

epileptic colonies and mental hospitals, almost ten per cent. of the patients in the latter are, or were, epileptic.

The regrettable thing is, that in these hospitals one finds many who are no longer liable to convulsions.

There is not sufficient social service to find them useful work and they are absorbed into the stagnant pool of the unwanted.

It is true, that years of heavy seizures, unrelieved, can, and do, result in deterioration. But the cause of the deterioration is injury to the brain, at birth or afterwards, or infection like encephalitis.

Until fifteen years ago, almost the only relief offered seizure victims was through sedatives like phenobarbital, which is still a valuable aid.

The doctors at Harvard have discovered that the drug phenytoin cut down the seizures of 100 out of 110 supersevere epileptics. Phenytoin and its relative, mesantoin, were a god-send against *grand mal* convulsions, but they did not relieve *petit mal* blackouts and in fact often made them worse.

A new chemical, *tridione* came to the rescue. This has been found to have a startling effect, bringing sharp, clear-headed life to thousands of *petit mal* victims, who have for years been besieged by daily blackouts.

Phenytoin and tridione are not sedatives; they are like vitamins chemically correcting sick neurons.

The chemical precision of the effect of phenytoin can be amazing.

One patient had been subject to thousands of convulsions for twenty years. All treatment had failed. Taking phenytoin faithfully for twelve years, not one seizure. Then the doctor cut down the dose from four capsules to three. In a day the patient suffered a burst of six bad convulsions. Back on the old dose she is again living as if she has no epilepsy.

Most patients do not need to take these medicines permanently; usually they are able to discontinue after attacks are controlled.

The treatment *must* be under the supervision of a doctor. In some cases phenytoin brings on uncertain walking steps, rashes, or swollen gums. A few patients died from anaemia brought on by mesantoin or tridione in the early days of the use of these chemicals. Doctors therefore watch blood counts very sharply.

The sad part about epilepsy is that when seizures are conquered, social treatment has only just begun.

Patients whose epilepsy has become controlled may still be ostracized. This spectre haunts them. Parents with epilepsy are ashamed, believing that they have tainted their children. Epilepsy is *not* inherited; only a predisposition to it may be passed on.

Dr. Lennox, after studying the families of 4,000 patients, tells us that marriage and children are possible for seizure victims otherwise normal.

Another demon robs many ex-victims of the best chance to solidify recovery. They feel well; they want to work; but many are told that rest is best. Actually, inactivity tends to bring seizures back. There are far fewer seizures when children are studying and adults are working, yet most victims are denied work—even at jobs they could do safely and well. The epileptics' hopes for an education are blasted by many a school and college. At the University of Michigan it has been proved what the victims of epilepsy can do. A study of 93 epileptic students showed that two-thirds did good work. In many, seizures diminished. Of 63 answering a questionnaire, all had jobs—ten in the army, eight in teaching, others as lawyers, doctors and engineers. Most of them did this before to-day's great medicines became available.

Should we give victims a chance to learn?

Pascal, a great philosopher, Van Gogh, as an artist, Dostoevsky, no mean writer, give us the answer. All were epileptics.

Saddest, and most difficult to treat, are children whose brains have been infected by bacteria or virus (encephalitis).

Doctors have found help for a number of these cases from the antibiotic, aureomycin.

The family doctor, interested in the patient, and ready to seek expert consultation, is in the best position to care for these sufferers. The doctor's ability to dispel the unjustified fears of the family is as important as the relief of the patient's seizures. Doctors and patients need more than new medicines. The public must be rid of its age old prejudices and accept the epileptic as one who, except for his occasional seizure, is a normal person.

The British Epilepsy Association, of 7, Victoria Street, London, S.W.1, was founded three years ago to bring before the public the true facts about epilepsy and its social effects so that the secrecy and stigma attached in the past to the disease may be removed, and persons so handicapped helped to take their proper place in the world.

It is estimated that one person in a thousand in this country has epilepsy; and that the vast majority manage to keep going with varying success with the help of anti-convulsant drugs.

Among other activities of the Association is the provision of an advisory service, an index of accommodation in hostels, and small homes, particulars of Colony treatment, and a badge which conveys to Police and Ambulance men that the person wearing it is epileptic and carries an Association card giving information as to how he should be treated should he have a fit, and his home address. Social clubs and centres have been started for companionship among those who are handicapped by this disease.

The British Epilepsy Association is in close touch with the National Epilepsy League of America with whom it exchanges information. This happy co-operation in fighting this most distressing disease brings a note of hope to all those who are so afflicted and I am sure that the Nursing profession as a whole will welcome any opportunity which may come their way to assist in this great work.

A. R. B.

The General Nursing Council for England and Wales.

A MEETING OF THE General Nursing Council for England and Wales was held at the offices of the Council, 23, Portland Place, London, W., on February 27th, 1953.

Finance.

On the recommendation of the Finance Committee bills and claims submitted for payment were approved, and the sums of £4,800 for Cash Account, £250 for Postage and £9,000 for Examiners' Claims were approved.

It was reported that the Council had been allotted one seat in Westminster Abbey for the Coronation ceremony, and it was agreed that this be offered to Miss D. M. Smith, the Chairman, which was accepted.

It was reported that the Ceremonial Division, Ministry of Works, had offered the Council six uncovered seats on the route of the Coronation Procession at £4 each, and it was agreed that one seat be reserved for the Registrar and that the five remaining seats be balloted for amongst members of the Council and its Statutory Committees.

The Council, having conducted the routine business, went *in camera* to discuss matters arising from the death of Mr. Martin, the Caretaker, whose passing we deplore. His helpful and kind welcome to us when we had occasion to visit headquarters will be gratefully remembered.

Next Meeting of the Council.

The next Meeting of the Council was fixed for March 27th.

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