THE NEED OF SEPARATE CARE FOR EPILEPTICS.

BY H. H. HART, LL. D., SUPERINTENDENT ILLINOIS CHILDREN'S HOME (H) AND AID SOCIETY, CHICAGO, ILL.

Mr. President, ladies and gentlemen: It is a matter of great personal gratification to be invited to have a share in this meeting. Last year I was unexpectedly disturbed from being present at the meeting, very much to my regret. Now, I am once more in the city of Duluth, where, during my fifteen years of work in Minnesota, I have had the privilege of being associated in the work of caring for the sufferers after the great Flood the year before. Knowing something of the spirit of the people of the place, something of their liberality, I have been delighted to day, in doing the things that I have been accustomed to do, to have the opportunity of meeting with you, and to be able to express my thanks for the kind words which you have spoken in my behalf.

The subject to be discussed to-night is The Need of Separate Care for Epileptics. It is not a subject that would be of great interest to the general public, but it is one that is very important to those who are in this work, and it is one that is very necessary to the welfare of the individual who is suffering from this disease.

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The need of separate care for epileptics is a necessity, and it is a subject that should be given more attention than it has been in the past.

Providence, November 15-17, 1898.
Gradually he becomes uneasy and disturbed. It goes through life in a perpetual state of terror, not knowing at what moment the sword of Domitian is to fall upon him. As he goes about, behind every bush lurks an enemy that may strike him down. Gradually his normal powers are sapped, he loses confidence in himself, and as he grows older his mind becomes to forget, his memory to fail; he begins to feel himself separated from the community. But the mother is ever faithful. The. father has spent his substance in endeavors to relieve the child from the impending fate but as yet he has come to recognize that there is a permanent condition. By and by the father falls a victim to disease. The mother, left a widow, still struggles, and makes the mission of her life to care for that unfortunate being. Her affections are extravagantly developed towards him: he becomes more and more dear to her; her mind is possessed with anxiety as to what would become of him if her life should be taken. When, finally, that faithful mother, worn out with care, dies down and she, her unfortunate child is left without a friend in the world.

Now there are three possible refuges open to him. If he is young enough, though still in possession of his ordinary sense, he may be sent to the institution for feeble-minded children. Such institution contain hundreds of these unfortunate children, epileptics; not naturally feeble-minded, enfeebled by disease, but belonging to an entirely different class from those who are grouped together there: his fate is left to the institution as the best available place, and there he receives such tender care as the institution is able to bestow upon him. Soon he becomes a disturbing element: he is not feeble-minded in the sense that the other inmates are. The whole tone and tenor of his life is different from the lives with which he is there associated. He becomes a source of terror and even of danger to the other unfortunate children. The nurses and attendants feel this is an added and unnecessary burden is placed upon them. The schools of the institution are not exactly fitted to his temperament. The child is out of place. He is an evil to the institution; the institution is not adapted to him, and the officers of the institution are the first ones to declare it.

But there is another possible recourse. If the child is older; if he is too old to be sent to the school for the feeble-minded, then he may be sent to a hospital for the insane and we have about fifty of these unfortunate in each of the three hospitals in the State of Minnesota. But his position there is much worse than in the school for the feeble-minded; because in the hospital for the insane there are no schools and there are very few young people, and those who are there are in no way adapted to become his associates; and there he stagnates. I never shall forget the impression that was made upon my mind by a certain case in which there was a gentleman present who will recognize me. It was that of a young woman, to some degree labouring, and with musical ability, who was sent to the hospital for the insane of Rochester. As I visited the place from time to time, I noted a gradual decline and decay of her faculties, the losing of her sweetness, the touch of her hand upon the piano was less delicate, and her interest in literature and in life was gradually declining and slipping away from her. It is a dreadful thing to see a human soul trying to maintain a hold upon health and life and love, and upon those things that make life beautiful and dear to us, and see it slipping away, and see the individual gradually become slovenly and careless, and gradually losing the memory of the things that he cherished, and gradually losing the power of development. And then with that comes a singleness and indigence in active life, a loss of hope and a loss of courage, and then in many cases gradually the mind is disordered, and there comes about a state of stagnation, a loss of the faculties, and by and by the individual becomes a proper inmate of a hospital for the insane.

But there is a third refuge, and by no means as favorable as one of the two that have been spoken of. Many of our hospitals for the insane are full. Do you know how many epileptics there are in the State of Minnesota? No, you do not; nobody knows, but we can approximate it. I think that the smallest estimate I have seen by those who have studied this subject—and it has been studied with some care—is one in eight hundred of the population. That means two thousand of this unfortunate class in the State of Minnesota. Some of the best authorities estimate the number at about one in every five hundred of the population, which would give a much larger number of epileptics in the State than the number which I have given. Our hospitals for the insane are full, and overcrowded; they cannot receive these people, and so there is a third refuge provided by the public, and that is the almshouse. The unfortunate one sent there; himself purely the victim of misfortune, finds himself in the subject possible environment, among a class of people who are without consideration, without realization of his sad and miserable lot and who are unable to exercise that forbearance and consideration which is due to him. It is one of the effects of his disease that he becomes insensible, unreasonable, intractable, stubborn and obdurate, and the re is he finds himself out of joint with the people about him. He conceives prejudices which he is unable to control. Many people are repulsive to him and disagreeable to him, but he must sit at the table and eat with the people in the poorhouse; the superintendent, endeavoring to control him, disciplines him, scolds him and becomes him, and perhaps slaps his, and why unless until he looks like the poor individual is to be utterly wretched, miserable and shabby, because there is no machinery by which a person can be given to him the consideration which is due to a sick person. There is no recognition of the fact that he is simply a sick person, and that these characteristics which seem so unreasonable and so disagreeable are simply symptoms of a disease, and are as unendurable as the manifestations of the insane.

And then there is another very sad thing about it. Little by little this unfortunate individual comes to find in himself impulses to which he has heretofore been a stranger. He finds within him sudden impulses and desires to do something violent and that and time and again he has to struggle to control himself lest he strike and injure some one, and thus is added to his mind fresh terror that he shall commit some horrible offense. These various impressions have lost their force or effect by reason of a sudden attack from one of those unfortunate in the time when his perspiration comes upon him. I cannot conceive of a stouter or unhappier lot to be afflicted on one of God's creatures than to fall into this sad condition. I know of nothing that can portray this condition more vividly than the ancient story of the prisoner who was confined in the cell which gradually contracted. At first he could stand erect; the next day he was compelled to stoop, then came the time when he could no longer he at full length, and...
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little by little it came together until it crushed him. And this is an illustration of the disease with which we have to deal. It is a very sad thing in human history that society has been so slow to recognize our obligation to these most woeeful and miserable of our neighbors, these little ones of the Lord Jesus Christ who have a right to consideration which has heretofore been withheld from them. But there is arising a recognition in the public conscience of the duty which we have toward these unfortunate. Here and there has been created an institution, either by the benevolence of kind-hearted individuals or by physicians who have established such institutions for the benefit of those who pay for them, where there may be special provision for this unfortunate class. It is within a comparatively few years that the first great institution of this class was established in foreign coun-
tries. The Buchenwald Colony is perhaps to-day the most successful and valuable institution for the treatment of this class.

Now, the question arises, What needs to be done for the unfortunate epileptic? What ought to be done for his benefit?

This disease is an exceedingly obscure one. The physicians have not yet decided definitely where it resides, how far it is to be regarded as a disease of the brain, or how far it is to be regarded as a disease of the spinal cord or the nervous system. It seems sometimes to be located in one place and sometimes in another, and the medical treatment of this disease is still very greatly in dispute. These remedies which were highly valued a few years ago are now regarded today as of very doubtful efficacy. It is one of the most difficult diseases to deal with. And yet there have come to be recognized certain things that ought to be done for the unfortunate epileptic.

In the first place, he should live under such conditions that he will be surrounded by those who will exercise due consideration toward his unhappy condition. There must be found for him, if possible, that spirit which the mother has with devises a happy child day in and day out, week in and week out. There must be somebody there who, as a nurse, or as a physician, or as a parent, recognizes his condition. This is a matter of first importance both for his recovery, if possible, and for his comfort and happiness during that portion of his life which is left to him.

The statistics show that probably less than one tenth of those who develop a genuine case of epilepsy ever become entirely rid of the disease even under the most favorable conditions, although the work in some of the institutions which have been established begins to offer hope that a larger proportion of those unfortunate may be benefited.

In order to treat these patients wisely there must be, in the second place, a proper diet. I think it is recognized that this is one of the diseases that can be best effectively treated by a proper diet, and that reports of the institutions show that the physicians, by a series of experiments, are beginning to learn what diet can be used with safety and what cannot. It must be said, further, that even the parents who have these unfortunate children cannot be depended upon to carry on such a proper course of diet faithfully. The epileptic has an unnatural appetite in a great many cases. He craves the very thing that is not good for him. He is apt to eat inordinate. He cannot be relied upon to carry out the instructions of the physician. There must be some one to watch over him and see that this matter of proper diet is attended to. And there must be a wise varying of

the diet in order that it may not become tiresome, and that needs the careful watching of a skilled physician.

Then there must be suitable employment. Now, if this individual is to lead a happy life, like all the rest of us, he must be gainfully and suitably employed. But that is a very difficult thing to provide outside of the institution. People are reluctant to have an epileptic employed about them. Most people, accustomed to the seizures, are greatly alarmed when they occur, and they do not like to have these subject to epileptic paroxysms about him. A mere employment cannot very well be expected to employ a clerk who is liable to fall and faint at the table, and then be absent from his work for a period of time; and a man cannot be safely employed in many forms of outdoor work or about machinery who is liable to these seizures, and so there is left a comparatively narrow range of employment open to such persons. But it is necessary to their welfare that they should have some employment as will utilize their energy and make it effective, because during a large portion of the life of an ordinary epileptic he is able to do a valuable amount of work if he can be put at the right sort of work. He cannot himself direct it, but some one must arrange his work. There must be a hand who can care for him.

Then there is another thing. It is essential to the care and to the happiness of the individual as well, that he shall receive a certain amount of education. In the great proportion of epileptic cases the disease comes early in life, before their school days are completed. You cannot send an epileptic to the regular schools, and the result is that, outside of the institution, he is delured from school privileges for the rest of his life. And the kind of institution that he needs is not exactly that of the public schools. It needs to be especially adapted to his body and his temperament and his condition.

Now, the question is, How are we to meet this? I think that anyone who contemplates into the question carefully will come to the conclusion that this is one of the cases, and I am one of those who is a great advocate of placing unfortunate children in family homes. This is one of the cases where the institution needs to stop in order to accomplish the best results for these unfortunate children, and I believe it is indispensable that they should be brought into the environment of a suitable and wisely directed institution.

Epileptics are distributed through the community pretty nearly in the proportion to the rest of the population: that is to say, it is a disease that is not confined to the poor or to the rich; it afflicts all conditions of humanity about equally. A very small proportion of the parents of epileptic children, then, are able to pay the expense of sending them to an institution and paying for their care at the ordinary rate, and the large proportion of these children must be delured from these institutions unless they are provided at the expense of the public.

Now, in this state, the principle has already been developed, and I think, comes to be pretty well settled as a part of the policy of the state, that certain institutions shall be recognized as public institutions. You have developed this spirit to the extent that we have agreed that you will assume the responsibility for the crippled and crippled and crippled children, and I believe it is indispensable. Now the question is, whether this misfortune about which I have
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been spending is one which should be added to the category of those which are cared for at public expense. It would be possible perhaps to undertake this burden, as it has been done in some foreign countries, by private institutions. But I believe the two thousand cases in this state, which are constantly increasing, are not similar and it must be done by the state; and the question is whether the state ought to undertake it, and that is a fair question. Your burdens of taxation are very large. The people already begin to complain of the expense of caring for the insane and the feeble-minded and the prisoners and the poor, but there are some considerations which would lead us to believe that the state ought to assume and to undertake this burden. In the first place, I believe that the state should assume this burden in order to perform its duty to these unfortunate people. If I have succeeded in any degree in picturing to you what it is to be included in this institution, I think you will recognize that these unfortunate people have as strong a claim upon the consideration of the public as any class can have. And therefore, as a matter of Christian charity toward these unfortunate people, it seems to be a duty which the state owes to make provision for them. We undertake to provide public education for all children, and when the child is afflicted, when he cannot avail himself of the public schools through deafness or through blindness or through physical defect, then the state undertakes to provide an institution which shall be adapted to his peculiar needs, and it seems to me this class comes under that category.

But, further than this, I think we ought to provide a special public institution for this class as a matter of justice to those in other institutions who are now suffering injustice through the present arrangement. Whether you desire to make public provision for them or not, you are now caring for 250 of this class in the State of Minnesota, and you are not doing it right.

Now, why not provide a special institution for these 250, which can be done without any material increase in expense, and they can be cared for as cheaply in an institution for epileptics as in an institution for the insane, where they to-day occupy beds which are demanded for their own patients. If you had a child of your own in the school for the feeble-minded, would you be willing that he should be placed in the same ward with a child that is afflicted with epilepsy? Every epileptic is more or less dangerous. No one can tell when a seizure or paroxysm of the individual may break out and his cause injury to those who are about him. You may say, "Keep them entirely by themselves," but that is a very difficult thing to accomplish. The number is comparatively small—half a hundred. These children require a special classification. They require classification in smaller groups than the feeble-minded. The epileptic, from his temperament, from the character of his disease, is full of frets and caprices. If he forms a prejudice against another epileptic because he has fits, "I don't want to associate with that fellow," he says, "because he has fits." That prejudice must be met and dealt with, and it cannot be handled properly in the institution of the feeble-minded. And the insane patients feel it is an injustice and an unkindness to compel them to be associated in the same institution with the epileptics. And then a large proportion of these epileptics are neither insane nor feeble-minded. Gradually some of them become insane and some of them more or less feeble-minded, but a large proportion of them are not, and therefore it seems to me desirable that there should be a special institution provided for them.

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But, still further, there should be special provision for the unfortunate epileptics as a matter of public precaution, and this is perhaps even more necessary than either of the considerations that I have mentioned. If you will examine the statistics of this state you will see that we are compelled to learn how rapid is the extension of this disease. I have with me a paper which was read in the Iowa State Convention of Charities last year; I think I had it here, but I think I can give you the essential figures. An examination was made by an eminent Italian physician, I think, at the cases of 62 rats and 40 families who were themselves epileptics. They became the parents of some 500 children, but of these 500 children only 105 were healthy children, and 35 per cent of the 500 were afflicted with a nervous disease, and a large proportion of them, more than half—109 per cent were themselves epileptics. This is only part of the story, because when you go down to the third generation, Dr. Lagos tells me that there is then more than 95 per cent of the grandchildren being afflicted, three-fourths of the children being afflicted with a similar disease.

Now, we are coming to recognize that we have a duty in the prevention of the transmission of disease from parent to child. We have already adopted a policy in this state of shutting up the feeble-minded and from children in the child-bearing age, believing it is right that they should be kept separate from the evils with which they are afflicted. We have already in Illinois a hospital for consumptives, and I hope that we are not going to do in the direction of allowing all epileptics to be put in special institutions in order to avoid the transmission of this disease to their posterity.

Now, it seems to me that there is no question that the time has come for us to take a step in the prevention of the transmission of this most terrible disease up to now. If we put an end to the propagation of the victims of this most terrible disease, we put an end to the propagation of the disease. The probability of the propagation of the disease is confined almost entirely to the young women, but in epilepsy it is not confined to one sex; it is quite as likely to happen in the case of the male as in the female. The public owes itself a duty.

And, further than this, if you will examine the records of your institution for the feeble-minded, you will find in large proportion of the inmates are of parents who were afflicted with epilepsy. The very interesting picture is presented with some very significant thought. A very large proportion of those who are not criminals, those petty criminals, are either themselves epileptics or some of epileptic ancestry.

Now, then, we take account of the expense and the burdens which the public is assuming, but we must realize that we have to take care of these people anywhere. Every individual who lives in the community in blindness lives an unhappy life. Somebody carries the burden, and in the end the public carries the burden, either in public institutions or through the loss in the activity and services of those who have to devote their time to the care of these people. We carry the burden, we carry it one way or the other. And, so I believe we shall find if we examine this subject carefully that as it is a burden to carry on such an institution as that magnificent training school at Red Wing for the children of the epileptic class, so it will be economical for us to make public provision for these unfortunate in whose behalf I am speaking tonight.
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Something has already been done in this direction. Dr. Rogers will give you an account of the charitable institution which has been established at Sougay, N. Y., of which Dr. Spencr, who was too late to give an account, has been at work. The States of Ohio, Massachusetts, New Jersey and New York have already made provision for this class, and the State of Illinois at the last session of its legislature made provision for the public care of epileptics. In other states temporary provision has been made for their care. In Iowa, Minnesota and California, they receive some accommodation in the institutions for the feeble-minded. I have already shown how inadequate this provision is. The time has come when we must face this question. I believe it is our duty to study what is being done in these other states. Let us send representatives to visit these institutions at Sougay, and investigate the work that is being done in order that we may be wise in the matter. Illinois has much better institutions than the eastern states. Why is it? Because Illinois has always valued itself on the experience of these other states and has taken the best of their experiences. Let the State Board of Corrections and Charities begin to study this subject. Let the members of this conference begin to study it. Let those of us who can, visit these institutions and see what is being done, and let us consider what we can do to improve our unfortunate brothers.

DISCUSSION.

PRESIDENT ROGERS: We very much regret the fact that Dr. Spencr, who had intended to be here at the meeting, found himself unable to come at the last moment. He has been very sick, and consequently his work has been somewhat delayed. However, he is very finely forwarded in his work, and I think he has done a great deal of good. I will not speak in detail of his work, but I think he has worked very well in the field of epileptics. I believe his work is very valuable.

CAPTAIN C. R. PAULINER: I believe it would be a good idea for the Conference of Charities and Corrections to have a special committee to study this question and report on it for the next meeting of our legislature. It would seem as though there could be no question but that we must have a permanent agency or institution for the care of epileptics. It is a very important matter to have a proper place to receive and care for these unfortunate people.

DISCUSSION.

PRESIDENT ROGERS: We have already spoken of the need of the institution. The regular hours for those who are in the institution are necessary. It is not enough to have an institution for epileptics; we must also have a place where they can be taken care of. I am glad to say that we have had some success in this direction. We have had very few cases of epilepsy, and those have been treated successfully. We have had a number of cases of epilepsy, and we have had some success in treating them.

SECRETARY JACKSON: I think the superintendent of the hospital in the State of Illinois has done a great deal of work in this matter. He has been very successful in treating the cases of epilepsy. He has been able to cure many of them. I think we should be very glad to have the aid of the superintendent of the hospital in the State of Illinois. He has done a great deal of work in this matter.

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THE INDIGENT ADULT BLIND

BY J. J. LOW, Ph. D., SCHOOL FOR THE BLIND, FARIBAULT.

The classes referred to in the above title are not numerous in this state, nor have the distresses of the few who exist been so pressing and so urgent in character as to call forth any wide expression of sympathy, or to formulate any specific demand for public aid. The intensity of their need has been there; there is a steadily growing pressure for an interest in these feeble folk, whose isolated cases of a very distressing character occasionally become known, in some way the problem of the indigent adult blind. Just now it is perhaps more strongly home upon those in charge of the School for the Blind in our state, for in them come the appeals of those who have passed the age of the education and only desire a refuge from the storms of the world, to be admitted into the school. So pressing have been these appeals that judgment has not been constrained to yield to sympathy, it is to be feared, in few instances exclusively a school, and does not make provision for any except such as the state. To extend its scope to include adults who are in need of a home where great harm should come and that those whose distresses appeal must relief it has seemed proper to enter upon this discussion.

The problem of the indigent blind is but one phase of the larger problem which has always been with man; and of the one as of the other it may be self-help to remain from aid involves such distress and suffering as have been with the least harm. This is the general problem of the poor. In a society in which social stigma upon poor relief that it will not be sought until all possible resources are exhausted; when relief is accepted self-respect is largely broken down, and watchfulness is the only resource. Not an ideal solution surely. Yet in a fairly vigorous social body it works, though not without much friction, loss of efficiency, and much no little loss of character.

If provision for present and future needs are neglected, society in making up these deficiencies, has a right to look askance at the one who has thrown this burden upon it. It is quite safe to say that social feeling has ever been more tender of the blind than of any other needy class. The afflication is so terrible that in its presence theories break down and principles are abandoned. How, however, the blind man himself has felt the weight of the unjust steward, "I cannot die to beg I am ashamed," society has at all times looked with leniency upon the blind beggar. Nevertheless, the blind are not of a race apart, with other feelings and impulses and ideals, than those that are common to mankind. Many of them have had long years of sight. The eager ears of all have drunk in the passions, the preoccupations of the community in which they live. They are full heirs of the heritage of instincts and impulses which the past has crowded on to the present.

Begging is not the solution of the problem of the indigent blind. Whatever else may be, they must not be compelled or allowed to exploit their infirmity to win their daily bread.

So there has arisen in men's minds, early and naturally, the idea of the asylum. Beautiful and tender words: a shelter and a refuge from the storms of life. But wherever manhood and womanhood have had high value the asylum has not seemed the solution of the problem—a palliative, but not a remedy—since it makes no provision for the common interests of humanity.

We recognize the imperative need of a school for those of normal condition. How much more is it necessary for the blind. The school is fitted them for the adverse conditions which must be met. In our state, at our broad hand, blind men and women are meeting the conditions of life successfully, who, without the training of the school, would have been helpless and dependent. The majority of the blind have lost sight after school years. Adapted to lines of work now become impossible, they are no longer plastic to the trainer's touch and the school has no help for them. Again, as with eyes of sight so with the blind, many have not the "heart," the mental capacity, for anything but physical labor. For such with sight the world has ample need. Its rough work is always waiting to be done by them. But, alas! for the blind man physical labor is at best an uncertain source of support. So, too, in the case of the blind woman the situation is very different.

The world offers few openings for an independent career to women with sight. How much fewer it offers to blind women—no one would imagine who had not painfully and with a sense of deserving responsibility microscopically scanned its field. So however much we may gratify ourselves on the successes of education, we are far from admitting that there is a large field which it cannot reach. There will still be some without ability to earn a living amid them. They are in fact the ones who make the problem before us. We have agreed that they shall not be. What, then, remains to do? The trained French instructor of the blind, Dufan, more than fifty years ago made this assertion: "I lay down the principle that every blind person is properly a charge upon the community, and by virtue of this has a right to demand of it the means of subsistence." In a way we Americans admit this to be true of all needy persons, but, as has been said, we make the conditions of the grant so uncomfortable that none but the needy will be