THE CARE OF EPILEPTICS IN PRIVATE PRACTICE.¹

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While it may be laid down as a general rule that all adult persons subject to epilepsy of a serious type are better treated in institutions, whether public or private, we are nevertheless often called upon to care for epileptics who, for some reason, cannot or should not be sent away from their homes.

We are forced to treat a certain number of adult epileptics as private patients, either because the frequency of the sickness is not so great as to render them incapable of following their professions or living their ordinary life, or because they have the means to enable them to take the precautions and measures which may safely protect and guard them, and to follow out precisely and fully any form of treatment which may be deemed advisable, irrespective of trouble or cost.

There are others who should be in institutions who cannot be placed there because they will not go voluntarily, and cannot be committed as insane, or whose relatives refuse to allow them to go, under some idea of misplaced kindness. Lastly, I need scarcely refer before this

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Association to the fact that in many parts of the country there are no proper institutions to receive epileptics, and therefore they must be cared for elsewhere as best they can.

If we are called upon to treat an adult epileptic in private practice, what is the best form of treatment? Can we lay down any general rules which may serve to guide us in this matter?

In general, it may be said at the beginning that there is only one form of drug which can be relied upon as of real use in almost every case, and that is certain bromide salts. I will discuss farther on the indications generally appropriate for these cases, and will only say now that I believe that medication alone plays only a part in their proper treatment.

In general treatment, most important is the suitable regulation of the life. The exact details of this depend in each case upon the special conditions, the frequency and severity of the attacks, and the intermediate state.

In the least severe cases where there is little or no mental impairment, and where the attacks are not too frequent, if the patient be not very young and the condition has existed, essentially unchanged, for some time, or with but slight advance, it may be advisable that the ordinary life should be led and the profession or regular occupation should not be changed, but under these circumstances the amount of brain work must be carefully regulated so as to avoid all sudden mental exertion or strain, and as far as possible any excess of worry or anxiety. It is, on the whole, better for the adult epileptic who has long been subject to attacks, occurring not more frequently than once in two or three months, and who has reached the age when definite mental habits have been formed, to continue to employ himself with his former occupation or work. The sudden breaking up of the form of life in these cases is not advisable.

In the young, or those who have not been long engaged in any special form of work, we should naturally advise that form of life which brings the least mental exertion while affording sufficient regular occupation, and at the same time affords a considerable amount of physical exercise. This is usually farming or some outdoor occupation of a similar kind. The chief requisites are regular occupation, no mental strain, fresh air, and moderate physical exercise. In the more severe cases, even in those who have long been engaged in a special form of work, it is sometimes advisable that their profession should be abandoned, and an entire change made in their mode of life, but this can rarely be done with benefit unless some other regular occupation or interest can be substituted. The mind of the patient must not be fixed upon his physical condition, and his body must not be allowed to fall into a vicious routine.
Digestive Functions.—Much can be done for the epileptic, especially in the most severe cases, by the regulation of his digestive apparatus. In all cases it is advisable that the bowels be regularly and properly evacuated. Constipation should never be allowed to occur, and sharp measures should be taken to remedy it, if required. There has been much discussion for many years on the question of the best diet for epileptics. Some authorities have advised the omission of meat, and indeed this may be said to be the routine practice. I believe, however, that the best diet for the epileptic is, as a rule, ordinary mixed diet—the common food such as is found on the ordinary table—but there are certain rules which must be absolutely followed, and never can be infringed with impunity. The first of these is the regulation of the quantity of the food. This should be reduced to a moderate amount; no sense of fulness or repletion should be permitted, and it must be well chewed. It must, moreover, always be adapted to the state of the teeth. In hospital practice especially do we often find that patients have been given food which they are entirely unable to chew and hence cannot readily digest. The teeth themselves must be carefully looked after and kept in proper condition. It is on matters like this that the real treatment of the epileptic depends.

The character of the food need not be changed from that in ordinary use, provided that the patient uses special care to avoid those articles of food which he finds by experience disagree with him. In many cases patients are well aware that there are certain things which, personally, they cannot eat. Absolute avoidance of these things is necessary and must be insisted on. This often requires judgment and self-control on the part of the patient, and most watchful care and attention on the part of the medical attendant.

In very severe cases it may be necessary to limit the diet considerably, and among the forms of treatment sometimes in use we must mention the withdrawal of all table salt (NaCl) from the food, with or without the substitution of Na.Br. in its place.

The general rules in relation to the digestion are that the patient should have as varied a diet as is compatible with his digestive powers; but extreme care should be taken to avoid any disturbance of digestion or to increase its difficulty, and in order to best accomplish that it is necessary that the mastication should be good and sufficient for the food taken, that no unsuitable material should be ingested, and that free evacuation of the intestinal tract should be made daily. Perhaps more depends for the epileptic on these conditions than on any other single thing. Alcohol as a rule is to be avoided. Tobacco in ordinary amounts does not seem injurious. Tea and coffee must be limited, and
their action carefully watched—there is reason to suppose that coffee is often injurious.

Sleep.—Epileptics should have all the sleep ordinarily required—that is, all they require in their normal condition between attacks—and they should not be awakened as a rule in the case of abnormal sleep which occurs after or in place of seizures. It seems advisable, however, that their sleep should occur at regular hours at night. It is not at all infrequent for patients to have attacks after sleeping in the daytime, and naps after dinner, etc., are to be avoided.

Exercise.—Moderate regular physical exercise is best; either an excess or a lack seems to be harmful, but the latter is worse than the former. Fresh air seems to be of benefit. The ordinary epileptic should lead an outdoor life.

Suitable occupation is very important, perhaps the most important item in the treatment. The occupation should be not too exacting, regular, not producing or accompanied by excessive mental strain. One of the great advantages of institutions is that they are able to supply good routine occupation. One of the great misfortunes against which the epileptic has to contend is his inability to obtain continuous work. Few people will employ epileptics, knowing them to be such, and for many situations it is neither right nor proper that they should be employed.

Regular moderate physical exercise is desirable in cases where no definite occupation is obtainable.

Freedom from mental excitement and especially from mental shock is important. How this is best to be obtained depends upon the circumstances in each special case. In this matter the wisest judgment of the physician is required and as much knowledge as is possible of the patient's family, conditions, and surroundings. Serious worry and mental anxiety are to be avoided with care, but on the whole seem less evil than might be expected; the more chronic mental conditions of this character having less obvious effect on the disease than the acute. Moderate mental application is not apparently harmful in many cases, but its effect must be watched; excessive mental work is not permissible.

Medical Treatment.—Bromine in some form seems to be the only generally efficient medicine. In individual cases certain other drugs are said to have been beneficial. As a rule, however, the bromides are our mainstay, and where bromine in some form or other does not act, other drugs have been, in my experience, of comparatively little use. Much wisdom is often required in regard to the dose and method of administration of the bromides. Personally, I have come to rely principally on bromide of sodium, varying it occasionally when it is necessary with bromide of potassium. Some form of the triple bromides is often used, and is
sometimes effective. I have found comparatively little difficulty in giving the bromide of soda. It is, I believe, best administered before meals, and if necessary at bedtime, in a considerable amount of water—a half to one tumblerful with each dose. No unpleasant effects have been observed in ordinary doses—30 to 40 grains a day when thus given—except the acne, which is best combatted with Fowler's solution. I have kept up these doses for months at a time, sometimes continuously, and sometimes with more or less frequent remissions of a week or a fortnight, without trouble and with excellent effect. That bromism may be induced by large doses of bromides is well known, but with constant watchfulness and care in changing the amount of the bromide given, in changing the form, as from the soda to the potash or the ammonium salt, and in using the proper remissions, this can be readily avoided.

Many other drugs might be mentioned which have been said to have been successful in special cases, but none of these are to be relied on. Iodide of potash should always be tried if nothing else will aid.

The omission of salt in food seems to be of distinct advantage in some cases, but this cannot be thoroughly carried out as a rule in private practice. The partial omission of salt—that is, not taking any at meals in addition to that used in the cooking—is only an inefficient and partial aid. The substitution of bromide of sodium for chloride of sodium in the food is often really of great benefit, but cannot be undertaken outside of an institution.

In conclusion, I would say that while I believe the bromides are adjuvants in the amelioration and treatment of epilepsy, the most important object of our care and attention must be the regulation of the diet, exercise, sleep, and occupation of the patient—in other words, the general details of his life. In this way can the best results be obtained.

The care and attention must, however, be unremitting; and the details should devolve actually on the family physician, while the specialist lays down only the general rules to be followed. The success of the treatment will depend chiefly on the conscientious attention of the physician to details often apparently insignificant, and on the capability and will of the patient to do as directed.