

In Memoriam  
Fritz E. Dreifuss  
1926–1997



Fritz E. Dreifuss

Fritz Dreifuss died of lung cancer at his home in Charlottesville, Virginia on October 18, 1997 at the age of 71. Known as “Fred” to his friends, he had an unflinching devotion to the person with epilepsy; he manifested his devotion as a physician, as a scientist and as a volunteer.

Fritz E. Dreifuss was born in Dresden, Germany on January 20, 1926. Escaping Germany in the 1930s, his family moved to South Africa and then to New Zealand. Fred was educated at the Wanganui Collegiate School in New Zealand and received his medical degree from the University of Otago. After pursuing graduate studies at the National Hospital Queen Square, London, he joined the faculty of the University of Virginia (UVA) in Charlottesville in 1959.

Although he had an early interest in epilepsy, he headed the Child Neurology Program of the State of Virginia beginning in 1959. His first paper, published three years earlier, considered the bone changes in hemiplegia of early onset. By 1963, however, he had lectured at a regional meeting on epilepsy and by the mid-1960s was working on collaborative projects in epilepsy with the Neurology Institute of the National Institutes of Health (NIH). In the late 1960s, after the arrival of J. Kiffin Penry at the NIH, he intensified his interest

in seizure disorders, eventually becoming one of the world’s greatest epileptologists.

I remember my first trip to Charlottesville, in the late summer of 1969, when I drove with Kiffin from the NIH to the UVA to begin work on some of the collaborative research that Fred had undertaken. Fred was rather an enigma to me at that time—I fresh out of internship and he a learned professor. I would soon learn how astonishingly learned and yet how extraordinarily generous a person he really was.

Fred had just published a definitive description of the automatisms of absence seizures and was building the clinic population that would serve as a basis for innumerable analyses of this disorder in the next few years. He started a number of projects, beginning with the 24-hour EEG analysis of the spike-wave discharge. These were the first moments of radiotelemetry in absence epilepsy; the system, a two-channel FM telemetry device, was installed in the UVA Clinical Research Unit. These early recordings formed the basis for the eventual use of continuous recordings of spike-wave discharges as a surrogate marker for drug development in absence epilepsy. The missing piece, of course, was the validation of the marker, and Fred was again at the center of the clinical

neurophysiological experiments that assured the validity of generalized spike-wave discharges as a surrogate for the decrement in responsiveness observed with absence epilepsy.

Persons with epilepsy had not had new medications available for some years, and the development of clinical trial techniques was critical to the process of proving whether a new drug was effective. Fred first studied ethosuximide, already marketed, as the initial test for the new absence seizure paradigm. He documented the drug's effectiveness and then evaluated, over the years, a whole series of new drugs in his absence model, beginning with clonazepam in the early 1970s. In 1976, he studied sodium valproate, writing one of the earliest U.S. publications on the use of this medication. His pioneering work in objective documentation of absence seizures soon triggered investigations into other seizure types and greatly furthered clinical investigation of the epilepsies as a whole.

In 1974, Dr. Dreifuss competed successfully for an NIH-funded comprehensive epilepsy center. His group soon became a center of excellence for basic and clinical investigations and a source of many publications. His colleagues at the university have renamed the program he created the F. E. Dreifuss Comprehensive Epilepsy Program.

Although he published more than 300 articles and textbook chapters, the 1980s and the early 1990s were the most exciting and the most productive years of his career. He published more than 10 papers yearly in most of these years, and his peers recognized him by demanding his presence. He became one of the most sought-after lecturers on all aspects of the disorder and seemed never to be without a new idea on even the most mundane of issues.

And lecture he did. From the Southwest Virginia Medical Society and the Roanoke Cerebral Palsy Association to the Massachusetts General Hospital; from Auckland and Melbourne to Germany and Finland; from the National Hospital, Queen Square to UCLA and Kansas; from Mexico City to Japan; from Paris to Albuquerque; from Greece and Turkey to the NIH in Bethesda. He was constantly carrying the message of how to diagnose, how to treat, and how to investigate epilepsy. The astonishing impact of his worldwide teaching stands second only to the phenomenal influence of his many fellows and residents, now scattered worldwide in academia, patient care, and even the pharmaceutical industry.

Although Fred made innumerable contributions to our understanding of seizures and the epilepsies, none was more difficult but potentially more lasting than his efforts as a member and chairman of the Commission on Classification and Terminology of the International League Against Epilepsy (ILAE). Many (myself included) thought he was attempting too much to try to



Fred was most comfortable behind a podium lecturing on his favorite subject.

forge a classification of the epilepsies. The data were so poor (relative to the seizure classification) and the forces so diverse. But he was visionary; he politely persisted and accomplished the task. Then, to his everlasting credit, he *lectured* on the classification of the epilepsies as often as he could—just to drive home the point that this new classification was really meaningful to the practitioner.

Despite his international fame, he remained devoted to a full schedule of patient care. Most notable were his neurology/epilepsy clinics in the depressed areas of Southwest Virginia, where he would travel, often weekly, to treat those who would ordinarily never see a specialist of his caliber. Unassuming as usual, he himself never wavered in his demeanor; he was just the doctor who had arrived to help if he could, never giving a hint that he might, just the next day, be setting off for yet another international invited lecture.

Fritz Dreifuss was an extraordinary clinician. His clinical rounds were characterized by a delightful combination of clinical insight—insight which was routinely correct and often astounding, and which was frequently punctuated with a robust and sophisticated humor. Pleasurable indeed was simply to watch him gather a gentle, yet carefully selected history from an anxious parent and then, very skillfully examine the child, by eliciting the utmost cooperation from even the most difficult child. Singular of purpose in seeking the truth in each indi-



Fred in a lighter moment.

vidual case, he combined a grandfatherly gentleness with a persistent probing to ferret out the answers to critical questions. Desperate patients, young and old, came from the furthest points of the world to see him. He was, somehow, able to see and to help them all; he seemed constitutionally unable to say no—whether it was another patient, another committee, another chapter. Any worthy effort was worth his time and his attention.

One can only imagine how many patients—past, present and future—have benefited, either directly or indirectly, from the expertise and unflagging energy of Fritz Dreifuss. It was the patient, after all, who was his ultimate focus. Whether he was examining an infant in Appalachia, or conducting a study on yet another new drug, or writing a chapter for a colleague's book, or lecturing in Denmark, he was most comfortable with the patient who needed his skills. Although he complained (most quietly) about the tedium of international committee work in the international struggle for progress in epilepsy research, epilepsy understanding, and epilepsy care, he tolerated—and often led—meeting after meeting to accomplish his goal. But he did so only because of his intense devotion to the plight of the patient. It was almost as if he felt *responsible* for assisting all the world's persons with epilepsy; to do less than his utmost was immoral and unthinkable.

Fred was interested in many aspects of the community and aided in the initiation of a series of highly successful symposia which have uniquely promoted an interaction between professionals in medicine, law, education, and community leadership. The first Symposium, held in

April 1987, was focused on epilepsy and set the tone for an annual event which continues not only to be well received but is especially meaningful to the community.

As a formal leader in the epilepsy movement, Fred did it all. Among his most important posts were his positions as a member of the National Commission for the Control of Epilepsy and its Consequences in 1976, as President of the American Epilepsy Society (AES) in 1978, Chairman of the Professional Advisor Board of the Epilepsy Foundation of America (EFA) from 1978 to 1980, President of EFA from 1983 to 1985, Chairman of the Board of EFA from 1987 to 1989, secretary-general of the ILAE from 1981 to 1985, and President of ILAE from 1985 to 1989.

He was also honored for his contributions. He was named an Ambassador for Epilepsy in 1979, was the winner of the William G. Lennox Award of AES in 1983, and was the AES Lennox lecturer in 1986. He received the AES Distinguished Clinical Investigator Award in 1991 and the ILAE/IBE Epileptology Prize in 1995. He received the EFA 25th Anniversary Award in 1993.

His academic career was highly successful. He attained the rank of Professor of Neurology in 1968, became Vice Chairman of the Department of Neurology in 1974, and was awarded the first T. R. Johns Chair of Neurology in 1990. In 1993, he was named the Thomas



Roger Porter and Fritz Dreifuss at the Epilepsia Pan American Conference in São Paulo, Brazil, in 1986.

E. Worrell, Jr. Professor in Epileptology and Neurology. He was a fellow of the American Academy of Neurology, of the Royal Australian College of Physicians, and of the Royal College of Physicians in London. Reflecting his international involvement, he was also a member of the Japanese Child Neurology Society and an honorary member of both the Argentine Neurological Society and the Canadian Child Neurology Society. He was elected to membership in the American Neurological Association in 1975.

In the midst of this busy career was his wife Daphne, who never wavered in support of his profession. He was

equally devoted to their two wonderful children, Donald and Simone.

Fritz E. Driefuss was the ultimate role model. He trained innumerable clinicians and investigators, perpetuating the global impact for his life's work. He influenced most of the people who treat epilepsy and, most important for him, he helped most people with epilepsy. This is the outcome he sought.

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