(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?

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4 Swiss Pharmaceutical Society. *Index nominum*. Stuttgart: Medpharm Scientific Publications, 1990.
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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.
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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.

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