A+ Science Newsletter

“Hope is the companion of power, and mother of success; for who so hopes strongly has within him the gift of miracles.”

Samuel Smiles

Our colleague Mario Clementi, Head of Pharmacovigilance at A+ Science has published the below interesting article on LinkedIn. We would like to share it with our readers. This is the story of how it all started:

Pharmacovigilance started 172 years ago (January 28, 1848) when Hannah Greener died from the effects of chloroform. She was a 15 years old girl from the north of England and had received chloroform as an anesthetic before a simple procedure to remove an infected toenail. She paid the highest price for that.

The anesthetic properties of chloroform had been discovered by Sir James Simpson, a Scottish obstetrician, only a few months earlier on November 4, 1847. Think about it. Today we run clinical trials for many years before a drug is approved (if it is approved). Simpson and his two colleagues, Drs Keith and Duncan, used to sit every evening around Dr Simpson's Queen Street dinner table in Edinburgh to try new chemicals to see if they had any anesthetic effect. This evening they decided to try chloroform (I don’t know if you agree, but to me this sounds more as a party among friends, rather than a controlled clinical trial). Anyway, after inhaling the drug suddenly all three gentlemen collapsed only to regain consciousness the next morning. Simpson knew, as soon as he

woke up, that he had found something that could be used as an anesthetic, although it was considered unsafe for humans. Before that, it had been used to anesthetize large animals since 1842 by Robert Mortimer Glover.

It is impossible, more than 170 years after the event, to identify definitively what killed Hannah Greener. Lethal arrhythmia and pulmonary aspiration were both considered to be equally valid hypotheses.

What happened next? Following other death cases as well as alerts about the safety of anesthesia raised by physicians and the public, The Lancet Journal set up a commission to deal with this problem. The commission encouraged English doctors, and those in the colonies, to report deaths caused by the anesthesia. The results were described by WA Stevenson in The Lancet on 18 March 1893. The concept of Pharmacovigilance was born.

What can we learn from this story? Today we are lucky to live in a world where drugs are approved after clinical trials, and not after a dinner party. But even after clinical trials the safety information is still limited at the time when a drug enters into the market. Therefore, we who work with pharmacovigilance play a crucial role in protecting patients, by collecting safety information and by taking action in response to safety issues.

Mario Clementi

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