

to be able to provide the complementary portion. Since this situation can lead, as it has in the past, only to mutual recriminations, I can only deprecate the impression you have given. The same of course applies to any combined procedure in which two or more specialties are involved.—I am, etc.,

Cancer Institute,
Melbourne, Australia.

T. F. SANDEMAN.

** We regret any ambiguity in the leading article. The point would have been made more clearly had the sentence in question read, "It is now clear that preoperative radiotherapy improves the prognosis after surgical excision."—Ed., *B.M.J.*

The Talbot Fingers

SIR,—Dr. S. G. Elkington and Dr. R. G. Huntsman (18 February, p. 407) have given us a very fascinating historical account of the deformity of the fingers of the Talbot family, and I may be able to give them a little information about the Scottish family with the same deformity.

When I was house-surgeon in the Royal Infirmary, Edinburgh, in 1933, one of my chiefs was the late Mr. D. Stewart Middleton, who had a great interest in unusual skeletal abnormalities. I remember very well how he demonstrated several members of a family with symphalangism of the proximal interphalangeal joints of the fingers, one surprising feature being the almost total lack of disability. I still possess copies of the original x-ray films, but, many years later, I was unsuccessful in an attempt to trace any of the family. However, Mr. W. I. Paterson was more successful several years later, and read a paper at the meeting of the British Orthopaedic Association in 1952¹ based on what is certainly the same family as I had seen.—I am, etc.,

Morpeth,
Northumberland.

J. F. CURR.

REFERENCE

¹ *J. Bone Jt Surg.*, 1952, 34B, 509.

Foetus—or Fetus?

SIR,—By one of those curious coincidences of academic life, I recently composed a letter about the spelling of *fetus*, having tried unsuccessfully for over a decade to get British editors to accept a change from current to correct usage. This letter was addressed, at their request, to the joint editors of *Archives of Disease in Childhood*.

Now I see a remarkably similar but wholly independent letter from Professors J. D. Boyd and W. J. Hamilton in your columns (18 February, p. 425). These letters may be expected to reach very different groups of readers.

I should like to add my support to the proposal made by Professors Boyd and Hamilton, since it is etymologically correct.—I am, etc.,

BERNARD TOWERS.

Anatomy School,
University of Cambridge.

SIR,—Professor J. D. Boyd and Professor W. J. Hamilton make a strong case, on etymological grounds, for the adoption of the American spelling *fetus* in place of the British

foetus (18 February, p. 425). I not only support this proposal but submit that it would be much simpler and more logical to follow American usage by substituting "e" for the digraphs "ae" and "oe" in such words as aetiology, gynaecology, haemorrhage, oestrus, oesophagus.

There is an etymological argument for retaining the digraph, as John Hunter did when he wrote of the animal *oecomy*, but this spelling is nevertheless completely obsolete in our time.

Contemporary British usage in this respect is full of inconsistencies. The modern spellings economy and ecology are universally accepted, but oecumenical is preferred by the *Concise Oxford Dictionary*. Why is someone who teaches children a *pedagogue*, while someone who looks after their health is a *paediatrician*? If the etymological argument for retaining the digraph is valid why do we follow it in some cases and not in others? If we must write *aetiology*, why not *Aegyptian*, *aequal*, *aenigma*, *aesteem*, *aeternal*, *aethyl*, and *aestuary*. Why should not all words with the prefix (why not "prae-") "pre-" be written "prae-" together with *paeninsula*, *paenumbra*, and *poenal*? In the vast majority of cases the digraphs or diphthongs of words of Greek or Latin origin are represented in modern English by the simple "e." It is difficult to see what is gained by retaining the archaic digraph in a small minority of words, especially when this results in differences in American and British usage.—I am, etc.,

Geneva, Switzerland. N. HOWARD-JONES.

SIR,—The American preference of the word "fetus" for "foetus" is due to the avoidance of the use of ligatures, as in *oesophagus* and *haemorrhage*, etc. This explanation is simpler than that implied in Professors J. D. Boyd and W. J. Hamilton's interesting letter (18 February, p. 425).

If "foetus" could be derived from *foveo* (to keep warm) the traditional English spelling is preferable and more picturesque, even if there is loss of accuracy in pronunciation.

It appears that the paediatrician prefers the word "foetus," whereas the paediatrician favours "fetus." Is this too pedantic or—paedantic?—I am, etc.,

London W.1.

VALENTINE SWAIN.

SIR,—Professors J. D. Boyd and W. J. Hamilton have not convinced me that "fetus" should replace "foetus" in English medical literature (18 February, p. 425).

While there is no doubt that *fetus* is the correct form in classical Latin and that it was used by some early English writers, and was given by Dr. Samuel Johnson in his *Dictionary of the English Language* (1755), nevertheless the form *foetus* was well established in the English medical literature of the eighteenth century. Perhaps Dr. Johnson's many medical friends were more interested in his conversation than in his dictionary.

I find *foetus* in the English translation of Haller's *Physiology* (1754), in Smellie's *Midwifery* (1764), in Manning's *Female Diseases* (1771), and it was used by Dr. Slop in describing some recent advances in obstetrical knowledge (Smollett, 1759).

Medical dictionaries do not help much, as they show a kind of local patriotism in the matter. Dorland (American) gives only *fetus*, Faber and Black (British) both give only *foetus*, and MacNalty (British) gives *foetus* but adds that *fetus* is used in the U.S.A. and is more correct.

Professors Boyd and Hamilton think that "fetus" is less ugly in print than "foetus," an opinion with which I disagree. They say it gives no alteration in pronunciation, but is it not more likely to be pronounced to rhyme with "get us" than with "cheat us"? They end by saying that the change could hardly be considered as mere rationalization; but what else is it? There is a limit beyond which language should not be confined in the straitjacket of etymology. The proposed change transgresses that limit and should be resisted. *Foetus* is a word of respectable antiquity and lineage. It ceased to be a Latin word a long time ago and stands on its own English feet. Anyway, the French prefer it to *fétus*, and nobody can deny their care for their language.—I am, etc.,

Whitehead,
Co Antrim.

H. G. CALWELL.

Trigeminal Neuralgia: Complication of its Surgical Treatment

SIR,—The comprehensive study of the results of surgical treatment in 650 patients with trigeminal neuralgia undertaken by Mr. W. R. Henderson (7 January, p. 7) focuses attention on the aetiology of neurotrophic ulceration of the skin of the face and nostril, which was reported in 12 (18%) out of 66 patients with permanent anaesthesia of the cheek and nose following the injection of alcohol into the Gasserian ganglion. Mr. Henderson writes that an ulcer appeared on the alar margin of the nostril, usually from one to six months after this procedure, and, though the cause is uncertain, self-inflicted trauma in response to paraesthesiae may be important.

Ulceration of the skin of the face with erosion of the ala nasi is a recognized complication of interruption of the peripheral sensory fibres of the trigeminal nerve. *Ulcération en arc* of the ala nasi may follow the injection of alcohol into the Gasserian ganglion (Fig. 1) or sensory root section of the nerve, and has also been reported in one patient with isolated trigeminal neuropathy,³ but there seems little doubt that *trophic* lesions involving the analgesic skin may more often be seen by dermatologists than by neurologists and neurosurgeons, and that the true incidence is much greater than the paucity of reports in the neurological literature hitherto suggested.¹⁻⁴



FIG. 1