

been seen to acknowledge the possibility that raters can make inferences about one another's rating behaviour by noting when pen moves to paper. Placing a screen between raters has been shown to result in a fall in the very high agreement about symptoms in joint interviews to the level for independent interviews (Robinson *et al.*, 1982), which raises the intriguing possibility that this very high agreement reported here and elsewhere, for example in the International Pilot Study of Schizophrenia (World Health Organization, 1973), has at least two components: one a measure of agreement about symptoms by psychiatrists, the other a measure of sensitivity between psychiatrists.

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Folate, Vitamin B₁₂ and Posture

SIR: Abou-Saleh & Chung-A-On (*Journal*, January 1987, **150**, 133) have reported a study of vitamin B₁₂ and folate plasma levels.

We observed in 23 patients who had been lying down for at least 6 hours, that standing for 30–40 minutes increased vitamin B₁₂ and folate plasma levels by more than 10%. Red cell folate levels decreased non-significantly by an average of approximately 2%.

The explanation of our observations is the following: as soon as the subject stands, fluid (up to 23% of plasma volume) leaves the circulation under the influence of hydrostatic forces, particularly in the lower limbs. As a result, there is an increase in concentrations of blood constituents such as red cells, proteins (Fawcett & Wynn, 1960; Hagan *et al.*, 1978), and protein-bound substances such as calcium (Husdan *et al.*, 1973), folate, and vitamin B₁₂, which do not readily pass through the capillary membrane. Hagan *et al.* (1978) have shown that standing for 35 minutes increases venous haematocrit, haemoglobin, and plasma protein levels by 10%, 10%, and 20% respectively.

Our observations underline the need to control posture and other factors which may change plasma volume (Husdan *et al.*, 1973; Abalan *et al.*, 1987) in folate and vitamin B₁₂ plasma level studies as in studies of other protein-bound vitamins.

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Transient Effect of Diazepam in Some Sub-acute Organic States

SIR: Aynsworth's report (*Journal*, January 1987, **150**, 110–112) of a patient with a catatonic state possibly related to viral encephalitis prompts us to comment on her finding in that patient of a brief return to apparent normality after intravenous diazepam. We note that she quotes previous reports in which intravenous barbiturate resulted in improvement in organic catatonic states.

Case report: A 19-year-old woman suffered severe hypoxic brain damage due to drug overdose, with a severe defect in short-term memory and attention span and a trans-cortical aphasia. At times she was mute or nearly mute. Grimacing and posturing was accompanied by disinhibited behaviour and apathy. For several months she refused to eat. Intravenous sodium amytal produced a striking temporary