After-care Report of Epileptics following Colony Treatment.

By A. HUME GRIFFITH, M.D., D.P.H. Superintendent and Medical Officer, Epileptic Colony, Lingfield. Communicated by SIR G. SAVAGE.

HITHERTO a difficulty in forming a just opinion as to the value of the colony treatment of epileptics has been the inability to keep trace of the patients after they have left the Colony. In connection with the Lingfield Colony (which has nearly 300 epileptic patients), an attempt has now been made to follow up, and obtain a report upon, those patients who have left the Colony during the last 4½ years. To this end a circular was sent to the different local authorities asking for their co-operation in this investigation, and thanks are due to them for their prompt response. The number of cases inquired into totalled 101. The number of reports actually received was 100, but 20 of these were blank, the patients having disappeared without leaving an address. Eighty cases altogether have therefore been available for consideration as follows:

(1) *Arrest of Fits.*

Eighteen (or 22·5 *per cent.*) are still free from fits, the period of arrest being as follows:

1 year	3
2 years	1
3 „	4
4 „	7
5 „	3
	18

(2) *Length of Time away from Colony.*

Less than 1 year	17
1 year	24
2 years	24
3 „	12
4 „	3
	80

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Only 3 patients out of the 80 had been away from the Colony for four years. It is hoped to make this investigation five-yearly, so that each successive period should yield more definite results.

(3) *Number Wholly or Partially Self-supporting*, 22 (27·5 *per cent.*).

This is satisfactory, as 10 *per cent.* is considered the average. But it must be remembered that practically all leave colony life and treatment against medical advice. Public authorities are naturally anxious to get suitable cases off their hands as quickly as possible. Parents insist on parental rights. The epileptic patient, even when the disease is confirmed, is usually of the opinion that if given a chance he could do anything or everything, so that altogether it is uphill work to be always insisting that epilepsy is a very serious disease, that intermissions for a larger or shorter period are quite common, even without treatment, that, even when the disease is arrested, it is unwise to talk of a cure. Dr. Alden Turner's dictum is probably a sound one, *viz.*, "that the disease may be said to be *arrested* when there has been no fit for nine consecutive years, and that in 10 *per cent.* of the cases thus arrested a cure may be more or less confidently expected."

Thus out of the 22 reported wholly or partially self-supporting, the latter are still having fits, and, therefore, would not be likely to be employed through fear of the Workmen's Compensation Act. It is interesting to notice that 18 (81·8 *per cent.*) out of these 22 cases had passed through our school, which is conducted on open-air lines.

(4) *Nature of Occupation.*

Shop, 3; army, 6; not mentioned, 11; handyman, 1; chemical works, 1.

It is noticeable that, with the possible exception of the army, none of the occupations given are suitable for epileptics, even when the disease has been arrested. They need an open-air life, free from strain or anxiety. At present they take any job that offers, and go from one situation to another. They have been carefully looked after for years, taught, dieted, disciplined, even had their games organised, only to be pitch-

forked into the outside world, to sink or swim. Education Committees are more and more waking up to their responsibility in dealing with epileptic children, by sending them to special schools, but suddenly, when the age of sixteen is reached, that responsibility ceases, and, unless he or she can be transferred to a Board of Guardians, the child is withdrawn, lives in unsuitable surroundings, the treatment is stopped, often suddenly, and it is not remarkable that many who have had no fit for quite a long period relapse, and become confirmed epileptics. The crying need is co-ordination and co-operation between the Board of Education and the Local Government Board, so that automatically an epileptic child at the age of sixteen may pass from the care of a teaching body to the control of a Guardian Committee, who will be prepared to take an intelligent and sympathetic interest in his case for many years, if not to the end of his life. The revival of the old apprenticeship system would be excellent, provided that some means could be devised of safeguarding employers from any penalty under the "Compensations" Act whem employing epileptics.

Six of the patients have joined the army. Most of these are now on active service. One has been recommended for the D.C.M. for bravery under fire in carrying dispatches. At the outbreak of the war some of the worst cases in our adult male home absconded and enlisted. Two were old soldiers. Their stay in the army has usually been a short one. Their fits have been discovered, and they have been promptly discharged, and have drifted back to the workhouse, or gone "on tramp."

(5) *Number still having Fits*, 38 (47·5 *per cent.*).

Nearly half, and most of these were withdrawn at the age of sixteen, the local Education Committees ceasing to be responsible for their maintenance. In a few cases the parents have removed the child in opposition to all advice. In no case has the medical officer in charge more than ordinary advisory power, and his advice is more often rejected than accepted, particularly by parents, who naturally like to have their child home, particularly if the patient is likely to bring in a few shillings extra to the family exchequer. Often the patient himself gets unsettled. He naturally wants to see the world,

believes in his own power to accomplish great things, threatens to abscond, and probably does so, and then starts life in the great outside world handicapped by a false step.

Out of the 38 cases still reported as having fits, 29 went through the school (*i. e.*, were admitted as children). Most of these were Education Committee cases, and then had to be withdrawn at the age of sixteen, *although still suffering from fits.*

(6) *Number who Died since Leaving*, 8 (10 *per cent.*).

The annual death-rate of the Colony is low; last year being under ½ *per cent.* With the best will in the world it would be impossible to give patients the same care outside.

Of the 8 deaths 3 occurred in asylums; and in only one (an asylum case) was the cause stated, death having been certified as due to *status epilepticus.* The danger of suddenly stopping treatment is well known, and in some cases it may well be that *status* is actually induced by such stoppage.

(7) *Number of Cases who have had to be Certified since leaving the Colony*, 20 (*or* 25 *per cent.*).

This is far from encouraging, but quite a number of these cases were confirmed epileptics, who had been allowed to remain at the Colony for some years, as it was felt they were better off there than anywhere else. It is doubtful whether they would now gain admission, as most of them were decidedly mentally deficient, and would now come under the provisions of the Mental Deficiency Act. Out of the 20 cases certified 15 had been through the school, and 5 were over school age on admission.

Ten out of the 20 were still having fits when they left the Colony.

In conclusion it is interesting to contrast the medical history and record of the patients when resident in the Colony, who are now partially or wholly self-supporting, with the records of the 20 unfortunates who had to be certified, with regard to the following points:

(1) Type of fit.
(2) Date of first fit.
(3) Supposed cause.
(4) Morbid family history.

(5) Mental age, as tested by the Binet-Simon tests.
(6) Monthly incidence of fits.
(7) Educability as shown by six-monthly reports.
(8) Conduct, as shown by six-monthly reports.
(9) Average daily dose of bromide.
(10) Length of time in Colony.
(11) Frequency of fits before admission.
(12) After-care report.

(1) *Type of Fit.*

(A) *Certified cases.*—Out of the 20, 13 are "combined" major and minor. All but 2 of these are noted "chiefly major," one as "serial." Three suffered from major fits only. In two cases the type is not recorded. One only suffered from minor fits, combined with night terrors.

This is interesting, as "*petit mal*" is considered to bring about mental deterioration more quickly than the "major" type. On the other hand, many epileptics change their type of fits from year to year, as is well known.

(B) *Non-certified cases* (*self-supporting*).—Out of the 22 cases only 5 are "combined," 8 major, 4 minor, and 5 not recorded. The "combined" type, therefore, seems more favourable to mental deterioration than either the "major" or the "minor" alone.

(2) *Date of First Fit.*

(A) *Certified Cases.*		(B) *Non-certified Cases.*	
Infancy to 3 years of age	6	Infancy to 3 years of age	4
3 to 5 years . .	3	Between 3 and 5 years .	5
5 to 10 years . .	6	Between 5 and 10 .	5
Over 10 years of age .	2	Over 10 years of age .	5
Not recorded . .	3	Not recorded . .	3
	20		22

The figures are remarkably even, and yield no deductions of value.

(3) *Supposed Cause.*

(A) *Certified Cases.*

Unknown	9
Heredity	3

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Injury to head by fall or blow (1 instruments used at birth)	5
Sunstroke	1
Convulsions three days after birth	1
Fright	1
	20

Probably most of the five cases supposed to have been caused by a blow or fall could be added to the nine unknown.

(B) *Non-certified (Self-supporting) Cases.*

Unknown	16
Heredity	1
Fall on head	2
Sunstroke	1
Excessive cigarette smoking	1
Dentition	1
	22

(4) *Morbid Family History.*

(A) *Certified Cases.*

Healthy family history	1
History of cancer in near relation (mother)	3
Epilepsy in near relatives	6
Insanity in near relatives	2
Phthisis in near relatives	3
Hysteria in near relatives	2
Alcoholic in near relative	1
Unknown	2
	20

(B) *Non-certified (Self-supporting) Cases.*

Healthy	6
Cancer	1
Epilepsy	5
Insanity	0
Phthisis	4
Alcohol	1
Convulsions	1
Unknown	4
	22

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In (B), as one would expect, there are more healthy family histories, but epilepsy is recorded in nearly as many family histories of (B) as (A), so that the prognosis for patients with a history of epilepsy in the family is nearly as good as for other cases where there is none.

(5) *Mental Age* (as tested by Binet-Simon tests).

(A) *Certified Cases.*		(B) *Non-certified (Self-supporting) Cases.*	
Under 10 years	12	Under 10 years	1
10 to 16 years	4	10 to 16 years	6
Adult	2	Adult	11
Not taken	2	Not taken	4
	20		22

This is as one would expect. The mentally sound cases are the ones that are likely to prove self-supporting.

(6) *Monthly Incidence of Fits while under Treatment.*

(A) *Certified Cases.*

Average 0 a month	1
Average 2 to 3 a month	6
Average 3 to 6 a month	3
Average 6 to 10 a month	5
Average 10 to 20 a month	2
Average 20 to 30 a month	2
Night terrors	1
	20

(B) *Non-certified (Self-supporting) Cases.*

No fit while under treatment	6
No fit for 1 to 2 years before withdrawal	5
No fit for 3 to 5 years before withdrawal	2
No fit for over 5 years before withdrawal	2
Average 2 to 3 yearly	1
One fit in 3 years	1
Average 4 fits a month	1

Average 6 to 7 a month	1
Average 2 in 3 months	1
1 fit in year before withdrawal	2
	22

These records are interesting. They clearly show that the hopeful cases are those that quickly react to treatment before the convulsive habit becomes established. According to Dr. Aldren Turner's dictum, already quoted, "No case of epilepsy can be considered *arrested* unless there has been no fit for nine consecutive years, and then in about 10 *per cent.* of these arrested cases a permanent cure may be hoped for." As many of our patients come to us at an early age for education in our special school, and do not leave until they reach the age of sixteen years, we are able to keep records covering a lengthened period of residence in the Colony.

Not only the relatives of patients, but even local authorities, are apt to think that a patient who has been free of fits for a year or two should be removed from the Colony as cured, yet these are the promising cases with respect to which one may hope, if only they are allowed colony treatment for a sufficient number of years, that the disease may be permanently arrested. The epileptic himself is a born optimist, and gets very restive under colony life if the fits have stopped even for a few months. So between the patients, his relatives, guardians and friends, the unfortunate doctor who tries to do his duty is apt to get but scanty gratitude, and is usually accused of selfish motives.

(7) *Educability* (as shown by half-yearly reports).

(A) *Certified Cases.*		(B) *Non-certified Cases.*	
Improving	8	Improving	17
Stationary	9	Stationary	5
Deteriorating	2	Deteriorating	0
Uneducable	1	Uneducable	0
	20		22

In (A) it is surprising that eight should be returned as "improving" in educability, but the explanation is that, in dealing with defectives, a slight improvement is quickly

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detected and appreciated. It is improvement from a low standard.

In list (B) five patients are noted as "stationary," but here it is the opposite when, for instance, a boy who usually is bright and intelligent has a dull interval.

(8) *Conduct* (as shown by half-yearly report).

(A) *Certified Cases.*		(B) *Non-certified (Self-supporting) Cases.*	
Excellent	0	Excellent	2
Good	7	Good	13
Poor	1	Poor	5
Bad to fair	9	Bad to fair	0
Bad	3	Bad	0
Troublesome	0	Troublesome	2
	20		22

(9) *Average Daily Dose of Bromide.*

(A) *Certified Cases.*		(B) *Non-certified (Self-supporting) Cases.*	
No bromide	1		8
Not exceeding 10 grs.	0		1
Not exceeding 20 grs.	2		6
Not exceeding 30 grs.	1		2
Over 30, not exceeding 60	15		5
Over 60 grs. *per diem*	1		0
	20		22

Potassium bromide has been the usual drug given, and ammonium and sodium bromide in a few cases, each patient receiving individual attention. The sight is tested for refractive errors. The teeth are carefully overhauled by a dental surgeon. Digestive errors are corrected, and a special dietary is followed. School is held in the open air as much as possible, play and work hours are all regulated; in fact, a healthy colony life is followed, which is probably of greater importance than the giving of bromide. In some cases benefit has been obtained by giving digitalis in combination with bromide. Arsenic prevents acne.

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Fifteen out of the 20 patients in (A) class had daily doses of over 30, but not exceeding 60 grs. of bromide. The anti-bromide enthusiast might say "that *proves* that bromide causes mental deterioration." But it would be a rash conclusion, as from Table 5, it is apparent that 12 out of the 20 patients were under 10 years of age mentally, as tested by the Binet-Simon tests, and there is no proof that the moderate dose of bromide, while helping to control the frequency of the fits, hastened the brain deterioration.

(10) *Period of Residence in Colony.*

(A) *Certified Cases.*		(B) *Non-certified (Self-supporting) Cases.*	
Under 1 year	3	Under 1 year	3*
1 to 3 years	8	1 to 3 years	6
3 to 5 years	5	3 to 5 years	9
Over 5 years	4	Over 5 years	4
	20		22

* One absconded.

It is well to point out that very few cases leave the Colony with the consent of the medical officer. They are withdrawn by their relatives against advice, or, if maintained by Education Committees, that support ceases when they reach the age of sixteen years.

(11) *Frequency of Fits before Admission.*

(A) *Certified Cases.*

Not stated	1
Not stated, but occur both day and night	9
Occur by day only	2
Occur by night only	1
8 to 14 daily	3
1 to 8 weekly	3
1 in 3 weeks	1
	20

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(B) *Non-certified Cases, Partially or Wholly Self-supporting.*

Not stated, but infrequent	3
Not stated, but occur by day and night	4
Occur by day only	5
Occur by night only	5
8 to 12 daily	0
5 to 6 daily	1
1 to 2 a week	1
Fortnightly	1
2 to 3 monthly	1
1 in 6 months	1
	22

From Table (B) it appears as though the prognosis is more favourable the less frequent the fit, and also when the fits occur at a definite time, either by day or night, and less favourable when they occur both by day and by night.

(12) *After-care Report.*

(A) All the certified cases have been transferred to asylums.

(B) *Non-certified Cases, Partially or Wholly Self-supporting.*

Occupation not stated	8
Enlisted in army	6
Joiner	1
Working at Royal Arsenal	1
Handyman	1
Greengrocer	1
Clerk in office	1
Employed at chemical works	1
Sign writer	1
Gardener	1
	22

Partially self-supporting, but still having fits	7
Partially self-supporting, but no fits	1
Wholly self-supporting and no fits	10
Wholly self-supporting, but have occasional fits	4
	22

Twenty Certified

—	(1)	(2)	(3)	(4)	(5)	(6)
A. D. M—, æt. 12 on admission	Combined, but chiefly at night	8 years old	Fall on head	Cousin epileptic, father choreic as boy, paternal uncle phthisical	N.	2–3 a month
A. L. M—, æt. 12	—	Not known	Not known	Unknown	Backward 2 years	2 a month
A. G—, male, æt. 6	—	6 mos. old	Unknown, but instruments used at birth	Healthy	Not taken	Before admission 8–9 daily, after, 2 a month
G. E—, female, æt. 12	Combined (serial)	7 years old	Sunstroke at 2 years of age	Mother had cancer	10	Serial. One series of over 200 fits in 48 hours; average 8–9 per month
W. J—, male, æt. 34	Major (day)	19 years, then long interval of 8 years	Unknown	2 sisters epileptic, father intemperate	14	3 a month
S. D—, female, æt. 13	Combined, with excess of major and tendency to mania	7 years	Fall ?	Healthy, but mother had cancer of stomach	Not tested	Average 25–30 a month
J. H—, male, æt. 16	Chiefly major	3 mos.	Convulsions 4 days after birth	Healthy, but mother died of cancer	12	4–5 a month
E. G—, female, æt. 12	Combined, chiefly major	Unknown	Unknown	Unknown	8	6–8 a month
A. M. R—, female, æt. 11	Combined, with excess of major	5–6 years	Knocked down by bicycle	Maternal aunt died of phthisis	10	6–7 a month
A. J—, male, æt. 8	Minor, and night terrors	2 years	Dropped on head when 18 mos. old	Maternal uncle and aunt died of phthisis, 1 sister died of wasting disease æt. 9 mos.	7	Night terrors and occasional minor fits
W. H—, male, æt. 11	Combined	5 years	Fright ?	Mother hysterical	5	26–30 a month
L. W—, female, æt. 9	Combined, with excess of major	3 years	Heredity	Mother and sister epileptic	7	16 a month
F. T—, female, æt. 10	Combined with excess of major	2 mos.	Heredity	Epilepsy on father's side	5	6–10 a month
E. P—, female	Combined, with great excess of majors	3 years	Unknown	Father and paternal grandfather died of phthisis	5	8 a month

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Cases.

(7)	(8)	(9)	(10)	(11)	(12)
Improving	Fair, very excitable	55 gr.	5 years	Not stated, but fits returned	Certified March 17th, 1913.
Stationary	Bad	40 gr.	1 year	Frequency not stated, occur by day and night	Transferred to Tooting Bec Asylum on Feb. 5th, 1914; from there transferred to Fountain Asylum on Feb. 23rd, 1915.
Uneducable	Fair	20 gr.	6 mos.	8–9 daily	Is in Graylingwell Asylum.
Stationary for last year of residence	Good	70 gr.	4½ years	Not stated, but both by day and night	Inmate of East Riding Asylum, Beverley.
Improving	Good, but a bad moral case	45 gr.	7 mos.	Frequency not stated, but nearly all by day	Certified March 6th, 1912, and again Feb. 7th, 1913. Slight fits every 2–3 days, bad attacks every 2–3 mos.
Stationary	Poor	40 gr.	3½ years	Frequency not stated	Certified Feb. 22nd, 1912, and died in asylum, Jan. 11th, 1915.
Stationary	Good	60 gr.	1 year 8 mos.	Always one a week, but both by day and night	Died in asylum, Jan. 8th, 1915.
Stationary	Bad to fair	20 gr.	2½ years	Frequency not stated, but by day only	In Colney Hatch Asylum.
Improving	Bad to fair	60 gr.	5 years 4 mos.	As many as 12 in a day, longest interval a week	Has frequent fits, August 3rd, 1914, sent to Tooting Bec Asylum, transferred to Leamington Asylum in Oct., 1914.
Improving	Fair	25 gr.	5½ years	Occur both by day and night, chiefly "terrors"	Certified Feb. 12th, 1914, now at Darenth Asylum.
Stationary	Good	50 gr.	4 years 8 mos.	Frequency not stated, but occur both by day and night	Fits about twice a week, now in Waterford Asylum.
Improving	Bad	60 gr.	6½ years	Frequency not stated, but chiefly at night	Certified March, 1914, and inmate of Cane Hill Asylum.
Stationary	Fair	60 gr.	18 mos.	8 weekly	Transferred to Tooting Bec Asylum April 11th, 1914, and on Sept. 18th, 1914, to Darenth.
Improving	Fair	50 gr.	4 years	Frequency not stated, but occur both by day and night	Certified Sept. 15th, 1913, now in Leavesden Asylum.

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—	(1)	(2)	(3)	(4)	(5)	(6)
C. W. J—, male, æt. 7	Combined chiefly major	Not known	Unknown	1 brother died of epilepsy	12	4 a month
C. C—, male, æt. 11	Major	4 years	Unknown	Mother hysterical, step-sister in asylum	Not taken	None since admission
C. F. W—, male, æt. 10	Combined chiefly major	12 mos.	Unknown	Father alcoholic	8	2–3 a month
R. S—, female, æt. 11	Combined chiefly major	Between 7–8	Not known	Father alcoholic, maternal father phthisical	10	6 a month
A. E. L—, male, æt. 10	Combined chiefly major	9	Not known	Maternal father had fits, also paternal grandmother. Father phthisical	7	2–3 a month
R. T. H—, male, æt. 20	Major	12	Heredity	Mother epileptic, father insane, sister also	Adult	2–3 a month

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F. W. F—, male, æt. 12	Major	10	Heredity ?	Father epileptic	Adult	None since a month after admission
S. S. H—, male, æt. 16	Minor	15	Excessive cigarette smoking	Brother, æt. 3, died in convulsions, grandmother died of cancer	Not taken	*Nil* while at the Colony
M. A—, male, æt. 26	Combined	14	Unknown	Father alcoholic, mother fainting ? fits	11	4 a month
H. T. M—, male, æt. 12	—	6	Fall from a swing	2 brothers died from convulsions	N.	—
W. H. S—, male, æt. 9	Combined	5	Unknown	A brother and sister epileptic	14	2–3 yearly
W. R. W—, male, æt. 17	Combined	Not given	Unknown	Unknown	15	6–7 a month
R. W—, male, æt. 7	Minor	5	Unknown	Unknown	No record	No fit for 3 years before discharge
W. L—, male, æt. 11	Said to be serial	Since infancy	Sunstroke	4 brothers and sisters had convulsions, father and mother had consumption	Normal	No fit since admission

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(7)	(8)	(9)	(10)	(11)	(12)
Stationary	Good	60 gr.	1 year	At intervals 1–19 days, once 4 in 24 hours	Sent to Long Grove Asylum Nov. 16th, 1914, and he died there Feb. 20th, 1915. "Status epilepticus."
Stationary	Fair	*Nil*	2 years	Frequency not stated, but both by day and night	In the Mental Hospital, Upper Warlingham.
Deterio-rating	Bad to fair	40 gr.	3 years	Not stated, but occur both by day and night	Has sometimes 3–4 fits a day. Now in Hellingly Asylum, Jan. 1st, 1915.
Deterio-rating	Bad	40 gr.	18 mos.	6–10 a day, largest interval 18 mos.	Sent as an imbecile to Tooting Bec Asylum June 8th, 1914, transferred to Darenth July 15th, 1914.
Improving	Good	40 gr.	6 years	Frequency not stated, but occur in groups both night and day	Certified insane and removed to Hants County Asylum April 6th, 1914.
Improving	Good	40 gr.	8 mos.	Frequency not stated, but occur both by day and night	Is in the Wilts County Asylum.
or Wholly Self-supporting.					
Improving	Excel-lent	20 gr.	6 years	Frequency not stated, but more frequent at night	Apprenticed to joiner at Yatton near Bristol.
Improving	Trouble-some	20 gr.	4 mos.	Frequency not stated, but occur both by day and night	Wholly self-supporting at present. Present health good. Has enlisted on two occasions, but was discharged as result of fits. Parents last heard of him from Sailors' Home, Portsmouth.
Stationary	Good	50 gr.	10 mos., withdrawn against medical advice	Fits occurred fortnightly	Partially self-supporting, has occasional fits; health poor.
Improving	Good	*Nil*	4 years	Fits infrequent	Working at Royal Arsenal, getting £1 a week. Health good, no fits.
Stationary	Good	45 gr.	3 years	Fits occur at all times	Earning 4–5 shillings weekly as a handyman. Present health good. Fits average one a week.
Improving	Fair	60 gr.	1 year	1–2 a week	Self-supporting, no fits, present health good. Has joined the R.H.A., and is now said to be in France.
Stationary	Fair	10 gr.	7 years	Frequency not stated, but occur in the early morning, slight	Partially self-supporting. Present health good. No fits.
Improving	Good	*Nil*	5 years	Fits occur several in succession, chiefly in bed	Is in the army, health has been good, but is wounded and is coming home. Had only one fit after leaving the Colony.

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—	(1)	(2)	(3)	(4)	(5)	(6)
A. L—, male, æt. 13	Major	Not given	Not given	Grandfather epileptic	N.	No fits for 3 years
R. E—, male, æt. 11	Major	Not given	Not known	Healthy	11	1 in 3 years
A. B—, male, æt. 12	?	18 mos.	Dentition	1 brother died of convulsions	Not taken	None since admission
H. D—, male, æt. 12	?	11	Unknown	Healthy	N.	None since admission
G. L—, male, æt. 11	Minor	6 weeks old	Unknown	—	14	None for a year before withdrawal
F. M—, male, æt. 13	Major	9	Not given	Paternal grandfather died of phthisis	Adult	None for 18 mos. before withdrawal
H. G. S—, male, æt. 11	—	7	Not given	Healthy	Adult	No fit for 7 years
H. S—, male, æt. 27	Major	18	Unknown	Healthy	Not examined	2 in 3 mos.
W. H. B—, male	Major	10	Not known	Paternal grandfather was epileptic	Normal	No fits since admission
G. W—, male, æt. 22	Combined	Not given	Not known	None	10	1 minor in the year
S. H. W—, male, æt. 11	—	15 mos.	Not known	Father had consumption of bowels, mother fainting? fits, 2 aunts had fits	7	No fit since admission
C. K—, male, æt. 13	Combined	10	Blow on head	Grandfather (paternal) phthisical	N.	No fits for 2 years before discharge
W. S—, male, æt. 12	Major	5	Unknown	An uncle had fits	N.	No fits for 2 years before discharge
R. H. C—, male, æt. 9	Minor	2	Unknown	Healthy	Not examined	No fit for 6 mos. before leaving

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(7)	(8)	(9)	(10)	(11)	(12)
Improving	Good	*Nil*	4 years	Fits infrequent, usually at night	Partially self-supporting, greengrocer, street trading. Health fair, fits at intervals of 5–6 weeks.
Improving	Good	20 gr.	4½ years	Fits infrequent	Engaged in office.
Improving	Good	*Nil*	4 years	5–6 daily by night and day	Partially self-supporting. Few and slight fits, usually at night; generally good health.
Improving	Good	*Nil*	4 years	Has fits in groups, not very severe, used to occur in bed, now in the day	Wholly self-supporting. No fits since leaving Colony. Health excellent. Enlisted in the Territorials, now at the front.
Improving	Good	20 gr.	5 years	Frequency not stated, but occur in the daytime	Self-supporting. Health good, free from fits. On leaving the Colony went to sea as steward. Joined the army on outbreak of war, and is now in France.
Improving	Improving, good	15 gr.	4 years	Frequency not stated, but occur in the daytime	Capable of being partially self-supporting. Health very good; has fits frequently in groups, then an interval of a few weeks. Was under detention once for 14 days.
Improving	Good	20 gr.	9 years	Frequency not stated, but occur always at night	Self-supporting. Health excellent, no fit since leaving the Colony. Has enlisted and is now at the front. Left Colony with consent of Medical Superintendent.
Improving	Absconded	45 gr.	3 mos.	Fits in groups, severe. Was in the army 2 years, discharged unfit	Still has fits. Partially self-supporting. Present health good.
Improving	Excellent	*Nil*	2 years 10 mos.	Fits occur in groups by day only	Self-supporting, working at chemical works, having no fits.
Stationary	Fair	50 gr.	1 year	2–3 at a time, monthly	Partially self-supporting. Present health good, fits every fortnight.
Improving	Fair	*Nil*	3½ years	Average 1 in 6 mos.	Earns 12 shillings weekly. Health at present good.
Improving	Good	*Nil*	3 years	Fits occur while patient is asleep	Self-supporting as a sign writer. Enlisted in Territorials, now at the front.
Improving	Good	30 gr.	7 years	Fits occur by day	Went to a situation as under gardener, stayed 18 mos., and gave satisfaction. Then took to drink and fits returned. Cannot now be traced.
Stationary	Fair	30 gr.	2 years	Fits occur both by day and night	Is an only son, much spoilt. Said to be "all right."

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