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 of course applies to any combined procedure in which two or more specialties are involved.—I am, etc.,

Cancer Institute, Melbourne, Australia.

* * * 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 operative 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. Howev Mr. W. I. Paterson was more successful seven years later, and read a paper at the meeting of the British Orthopaedic Association in 1952 based on what is certainly the same family as I had seen.—I am, etc.,

J. F. CURR.

Morpeth, Northumberland.

REFERENCE


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 digraph "ae" and "oe" in such words as "foetition, osteology, haemorrhage, oestrous, oesophagus.

There is an etymological argument for retaining the digraph, as John Hunter did when he wrote of the animal oeconomy, 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 "Aegyption, aequal, aenigma, asteem, aeternal, aethyl, and aestuary. Why should not all words with the prefix (why not "a- fix"?) "pre." be written "pra-," together with "paeninsula, paenumbra, and poenial? 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.,

N. HOWARD-JONES.

Geneva, Switzerland.

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 neurotropic 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 states 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, but there seems little doubt that trophic lesions involving the anaesthetic 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."
I have recently reported the development of ulceration of the skin of the face and nostril with erosion of the ala nasi in two patients with vascular disorders of the brain-stem. The neurological process described in these cases seems personally, and in further three case reports reviewed, would of necessity have involved the central sensory pathways of the trigeminal nerve. Full clinical details have been presented elsewhere, but in each of the two cases studied with vascular disorders of the brain-stem, ulceration of the skin of the face with erosion of the ala nasi was the direct result of repeated trauma by the fingernails to those parts rendered analgesic through involvement of the sensory connections of the trigeminal in the spinal tract and nucleus, being provoked by intense and persistent pain and paraesthesiae referred to the ipsilateral trigeminal area.—I am, etc.,

A. G. FREEMAN.

Princess Margaret Hospital, Swindon, Wilts.

REFERENCES

3 Spillane, J. D., and Wells, C. E. C., Brain, 1959, 82, 339.

Future of Clinical Pharmacology

SIR,—I agree with many of the objectives indicated in the leading article "Future of Clinical Pharmacology" (21 January, p. 125), but not with the method by which they may be attained.

Undoubtedly "many aspects of the use of drugs in hospital need further study" and "research is needed on the absorption and fate of drugs in man as well as on their therapeutic and toxic properties." Fundamental work of this type is chemically and biochemically based, and a thorough knowledge of the application of physico-organic analytical techniques to biological problems is necessary, as well as a knowledge of pharmacology and of the influence of drug formulation on biological availability. Medical training on an acceptable time scale cannot embrace in depth all these aspects as well as provide a training in clinical medicine. It is equally important that "information about new drugs ought to be disseminated throughout medical staff generally—particularly knowledge about the interactions of drugs and special contraindications."

To deal adequately with all these aspects and functions, the correct use of personnel in different disciplines—that is, physicians, pharmacists, biochemists, and pathologists—and the integration in certain aspects of their work to achieve the above objectives are indicated. It is illogical to introduce another type of hospital staff failure to make use of the training and expertise of personnel in existing services.

One of the most misled persons in the hospital service is the "understaffed, overpressed, hospital pharmacist." In general, because of conditions, he is not allowed to make his contribution to the attainment of the above objectives, to which his academic training now fits him uniquely. The degree in pharmacy now involves more training in pharmacology than occurs in most medical courses, training in the use of modern physiochemical analytical instruments and courses in drug formulation and its influence upon biological availability. The hospital pharmacy should therefore be the centre in the hospital for the dissemination of information and advice about drugs and drug interactions, and the pharmacist should play a role in the integrated research effort involving clinical trials and in studies involving drug absorption and distribution and in drug quality control. Conditions should be changed, where necessary, to allow him to make this contribution, and an appropriate career structure introduced for the recruitment of sufficient numbers of suitably qualified pharmacists and appropriate supporting technicians.

From personal experience I have found that research workers with degrees in pharmacy, working in association with medical research workers, are able to make significant advances in some of the above research fields. Considerable interest and appreciation of the work have been shown by many medically qualified research workers and medical advisers to the pharmaceutical industry. I will welcome discussions with hospital consultants interested in research on drug kinetics and metabolism. The effect of drug combinations and interactions, because proof of the value of joint medical-pharmaceutical research is quickly apparent and will further validate my arguments concerning the modern trained pharmacist.—I am, etc.,

ARNOLD H. BECKETT,
Chairman, Hospital Practice Committee, The Pharmaceutical Society of Great Britain.
Chelsea College of Science and Technology, London S.W.3.

Depression

SIR,—I am surprised to find Professor Henry Miller (4 February, p. 257) taken to task by psychiatrists in the B.M.T. of 25 February (p. 497).

He may be "an amateur invading a specialist field," but nevertheless he provided the readers of your journal with a far clearer picture of endogenous depression than I have seen in any textbook. An appreciable proportion of patients with undiagnosed abdominal pains with or without other alimentary symptoms are in fact suffering from depression, and the diagnosis can be very easily overlooked. It is important to make the diagnosis, as treatment in a fair proportion can provide spectacular success.

I thought Professor Henry Miller's lecture was one of the best and certainly one of the most practical articles which you have published in the last year. I would recommend those who have not read it to do so.—I am, etc.,

F. AVERY JONES.
London W.1.

SIR,—May I comment on two recent points that have arisen in the B.M.T.?

I notice that Professor Henry Miller, in his paper on depression (4 February, p. 257), apparently allows to pass unchallenged the statement of his African colleagues that depression is rare in the African. I have recently returned from a two-year appointment with the Government of Uganda, working in Butabika Mental Hospital. During this time my personal experience has been that it is true that depression has been comparatively rare as experienced in psychiatric practice. However, I think it is reasonable to suppose that this does not reflect the true incidence of the illness in the community.

From personal experience I have found that research workers with degrees in pharmacy, working in association with medical research workers, are able to make significant advances in some of the above research fields. Considerable interest and appreciation of the work have been shown by many medically qualified research workers and medical advisers to the pharmaceutical industry. I will welcome discussions with hospital consultants interested in research on drug kinetics and metabolism. The effect of drug combinations and interactions, because proof of the value of joint medical-pharmaceutical research is quickly apparent and will further validate my arguments concerning the modern trained pharmacist.—I am, etc.,

ARNOLD H. BECKETT,