

Hurricane Creek a purgatorial road. Even in summer the horse may tread on a copperhead or rattlesnake."

All honour to the Nurses of the Frontier Nursing Service, who well knowing the necessary hardships of the life, and the perils it entails, deliberately accept the risks in order that they may bring succour and healing to the lonely women of the Kentucky wilds.

In rural areas in Kentucky they stand forth as a shining example, and always before them is their leader, Mrs. Mary Breckinridge, who mounts her horse, and rides where duty calls.

THE PROBLEM OF THE EPILEPTIC.

Dr. J. Tylor Fox, who is medical superintendent of an epileptic colony in England, has contributed a paper on "The Need for Community Care of Epileptics" to the journal of the Central Association for Mental Welfare—*Mental Welfare*—for January, 1937. Much of this paper is concerned with an inquiry recently conducted by the Central Association for Mental Welfare in an area with a total population of nearly half a million. Two trained social workers made inquiries in this area as to the number and character of the epileptics in it; 565 cases were reported on, and of these 440 were living outside hospitals and other institutions. Probably there were many cases with infrequent or slight fits not discovered, but even those who were definitely recognised as epileptics represented 0.9 per 1,000 of the population. This means that at a conservative estimate there must be at least 50,000 epileptics living outside hospitals and other institutions in England and Wales.

The 440 cases were classified according to their mental condition. No accurate information could be obtained about 151, whereas 201 were considered as sane, 26 as unstable, and 62 as mentally deficient. Far more important than this classification were the impressions gained by personal visits of the investigators to 57 of the patients. They invariably received the investigators with a warmth which showed beyond doubt that there were difficulties to be faced, problems to be solved, and that the patient, and more often his near relatives, were delighted to have a disinterested visitor to whom they might unburden their troubles and from whom they might get encouragement, moral support and advice. Parents were especially grateful to have someone with whom they could discuss problems of care and employment, and as the inquiry went on, it became abundantly clear how much need there was for a little common-sense advice. The simple but ever-present question of what risks the patient should take was answered in the most diverse ways. Some children were kept always in bed, others were continuously and anxiously watched, and never allowed to leave the house alone even though their fits were few and far between. Some mothers, on the other hand, had allowed their children to undertake duties dangerous for epileptics.

Most of the adults were found to be unemployed and were considerably resentful of this fact. Some men with apparently normal intelligence were unable to get work, either because their doctors had forbidden them to work regularly, or because their epilepsy was known and employers were frightened by it. Depression, irritability and resentment are apt to develop from this state of affairs, and the patient may ultimately become unemployable and even a serious social misfit. On the whole, it is easier for women than for men to suffer from epilepsy. Many epileptic women marry and have household duties, and they can obtain safer and more sedentary occupations than men.

Associated with, or due to, his epilepsy, the patient may suffer from mental defects of varying grades, an indifferent temperament, uncertain memory, and periods of irritability or confusion just before or after a fit. Slow or

rapid mental deterioration occurs in some cases. One of the greatest difficulties is want of occupation and the enforced inaction it brings with it. Another difficulty is the anxiety of relatives with regard to fits. The greatest difficulty of all is the patient's realisation that he is, and will continue to be, an abnormal member of his family and of society, if not actually a useless burden. These mental stresses are always in action, and it is a commonplace observation that unhappiness and want of occupation increase the number of fits. More fits leave their inevitable mark on the patient's mind, and so the vicious circle goes round and round with destruction of personality as the end.

Important, too, is the mental ill-health of the family. Fits by themselves involve no small strain. They are dramatic, unpredictable, and often very distressing to witness. "I never goes out," said one woman, "without being frightened I'll find him frizzlin' on the stove when I comes 'ome." But fits are only part of the story. Periods of irritability and depression in the patient, his anxiety about work and his resentment against society, must leave their inevitable mark on those who have to live with him. And above all these, there is often in the parents' minds the haunting fear as to what is going to happen to the patient when they are no longer there. A family with an epileptic in it has hard work to be a happy family.

How can the epileptic be helped? He is in need of some sort of organisation whose business it is to see that epileptics living at home receive periodic visits from sympathetic and understanding folk. Even if they could do nothing, their visits would probably be well worth while. Troubles shared are troubles halved; the mere knowledge that there is someone in the background, disinterested and sympathetic, gives encouragement.

But such visiting is not enough. Young epileptics whose mental horizon has not become permanently narrowed and deformed may be greatly helped by wise and sympathetic after-care when they leave school. An epileptic child who can remain in an ordinary school may be better equipped educationally and socially for after-life than one who has been drafted into a special residential school under medical supervision. But this latter type of school will give him a better chance of getting rid of his greatest social handicap—his epilepsy—a chance that is often enhanced by removal from a home environment which is emotionally prejudicial to him.

In any case, advice and assistance are required in obtaining work on leaving school, for it is very difficult to get suitable work for epileptics of any age. With patience and perseverance, suitable, or relatively suitable, jobs can be found for many patients by people with local knowledge. It is remarkable how many epileptics there are who keep their jobs as domestic servants, gardeners, general labourers and even shop-assistants and clerks.

The organisation which undertakes to fight the battles of the epileptic should also strive to secure summer and convalescent holidays in institutions admitting this class of case. At present, it is the rule for epileptics to be rigorously excluded from convalescent and holiday homes.

The Central Association for Mental Welfare is to be congratulated on having provided the means for this most interesting report on the welfare of epileptics. It discloses in no uncertain terms a large and difficult problem which concerns a great number of our fellow-beings. The complaint from which they suffer is often life-long and it brings with it severe social handicaps affecting the happiness of the patient and his family. If he is neglected his fate may have a destructive effect on his personality. But, as has been shown, there are many and important ways in which hope and happiness may be introduced into his life.

(Communicated by the Secretariat of the League of Red Cross Societies.)

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