

## IS THERE NEW HOPE FOR EPILEPTICS?

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A HALF million persons in the United States are epileptic, or more than five for every physician who practices general medicine. Appeals from the afflicted and their families flow constantly to the American Medical Association and into the offices of doctors. The burden of these appeals is an anxious plea for knowledge to cut through the miasmatic misinformation and ignorance which surround the subject.

"What can be done to cure epilepsy?" is the common question. Others run in a similar vein: "My fiancé has a sister who has epileptic convulsions; shall I marry him?" And again, "If one child in a family has epilepsy, what are the chances that other children will have it, too?" One sentence occurs in pathetic reiteration: "Any advice, help or enlightenment you can give me on the subject will be greatly appreciated."

Yet the condition called epilepsy is centuries old. It is depicted in the art and literature of ancient civilizations and in Scriptural writ-

ings. The ancients thought it was possession by devils. They bored or scraped holes in the skull and attempted cures by incantations and exorcisms. At various periods in history, epilepsy has been known as spitting disease, filthy disease, falling sickness and fits. Its modern name comes from the Greek, meaning "to be seized." Present day physicians sometimes object to the term because it describes merely a symptom, a seizure which may be due to many causes. Doctors Pollock and Stone, of Northwestern University, use the words "convulsive state"; Dr. William C. Lennox and his associates, of Harvard, prefer "paroxysmal cerebral dysrhythmia" — recurring brain irregularity.

No matter what he calls it, every non-medical person has well-established ideas about epilepsy and most of them are wrong. He knows that the disease is hereditary (which many physicians deny); that it is always accompanied by or results in feeble-mindedness (which is not true); and that usually noth-

ing can be done about it (not true, either). Worse, he is prone to believe that some sort of stigma or shame attaches to it and he must hide his (or his relative's) condition from friends and the community. It is sometimes suggested that a new name might help dissociate epilepsy from its old barnacles of misconception and misinformation. Perhaps it might, but it would involve teaching a new name for an old disease to at least two generations of epileptics, their families and friends. Successful attacks have been made on other diseases under their familiar names — witness diabetes and cancer, not to mention tuberculosis, of which only the crassly ignorant are now ashamed.

Whatever its name, epilepsy has been a dreaded, hopeless malady to millions of human beings. If there is new hope in modern medical knowledge for its victims, the news will be welcome.

Let us say at once that no cure for epilepsy has been found, if we use "cure" in its popular sense, meaning to do away with seizures promptly and permanently in all or practically all cases. There is no cure for diabetes, either, yet increasing numbers of diabetics live long and well by making judicious use of diet, exercise and insulin

under close medical supervision. On the other hand, we have a cure for diphtheria but we still have the disease and too many children still die of it. The situation in virtually every disease is similar in one respect: the knowledge we possess and could use is not put to the widest possible use because knowledge spreads slowly and superstition dies hard.

Epileptics, their families and friends, need to know certain facts about epilepsy. First, it is not one disease but a group of causes underlying a single prominent symptom, the convulsion. Second, not all epileptics have convulsions; convulsions are only the typical symptom of so-called *grand mal*. Others may have transitory and almost unnoticeable "lapses" of memory or attention, or minor twitchings without loss of consciousness. This is called *petit mal*. Still others have sudden outbursts of temper, emotionalism or illogical conduct, known as psychomotor equivalents. Third, the common form of headache known as migraine, to which no stigma attaches, may be and probably is closely allied to epilepsy. Fourth, epilepsy is not directly inherited. Fifth, epilepsy is not always accompanied by nor does it invariably result in feeble-mindedness or mental deteriora-

tion. Sixth, many convulsive patients can and do complete their educations, live normal lives, make their own living in business or the professions with only such obvious limitations as inability to drive automobiles, engage in hazardous occupations, or climb heights. Seventh, and perhaps most encouraging of all, much can be done for many patients. In fact, there are those who can be freed from their seizures for years, if not permanently, and some may even go without medication after a time.

The patient who suffers from seizures has to fight not only his disease but its social and economic consequences. Humans shrink from unpleasant experiences. The epileptic has difficulty in completing his education even when his condition does not prohibit school attendance. He lacks adequate treatment because parents do not know that much can be done for many patients. He seeks employment vainly even when he is quite safely employable. His friendships and social contacts suffer; the misunderstanding, ostracism and unintentional cruelty practiced upon him by the ignorant may seriously affect his personality and mental development. What hope, the patient may ask, can come from this vicious circle?

Modern study has turned up several significant facts which inspire optimism. It is now known, for instance, that not all convulsive attacks are due to the apparently mysterious and unexplained condition known as idiopathic epilepsy. Convulsive seizures in infants have been greatly reduced by the knowledge and understanding of calcium and vitamin D metabolism in the body and the resultant universal feeding of vitamin D in some form to babies. Seizures in children may be due to infectious diseases and are by no means always, or even frequently, followed by epilepsy in later life. Injuries, infections, softening, blood clots or scars in the brain may give rise to a special type of convulsion known as focal or Jacksonian epilepsy, which can often be remedied surgically. When careful studies have eliminated all these special types, others remain for which no apparent cause can be found and they must be regarded for the present as true convulsive states, although even this group may be diminished by disclosure in future studies of specific causes for some of them.

In the epilepsies or convulsive states without apparent cause, observers have noted alkaline or acid tendencies of the body chemistry, balance of water intake and

elimination, disturbances of sugar utilization in the body, disturbances of glandular function, diet and other influences. No single observation has yielded the key, though some patients have been benefited by restricting the water intake, others by a diet which tends to reduce body alkalinity—the so-called ketogenic diet. Recently, electrical impulses originating in the brain have been studied by use of the electroencephalograph, or brain-wave recorder, in a manner similar to the study of the heart by the more familiar electrocardiograph. The brain-wave record has shown typical deviations from normal in the waves recorded during attacks of *grand mal*, *petit mal* and psycho-motor attacks. This suggests that it may be possible to recognize epileptic tendencies in apparently normal persons.

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Patients tend to center their interest in drugs for the treatment of epilepsy. Actually, other factors are of equal importance. According to a report made in a Northwestern University study, there is “urgent need for the institution of a sound regime of hygiene, including diet, exercise, care of the bowels, avoidance of infections, relief of (other

bodily disturbances, and avoidance of alcohol and similar toxins.” In short, the epileptic must first learn how to live intelligently, with the aid of his doctor. There is also a need to face and overcome unfounded prejudices. Some of the severe and intractable cases, and those with mental defects, must have special provisions for education. They may be unable to work or may require institutional treatment, but large numbers of them can and should live normally, except for the care they take to follow medical advice and avoid certain accident hazards.

When these basic matters have been encompassed, the doctor will advise drugs and how to use them. The drugs are bromides, phenobarbital and some others experimentally, notably the newly introduced dilatin sodium. Phenobarbital and bromides are general sedatives. Dilatin sodium is an anti-convulsant but not a sedative. It is quite the opposite and often makes the patient over-alert, jittery and unsteady. In any event, the patient needs no detailed knowledge of drugs and their actions. He is better off to follow the doctor’s advice and take no drugs (or advice, for that matter) without consulting his physician. It is worth noting that bromides,

often regarded as drugs which deteriorate and brutalize the patient, can be given without these effects and with very few skin rashes. Blood determinations of the bromide content help the doctor adjust the dose; they also expose the patient who says he has been taking his bromides without benefit when he has actually not done so.

A wider knowledge of the facts is needed. To this end, there has been organized a Laymen's League Against Epilepsy, which may be addressed in care of Harvard Medical School, Boston. It is the hope of this League to improve the lot of the epileptic by making knowledge more available, mitigating the unwarranted social stigma which attaches to the convulsive patient, mobilizing public opinion toward more liberal provision of funds for research, and throwing its weight into the scales against quackery.

A persistent type of quackery, greatly diminished in recent years, is the mail order sale of cures for epilepsy. The secrecy, ignorance and prejudice associated with the disease have combined to make a tempting opportunity for the mail order medicine vendor and he has capitalized it with cynical efficiency. The operation of new Federal laws governing drugs and

prescribing by mail will minimize the abuse but the spread of knowledge will do even more to defeat the quack. Mail order treatments for epilepsy contain no drug not known to the physician. These treatments favor indiscriminate medication, with the dosage either ineffective or dangerous. They cost the patient more than medical treatment, plus the cost of necessary drugs purchased at ordinary drugstores.

The modern concept of epilepsy, implicit with encouragement for its victims, may be summarized succinctly as follows:

All types of convulsive seizures were once called epilepsy but many are now recognized as due to injuries, brain softening, tumors and brain scars.

Most patients were once treated only for the symptoms but many are now treated successfully by surgery, especially those with the causes named above.

Sixty per cent of epileptics are mentally normal and remain so.

Seventy-five per cent of the mentally normal can be completely or largely relieved of their seizures.

Many epileptics can safely marry and some can become parents.

Drugs can be used successfully without injuring the mentality or personality of the patient.

While it is *literally* true that there is

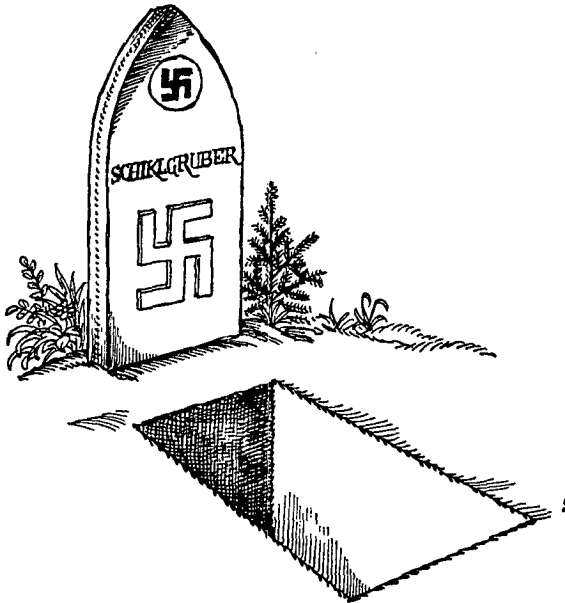
no cure for epilepsy, *practically* it is possible to keep many patients in a state of substantial freedom from seizures.

Many epileptics not only make a living, but succeed brilliantly in law, medicine and other learned professions.

Epilepsy is coming to be recognized as a misfortune rather than a disgrace.

Finally, and perhaps most important of all, there is a new light on the horizon — a determination

to mobilize against the disease in somewhat the same manner utilized so successfully in the drives against tuberculosis, infantile paralysis, diabetes and the social diseases. The principal encouragement for epileptics and their relatives lies in a rising determination to dispel ignorance and prejudice, to use existing knowledge to the full and search for more, and to replace hopelessness with hope.



*Lebensraum*

ARTHUR SAYS  
N.Y. 1941.

# AMERICANA

## ARIZONA

EXAMPLE of the higher rhetoric as exhibited on the editorial page of the Tucson *Daily Citizen*:

If the map of the world could be superimposed on that insupportable thing called world conscience, the orange colored segment of Europe called Spain, which trembles from the Pyrennes like an anguished tear on the heavy lid of sorrow, would coincide with the focus of deepest guilt, and there isn't any part of that particular cartographical smear that can plead total innocence. For Spain is a palimpsest of mortal indifference, neglect, and devility, including participes criminis—a picture of man's inhumanity to man, a fore-glimpse in the small of the threatened fate of the animate world.

## ARKANSAS

A CORDIAL invitation to culture under the letterhead of the Arcadian Guild, "Devoted to the Creative Arts," in Caddo Gap:

Dear Friend: Please read the enclosed circulars with interest for I am opening a door of opportunity to benefit your state as well as bring you the finest vacation you ever had.

The guild meets but once a year and this year during the Moon of the Painted Leaves we will gather near

Hot Springs in a setting of tiny chalet dwellings with every modern convenience and pure spring water.

There will be plenty of free yodeling inspiration, as well as a good program and the joy of fellow artists. We need you and feel that you will not have lost a thing so send us your membership and plan for this ingathering.

## ILLINOIS

A CALL to the pioneer spirit of our womanhood in the classified columns of the *Chicago Tribune*:

BRAVE GIRL WANTED to stand against a 48-inch board and allow Rajah Raboid, sensational mind reader, to throw knives around her body with both his eyes sealed. Applicants apply to Roosevelt Hall . . . Easy work. Excellent salary and chance for advancement.

## MISSISSIPPI

HORTICULTURE marches on in Tupelo, according to the Associated Press:

He doesn't know whether it's a vegetable or a nut, but Dr. J. T. Barrett claims he has successfully crossed the peanut with the tomato. The fruit is about the size of an English walnut and has a "half-way" flavor, asserts Dr. Barrett, a colonel on Governor Paul Johnson's staff. He has been experimenting with the plant. . . .

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