

## In Memoriam

After World War II, A. B. Baker was a major figure in American neurology: in 1948, a moving force in founding the American Academy of Neurology, which recently registered its 10,000th member; a “neuropolitician” who lobbied long and effectively for federal support of training programs for academic neurologists; editor of *Clinical Neurology*; and a neuropathologist with a particular interest in cerebrovascular disease. Less well known was his sustained interest in epilepsy. Although not the departmental chairman, in 1945 Abe decided that the Department of Neuropsychiatry must have an electroencephalography laboratory. As a result, in 1946 I left for the Montreal Neurological Institute as the second Fellow in electroencephalography, preceded by Charlie Cure as first Fellow, who with Ted Rasmussen evolved the Metrazol test as an activating procedure in epilepsy. Abe’s interest in epilepsy found no immediate expression in Minnesota but it did, surprisingly, in the Epilepsy Foundation, which operated a small clinical facility outside Washington, D.C.

To understand the significance of this requires a long convoluted journey into the past. The International League Against Epilepsy (ILAE) was established in Budapest in 1909 and publication of *Epi-*

*lepsia* began. Subsequent annual meetings were held in Berlin, Zurich, and London until the outbreak of World War I in 1914 destroyed all but the spirit of the League. Two decades passed before ILAE was revived, with Dr. William Lennox as President, and publication of *Epilepsia* resumed. The following year, 1936, the American Branch of ILAE came into being. In April 1940, *Epilepsia* carried an announcement that “. . . the officers of the American Branch of the International League Against Epilepsy have organized a society of non-physicians . . .” with 370 members [Lennox WG. The Laymen’s League Against Epilepsy in America. *Epilepsia* (Series II) 1940;1:261–2]. War once again engulfed ILAE, and *Epilepsia* did not resume publication until July 1941, when Dr. Lennox took up the torch as editor. In the interim the Laymen’s League had grown to “. . . over 700 members from 43 different states and Canada” [Riggs BR. The Laymen’s League Against Epilepsy. *Epilepsia* (Series II) 1941;2:8–9]. The report listed its various activities and its sponsors, among them was Mrs. Franklin D. Roosevelt.

In 1944 the Laymen’s League announced that it had changed its name to the American Epilepsy League (AEL) “. . . to emphasize the continental scope of the League’s work. . . .” A chapter of AEL had been formed in Massachusetts as “. . . a model for local groups in other parts of the country which may wish the support which comes from affiliation with a national organization.” AEL had also become a member of the National Health Council—an action that before long would have significant consequences [Potter B. American Epilepsy League, Inc. *Epilepsia* (Series II) 1944;2:64–265]. By 1946 Mrs. Potter could announce that AEL had 1989 members, including some “in ten foreign countries.” AEL was distributing 17 articles and pamphlets and had conducted 3 “nationwide surveys.” The Illinois state chapter, the first local chapter outside AEL’s home state of Massachusetts, had come into being [Potter B. The laymen take strides. *Epilepsia* (Series II) 1944;3:87–9]. In this same year AEL asked the American Branch, later to become American Epilepsy Society, to appoint a Board of Medical Advisors. This was done, binding the organizations even more closely together [Keith HM. The American Chapter. *Epilepsia* (Series II) 1946;3:180–1].

In 1949, yet another lay organization emerged.



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The National Epilepsy League, with offices in Chicago, resulted from “. . . the union of the American Epilepsy League and the National Association to Control Epilepsy” [Miller B. The National Epilepsy League. *Epilepsia* (Series II) 1949;4:18]. In 1954, still another organization emerged [Newcomb ML, Cole G. The National Professional Association on the Social Aspects of Epilepsy. *Epilepsia* (Series III) 1954;3:107-9]. By the end of the 1950s there were four lay epilepsy organizations. The National Health Council (NHC), with tacit concurrence from the National Institute of Neurological Diseases and Blindness (NINDB), expressed concern that these organizations were needlessly duplicating activities, diluting funding resources, and diffusing efforts to evolve needed educational, economic, and social programs. The NHC argued that a single national lay organization would best serve the needs of persons with epilepsy. Because of its long-standing ties with the lay movement, the American Epilepsy Society (AES) joined NHC in initiating discussions for merger of the lay organizations. Unifying these fractious groups proved no easy task. Three finally agreed to merge as the Epilepsy Association of America. The recalcitrant hold-out

was the Epilepsy Foundation, of which A. B. Baker was a Director. Feelings became increasingly intense as reflected in a snappish announcement by AES urging its members to resign from the Medical Advisory Board of the Foundation [Announcement. *Epilepsia* (Series IV) 1965;6:274]. Fortunately, cooler heads prevailed and finally a single organization emerged, the Epilepsy Foundation of America (EFA). As always, Abe promptly assumed an active role in its affairs, becoming chairman of its Professional Advisory Board and, in 1970, President of EFA. He threw all of his redoubtable neuropolitical skills into urging Congress to support a broad series of programs being evolved by NINDB. At the same time, he pushed EFA to pursue educational programs about epilepsy, to become an advocate for legal reform of outmoded laws, and to evolve improved programs for employing persons with epilepsy. Not unexpectedly, Minnesota became one of the initial NIH-funded Comprehensive Epilepsy Centers. The results of his many efforts remain a fitting tribute to his memory.

David D. Daly