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First use of nocturnal hemodialysis

Kidney International (2009) **76,** 230; doi:10.1038/ki.2009.129

To the Editor: Priority claims are often difficult to substantiate. Such is the case with the Canadian school of nocturnal hemodialysis, which has continuously refused to recognize that they were not the first to carry out overnight hemodialysis. Thus, the statement 'nocturnal hemodialysis, a technique first developed in the 1970s' published in *Kidney International*,[1] cannot be allowed to go unchallenged. On numerous occasions, I have pointed out to the Canadian nocturnal hemodialysis school that frequency of hemodialysis does not permit claims to originality in the use of the night for hemodialysis.[2] We were the first to report the successful use of unattended overnight hemodialysis in 1963[3–5] and this was recognized by Scribner[6] in 1966 when he stated 'Shaldon has taken a big step forward in this respect by demonstrating the feasibility of unattended nighttime hemodialysis'. The development of the high low venous pressure monitor, which was the key to safe overnight hemodialysis was also reported in the *Lancet* in 1963.[7] As regards frequency, we started in 1961 with two dialyses per week, but very soon increased the frequency to three, four, and even five dialyses per week. The system was reported in detail at the first meeting of the European Dialysis and Transplant Association in Amsterdam in 1964.[8]

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8. Shaldon S, Baillod R, Comty C *et al.* Eighteen months' experience with a nurse-patient operated chronic dialysis unit. *Proc EDTA* 1964; **1**: 233–242.

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Response to 'First use of nocturnal hemodialysis'

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Not being formal members of the Canadian School of Nocturnal Hemodialysis, we were unaware that there was controversy as to who first pioneered nocturnal hemodialysis. Shaldon makes a compelling argument that nocturnal hemodialysis was first performed in the 1960s.[1]

1. Shaldon S. First use of nocturnal hemodialysis. *Kidney Int* 2009; **76**: 230.

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Comparison of antioxidant activity of cilnidipine and amlodipine

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To the Editor: We have recently reported the CARTER study[1] and speculated that the greater antiproteinuric effect of cilnidipine may be due to the N-type calcium channel blockade. To confirm the CARTER study from another aspect, we focused on pharmacological differences between these two dihydropiridine compounds. Free radicals are necessary in physiological processes, but loss of redox homeostasis contributes to proinflammatory and profibrotic pathways in the kidney, which in turn lead to reduced vascular compliance and proteinuria.[2] Dihydropiridine derivatives act as lipophilic chain-breaking antioxidants.[3] However, Uesawa and Mohri[4] reported a big difference

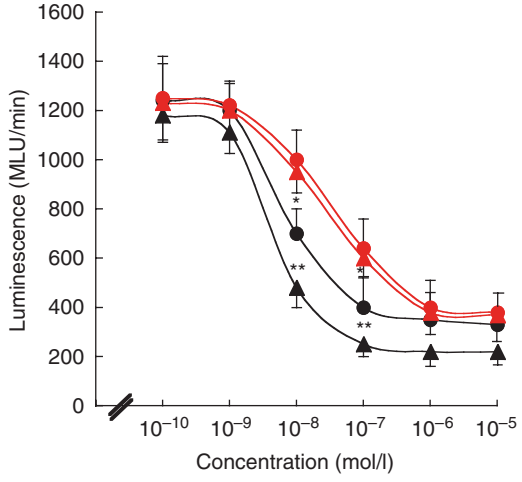

Figure 1 | Comparative inhibitory effect of cilnidipine and amlodipine on superoxide production from cultured human mesangial cells (HMSCs). Cilnidipine (black circles) and amlodipine (red circles) were added at the same time with ionomycin to the incubation medium of HMSCs. Effects of pretreatment with cilnidipine and amlodipine are shown as triangles (cilnidipine, black triangles; amlodipine, red triangles). HMSCs were pretreated with cilnidipine or amlodipine 1 h before ionomycin stimulation. $^{*}P<0.05$ vs red circle. $^{**}P<0.05$ vs black circle. Values are mean ± s.e.m. ($n=8$).