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Editorial

The Editor

Abstract
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One man in Edinburgh who was concerned about the plight of the epileptic was Professor Norman Dott. A great pioneer in the field of surgical neurology, his interests extended outside the operating theatre to the problems of his patients and their fellow sufferers in the community. He campaigned actively for them as leader of the Epilepsy Society in Edinburgh.

We were greatly saddened to hear of his death during the preparation of this issue, he will be sadly missed.

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EDITORIAL

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We would like to thank our contributors, and Dr. G.W. Ashcroft, Miss H. Harkins, and Mrs. P. Strong for their assistance in producing this issue.

EPILEPSY

HORACE R. TOWNSEND

Epilepsy is an unusual disease. For most of the time the sufferer does not suffer at all except from apprehension, the expectation that he or she may have a fit.

The epileptic fit

The treatment of epileptic fits is a quite different subject from the treatment of epilepsy. Most epileptic fits require no active treatment whatever and provided that the patient is safeguarded from obvious hazards — falling into water and drowning or being run over by passing vehicles — then recovery will occur naturally and the patient can resume a normal life until next time. Occasionally there are complications, such as if a patient should vomit during an attack and from this point of view the treatment of the epileptic fit is not different from the management of unconscious patients in general.

Status epilepticus

Very rarely, when the condition of epilepsy is severe, fits follow one another so frequently that there is no perceptible gap in between, and the patient is said to be in 'status epilepticus'. Such a condition is an acute medical emergency and is extremely difficult to treat. Management usually involves anaesthetising the patient, paralysing the muscles with curare and thereafter maintaining the respiration by mechanical means. The condition of Status Epilepticus, however, is almost always precipitated by some severe cerebral insult — a head injury, poisoning or the presence of an intracerebral clot — and treatment to be effective must be directed at removing the cause.

The diagnosis of Epilepsy

As I have said, however, the actual fit and its treatment or management is not the problem. The patient comes to his Doctor because he is apprehensive about attacks in the future. The diagnosis of epilepsy involves an estimate of the probable frequency, nature and intensity of future fits, which implies some idea of the causal factors. One hundred years ago Hughlings Jackson wrote ". . . we do not make a diagnosis worth calling one, if when we are called to a person who has had a severe convulsion and of whose case we have had no history we turn out to be right in having said 'It is a case of epilepsy . . . . ".

Treatment of epilepsy may be aimed either at removing or reducing the cause of the attacks or may simply involve trying to modify that re-action of the brain which manifests itself as epileptic fits.

Theories of Epilepsy

Almost any brain injury, whether caused by violence, with contusion or actual piercing or tearing of the structure of the brain, or caused by inflammation, or bleeding within the brain, or by infarction due to shutting off of the blood supply to a region of the brain, or by the presence of a