in the first trimester? In this way a more balanced picture of the condition may be obtained.

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¹ Kohn A, Parsons A. *Br Med J* 1978;ii:1216.

What the fetus feels

SIR,—I welcomed Dr H B Valman's excellent summary of early fetal awareness (26 January, p 233). In addition to simple sensory modalities, I am sure that the fetus responds to admixtures of complex sensations and of those hormones that derive from mother—for example, in singing, dancing, and vomiting.

When a mother undergoes ultrasound scanning of the fetus, this seems a great opportunity for her to meet her child socially and in this way, one hopes, to view him as a companion aboard rather than as a parasite responsible for the symptoms of pregnancy. Doctors and technicians scanning mothers have a great opportunity to enable mothers to form an early affectionate bond to their child by demonstrating the child to the mother. This should help mothers to behave concernedly towards the fetus throughout pregnancy and may be expected to increase the bond on childbirth.

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Dislocated and dislocatable hip in the newborn

SIR,—We were interested to read the article by Drs H B Valman and H V L Finlay (19 January, p 164). They correctly emphasise the importance of examining the neonate at a tender age, in a warm room, on a flat surface, and with the child relaxed. Without all of these measures errors in diagnosis will be made. We do not, however, agree that a clicking hip is necessarily normal and needs no follow-up or further examination.

In the Colchester and Chelmsford districts, from 1972 to 1976, we were able to compare two methods of managing such children. In Colchester all children who were found to have clicking hips were treated as though they had a dislocated hip—that is, by splintage for three months. In Chelmsford it was not the policy to treat children who were found to have clicking hips. Despite the screening procedures in these two districts some children with congenital dislocation of the hip continued to present late. No child who had had a clicking hip treated by splintage later presented with a congenital dislocation of the hip. Four children with clicking hips which were not treated later presented with a dislocated hip. In addition, four children who were examined by orthopaedic surgeons and thought to be normal were later found to have a dislocated hip.

In our experience, a child with clicking hip is manifestly at risk if only because of the difficulty which even experts have in successfully diagnosing a dislocated hip in 100% of cases. We feel that all children with a clicking hip should be treated.

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Infant feeding in Chinese populations

SIR,—We noted different feeding practices among the 99 Chinese children studied in Glasgow in 1974-6 from those reported by Mr THHG Koh in his article "Breast-feeding in Sarawak" (12 January, p 95). Only one (2%) of the Chinese babies born in Glasgow was breast-fed, while 38 (81%) of those children born in the country of origin had been breast-fed. This would seem to indicate how strongly Chinese immigrants are influenced by the infant feeding practices in the UK. Those Chinese mothers who had given birth in China or Hong Kong and who breast-fed did so on average for at least one year. The reasons given for not breast-feeding were: (a) Inconvenience—70%; (b) Insufficient milk—20%; (c) "Why not when there are so many types of artificial milks to choose from?"—5%; (d) "Unfashionable—we are not living in a village like Hong Kong now"—5%.

In contrast, however, to the change from breast- to bottle-feeding, Western habits had not influenced the Chinese mothers' attitudes to weaning. Solid foods were not introduced to the diets of the Chinese children till one year or later in 20 (43%) of those born abroad and in 21 (43%) of those born in the UK. The type of weaning food used by the mothers we studied was very similar to that reported by Mr Koh—that is, a porridge mixture with the addition of vegetables, meat, and fish.

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Postoperative pain

SIR,—Dr P C Rutter and his colleagues (5 January, p 12) have demonstrated that postoperative pain relief is more complete when morphine is administered intravenously rather than intramuscularly. This is one of several papers on this topic which do not seem to have paid sufficient attention to the psychological aspects of pain which may usefully be employed in its relief.

Egbert *et al.*¹ in a well-controlled study, demonstrated that "special care" from the anaesthetist could almost halve the dose of morphine required during the first five postoperative days. This involved preoperative instruction about the nature of the pain to be expected postoperatively, how to relax the muscles of the abdominal wall even when turning over, and about requesting analgesia when necessary. It also involved daily visits by the anaesthetist postoperatively. These patients actually experienced less pain, according to an independent observer, and were discharged on average 2.7 days earlier than the control group.

This result is important, firstly, because any trial of postoperative analgesia should describe in detail any such preoperative discussion with the patient. Secondly, the essential ingredients of Egbert's "special care" could usefully be employed to improve patient care even where facilities for intravenous administration of analgesia are not available. Thirdly, further research is needed to see whether "special care" combined with the new technology would still further reduce the morphine dose; this is necessary as Rutter *et al* report the potentially serious complication of "a

slightly more blunted mental state" with intravenous administration.

An anaesthetist's time is possibly more expensive and less readily available than morphine, but Leigh *et al*² have shown that there is no substitute for a personal visit to reduce preoperative anxiety. This reduction raises the pain threshold and can be quite simply achieved without necessarily involving the anaesthetist.²

Simple solutions should not be ignored when we are faced with the "apparently simple problem"³ of reliable postoperative pain relief. In recent reports of staff-patient communication, a medical student⁴ points out that "anxiety and fear are the inevitable consequences of poor communication between doctors and patients" and a student nurse⁵ reminds us that "recovery from a physical illness may be improved by considering the patient's mental as well as physical well-being."

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¹ Egbert LD, Battit GE, Welch CE, Bartlett MK. *New Engl J Med* 1964;270:825-7.

² Leigh JM, Walker J, Janaganathan P. *Br Med J* 1977; ii:987-9.

³ Anonymous. *Br Med J* 1978;iii:517-8.

⁴ Reynolds M. *Br Med J* 1978;ii:1673-6.

⁵ Dunkelman H. *Br Med J* 1979;ii:311-4.

Guidelines to aid ethical committees considering research in children

SIR,—The British Association of Paediatric Surgeons, of which I am honorary secretary, had the opportunity to study and discuss "Guidelines to aid ethical committees considering research involving children" (26 January, p 229) a few months ago. In general we feel that it is a very good document and we would like to support it. However, we are uneasy about the second premise on which the paper is based—namely, "that research should never be done on children if the same investigation could be done on adults."

We feel that this could be unnecessarily restrictive. What is to happen, for example, to the paediatric radiologist who has reason to believe that by an electronic modification of his screening apparatus he can reduce the amount of irradiation during micaturing cystourethrography by 90%? He must, of course, demonstrate that there is no lack of accuracy or clarity. In other words he must set up a formal study of this problem and that will involve children. Is he to wait until his adult colleagues have first of all done this procedure? This hardly seems the way forward for paediatric research.

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Depot medroxyprogesterone and vaginal bleeding in the puerperium

SIR,—We have read Mr H M Murphy's report on the effect of depot medroxyprogesterone acetate on vaginal bleeding in the puerperium (1 December, p 1400) with great interest and completely agree with his conclusions.