# The Growth of EEG

In 1935, Albert Grass first built his 3–channel EEG machine at the Harvard Medical School, and as technology advanced, he with his wife Ellen Robinson Grass formed the Grass Instrument Company in 1945. This was for many years the leading supplier of EEG machines around the world, and its provision of reliable and sturdy instruments allowed a rapid advance in the clinical application of EEG. Ellen Grass was a major figure in the ILAE, and co–founder of the IBE. EEG departments were established in many countries, and international bodies were formed to co–coordinate and organise the field. In 1958, the international 10–20 placement system was developed to standardise recordings. Clinical research into epilepsy was in those days dominated by EEG technology. The ILAE classification of epileptic seizures, based on clinico–EEG correlation, was devised in 1964. In 1965, Talairach and Bancaud introduced a system for stereotactic EEG implantation, and by the mid–1970s, long–term recording of video–EEG was being introduced internationally. Experimental EEG was producing fundamental advances in neuroscience, and perhaps today these are its greatest legacy. In recent years, the developments in EEG have been largely technology driven, with computing, synthesised, data reduction and processing and automated anaysis allowing vast datasets of information to be recorded. EEG today can be seen to have set the conceptual parameters of epilepsy and to have dominated its investigation and classification. Although its demise now is often predicted, as Zifkin and Avanzini wrote: ´This simple yet revolutionary method of studying brain function will likely continue to benefit from advances in technology that are yet to come. Its theoretical limits may not have yet been reached´.
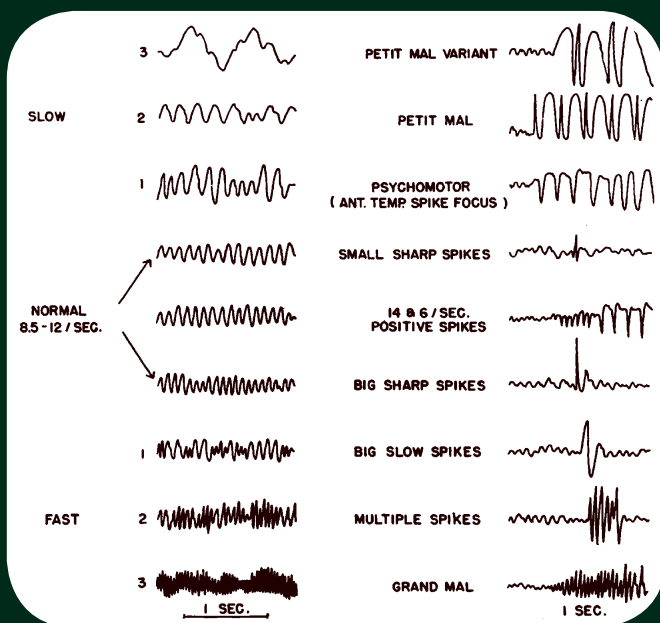
Gibb's presentation of the normal and abnormal EEG