MEDICAL GRAND ROUNDS
PARKLAND MEMORIAL HOSPITAL
OCTOBER 16, 1958

Management of Epilepsy

Case #1 -- [redacted]

This 53 year old White female was admitted to [redacted] for the first time [redacted] 1958. Her medical history dates back to the age of 21 when she first noted onset of attacks of "blacking out" with urination and flushing of the face. She was at this time put on luminal. She continued to have seizures of approximately the same character for eleven years, after which she started having an aura with a rythmic sensation followed by movement of the right arm and deviation of the head to the right. She was now started on dilantin. Over the next fifteen years she had the same type of attacks. During this time new medications were tried by her private physician as soon as they became available. She has had phenobarbital, mebaral, mysoline, tridione and mesantoin. The barbituate drugs caused excessive drowsiness and could not be taken in enough amounts to control her seizures. She had a toxic reaction to tridione. She had no effect from mesantoin.

In 1954, at the age of 49, she started having in addition to the above mentioned symptoms jerkings of her right leg. During the last three months she has experienced several severe falls. There has been an increasing number of psychomotor symptoms including automatic behavior.

In spite of medication this patient has had on an average one to five seizures per week. There has been no apparent relation between the quantity of medication and the number of seizures.

Complete work-up showed no expanding lesion. There was no evidence of cerebral atrophy.

She is at the present time on dilantin, mebaral and celontin which keeps her number of seizures down to approximately one a week.

Case #2 -- [redacted]

This 36 year old colored male was admitted to [redacted] for the eighth time in [redacted] 1958. On admission the patient was in status epilepticus.

On the first admission in 1949 it was noted that the patient had had a syphilitic infection in 1938, which had been treated with the full course of hip and arm shots. On this admission the patient complained of hoarseness and was found to have a syphilitic laryngitis. It was also noted that he had a cholesterol of 750 milligram per cent. It was specifically pointed out that he was a very intelligent young colored male.

The second admission was in [redacted] of 1949, at which time he had severe abdominal pains, which disappeared shortly after admission. His Wassermann reaction was still positive and his cholesterol 352. On the third admission a hematoma of the scalp was the reason for admitting the patient. The hematoma had been caused by a moderately severe blow to the head. He was not unconscious after the blow.

Management of Epilepsy (Cont'd)

Case #2 (Cont'd)

On the fourth admission in 1954, six months later, a diagnosis of idiopathic epilepsy was made. The seizures had started one month after the head trauma but it had been noted at this time that the patient had had some type of spells in childhood. In spite of this diagnosis no medication was started.

The fifth, sixth and seventh admissions occurring in [redacted]. 1954, [redacted]. 1955 and [redacted] 1957 were all for epileptic seizures. Already in 1954 it was noted that he was becoming mentally deteriorated with difficulties in orientation as to time and place. He was also increasingly forgetful.

The two last admissions in [redacted] 1957 and [redacted]. 1958 have been for control of status epilepticus. The seizures had now changed in character and were now mainly left-sided. The first status was interrupted relatively quickly with use of sodium amytal, phenobarbital and rectal dilantin. On the second occasion three days of continuous medication were necessary before the status could be interrupted. During this time he received a total of 300 mgs. of luminal, 1750 mgs. of xylocain, 500 mgs. of sodium amytal, 100 mgs. of pentotal and about 800 mgs. of dilantin by rectum. He was hyperthermed for several hours without effect upon his seizures. When his seizures had finally stopped his blood barbituate had gone up to 11.9%. He was left with a slight left-sided residual weakness which later disappeared.

Case #3 -- [redacted]

This seven year old white female was first admitted with a nine months history of leukemia. She had been in good remission up until three days before admission when she started having gastrointestinal bleeding and headache. On admission it was noted that her thrombocyte count was down to 13,000 and she had 50% blasts in her differential. She was placed on aminopterin and 200 mg. of metacortelon per day.

On the third day of admission the patient had a convulsion at 1:00 o'clock in the afternoon followed by a series of convulsions from 2:00 o'clock on. 50 mg. of xylocain was injected intravenously without apparent effect on the convulsions. She was therefore given sodium amytal, 100 mgs., followed by a slow drip of 2 mg. xylocain per kilogram body weight per hour in 5% glucose. The convulsions stopped and the patient was kept on xylocain drip over twenty-four hours. She had no residual neurological symptoms.

Case #4 -- [redacted]

This seven year old Latin American female was admitted with a history of grand mal and petit mal. A few months before admission the petit mal attacks had become so frequent that the patient was not able to walk. On examination there were no neurological abnormalities.

The EEG showed petit mal attacks occurring every other two-thirds minutes. To form an opinion about possible medication for this patient a new EEG was recorded. During the recording pyridoxine, xylocain and amytal were injected. There was no response to pyridoxine. On injection of xylocain the patient became more drowsy and the number of petit mal attacks increased. Amytal abolished the attacks for a period of six minutes. It was also noted that the patient became alert after amytal injection. The patient is being discharged on phenobarbital.

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