median number of episodes of urinary incontinence over 48 hours was 0 for slight, 1 for moderate, and 6 for severe ($\chi^2 = 67.3$, $P < 0.001$; mean ranks 52.4, 79.0, and 141.1). These significant associations suggest that the severity index is measuring what it is intended to measure, the severity of the physical condition.

Sixty per cent of women in the two treatment groups moved to a lower severity index category after intervention. The surgery group had a significantly greater improvement in severity index than the clinic group (Mann-Whitney U test 442.5, $P < 0.001$). Change in severity index category was significantly related to both change in amount of urine leakage ($\chi^2 = 8.4$, $P = 0.015$ ) and number of episodes of incontinence ($\chi^2 = 24.1$, $P < 0.001$). The severity index thus detected changes in these measures of urinary incontinence associated with treatment.

## Comment

The severity index is a short, simple, valid, reliable, and sensitive measure of urinary incontinence in women. It can therefore be recommended for routine use.

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1 Elser DM, Fantl JA, McClish DK, and the Continence Program for Women Research Group. Comparison of "subjective" and "objective" measures of severity of urinary incontinence in women. *Neurourol Urodyn* 1995;14:311-6.

2 Sandvik H, Hunskaar S, Seim A, Hermstad R, Vanvik A, Bratt H. Validation of a severity index in female urinary incontinence and its implementation in an epidemiological survey. *J Epidemiol Community Health* 1993;47:497-9.

Baseline characteristics, measures of incontinence, and number (percentage) in each severity index category by patient group

| | Patient group | | |
|---|---|---|---|
| | Community | Continence clinic | Surgical |
| **Baseline** | | | |
| No | 79 | 75 | 83 |
| Characteristics: | | | |
| Mean (SD) age (years) | 76 (12) | 50 (14) | 50 (12) |
| Mean (SD) Barthel score (maximum=20) | 15.7 (3.2) | 18.5 (1.1) | 18.2 (0.9) |
| Mean (SD) abbreviated mental test score (maximum=10) | 8.5 (1.5) | 9.2 (0.8) | 9.5 (0.9) |
| Severity index category: | | | |
| Slight | 5 (6) | 16 (21) | 8 (10) |
| Moderate | 16 (20) | 33 (44) | 18 (22) |
| Severe | 58 (73) | 26 (35) | 57 (69) |
| Measures of incontinence: | | | |
| Median (range) urine leakage (g) in 48 hours | 292 (5-3257) | 41 (1-898) | 32 (2-822) |
| Median (range) episodes of leakage in 48 hours | 6.5 (0-47) | 1 (0-24) | 4 (0-23) |
| **After treatment** | | | |
| No | 0 | 60* | 69* |
| Severity index category: | | | |
| Dry | | 1 (2) | 41 (59) |
| Slight | | 15 (25) | 7 (10) |
| Moderate | | 27 (45) | 17 (25) |
| Severe | | 17 (28) | 4 (6) |
| Measures of incontinence: | | | |
| Median (range) urine leakage (g) in 48 hours | | 0 (0-542) | 0 (0-32) |
| Median (range) episodes of leakage in 48 hours | | 0 (0-37) | 0 (0-3) |

*Eighty five of these women (29 from the continence clinic and 56 surgical patients) reported in their urinary diaries that they were dry over 48 hours and declined to wear pads. A weight of urine of zero was assumed, although this could not be validated.

3 Sandvik H, Seim A, Vanvik A, Hunskaar S. A severity index for epidemiological surveys of female urinary incontinence: comparison with 48 hour pad-weighing tests. *Neurourol Urodyn* 2000;19:137-45.

4 Mahoney FI, Barthel DW. Functional evaluation: the Barthel index. *Maryland State Medical Journal* 1965;14:61-5.

5 Hodkinson HM. Evaluation of a mental test score for assessment of mental impairment in the elderly. *Age Ageing* 1972;1:233-8.

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### Correction

*Hepatitis associated with Kava, a herbal remedy for anxiety*

An editorial error occurred in this drug point by Escher and colleagues (20 January, p 139). The proprietary name for Kava should have been given as Laitan [not Laitain].

*A memorable patient*

## A magnificent woman

Usually she saw one of my colleagues about her chronic polycythaemia vera, osteoarthritis, oesophagitis, asthma, hypertension, and hypercholesterolaemia. My turn came when she had a fixed drug eruption. It wasn't too difficult to sort out with some judicious juggling of her medication. She was suitably impressed and started to see me with all her other problems, none of which I could solve. Gradually it dawned on me that she wasn't necessarily expecting a cure, more an explanation and a shared approach.

She was massively built but "carried herself well" (as my mother would have said). She was scarily intelligent and an accomplished cook, painter, and gardener. Her father, a Jewish urologist, had been turned out of several different countries across Europe. After a wealthy and privileged start her family had suffered hunger and poverty. Her father eventually became a general practitioner in a Nottinghamshire colliery town, where he was highly respected. In her own way she demanded respect. One could hide nothing from her.

At Christmas her polycythaemia switched into myeloid leukaemia. She demanded a frank prognosis, and her haematologist told her that she might not even get home for a final time. She summoned her solicitor and one of her doctors. It was the day after Boxing Day. To have ignored her request would have been like refusing to go to Buckingham Palace. I sat by the hospital bed blowing noisily into her tissues as she calmly informed me which sculpture or painting was to go to which doctor and why.

After her death I went to collect my painting. I would never have forgotten this fierce, independent, magnificent woman, but she was making sure that I wouldn't. It is, however, rather enormous (just like her).

Jane Rakowski *general practitioner, Liverpool*