

Preventing eclampsia: art or science?

Edited by Prof Caroline de Costa
FRANZCOG

We are pleased to publish a letter from Dr Richard Lewis, a retired Fellow of both RANZCOG and RCOG. The arrival of Dr Lewis' letter seemed particularly timely as we prepared this issue of *O&G Magazine*. While all of us would believe that our current management of severe pre-eclampsia is evidence-based, we would still have to admit that we do not know the cause of the condition. Dr Lewis describes his time at Sydney's Crown St Women's Hospital in the mid 20th century, when the Medical Superintendent, Dr Reg Hamlin, had instituted a system of management of pre-eclampsia that masterfully combined both science and art. Dr Hamlin later went to Ethiopia with his wife, Dr Catherine Hamlin, where they established the Addis Ababa Fistula Hospital. Reg died in 1991 but Catherine, an Honorary FRANZCOG, and now well into her eighties, still works tirelessly for women with fistulas and the hospital has recently celebrated its 50th anniversary.

We recommend to readers the landmark 1952 *Lancet* article in which Reg Hamlin details his protocols for the detection and management of pre-eclampsia, and which was widely quoted for many years following in other journals (link to the article can be found free online at: www.thelancet.com/). His regimen had seven steps that he based on careful observation of the condition and he ensured that these were meticulously followed by all staff, so that he was able to write: 'Eclampsia here has been abolished by antenatal care and the prevalence of pre-eclampsia greatly reduced by means of (these) measures'. Among his stratagems was his method for dealing with patients who did not turn up for clinic appointments. Having noted that the worst cases of pre-eclampsia occurred in 'bad attenders', he ordered that letters or telegrams be sent to the women, followed by a visit from the hospital almoner if that failed. 'A rather drastic procedure was adopted with those who lived in distant suburbs and did not reply... The nearest police station was telephoned and the police asked to deliver the message that an immediate visit to hospital was expected. Excellent results followed this procedure in most instances.'

This is a remarkable article by a very remarkable man. We thank Dr Lewis for his contribution to this edition of *O&G Magazine*.

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Dear Editors,

The excellent editorial in *The Australian and New Zealand Journal of Obstetrics and Gynaecology* (June 2009) emphasising the significant morbidity and mortality associated with pre-eclampsia was reinforced by my meeting recently with two friends of my wife, one of whom has been having renal dialysis three times per week for many years following eclampsia 30 years ago. The other lady told me about her 34-year-old granddaughter, who in her first pregnancy with twins fitted 15 hours post-caesarean section. She had developed signs of pre-eclampsia at 35 and a half weeks but was sent home after two days of hospitalisation, only to return days later with severe pre-eclampsia requiring immediate delivery. Three years later, she has no residual kidney problems or heart failure, but she made the comment that in her antenatal classes no mention was made of pre-eclampsia or its potential dangers.

I was fortunate to be a member of the resident staff during Dr Hamlin's time as Medical Superintendent at Crown Street. I was impressed by the man and his ability to unify his team of medical and nursing staff. He laid down parameters for the supervision of patients having antenatal care and confinement at the hospital that were strictly observed. At his request, he was informed on each occasion of every booked patient whose findings were outside these parameters and they were treated with an appropriate regime. He personally saw all these patients during their time in hospital. I can vouch for the fact that in the two years I was there, we had 10,000 deliveries of booked antenatal patients without one case of eclampsia.

Dr Hamlin's 1952 article tells how eclampsia can be prevented.¹ By following his teaching, over a 40-year period of obstetric practice, I was fortunate in not having one mother develop eclampsia.

It would seem helpful if midwives' lectures to pregnant women contained some mention of pre-eclampsia, emphasising that severe pre-eclampsia/eclampsia is not a common condition but is still a dangerous one.

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1. Hamlin, RHJ. The prevention of eclampsia and pre-eclampsia. *Lancet* 1952; 1(6698):64-68. (www.thelancet.com/)