tensive drugs weight reduction contributes significantly to the improvement of blood pressure control.

At the Third International Congress of Nutrition in 1954 in Amsterdam, about the time when the first modern antihypertensive drug, rauwolfia, was introduced, I presented the results in a small series of hypertensive patients who had been treated only with diet restrictions and were followed up for several years. Their blood pressure readings were compared with those of a larger series of obese normotensive patients. They all had diet sheets and were strictly supervised, though there were few dietitians available for research work at that time.

The normotensive obese group lost a mean of 18.4 kg in weight; their blood pressure fell by a mean of 17/10 mm Hg and this was maintained for nearly six years. The hypertensive group lost a mean of 8.1 kg in weight; their blood pressure was reduced by a mean of 26/13 mm Hg and this was maintained in 21 patients for a mean of 4.8 years. The blood pressure control appeared to be less efficient in men than in women as time passed.

As the Glasgow workers remark in their excellent paper, there was even then no great enthusiasm either among doctors or among patients for dietary restrictions, but in the absence of potent drugs the dietary approach to the problem of hypertension appeared to be effective.

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¹ Leitner, Z A, *Voeding*, 1955, 16, 107.

Communication in hospital

SIR,—Maureen Reynolds (24 June, p 1673) is to be congratulated on her article. Many practitioners will have been aware of their inefficiency in explanation of any proposed procedure while acknowledging that apprehension in new surroundings may lead to poor absorption of any information given to the patient.

In a short internal study in our antenatal and gynaecological clinics we found:

Antenatal clinic (78 (patients))	Yes
Do you understand what your Doctor has told you?	94.9%
Was an epidural explained or discussed with you?	10.2%
Was contraception explained or discussed with you?	43.5%
Were any investigations discussed with you?	50%
Was breast-feeding discussed?	66.6%
Were mothercraft/parentcraft classes discussed?	79.5%
Did you forget to ask your doctor anything?	10.2%
(Reasons given: nervous—6 patients; confused—1 patient; clinic too busy—1 patient.)	

One patient actually said she enjoyed her visit, while another stated that there was a general lack of communication and not enough explanation of routine tests.

Gynaecological clinic (41 patients)

Here only two patients were vague about what their doctor had told them and the rapport between staff and patients was improved to the extent that all patients were happy with their consultation and one commented on the good communication, while another described her visit as "quite fantastic."

Communication in medicine, however, remains a problem. There will always be patients who fail to ask further details regard-

ing their management and I have therefore produced two booklets, one on health care in pregnancy and one on donor insemination, which are given to all appropriate patients at their initial consultation. Such literature is not a replacement for discussion but synergistic with it, and many other explanatory short booklets are planned on hysterectomy, sterilisation, laparoscopy, etc.

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Management of severe acute asthma

SIR,—Dr A J R Waterson (20 May, p 1350) rightly cites subcutaneous terbutaline as the alternative to adrenaline in treating the acute asthmatic child, either at home or in first-line hospital management, but suggests that it has never been compared with adrenaline and experience of its use is limited.

On the contrary, terbutaline has certainly been compared with adrenaline,¹⁻⁵ 0.25-0.5 mg terbutaline giving at least as effective bronchodilatation as routine doses of adrenaline and often showing longer duration of effect. Subcutaneous terbutaline is, moreover, well documented in children⁶⁻⁹ even as young as 6 months old, in whom no clinically significant side effects were recorded on account of the drug's high β_2 selectivity. To date it remains the sole selective bronchodilator authorised for parenteral use in children.

Understandably, therefore, experience of using subcutaneous terbutaline is extensive both throughout the world and in Britain; indeed, over 350 000 units have been administered in the United Kingdom since its first availability in 1971.

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- ¹ Glass, B, *et al*, *Current Therapeutic Research*, 1973, 15, 141.
- ² Amory, D, *et al*, *Chest*, 1975, 67, 279.
- ³ Enn, N, *Scandinavian Journal of Respiratory Diseases*, 1971, 52, 192.
- ⁴ Verstraeten, J, *Acta Tuberculosa et Pneumologica Belgica*, 1971, 62, 192.
- ⁵ Sackner, M, *et al*, *Chest*, 1975, 68, 616.
- ⁶ Hansing, B, *et al*, *Acta Allergologica*, 1972, 27, 130.
- ⁷ Kussafsky, E, *et al*, *Acta Allergologica*, 1974, 29, 256.
- ⁸ Sly, R, *et al*, *Journal of Allergy and Clinical Immunology*, 1977, 59, 128.
- ⁹ Courtenay-Evans, R, *Update*, 1974, 7, 157.

Assessment of fetal movement

SIR,—In the study by Mr A Gettinger and others (8 July, p 88) comparing objective (ultrasound) and subjective (maternal reporting) methods of assessing fetal movements conditions hardly simulated those under which women would normally count daily fetal movements. Maternal movement and position change may very well alter the frequency and vigour of fetal activity and most certainly maternal perception of them.

Ultrasonic observer error is likely to be significant because of (1) a lack of exact definition of what constitutes a fetal movement and (2) a tendency to the mean in reporting non-discrete observations so that when the number of movements decreases there will be a tendency to interpret small movements as significant. This may account for the divergence seen at low levels of activity.

The relationship between decreased fetal movements and fetal distress was established using maternal reporting.^{1,2} Therefore the lack of correlation between subjective and objective methods does not invalidate the former but casts doubt upon the latter. Unless it can be shown that ultrasound is more accurate as an indicator of fetal distress comparison of the two methods is not valuable.

The tendency to assume that objective technological methods are better than patient reporting is dangerous and costly. In this case, where intra- and inter-observer variation is likely to be large, assessments of specificity, sensitivity, cost-effectiveness, and acceptability are needed before it should replace patient participation.

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¹ Pearson, J F, and Weaver, J B, *British Medical Journal*, 1976, 1, 1305.

² Sadovsky, E, and Yaffe, H, *Obstetrics and Gynecology*, 1975, 41, 845.

Victory for related ancillary staff

SIR,—Let us give unreserved congratulations to Dr and Mrs Glanvill for the successful outcome of their long struggle for justice for some doctors' wives. Let us hope that our negotiators will now appreciate that courage and determination still pay off. But above all let us hope that the profession will live up to Mr Justice Talbot's assessment of us and that only those doctors whose wives are truly employed as ancillary help on a regular basis will apply for the reimbursement of their payment.

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Honorary retirement contracts

SIR,—When I retired in April 1975 the reorganisation of the previous year had made me an employee of three area health authorities, but still being remunerated by one—Dyfed. I was offered an honorary contract, without which the Welsh secretary of the BMA informed me I would be regarded as technically a trespasser if I entered any of the hospitals at which I had worked. It took me about 18 months to get a legally acceptable contract and then only for Dyfed.

I then approached the Powys Area Health Authority, whose medical administrator informed me that they granted no such contracts, but it was evident that this had never been put to the area health authority itself. I insisted that it should and almost unanimous approval was given to it.

Gwynedd Area Health Authority, however, proved refractory and their administrators (medical and lay) ruled that it had never been their policy to grant such contracts. This is contrary to the wishes of their medical committee, which is trying to get the policy altered but so far without success.

This summer a former colleague, whose commitments are geographically identical to my previous ones, asked me to do a holiday locum for him. I agreed on condition that it was clearly understood that I would not do any of his work in the Gwynedd area. He wrote to that authority to this effect, to which the area medical officer replied that the "policy in Gwynedd is that retiring consultants should be designated consultant