week the AIDS test came back as negative I thanked God and didn't know I cared so much about respectability.

There was an irritating draught coming in through the door and I asked the sister to do something about it. She said that if I was worried about the draught I could always go into the general ward. That shut me up. But she did compromise by hanging a blanket over the door like some amateur theatrical device. I never knew who was going to come in through the curtain, the consultant or the cleaning lady. "Still here, are you?" the cleaning lady asked, as if I was a guest overstaying his welcome at a party.

Scraping the barrel

Obviously with these infectious diseases most people were in and out in a flash. But I stayed six weeks. I had everything from computed tomography to cardiac ultrasound. I felt they were scraping the barrel and beginning to lose interest.

The senior registrar said, "Sometimes with these fevers of unknown origin you never find the answer."

"Never?" I asked hysterically. "You mean until the necropsy?"

I was so weak I could hardly turn over in bed. I was giving off a horrible smell at night. The night sister kept wanting to wash my back. The senior registrar did a biopsy of the liver and I nearly hit the ceiling. Then the consultant came in and said, "We're thinking about taking out your spleen."

I felt defensive about my spleen. It was an essential component of a romantic poet. I said that I wanted to keep it. He said that he just wanted to do a biopsy but, "You know what these surgeons are like: once they are in there they will have it out even if I stand in the theatre holding on to his arm."

They compromised by taking a tiny node out of my axilla. The consultant said that he was sending me home for a couple of weeks and that I must be patient. I must give them time to reflect and reconsider. I must give them some dream time. Dream time? I had never thought of the consultant as an Australian Aborigine before.

I went home and lay on the sofa and read books on anthropology like a Victorian woman with green sickness. I looked at the bare breasted girls of the Sudan smoking pipes. When I got back to the hospital the young house surgeon—with whom I had fallen

hopelessly in love—told me that the first report about the axillary node biopsy was incomplete. She had read only the first page. Later, on turning over and reading the second page, she saw that the pathology professor, who liked to keep his surprises till the end like a classical short story writer, had finally mentioned in a throwaway line that the biopsy specimen was highly suspicious of lymphoma.

I was not quite sure what lymphoma signified so asked the house surgeon, who trotted out "A tumour of the reticuloendothelial system," just as I used to. But if it was a tumour why had nothing swollen up? Why had the cells gone down? I didn't like to ask. Then a specialist in lymphoma came in. He was quite certain that that was what I had. He would start appropriate treatment.

That same night a new registrar came in and introduced himself as if it was a cocktail party. I responded irritably. I was having such violent rigors that he had difficulty getting the needle into the vein to infuse the cytotoxic drugs.

"I'm amazed if this is lymphoma," he said.

When the drugs started to go in, I had difficulty breathing and rang for the night nurse, who gave me a paper bag to breathe into.

Hairless like a Greek statue

But next morning I was already feeling a lot better and left the hospital to return once a week for 12 weeks. All my hair fell out, including the pubic hair, so that I felt like an elderly Greek statue. But I put on weight and after three months was well enough to fly back to the Middle East.

The American haematologist was astonished by the biopsy report and said that there was not enough evidence for lymphoma.

"Those were heavy duty drugs," he said.

"But they saved my life. I was dying."

"In the United States," he said, "we could never have done that. You'd have sued the pants off us."

I thanked God for the NHS.

The American is still not convinced. The only way that I can prove him wrong is by having a relapse and I have no intention of doing that.

My hair grew again, bushier than ever. One day I was approached by a bald Pakistani hospital porter in the lift; he wanted to know what I had been using as a hair restorer.

Give a drug a bad name

D B Jack, A J Soppitt

"Yossarian? What the hell kind of a name is Yossarian?"

Lieutenant Scheisskopf had the facts at his fingertips.

"It's Yossarian's name, sir," he explained.¹

Just as everyone and everything have to *be* somewhere in this world, everyone and everything have to be *called* something. We need labels. In the commercial world, names are supremely important because they don't just identify a product; they can create an image.

If a name can be registered by a company it becomes the company's property and any infringement can be challenged in court. Some names, such as family and geographical names, cannot be registered—which explains why, in the United Kingdom, a "Montego" could be a car or a chocolate biscuit. One trade name failed to get registered when someone discovered it was the name of a Zulu tribe.

Choosing the "right" name can greatly help the marketing of a product, and although opinions vary as to what constitutes a good name, the Jazz range of toiletries for men launched a few years ago by Yves St Laurent must surely be a prime example. The name "Jazz" can be recognised throughout the world; it has hip and sophisticated connotations; the product is sold in smart black and white angular bottles (it smells nice, too).

As might be expected, state monopolies do things rather differently. There is the story of an aftershave in the Soviet Union, sold under a name that could be translated as "Dear Friend," that failed miserably—possibly because homosexuality is still illegal there. The Russians fared no better with the perfume "Anna Karenina," which might seem surprising as they are a cultured people and Tolstoy is one of their favourite

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authors. At the launch, however, one wag observed that after one whiff you want to throw yourself under a train.² That seems to have been sufficient to torpedo the product.

The further afield you go the worse it gets. One of us spent some time as a lecturer in Iran during the days of the Shah, when walnut whips were sold under the name "Nigger Kiss." Imagine trying to get that past the FDA! In Japan a popular thirst quenching drink is sold as "Pokari Sweat," which is less than enticing to Anglo-Saxon ears, and the ever resourceful Japanese have even cornered the market in kangaroo scrota—they are tanned, made into purses, and sold under the name "Satchi Bukeroo," which means lucky bag.

Drugs are no different from other products except that the rules are more stringent and drugs—like cats—have three different names: a chemical one, a non-proprietary one, and the trade name. For example, the β blocker propranolol has a chemical name, 1-[(1-methyl-ethyl)amino]-3-(1-naphthalenyloxy)-2-propanol. The chemical name can be assigned in several ways; obviously this name is restricted to the chemical literature. The generic or non-proprietary name is assigned under specific rules—for example, all compounds ending in -olol or -alol must be β blockers. This name is generally used in medical and pharmacological publications, and these generic names are controlled by the International Non-proprietary Name Committee, the United States Adopted Name Council, and a variety of other bodies that try to maintain some sort of order. Generally, companies are not too worried if the generic name for their product is difficult to pronounce or remember because this will increase the chances that the prescribing doctor will use the trade name that the company itself has chosen.

As for the trade name, in Britain propranolol made by ICI is marketed as Inderal; because the patent has expired it is also sold by Berk as Berkolol and by Generics as Sloprolol. In East Germany it is sold as Obsidan, in the Netherlands as Prandol, and in Norway as Pranolol. The international drug directory, *Index Nominum*, for 1990/91 lists almost 300 trade names for aspirin, 220 for paracetamol, and 60 for propranolol.⁴

Choosing a good trade name for a drug from scratch has never been easy. A number of approaches are used. The most common are brainstorming sessions involving marketing, medical, and other staff within the company; competitions; and even the use of advertising agencies and sophisticated computer programs. The task is becoming more difficult all the time as the number of syllabic combinations that the average ear will find acceptable on the grounds of aesthetics and good taste is limited. Although none of the companies we talked to acknowledges that there is a problem, a number of drug names now sound and appear similar and we are beginning to see cases of dangerous confusion. For example, problems have arisen with Losec (omeprazole) and Lasix (frusemide),⁵ and, after discussions with the Food and Drug Administration, Merck Sharp and Dohme changed the name of their preparation to Prilosec. Despite this, one death due to this confusion was reported recently.⁶ There are now worries that Selegiline might be confused with Stelazine,⁷ and the problem is not confined to English speaking countries. The French have their own problems with their "faux semblants."⁸

Choosing a name that can be registered internationally is probably the hardest task of all, although the rewards in terms of product recognition can be high. Finding a name that will cross cultural barriers is fraught with difficulties because what sounds innocuous in one language can seem bizarre in another. To take a non-drug example, British tourists off the beaten track in France may come across a sign

The Naming of Cats

The Naming of Cats is a difficult matter,
It isn't just one of your holiday games;
You may think at first I'm as mad as a hatter
When I tell you, a cat must have THREE DIFFERENT NAMES.
First of all, there's the name that the family use daily,
Such as Peter, Augustus, Alonzo or James,
Such as Victor or Jonathan, George or Bill Bailey—
All of them sensible everyday names.
There are fancier names if you think they sound sweeter,
Some for the gentlemen, some for the dames:
Such as Plato, Admetus, Electra, Demeter—
But all of them sensible everyday names.
But I tell you, a cat needs a name that's particular,
A name that's peculiar, and more dignified,
Else how can he keep up his tail perpendicular,
Or spread out his whiskers, or cherish his pride?
Of names of this kind, I can give you a quorum,
Such as Munkustrap, Quaxo, or Coricopat,
Such as Bombalurina, or else Jellylorum—
Names that never belong to more than one cat.
But above and beyond there's still one name left over,
And that is the name that you never will guess;
The name that no human research can discover—
But THE CAT HIMSELF KNOWS, and will never confess.
When you notice a cat in profound meditation,
The reason, I tell you, is always the same:
His mind is engaged in a rapt contemplation
Of the thought, of the thought, of the thought of his name:
His ineffable effable
Effanineffable
Deep and inscrutable singular Name.

Reprinted with permission from *Old Possum's Book of Practical Cats* by T S Eliot. London: Faber and Faber, 1939.

advertising the facility "balltrap," which is simply the French name for the device that launches clay pigeons into the air.

Fortunately there are several ground rules to help choose a good name, although these are frequently—and often successfully—broken: keep it short, get as close to the proprietary name as possible (both make remembering easier), and try to have the first letter of the name near the beginning of the alphabet (this helps in appearing near the top of alphabetical lists). The universal preference for short names is illustrated clearly by the trade names in the *British National Formulary*.⁹ Less than 1% of names (10) have one syllable; 17% (341) have two; 66% (1298) have three; 14% (284) have four; 2% (36) have five; and less than 1% (4) have six or more syllables. Several approaches to choosing names have been taken; examples of the most common are provided in the table.

Approaches to choosing trade names of drugs

Name related to	Example
Activity	Corgard, Diuril, Glucophage
Generic name	Amoxil, Cefizox, Penbritin
Dosage	Combid, Dolobid
Route	Chymoral, Transiderm-Nitro
Company	Sandimmun, Robinul
Classical languages	Paxtibi, Surgam
Chirality	Darvon and Novrad
Sales message	Happy Trip, Ultram

Of course, what constitutes a "good" or "bad" name depends very much on the individual's subjective judgment. We have our own preferences and dislikes. So as not to upset anyone over the festive season, we have restricted our examples of "bad" names to products sold outside the United Kingdom.

Zantac (Glaxo) is a good name even though it breaks one rule by starting with the last letter of the alphabet; however, at the time of launch its only competitor was Tagamet. Zantac scores twice because the "antac"

(antacid) tends to stick in the mind. Glaxo is now showing signs of a mild addiction to names beginning with Z—Zinacef, Zinnat, Zofran. Tixylix (Intercare) is an odd name by any standards and is difficult to spell. It does, however, have a certain charm and sounds attractive. Prefil (Norgine), the appetite suppressant, is a minor classic of its kind: two syllables; simple; and the name captures the action of the product beautifully.

The prize for making the best use of seven letters must go to ICI for its succession of β blockers: Alderin, Eraldin, and Inderal. There is still a good bit of milage left in this combination—Derlain, Darnile, Rednail, and Ireland would do for another four β blockers.

Most of the following are not available in English

speaking countries and we believe that they are unlikely to make it internationally. Would you buy—or prescribe—Arsobal, Bumal, Kriplex, Nokhel, Rogorin, Snootie, or Widocillin?

1 Heller J. *Catch 22*. London: Cape. 1962.
2 Tolstoy L. *Anna Karenina*. London: Penguin, 1954.
3 Eliot TS. The naming of cats. In: *Old Possum's book of practical cats*. London: Faber and Faber, 1939.
4 Swiss Pharmaceutical Society. *Index nominum*. Stuttgart: Medpharm Scientific Publications, 1990.
5 Hoffman JP. More on "Losec or Lasix." *N Engl J Med* 1990;323:1428.
6 Faber J, Azzugnuni M, Di Romana S, Vanhaeverbeek M. Fatal confusion between "Losec" and "Lasix." *Lancet* 1991;337:1286-7.
7 Kurth MC, Langston JW, Tetrud JW. "Stelazine" versus "Selegiline"—a hazard in prescription writing. *N Engl J Med* 1990;323:1776.
8 Blain J. Faux semblants. *Revue Prescrire* 1990 October.
9 British Medical Association and Royal Pharmaceutical Society of Great Britain. *British national formulary* No 21. London: BMA, Pharmaceutical Press, 1991.

How heavy the patient?

Kirsten McKay, S Fozdar-Faroudi, Clive E Bowman

The measurement and monitoring of a patient's weight is a particularly useful index of progress in clinically diverse conditions such as pregnancy, heart failure, and ascites. We report a recent incident in our hospital in which uncertainty about a patient's weight occurred owing to failure of equipment.

Case report

A patient with decompensated alcoholic liver disease had gross ascites. Judicious bed rest and moderate diuretic treatment had resulted in a steady reduction in weight with clinical improvement and maintenance of normal electrolyte balance. A weight gain of 2 kg occurred unexpectedly overnight. The patient volunteered that the scales he had been regularly weighed on had broken and that, on this occasion, he had been weighed on scales in an adjoining ward. The patient agreed to tour the hospital for further weighings. He was weighed on a total of 14 devices in 11 clinical areas; the readings varied between 61 and 64 kg (mean 62.52 kg) (table).

Patient's weight according to type of equipment at various locations within hospital

Location	Type of equipment	Weight (kg)
Medical ward:		
A	Sitting, sliding weight balance	62.9
B	Sitting, sliding weight balance	63.6
	Hoist with electronic weight readout	63.4
C	Sitting electronic device	62.1
D	Sitting scale	Non-functioning
Surgical ward:		
A	Standing weight balance	61.0
	"Bathroom" scales	62.5
B	Sitting weight balance	62.5
	"Bathroom" scales	61.0
C	Sitting weight balance	62.4
	"Bathroom" scales	62.0
Antenatal ward		
Intensive care or cardiac care		
	Sitting weight balance	62.5
Accident and emergency department		
	"Bathroom" scales	64.0
Outpatient department		
	Standing weight balance	62.9
Considered weight		62.5

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Comment

This patient avoided potentially dangerous therapeutic changes by drawing our attention to the variation in equipment used for his weighing. We noted that there were 10 varieties of weighing device currently in use in the hospital and that the greatest consistency of results seemed to be obtained with older, sliding weight devices. Simple equipment may not be high tech, but, as has been shown for sphygmomanometers,¹ equipment whose working can be understood is far less likely to become inaccurate.

Clearly, weighing devices must be regularly checked and calibrated. Patients having important sequential measurements should be weighed consistently on the same equipment and the scales used identified on their charts. Finally, the purchase of weighing devices should be subject to proper technical scrutiny—domestic bathroom scales are simply not adequate for clinical practice.

We thank Gary James, medical artist at Bristol Royal Infirmary, for the illustration, and our patient.

1 Bowman CE. Blood pressure errors with aneroid sphygmomanometers. *Lancet* 1981;i:1005.