We welcome letters to the Editor concerning articles which have recently been published. Such letters will be subject to the usual stages of selection and editing; where appropriate the authors of the original article will be offered the opportunity to reply.

Letters should normally be under 300 words in length, double-spaced throughout, signed by all authors and fully referenced. The edited version will be returned for approval before publication.

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Embryology of the acetabular labral-chondral complex

Sir,

I read with interest the paper by Cashin et al¹ in the August 2008 issue entitled 'Embryology of the acetabular labral-chondral complex', and the associated online response from Messrs Bunn and Villar. However, I would like to highlight some points in the methodology which were not clear. The authors state that they "identified 11 specimens cut exactly in the sagittal plane". Was each of these specimens from a different hip? If so, were any of them bilateral specimens? The first author selected the specimens himself. Did anyone else analyse them independently? The authors have not stated the exact ages of the different specimens used other than that there was a range from eight weeks to term. What were the exact embryological ages of the 11 specimens, and was any difference noted between them?

The study used spontaneously aborted fetuses. These specimens will almost certainly have underlying pathology, and this could significantly affect the results when studying normal anatomy, limiting the conclusions that can be drawn. Given the recent scandal in the United Kingdom regarding the storage and analysis of histopathological specimens, how was consent obtained by the authors for the use of the specimens and were any research or ethics committees consulted?

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1. Cashin M, Uthoff H, O'Neill M, Beaulé PE. Embryology of the acetabular labral-chondral complex. *J Bone Joint Surg [Br]* 2008;90-B:1019-24.

Author's reply:

Sir,

The authors would like to thank Mr Dodds for his interest in our paper. In response to his letter, we have answered the questions regarding the methodology of our study. Each fetal specimen was from a different hip. None of these hips was bilateral, i.e. from the same specimen. The ages of the fetal specimens ranged from eight weeks to full term. One specimen of each of the following ages was analysed: 8 to 9.5 weeks, 10 to 11 weeks, 12 weeks, 12.5 to 13 weeks, 13 weeks, 14 weeks, 15 to 16 weeks, 17 weeks, 19 to 20.5 weeks and 36 weeks.

We observed skeletal malformations in approximately 10% of over 400 specimens in our collection. However, skeletal malformations were not observed in any of the specimens used in the current study. Each specimen was independently analysed by the second author. Finally, the specimens were collected between 1960 and 1973, during which time ethical committees did not exist in Canada. Provincial law required that all embryologic and fetal specimens were to be kept by the pathology department. This law dictated that research could not be conducted on these specimens. After 1973, research was permitted.

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