Introduction
"Incidence of Eclampsia is an index of the civilisation of a people if by civilisation we infer education and antenatal supervision".

- PROFESSOR GREEN ARMYTAGE (1928).
INTRODUCTION

Outside the Chicago lying-in Hospital, the pedestal reserved for the person who establishes the cause of the 'preeclampsia/eclampsia' syndrome, remains vacant in spite of many avenues of research investigated by obstetricians, pathologists and immunologists (J. Studd, 1978). Toxaemias of Pregnancy is now almost an outdated terminology since "it is no longer believed that this disorder is caused by a toxin" (Ten Teachers, 1976). Instead the term 'eclampsia-preeclampsia' is now more commonly used by the recent authors in this field. However, the old nomenclature has remained in the textbooks as well as in the day to day clinical practice. Toxaemias of Pregnancy have remained "disease of theories" (Zweifel 1895, Jeffcoate 1966) as its etiopathogenesis is still not clear and a definite line of treatment is yet to be established and accepted universally. Moreover, complete prevention of pre-eclampsia has not yet been established and at present the aim of management is directed towards arresting severe pre-eclampsia and eclampsia, which make the prognosis worse. It is a fact beyond doubt that good antenatal care, early diagnosis, timely hospitalisation, adequate sedation and judicial interference of the pregnancy at proper time may modify the course of pre-eclampsia, and may also help in preventing the eclamptic fits.

Though some solace has been afforded in the Western World in that this disease is dimishing in frequency and severity
(J. Studd, 1978), yet it has not been possible even by the most developed countries to eradicate eclampsia completely (one in 1000 to 1500 deliveries in U.S.A. - William's Obstetrics, 1976; one in 1000 deliveries in Great Britain - Ten Teachers, 1976).

In U.S.A. hypertension in pregnancy still remain a common complication of pregnancy and form one of the great triad of complications responsible for majority of the maternal deaths (Pritchard and Macdonald, 1976). In U.K. also, the maternal mortality rate in eclampsia is as high as 5% (Ten Teachers, 1976).

What has been possible by the Western World to achieve since the conception of antenatal care in the year 1901, still remained a dream to the obstetricians of the developing countries, where many a maternal and perinatal lives are lost from toxæmias of pregnancy each year. Preeclampsia - eclampsias are quite common in India, especially in the eastern and southern parts of the country. The following incidence of eclampsia were quoted by different workers in a recently held (1977) 'All India Seminar on Toxaemias of Pregnancy' - West Bengal : 1% to 3% (0.95% to 1.1% in Calcutta, reported by R. Das et al & 3% in District Hospital reported by Gun, K.M.); Madurai : 1.5% (S. Sivakamasundar et al) Calicut : 0.97%, (I.M. Das et al). The overall incidence of eclampsia is given as 1 - 2% and that of pre-eclampsia about 10% of all births (Upadhyaya, S.N. - 1975).

The high toll that is taken by the toxæmias of pregnancy of maternal and infant lives in India, are dreadful. A thorough clinical and biochemical exploration of toxæmias of pregnancy
in general and eclampsia cases in particular was thought necessary by the present workers in view of the high incidence of the disease and comparatively higher maternal and perinatal mortalities in India and because of extreme rarity of full blown cases (eclampsia) in other countries. It was also thought necessary to study the coagulation status of the patients, since now-a-days the basic changes in eclampsia are believed to be related with the change of coagulation pattern. A detailed study in this regard was thought to render active help towards sorting out the problem of etiopathogenesis of the disease.
OBJECTS OF THE STUDY

1) To find out the incidence and types of eclampsia and to study the effect of proper education, antenatal care, parity, age and socio-economic conditions.

2) To detect any meteorological influence on the incidence of eclampsia.

3) To analyse of the maternal deaths and perinatal outcome in eclampsia.

4) To find out the eclampsia - psychosis correlations.

5) To find out the possible role of nutrition by estimation of blood haemoglobin and plasma total protein in 'pre-eclampsia - eclampsia'.

6) To investigate the urinary system in 'preeclampsia - eclampsia'.

7) To investigate the extent of central nervous system involvement in 'preeclampsia - eclampsia'.

8) To investigate the coagulation pattern (studies of fibrinogen and fibrinolytic activity) in preeclampsia-eclampsia for detection of any alterations, which might point towards the possible etiopathogenesis of the disease.