The pluralization of *septum*

Rory E. Morty1,2

1Department of Lung Development and Remodelling, Max Planck Institute for Heart and Lung Research, Bad Nauheim, Germany; and 2Department of Internal Medicine (Pulmonology), University of Giessen and Marburg Lung Center (UGMLC), member of the German Center for Lung Research (DZL), Giessen, Germany

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TO THE EDITOR: In a recent excellent study reported in the Journal that described the development of a novel three-dimensional human model to study fibroblast activation during alveologenesis (12), the plural of the word *septum* was presented as *septa*.

In Latin, neuter nominative and accusative nouns of the second declension, such as *septum*, which ends in -*um*, are created plural by the ending -*ae*. Thus the correct plural form of *septum* (which has the alternative forms *saepetum* and *septum*) is *septa*, not *septae*. This applies in the nominative, accusative, and vocative cases. This error no way detracts from the outstanding scientific quality of the publication cited above. The incorrect use of *septa* instead of *septa* is not a new concern in the published scientific literature (1) and probably arises from the pluralization of first declension nouns, where the singular nominative form ends in -*ae* and that are pluralized by ending -*ae*. This is not the case for *septum*.

A brief PubMed scan of the “lung literature” over 2015 and 2016 revealed six instances of the incorrect pluralization of *septum* already in 2016 (2-4, 6, 9, 12), vs. four instances in the preceding year, 2015 (5, 7, 10, 11); thus the problem is “on the increase.” These instances were broadly spread over a spectrum of lung biology and medicine disciplines: clinical pulmonary radiology (4), lung developmental biology including alveologenesis and bronchopulmonary dysplasia (2, 5, 6, 11), mycobacterial disease (3), experimental studies in environmental health (9), clinical problems of fetal lung maturation (7), and vascular pathology (10). It is worth noting that the author’s own publications are not immune from this gremlin (8)!

To quote Dr. Harry M. Bauer, MD: “We are beset by neologisms that we do not need” (1). It is important that we as authors, reviewers, and editors take care to prevent these neologisms from becoming accepted through increasing and widespread use in our scientific literature.

DISCLOSURES

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ARTICLE HISTORY

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REFERENCES

7. Goltz D, Lunkenheimer JM, Abedini M, Herberg U, Berg C, Gembrech U, Fischer HP. Left ventricular obstruction with restrictive interatrial communication leads to retardation in fetal lung maturation (7), and vascular pathology (10). It is worth noting that the author’s own publications are not immune from this gremlin (8)!