Restoring public health principles

There is still time to ameliorate this policy. Firstly, the government should reaffirm the principle of universality by requiring that care trusts serve, and are reimbursed on the basis of, geographical populations rather than practice lists. This will preclude any tendency to cherry pick and minimise a drift to private health care insurance. Secondly, the central recommendation of the Royal Commission on Long Term Care—that personal social care be provided free at the point of delivery and funded from general taxation—should be implemented (as it is in Scotland). This will make it more difficult to make care a personal responsibility and prevent NHS care trusts from shunting costs to individuals and introducing eligibility criteria for NHS care. Thirdly, commercial activities such as the sale of private health insurance and private health care should be prohibited from any premise in which the NHS pays for care. This would prevent the blurring of the boundaries for responsibility for funding care and conflicts of interest as trusts struggle to meet their statutory financial duties. Fourthly, the bill should remove the statutory financial duties on trusts, including capital charges. It should also abolish the contracting system, which drives market behaviour. Finally, it should establish proper mechanisms for local and parliamentary accountability to reverse the current democratic deficit. Unless the legislation is amended along these lines, Bevan's legacy and the principles of universality and comprehensive care upon which the NHS was founded will be destroyed, and the Health and Social Care Bill will indeed be the last act of the NHS.

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When I use a word …

Oh? Why?

The responses to the article in which I argued the case for using the term adrenaline rather than epinephrine as the recommended international non-proprietary name (*BMJ* 2000;320:506-9) were almost all supportive. And some of the respondents cited other difficulties with names of drugs. For example, Tom Sargent, a West Lothian general practitioner, mentioned hydroxocobalamin: "Look for it in the *British National Formulary* or *MIMS*," he wrote. "Hydroxocobalamin does exist. The 'fuzzy logic' between my ears allows the mark one eyeball to pick out the index entries for vitamin B-12 but [computer] search engines balk at the use of 'o' and 'y' in the middle of the word. Some have a built in ability to substitute by using a '?' or '*' but you have to be aware of the need to do so. Changes of drug name are not so easy to assimilate as might be thought."

As Dr Sargent implies, those who are accustomed to prescribing vitamin B-12 probably know well not to write "hydroxycobalamin" or to look for it as such in indexes to formularies and the like. But not everyone does. When I searched the titles and abstracts of articles listed on Medline, I found 268 instances of "hydroxocobalamin" and 48 of "hydroxycobalamin." There was even one publication in which both forms were used, in the English translation of the German abstract (*Ther Umsch* 1992;49:118-23), although I haven't seen the original paper to check. Now the number of articles in this survey is small, but this represents an error rate of 15%, which is high as these things go. For comparison, my latest count on gentamycin/gentamicin is 1144/11 070, an error rate of 9.3%. And for thrombocytopaenia/thrombocytopenia the total count since 1965 is 180/14 510, a 1.23% error rate; I last mentioned this error in 1996 (*BMJ* 1996;313:1201), since when the Medline counts have been 27/2731, an error rate of only 0.98%, which I'm glad to say represents a small improvement.

Why, when all other commonly used compounds begin "hydroxy-" should this one start with "hydroxo-"? Well, many common organic groups and radicals that contain oxygen, sulphur, or nitrogen can act as ligands, undergoing lone pair donation to metals that form complexes, as in the cobalamins, which contain the metal cobalt. When this happens, chemists use a different name for the radical; for example, hydroxy- becomes hydroxo-, sulfonyldioxy- becomes sulfato-, and ammonio- becomes ammine-. That's why the chemical name for cisplatin is *cis*-diamminedichloroplatinum and why hydroxocobalamin doesn't have a *y* in the middle.

O, so that's y.

Jeff Aronson *clinical pharmacologist, Oxford*

We welcome articles of up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.