securing competence and fitness to drive." In default of the fulfilment of the test the licensing authority had no alternative but to refuse a licence. It was stated in one section of the Road Traffic Act, 1930, that a person aggrieved by the refusal of the authority might appeal to a court of summary jurisdiction, which might make an order binding upon the authority; but the court must hold that it was impossible to regard this appellant as a person aggrieved by the refusal, when the licensing authority had no alternative but to refuse. If the case was remitted to the justices, as the appellant asked, it would be their plain duty to say that they had no power to deal with it. Lord Hanworth added that it might well be a matter for those prescribing these test questions to consider whether the question regarding eyesight was framed so as to embrace cases where defective eyesight ought to be a ground for refusing a licence, and whether it did not, as it stood, cause experienced drivers to be excluded from driving when, if the question was in somewhat different terms, they would be able to satisfy all requirements as to capacity.

## Universities and Colleges

### UNIVERSITY OF LONDON

The following have been recognized as teachers of the University in the subjects indicated:

*Westminster Hospital Medical School*: Dr. A. J. Shinnie (Hygiene).

*Lister Institute of Preventive Medicine*: Dr. J. M. Gulland (Biochemistry); Dr. H. L. Schütze (Bacteriology).

Dr. S. L. Baker has resigned his appointment as Reader in Morbid Anatomy and Histology at the Middlesex Hospital Medical School as from August 31st, 1931, in view of his appointment to the Chair of Pathology in the University of Manchester.

Dr. J. A. Braxton Hicks has resigned the post as Reader in Pathology at the Westminster Hospital Medical School, in view of his appointment as Pathologist in Charge of Group Laboratories under the London County Council.

The following grants have been made out of the Thomas Smythe Hughes Medical Research Fund and the Beaverbrook Fund for 1931-32: To Dr. Richard A. Brews (Obstetric and Gynaecological Department, London Hospital), £30 for expenses in connexion with a review and follow-up of all cases of hydatidiform mole and chorion-carcinoma in the records of the London Hospital for the last twenty-five to thirty years, for the purpose of establishing incidence of chorion-carcinoma, nature of subsequent pregnancies, renal lesions, immediate mortality, prognosis, etc.; to Dr. Evelyn E. Hewer (Physiology Department, London School of Medicine for Women), £140 for the purchase of a large sliding microtome in connexion with the continuation of the investigations carried out with Professor Lucas Keene on the development and myelination of the basal ganglia systems in the human foetus; to Dr. Cyril L. Oakley (University College Hospital Medical School), £30 for the purchase of animals needed in connexion with his research on the relationship between concentration of the blood and bone-marrow activity; to Miss Agnes Shore (Department of Physiology, King's College), £20 in connexion with research on the destruction of histamine in both *in vivo* and *in vitro* experiments.

The Cancer Hospital (Free) has been continued as a school of the University for three years from October 1st, 1931.

Sir Ernest Graham-Little, M.P., has been appointed the representative of the University at the celebrations in connexion with the 250th anniversary of the Royal College of Physicians, Edinburgh.

Applications for the University Readership in Pathology, tenable at the Westminster Hospital Medical School, must be received by the Academic Registrar, University of London, by September 18th, 1931. The Reader will be director of the John Burford Carlile Pathological Laboratories at the hospital.

Applications, on prescribed forms, for the Geoffrey E. Duveen travelling studentship in oto-rhino-laryngology must be sent to the Academic Registrar by December 31st, 1931, together with a statement of the nature of the research in which the student proposes to engage, and a scheme of study submitted for the approval of the Geoffrey E. Duveen Studentship Board. The tenure of the studentship (value £450) shall be in the first instance for one year, but may be extended for one or two years.

The William Julius Mickle Fellowship, of the value of at least £200, is awarded annually to the man or woman who, being resident in London and a graduate of the University, has, in the opinion of the Senate, done most to advance medical art or science within the preceding five years, and has therein shown conspicuous merit. Applications must be sent in to the Principal of the University by October 1st, 1931. Further particulars can be obtained on application to the Academic Registrar.

The following candidates have been approved at the examination indicated:

M.D.—*Branch I (Medicine)*: I. Bakhsh, P. Berry, A. Cohen, Dorothy Collishaw, G. I. Davies, R. P. P. Davies, A. Gilpin, M. L. Mistri, Mary E. Pease, G. C. Pether, D. Preiskel, J. H. Simmons, G. E. F. Sutton, C. E. W. Wheaton, E. A. Wood, B. A. Young. *Branch II (Pathology)*: J. N. Cumings. *Branch III (Psychological Medicine)*: F. E. E. Schneider. *Branch IV (Midwifery and Diseases of Women)*: Harriet E. Acheson, D. A. Blount, Bridget S. P. Gurney, Morfydd R. Jones, Joyce Morgan, Keren I. Parkes, T. V. Pearce. *Branch VI (Tropical Medicine)*: R. V. Bowles, Gulbai P. Patel.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

A meeting of the Royal College of Physicians of London was held on July 30th, when the President, Lord Dawson of Penn, was in the chair. The following officers were elected for the ensuing year:—*Censors*: James Collier, M.D., W. Langdon Brown, M.D., C. R. Box, M.D., Sir Charlton Briscoe, Bt., M.D. *Treasurer*: Sidney P. Phillips, M.D. *Registrar*: Raymond Crawford, M.D. *Harveian Librarian*: Arnold Chaplin, M.D. *Assistant Registrar*: R. O. Moon, M.D.

The following Fellows were elected members of the Advisory Committee to the President: Dr. H. Morley Fletcher, Dr. Robert Hutchison, Dr. A. M. H. Gray, Dr. H. L. Tidy, Dr. H. H. Dale, Dr. J. A. Ryle, and Dr. T. Watts Eden.

#### Appointments

Dr. James Collier and Dr. W. Langdon Brown were appointed to represent the College on the Mackenzie-Mackinnon Trust Committee, and Sir Humphry Rolleston was re-elected representative on the executive committee of the Imperial Cancer Research Fund.

The President, Lord Dawson of Penn, will represent the College at the celebration of the 250th anniversary of the Royal College of Physicians of Edinburgh.

The President announced that he had appointed Sir George Newman to be Harveian Orator, and Dr. Dugald Baird to give the Bradshaw Lecture, both in 1932. (The forthcoming Harveian Oration in October next will be delivered by Dr. Robert Hutchison.)

In addition to the appointments to lectureships announced at the last meeting, Dr. Harriette Chick was appointed Oliver-Sharpey Lecturer, and Dr. L. P. Jacks the Lloyd Roberts Lecturer, for 1932.

#### Awards

The Baly Medal, awarded every alternate year to the person who shall be deemed to have most distinguished himself in the science of physiology during the two years immediately preceding the award, was awarded to Professor W. B. Cannon of Harvard University.

The President also announced the award in Edinburgh of the Murchison Scholarship jointly to W. M. Arnott and R. J. Kellar.

#### Membership

The following candidates, having satisfied the Censors' Board, were admitted Members:

Wilbert Hurst Brown, M.B.Oxf., Ernest Thomas Conybeare, M.B.Lond., Edward Philip Nagel Creagh, M.B.N.U.I., Hugh Crichton-Miller, M.D.Ed., Ratansha Dinsha Dalal, L.R.C.P., Courtenay Nisbet Evans, M.B.Lond., Joseph Hayes Fairweather, M.D.Ed., Mohamed Gamil Farid, M.B.Cairo, Theophil Johannes Friedrich Frank, M.D.Melb., Clifford Alchin Gill, L.R.C.P., Thomas Howard Gillison, M.B.Ed., John Howell Halliday, M.B.Sydney, Henry Procter Hutchinson, M.B.Camb., Harold Gordon McGregor, M.B.Lond., Robert Michael Maher, M.D.Lond., John Onbridge Mercer, M.B.New Zealand, Herbert Leslie Milles, L.R.C.P., Wilfrid

George Oakley, M.B.Camb., Rupert Samuel Bruce Pearson, M.B.Oxf., Evelyn Nora Popper, M.D.Lond., Mostyn Levi Powell, M.B.Melb., Gangadrum Venkataswami Ram Mohan, M.B.Madras, Douglas Riding, M.D.Liverp., William Carey Smallwood, M.B.Birm., Tej Raj Swarup, M.B.Lucknow, Abd El Kader Talkhan, M.B.Cairo, Alfred Brian Taylor, M.B.Birm., Geoffrey Fawcitt Taylor, L.R.C.P., Thomas Tennent, M.D.Glasg., Hugh Ferguson Watson, M.D.Glasg., Charles Edward Walton Wheaton, M.D.Lond., Bertram Alan Young, M.D.Lond.

#### Licences and Diplomas

Licences to practise physic were granted to 140 successful candidates, and Diplomas in Tropical Medicine and Hygiene and in Ophthalmic Medicine and Surgery were conferred jointly with the Royal College of Surgeons. (The lists of successful candidates were published in the report of the meeting of the Royal College of Surgeons printed in our issue of August 8th, p. 280.)

The following diplomas were also conferred jointly with the Royal College of Surgeons:

DIPLOMA IN PUBLIC HEALTH.—L. W. Cann, Irene E. Chandler, Anne A. Craig, J. Crawford, M. B. Dayer, T. W. Davies, D. M. de Silva, D. Diamond, C. E. Dolman, M. J. Evans, T. I. Evans, Sarah P. M. Griffiths, C. Hill, Kathleen M. Horton, J. E. Howard, Amy L. Jagger, A. B. Kettle, Catherine B. McArthur, Hilda K. McKernan, J. Portelly, J. F. Southward, T. W. Stallybrass, R. Stuart, R. J. Toleman, Olga F. Tregelles, E. W. Vaughan, Nora W. Wamsley.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—G. J. Bell, L. J. Bendit, A. Cannon, C. R. Cooke-Taylor, J. A. F. Denysen, S. B. Hall, J. G. Hamilton, S. D. Isaacs, J. M. Loftus, Joyce McConnell, G. W. Murray, C. J. Thomas, L. M. Webber.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—G. E. Archer, M. G. J. Booyesen, E. E. L. Burnier, G. V. Joglekar, B. V. P. Reddy.

#### CONJOINT BOARD IN IRELAND

The following candidates have been approved at the examination indicated:

FINAL PROFESSIONAL.—T. J. Conlon, M. P. Crowe, P. A. Fox, J. L. Hampson, Mary G. A. McAllister, J. O'Donnell, Y. Posner, J. V. Quinn, J. Rubinstein, G. A. Steen.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND

The following candidates have been approved at the examinations indicated:

PRIMARY FELLOWSHIP.—W. W. Bassett, J. S. Baxter, M. E. M. King, C. J. Shortall.

FINAL FELLOWSHIP.—M. A. Parthasarathy, H. T. Fleming, D. S. Poole-Wilson.

## Medical News

The Royal College of Physicians of London will be closed from August 17th till September 19th, both days inclusive.

The Fellowship of Medicine has arranged two special courses for August—namely, a course in urology now in progress at All Saints' Hospital until August 29th, and a course at the Queen's Hospital for Children from August 17th to 29th. Lunch and tea are kindly provided by the hospital authorities. Fee, £2 2s. A comprehensive course will be given at the Brompton Hospital from September 7th to 12th (fee £3 3s.); an afternoon course at the Infants Hospital from September 14th to 26th (fee £3 3s.); psychological medicine at the Bethlem Royal Hospital from September 8th to October 3rd; ophthalmology at the Central London Ophthalmic Hospital from September 15th to October 10th (fee £3 3s.). A revision course will be given at the Westminster Hospital from September 14th to 26th (fee £5 5s.), and a similar course at the Metropolitan Hospital from September 28th to October 10th (fee £3 3s.). Detailed copies of syllabus may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The Royal Sanitary Institute announces that the autumn session of training courses for examinations for sanitary inspectors, meat and food inspectors, smoke inspectors, and in sanitary science, will commence on Monday, September 28th. Syllabuses of the lectures and of the examinations, containing full particulars, are obtainable from the secretary of the Institute, 90, Buckingham Palace Road, S.W.1.

Sir Herbert Samuel has accepted the presidency of the British Institute of Philosophy, in succession to the late Lord Balfour.

At the quarterly meeting of the council of the British College of Obstetricians and Gynaecologists, held in London on July 27th, with the president in the chair, Professor J. M. Munro Kerr (Glasgow) and Dr. J. S. Fairbairn (London) were re-elected vice-presidents for the current year. A "casual" vacancy on the council, occasioned by the elevation to the Fellowship of Professor E. Farquhar Murray, was filled by the election of Mr. J. St. George Wilson (Liverpool) for the rest of the current year. Dr. T. M. Healy (Dublin) and Dr. Margaret I. Balfour (India) were admitted to the Fellowship of the College *in absentia*. It was decided that the annual dinner of the College should be held at Grosvenor House, Park Lane, London, on October 23rd. The dinner will be preceded by a ceremony for the conferment of the honorary Fellowships on the Right. Hon. Lord Riddell, Professor Paul Bar (Paris), Professor Whitridge Williams (Baltimore, U.S.A.), and Professor Essen-Möller (Lund, Switzerland), all of whom have accepted the invitation of the council, and will be followed by the conferment of the ordinary Fellowships and Memberships on those qualified to receive them.

The Minister of Health has addressed a circular (No. 1207) to local authorities advising them that the period of operation of the Housing (Rural Workers) Act, 1926, has been extended for a further five years by the Amendment Act of 1931. The new Act extends for a similar period the operation of any existing scheme made by a local authority under the original Act. Appended to the circular is a copy of a report by Sir Arthur Lowry, chief general inspector of the Ministry, of the working of the Act of 1926 in the county of Devon and in the rural district of Atcham, Shropshire, from which it appears that its provisions for the assistance of owners of cottage property could be applied to a much greater extent than they are at present. Commenting on this report, the Minister draws attention to the necessity for co-operation between the county council (where that council is the local authority) and the district councils of the county; to the economy of improving existing houses where possible compared to the erection of new ones; and to the fact that the rents paid by occupants of improved houses have not materially increased. He also reminds local authorities of the arrangements made by the Council for the Preservation of Rural England, acting in co-operation with the Royal Institute of British Architects, for the giving of expert advice, free of charge, on the execution of repairs and reconditioning under the Act.

The annual report on the health of Gibraltar for 1929 has recently appeared after considerable delay, due to the fact that the then medical officer of health, Lieut.-Colonel W. C. Smales, R.A.M.C., has taken up an appointment elsewhere. It contains an interesting survey of the various ways in which public health is safeguarded in an uncommon type of locality. A foreword by Professor Bostock Hill rightly calls attention to the excellence of the sanitation in Gibraltar, and the consequent absence of any serious infectious diseases for some years. The report is well illustrated, and contains unusually detailed information.

At the meeting of the Central Midwives Board for England and Wales on July 23rd a letter was considered from the Metropolitan Boroughs Standing Joint Committee, stating that midwives were not taking full advantage of the facilities offered for the ante-natal care of their patients, and that, though a proposal had been made that legislation on the subject should be introduced, the joint committee was not of opinion that this would be a practicable remedy, and that in any event Parliament would not be disposed to legislate specially for London in the matter. The joint committee asked the Board to use its strongest endeavour to encourage midwives to secure the proper and sufficient ante-natal examination, by medical men, of their patients. The Board, in its reply, indicated that endeavours to the ends suggested in the letter were being made, and that it would be glad of any suggestions which might be of assistance in the matter. Approval as lecturer was granted to Dr. James Campbell Gordon, Salisbury General Infirmary.