

Drug treatment and epilepsy surgery in 1935

The ILAE was reinvigorated in 1935, having been inactive since 1915. Drug treatment had not advanced much during this period. S.A. Kinnear Wilson's magisterial textbook of neurology provides a glimpse of therapeutic options in the mid-1930s, just before the advent of phenytoin, and it is instructive to see how similar therapeutic options were to those in Turner's book of 1909.

S.A. Kinnear Wilson's list of medicinal drugs in 1935

<i>Drugs of definite benefit</i>	<i>Drugs of no benefit</i>
<i>Bromide</i>	<i>Zinc</i>
<i>Bromide combinations</i>	<i>Iron</i>
<i>Phenobarbitone</i>	<i>Digitalis</i>
<i>Prominal</i>	<i>Strophanthus</i>
<i>Borax</i>	<i>Calcium</i>
<i>Belladonna</i> <i>(sometimes with bromide or bromide and caffeine)</i>	<i>Opiates</i>
<i>Nitroglycerine</i> <i>(sometimes with strychnine and bromide)</i>	<i>Hypnotics</i>
<i>Dialacetin</i> <i>(and also with allylparacetaminophenol)</i>	

The First World War had stimulated neurosurgery, and significant advances had been made, for instance in the localisation of function and in the therapy of post-traumatic epilepsy. As the leading figure, Otfried Foerster in Breslau entertained visits from many of the talented neurosurgeons of the time. One of these was the young Wilder Penfield who, greatly influenced by Foerster, later set up the epilepsy surgery programme in Montreal. In 1928, Penfield performed the first temporal lobectomy without resection of the hippocampus.

