techniques and the training of nurses in those techniques. To avoid a multiplication of methods with ensuing confusion it would seem highly advisable that some effort is made for centres with the greatest practical experience to get together and agree a standard method. We feel that the method depicted in the article is open to reasonable but serious criticism, and are unhappy that it may be accepted as a recommended and standard procedure.—We are, etc.,

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B. M. TRUSCOTT.
M. I. VENNEL.

Approved Names of Drugs

SIR,—It is highly desirable that drugs should be referred to and prescribed under officially approved names so that some degree of order may replace the present chaotic state of drug nomenclature in common use. It is therefore regrettable that so many of the new official names are lengthy, cumbersome tongue-twisters, tedious and difficult to the eye, the ear, and the memory. They commonly compare very unfavourably in these respects with their proprietary equivalents. A few examples of drugs in common use will illustrate this point, though it is surely well enough known already:

Official Name	Proprietary Name
Tranlycypromine	Parnate
Diphenhydramine	Benadryl
Chlordiazepoxide	Librium
Trifluoperazine	Stelazine
Methotrimeprazine	Veractil
Chlorpheniramine maleate	Piriton
Cyanacobalamin	Cytamen
Hydroflumethiazide	NaClex
Demethylchlortetracycline	Ledermycin
Isocarboxazid	Marplan
Acetazolamide	Diamox
Cyclopenthiiazide	Navidrex

This list is just a random sample but will perhaps serve to illustrate the point. However, many proprietary names are far from ideal in that they have an advertisement content and/or fail to indicate the type of drug to which they refer.

I am well aware of the argument in favour of the official ungainly monstrosities—i.e., that they attempt to offer some description of the chemical nature of the drug. Some do, in fact, give a reasonable clue to the chemical structure, but only to the tiny minority of practising doctors who are still (most of us never were) proficient in chemical terminology. Pharmacological chemistry is a highly specialized subject, and to expect every doctor in every type of clinical practice to be well versed in its detailed language is quite unrealistic and moreover is undesirable, because in order to achieve this he would have to neglect other studies and skills more relevant to his particular work. By all means let full proper chemical descriptions of all drugs be available for reference, but let these be really adequate proper chemical names and not the half-way house kind of compromise that is being foisted upon us; we have had dog latin and now we are having dog chemistry. For the rest of us ordinary mortals please let there be also officially approved drug names that are easy to read, pronounce, and remember, and which one's secretary can reasonably be expected to reproduce correctly in case notes and letters.

It seems rather silly to exchange nineteenth century poly-pharmaceutical for twentieth century polysyllabic pomposity. Surely it is possible to devise drug names

that are reasonable as words and at the same time give some clue as to the classification of the drug whether in respect of derivation, composition, or action. Our forebears did it—e.g., morphine, quinine, caffeine—and indeed it still can be done—e.g., cortisone, ampicillin—though one—viz., digoxin—has had to be taken over from a drug manufacturer.

Euphonious official names would stand some chance of being generally used in place of the present jumble of multiple proprietary names attached to the same preparation.—I am, etc.,

Aberdeen.

C. D. NEEDHAM.

Treatment of Oxyuriasis

SIR,—I read with interest the report "Single-dose treatment of oxyuriasis with pyrvinium embonate" (December 15, p. 1583). It is strange that this anthelmintic has not received more recognition by the practitioner as an effective oxyuricide. Probably most of the reports on the use of this drug appeared in journals for tropical diseases not read by the busy physician. You are therefore to be commended on publishing this report in the *British Medical Journal*.

Enterobius vermicularis (threadworm or pinworm) infection is widely prevalent in Egypt¹ and is a very common household affliction even in well-to-do families. Before the advent of pyrvinium embonate or pamoate its treatment presented serious therapeutic and economic problems. At present a single-dose treatment will cure the infection.

We treated 42 adult male patients infected with *Enterobius vermicularis* with a single dose of pyrvinium pamoate ("povan"). Three tablets (each tablet containing 100 mg. of the drug) were administered early in the morning before breakfast. The individual dose was approximately equal to 5 mg./kg. of body weight. All the patients were admitted on our wards at NAMRU-3 before treatment, and kept in hospital for 15 days following therapy. Three "Scotch" tape examinations were performed before treatment was given, and Scotch tape examinations were repeated in the early morning for ten consecutive days after treatment. The results are shown in the table. Thirty-nine patients were cured

Results of Treatment with Pyrvinium Pamoate ("Povan") of 42 Patients Infected with *Enterobius vermicularis*

No. of Patients	Dose	No. of Patients Multiple Scotch-tapes* Negative within 48 hrs. of Treatment	No. of Patients Multiple Scotch-tapes* Negative within 72 hrs. of Treatment	No. of Patients Treatment Failure
42	Single dose—three 100 mg. "povan" tablets	24 (57%)	39 (93%)	3 (7%)
6	Placebo	—	—	6 (100%)

* Scotch-tape examinations for *Enterobius vermicularis* were done on 10 consecutive days following single dose "povan" treatment.

by the single-dose treatment. Three patients continued to have positive Scotch tape examinations for pinworm ova up to the tenth day following treatment. A second dose promptly cured the infection in these three patients. There were no toxic side-effects.

There is little doubt that pyrvinium pamoate is a very effective and practical oxyuricide.—I am, etc.,

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