



### **Richard Dunlop Walter**

Richard Walter died on September 26, 1986. At the time he was Professor of Neurology Emeritus at the UCLA School of Medicine. He was born in 1921 in northern California and seemed always to retain some homespun attributes, full of humor and understanding of people. He was well-known and well-liked throughout the national and international community of epileptologists.

His professional career spanned 25 years, which can be divided about equally between years of clinical research and practice, followed by his position as the second chairman of Neurology at UCLA.

His specialized training was first in psychiatry, second in electroencephalography, and finally in neurology under Dr. Augustus Rose. He was recruited in 1955 to establish the Electroencephalographic and Electromyographic Laboratory.

His major contribution in the field of electroencephalography was the video-EEG analysis of spontaneous temporal-limbic seizures. After the introduction of depth electrode exploration of deep temporal sites (Crandall PH et al. *J Neurosurg* 1963;21:827-40), the initial observations of interictal discharges did not seem promising, but a number of ictal episodes by "hard-wire" recordings did. At this time, monitoring of brain wave activity was being developed in the UCLA Space Biology Program for use in chimpanzees (Adey WR et al. Proc Symp Biomed Surg. Marquette University,

1966;1:36-9). Beginning in 1969, adaptation of this equipment to a seven-channel device allowed radio-telemetry of EEG data from unrestrained patients 24 h per day and routine collection of seizure data, which was first published in 1971 (Dymond AM et al. *Biomed Instrum* 1971;8:16-20). Classification of ictal patterns of focal-type onset and regional focal onset became the principal criterion for surgery in otherwise difficult-to-localize patients at UCLA (Walter RD. In: *Epilepsy-its phenomena in man*. New York: Academic Press, 1973:99-118). Later, closed-circuit television and audio-monitoring were added. Video-EEG analysis of spontaneous limbic seizures improved the efficacy of anterior temporal lobectomy, made the operation available to more patients, and altered the surgical decision in many patients. Today, video-EEG analysis is widely used in epilepsy centers in the diagnosis of many epileptic disorders.

A second area of clinical research of interest to him as a psychiatrist was the origin of the vivid symptomatology of temporal lobe epilepsy. Using electrical stimulation studies, he explored limbic system sites eliciting the characteristic affective, psychical illusions, memory experiences, and other cognitions (Halgren E et al. *Brain* 1978;101:83-117).

As Chairman of the Department of Neurology and Director, Reed Neurological Research Center (1975), epilepsy programs were expanded, clinical neurophysiology established, and a chair for studies in neurobehavior established. Neuroimmunology and pediatric neurology were added to the department. Affiliated clinical research and teaching programs were supported at Wadsworth VA and Sepulveda VA and Harbor General Hospital. Dr. Walter himself was a superb teacher, making points *Epilepsiu*, Vol. 28, No. 2, 1987

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with color and wit. The residency training program flourished.

Lastly, there were many contributions at the national level. He was a past president of the American Electroencephalographic Society (1972), American Epilepsy Society (1970), and held a number of offices in the American Academy of Neurology. He was chairman of the Epilepsy Advisory Committee, NINCDS, and an editor of two influential volumes-Neurosurgical Management of the Epilepsies and Experimental Models of Epilepsy. He spared his colleagues the knowledge of his illness, amyotrophic lateral sclerosis, which lasted about 3 years. Characteristic of their private nature, he was cared for entirely at home by his physician-wife, Dr. Ruth Walter.

Paul H. Crandall, M.D.