

2. Clinical Neurology and Psychiatry.

- (1) *A Personality Study of the Epileptic Constitution.* (*Amer. Journ. Med. Sci.*, 1914, c. xlvii.) *Pierce, Clark L.*
- (2) *The Psychological and Therapeutic Value of Mental Content During and Following Epileptic Attacks.* (*New York Med. Journ.*, October 13th, 1917.) *Pierce, Clark L.*
- (3) *Clinical Studies in Epilepsy.* (*Psychiatric Bulletin*, January, 1916, to January, 1917.) *Pierce, Clark L.*
- (4) *A Further Study of Mental Content in Epilepsy.* (*Psychiatric Bulletin*, October, 1917.) *Pierce, Clark L.*
- (5) *The True Epileptic.* (*New York Med. Journ.*, May 4th, 1918.) *Pierce, Clark L.*

The researches contained in the above series of papers indicate a promising line of study, which should lead not only to a greater insight into the nature of epilepsy, but also suggest directions into which mental therapy may be usefully applied. For some time a marked reaction against the purely drug treatment of epilepsy has become manifest. The establishment of colonies for the segregation of epileptics, together with a more rational form of therapy, diet, hydrotherapy, and detailed plans of work and exercise, indicate a recognition of a more individual and psychological method of treatment, and of the necessity of creating an environment to which the epileptic can make a useful adjustment. These researches suggest that a still more intensive individual treatment is possible, and they indicate an effort to introduce a rational psychologic therapy for epileptic conditions founded on essential defects in the make-up of the epileptic constitution.

An understanding of this problem can only be gained by a study of the primary and fundamental make-up of the epileptic which antedates the grosser epileptic manifestations for years. The usual make-up of the potential epileptic child is one of ego-centricity, emotional poverty, morbid sensitiveness, and an inability to take on the adaptive social training in the home and school. Such a type in contact with an exacting environment expresses itself in rages and tantrums, which expressions of mal-adaption should be side-tracked by directing the interest to another channel. In these exhibitions of baulked desire the child's psychic activity must be regarded as a continuously outflowing stream of interest, unfortunately thwarted, which should not be dammed or blocked, but should be re-directed by individual approach and painstaking attempts to create an atmosphere to which the defective child can make a satisfactory adjustment.

The main epileptic defect is an inheritable one. There is an attenuated desire to reach out into the external world, and the social instinct is soon withdrawn, and becomes centered on the epileptic producing the classic ego-centric make-up, with its peculiar character distortion. This early repression of emotion not only results in failure of social contact, but hinders intellectual development, leading to new stresses and humiliations. The ego-centricity is not a lack of emotional feeling, but it is feeling wrongly directed leading to increased sensitiveness. The effects of a stressful environment on such a temperament

inherently inadaptably to normal social life are seen in the regressive tendencies of day-dreaming, lethargies, somnolence, and, later on, definite epileptic reactions. The last occur as a final outbreak of a too severe tension, and psychologically may be viewed as an intense reaction away from an intolerable situation—a regression to a primitive mentality comparable to that of infancy or intrauterine life. The fit is thus a kind of emotional cathartic, the sting of the previous stress is removed, and annoying incidents are but half remembered, the amnesia acting as a kind of protective curtain.

Therapy in essential epilepsy should concern itself especially with the eradication, as far as possible, of the defective instincts shown in egocentricity, supersensitiveness, and rigidity of adaption to the home and community. This is best brought about by a reduction of environmental stress, educating the child in adaption to the various types of stress and the search for a spontaneous outlet for his keen individualistic desires, and the creation of his own interests in a healthful environment. Since these individuals with this defective make-up tend to show pronounced epileptic manifestations whenever they fail to make proper life adaptations, the fit is to be regarded both a regressive as well as a protective phenomenon—a reaction away from stressful reality.

In order, therefore, to obtain indications for therapeutic training, it is important to obtain some knowledge of the epileptic mental content in twilight states or post-epileptic conditions, in so far as this reveals the intimate part of his unconscious strivings, and furnishes insight into his humiliations and conflicts. In obtaining mental content, three main divisions of psychic events are to be considered: (1) The remote or immediate stresses that promote and aggravate the occurrence of individual epileptic reactions; (2) the actual mental content obtained in the specific attack; (3) the early or ultimate free association upon the material expressed in the content. Proceeding on these lines, the writer furnishes details of his investigations upon a number of cases, and he proves that the epileptic regresses from the displeasurable difficulties of life, and that in the first stage of the fit the stress alone may be discerned, but that when the patient reaches a deeper unconscious state he gains the level of an easily recognisable sexual striving. The basic idea in such studies is to determine the defective make-up and its specific conflicts, to bring into the patient's mind a better insight into his malady, and then cause him to see the consequence of his crude handling of life. A knowledge of the epileptic content furnishes a specific point of analytic attack by simple explanatory talks, and indicates more definitely the type of special education which should be adopted for each individual patient.

The task of rehabilitating such epileptics is extremely difficult because of the depths of unconscious regression taken, and the extreme infantilism of the instinctive trends brought out. Such investigations, however, enable them to make the best use of their lives, and while, of course, there can be no change in the facts of life, talking over difficulties gives much relief—it gives a new view-point, and shows the patient that there are other ways of reacting to unpleasant stresses.

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