Letters to the Editor

Table 1. Inter-rater reliability of the Barthel Index (Cohen’s kappa) results for individual activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Clinical nurse</th>
<th>Residents</th>
<th>Kappa value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding</td>
<td>9.4 (1.8)</td>
<td>9.8 (0.9)</td>
<td>0.327</td>
</tr>
<tr>
<td>Bathing</td>
<td>3 (2.4)</td>
<td>3.3 (2.4)</td>
<td>0.683</td>
</tr>
<tr>
<td>Dressing</td>
<td>8.6 (2.2)</td>
<td>8.7 (2.4)</td>
<td>0.571</td>
</tr>
<tr>
<td>Grooming</td>
<td>4.6 (1.4)</td>
<td>4.6 (1.9)</td>
<td>0.395</td>
</tr>
<tr>
<td>Bowl</td>
<td>9.2 (2.2)</td>
<td>9.1 (2.3)</td>
<td>0.698</td>
</tr>
<tr>
<td>Bladder</td>
<td>8.2 (3)</td>
<td>7.7 (3.2)</td>
<td>0.589</td>
</tr>
<tr>
<td>Toilet use</td>
<td>9.3 (2.1)</td>
<td>9.2 (2.2)</td>
<td>0.636</td>
</tr>
<tr>
<td>Transfer</td>
<td>14 (3.2)</td>
<td>13.5 (3)</td>
<td>0.268</td>
</tr>
<tr>
<td>Walking</td>
<td>14.2 (3.2)</td>
<td>13.2 (3.7)</td>
<td>0.576</td>
</tr>
<tr>
<td>Stairs</td>
<td>7.9 (3.9)</td>
<td>7.5 (3.8)</td>
<td>0.403</td>
</tr>
</tbody>
</table>

Traumatic events and recall

SIR—I am writing to enquire from your readers whether they have any thoughts or are aware of research specifically relating to enhanced recall on events with high emotional valence? I am a psychologist who works with individuals who have been diagnosed with Alzheimer’s. I have been astonished how a number of my patients this week who are unable to tell me the current year correctly, or in some instances, where they are, are—a week on—asking me about news relating to the recent bombings on London public transport. Could it be that activation of the limbic system emotionally labels short term memory allowing it to be preserved and is this the same as déjà vu?

SIR—In their excellent article on hypodermoclysis (HDC), Barua and Bhowmick [1] did not mention an additional disadvantage of intravenous cannulation, which I also failed to notice when I wrote on this subject [2]. I refer to the wholesale destruction of superficial veins. Now, in my 85th year, I have only two ‘good’ veins left—the result of having numerous intravenous infusions.

Whenever I am sent to hospital, I lie in trepidation and pray that my veins will remain intact. Recently, when I was admitted to hospital for mild dehydration, I besought the young doctor to respect the integrity of my remaining veins and give me a subcutaneous infusion. It was to no avail but, luckily, my veins survived.

Why is the comeback of HDC so sluggish? One reason may be the assumption that it is suitable only in geriatrics and palliative medicine. HDC has been used with great success in many medical fields since Cantani first made use of it to treat cholera in Naples at the end of the nineteenth century [3]. As


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doi:10.1093/ageing/afi209

Response to: Hypodermoclysis—a victim of historical prejudice

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early as 1915, Smith attested to its safety in paediatrics in a series of 42 infants with acute illnesses [4].

Surely, when intravenous cannulation is carried out where HDC is indicated, this should be regarded as malpractice. Perhaps, the law will succeed where common sense has failed.

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doi:10.1093/ageing/afi182