The History of the Epilepsy Society of Australia

The History of the Epilepsy Society of Australia

By

FJE Vajda

Cambridge
Scholars
Publishing

The History of the Epilepsy Society of Australia

By FJE Vajda

This book first published 2022

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN (10): 1-5275-8684-7
ISBN (13): 978-1-5275-8684-0

This volume is dedicated to persons with epilepsy, who are forced to bear the burden of the condition with all its comorbidities and fear their offspring will inherit the condition. We are all determined to alleviate this burden.

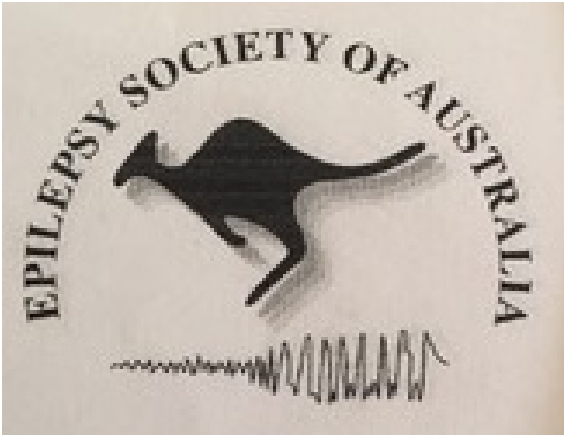


TABLE OF CONTENTS

PREFACE

In the attempt to cover a period encompassing 35 years, including the involvement of 300 members associated with numerous national and international links, of our society, I had to act as a filter when selecting material for this volume. I tried not to make it a mere audit, a list of facts and financial matters. I have also tried to minimise my personal bias and involvement, which clearly coloured my perspective. The archives of the society were thought to be lost (but were later rediscovered) so initially I had to rely on fragments from my own archives and the excellent help of colleagues who provided details of the events and personalities during their tenures as office bearers. I included the presidential overviews as I felt it would reduce the likelihood that important issues would be missed. I hope the invited comments by leaders of the profession, both international and local, add variety to the reading and perhaps provide a glimpse of where we are heading in the future.

The aim of this book is to give an overview of the collective efforts of many members of the Epilepsy Society of Australia and illustrate the vast scope of the work carried out to further the knowledge of the clinical impact and science of the numerous epilepsy sub-specialities for the benefit of patients. I have placed perhaps an undue emphasis on international speakers, initiatives, and collaborations because these enhance the status of our society and thus increase the appreciation for the excellent advances made by our colleagues in Australia. I wish to thank all those colleagues mentioned, who helped shape the outlook and ethos of this society. I apologise for the omission of names, for those who are not highlighted. Many will appear in the lists of achievements, awards, scholarships and grants, external roles, and participation in outreach programs.

F Vajda, April 2020.

ACKNOWLEDGMENTS

I am grateful to all my professional colleagues and the members and office bearers of the Epilepsy Society of Australia (ESA) who helped produce this manuscript, and beyond that all those who have laboured to establish, guide, and develop the Society to an internationally recognised scientific entity. Eleven presidents and their committees and specific task-related subcommittees have born the principal responsibility for the activities of ESA to date. We thank them.

I thank our visiting speakers, who have contributed greatly to our scientific meetings. I acknowledge the International League Against Epilepsy, their leadership, committees, and central project commissions for their support of the Society. I pay tribute to all our helpers in relation to financial support – from government bodies, the NHMRC, the pharmaceutical industry, individual donors, and the office staff of the Secretariat.

Thanks are also due to the Australian community support organisations, and the International Bureau for Epilepsy for their cooperation and support, especially in the early days of the Society.

Finally, I thank my family for their support and help to report on an enterprise founded 36 years ago.

THE HISTORY OF THE EPILEPSY SOCIETY OF AUSTRALIA

Background

One-hundred-and-fifty years ago, at the time of the Port Phillip settlement, now Melbourne, the term epilepsy was far more inclusive than it is today. In those days it was a blanket term to include virtually every condition that involved convulsions, especially if accompanied by a loss of consciousness.(1).

The age-old concept that linked epilepsy with insanity placed a double burden – that of embarrassment from experiencing seizures as well as the fear of potential madness – upon the sufferer and their family. As was the case in many countries, the early Australian settlement of Port Phillip used the prison system to manage citizens with epilepsy, at least initially, until asylum facilities became available.(2)

Even in the 20th century there is evidence that epileptic patients were considered appropriate subjects for mental hospital admission (quoted by Bladin, World Health Report, Geneva 1955) (3). In the first quarter of the 20th century in Victoria, the care and treatment of patients in the asylums was often catastrophic. There were regimes of dietary restrictions, spoon feeding with semiliquid food, and, at times, edicts were issued that forbade the provision of solid food for epileptics.

There were many asylums in Victoria, the principal one being Yarra Bend, and there is ample evidence that patients suffered appalling treatment in the asylum system. However, not all members of the medical profession were indifferent to the plight of these allegedly “insane” citizens in prisons or asylums. The crusading efforts of those few doctors have gone down in history to their credit.

Australian writings show there was an awareness of Jacksonian epilepsy, but they seemed to lack the insights of Hughlings Jackson. One exception was a Victorian physician, A J Springthorpe, who stated that the main pathological state of epilepsy was “an overexcitability of cells in the

cortical layers of the brain" (4). Springthorpe (1855–1933) was born in England but emigrated to Australia in 1872 and entered Wesley College; he graduated as the "best scholar proceeding to University". He was a resident medical officer at Beechworth lunatic asylum in Victoria before returning to England to study from 1881 to 1883. He became the first Australian graduate to gain his MRCP. After completing his MD in 1884 at Melbourne University, he became the first lecturer in therapeutics, dietetics, and hygiene. He published an Australian textbook on these subjects in 1914. Springthorpe took a leading role in establishing the Victorian branch of the British Medical Association, and championed reforms treating the insane with the use of psychological therapies. He set up the Talbot Colony for Epileptics in 1907 in outer Melbourne, and later the Tweddle Hospital for Babies and Mothercraft Nursing.

John William Yorke Fishbourne (1843–1911) was born in Ireland. Aged 16, he entered Trinity College, Dublin; ten years later, in 1869, he settled in Victoria. One of his daughters seems to have had epilepsy. His chief medical interest was the diseases of the mind. He worked in mental asylums at Ararat and Kew where he was deputy medical superintendent (1877–1882). In 1885 he was a witness in the Zox Royal Commission on asylums for the insane and inebriate. He supported Dr Springthorpe's criticism of the existing institutions. The establishment of the Victorian Lunacy Act was largely due to Springthorpe and Fishbourne persuading the Victorian branch of BMA to put pressure on the government. Fishbourne was also a founder of the Royal Talbot Centre.(5)

****

By 1911 it was agreed by most physicians that the treatment of epilepsy was thoroughly unsatisfactory (2). Bromide was the mainstay of treatment, and if that failed, borax was used. By 1911 phenobarbitone had come into use, and by 1942 Dilantin was being manufactured. G E Rennie was a Sydney physician interested in the curability of epilepsy at a time when there were very few therapeutic options available (1). By the last quarter of the 19th century, Victoria had created a medical society, a useful educational resource, as well as a faculty of medicine at the University of Melbourne. This attracted a respectable collection of academic talent.

After the end of the Second World War, the secretary general of ILAE wrote that colonies were established in order to create a system for the prevention of epilepsy and provide better care. A colony was intended to segregate epileptics so as to restrict their procreation and thus limit the

inheritance of epilepsy. The Talbot Colony for Epileptics was established in Victoria by an Act of Parliament in 1906. It was run primarily as a chronic care facility, and the medical presence was unremarkable and minimal. The arrival of new, effective antiepileptic drugs offered hope that the disorder could be cured. This was certainly premature, but patients no longer had to hide their condition. It became accepted that it was preferable to treat patients outside institutions in modern society, to prevent the dehumanisation that the alternative methods entailed.(6).

Two more recent articles contributed to the changing approach to the question of colonies. These were authored by the prominent Melbourne neurologist John Ivan Balla, who had been a medical officer at the Talbot Colony and later became head of neurology at Prince Henry's Hospital and, subsequently, professor of neurology education in Hong Kong (7, 8).

In 1962 the Talbot colony was renamed, and the main theme became rehabilitation.

Epilepsy-related research and a treatment centre were still lacking in Australia. The development of the Austin Hospital epilepsy program, which developed into the Epilepsy Society of Australia under the direction and fuelled by the vison of Peter Bladin, is the subject of the pages that follow.

References

1. M J Eadie, *Flowering of the Waratah*. Aboriginal interpretation of seizures. John Libbey and Co., Sydney (2000).
2. P F Bladin, *A Century of Prejudice and Progress*. Epilepsy Australia (2001).
3. World Health Report, *Hospitalisation of the Mental Patient – A survey of existing legislation*. World Health Organisation Report 1955 This publication is a reprint of a series of articles that appeared in WHO Chronicle between March and July, 1962.
4. Anne Anders Springthorpe, John William (1855–1933) from C. Chapman (ed), *Inner Worlds: Portraits & Psychology*, National Portrait Gallery, Canberra, 119–22 (2011).
5. Lyndsay Gardiner Fishbourne, John William Yorke (1843–1911). Published in *Australian Dictionary of Biography*, Volume 8 (MUP), (1981).
6 J Aicardi, J J Chevrie, Febrile convulsions: Neurological sequelae and mental retardation. In: Brazier M A B, Coceani F, eds. *Brain*

Dysfunction in Infantile Febrile Convulsions. New York: Raven Press, 247–257 (1976).
7. J Balla, The rehabilitation of epileptics. *Med J. Aust* 1, 368–389 (1968).
8. J Balla, Review of young epileptic patients in a sheltered environment, *Med. J. Aust*. 2, 406–409, (1970).

****

1983

Early days. The intention to form a society related to epilepsy.

Dr P F Bladin, director of neurology at the Austin Hospital, Melbourne, announced in 1983 that the department would host a workshop on epilepsy, with contributions from hospital staff and keynote speakers from other centres. There was universal approval from members of the neurology department, described subsequently as the "jewel in the crown", of the Austin.

The workshop took place in 1983 in Zeltner Hall, an integral part of this old hospital, which originally served as an institution for the care of the chronically ill. It housed tuberculosis patients and a spinal injuries unit based on the model at Stoke Mandeville in Britain, which was established by the Royal Air Force under the direction of Group Captain Cheshire during WW2.

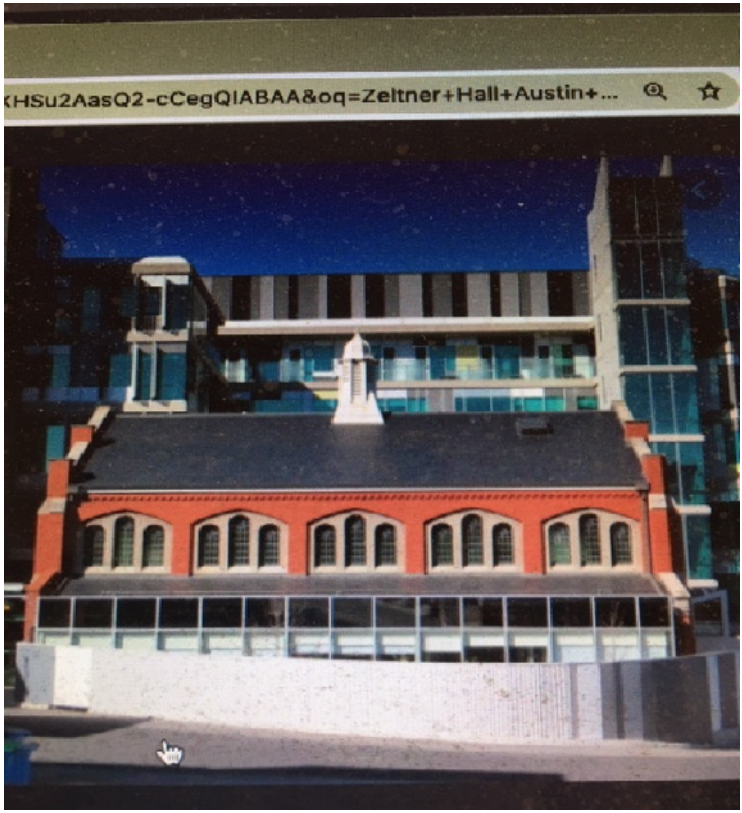


Figure 1: Austin Hospital, Zeltner Hall, Heidelberg, Victoria

Figure 2: The “cradle” of the Epilepsy Society of Australia. Painting of the old Austin Hospital dated **1887.**

Figure 3: Staff of the Department of Neurology, Austin Hospital in 1982. The first workshop in 1983 was hosted by this group.

The proceedings of the 1983 workshop on epilepsy were published in volume entitled *Refractory Epilepsy.* The contributors and their presentations were as follows:

1 The problem of complex partial seizures: P F Bladin

2 Complex partial seizures. Paediatric aspects: A Ouvrier

3 Triage of problem patients: P F Bladin

4 Consideration for patient selection for temporal lobectomy in relation to age as it affects children and adolescents: J I Manson and K J Abbott

5 Role of neuropsychology in the selection of patients for surgery: K Walsh

6 Trial of medication. Parameters of failed medical therapy: F J E Vajda

7 The personality of temporal lobe epilepsy: P Evans

8 Diagnosis and localisation of partial seizures: S F Berkovic

9 Type, site and focus of seizures. Capturing ictal activity – the surgical patient: P F Bladin

10 Positron emission tomography in partial epilepsy: G A Donnan

11 Treatment of refractory focal epilepsy: Surgical aspects: J Woodward

12 Results of temporal lobectomy: P F Bladin

13 Pathology of temporal lobe specimens: R Kalnins

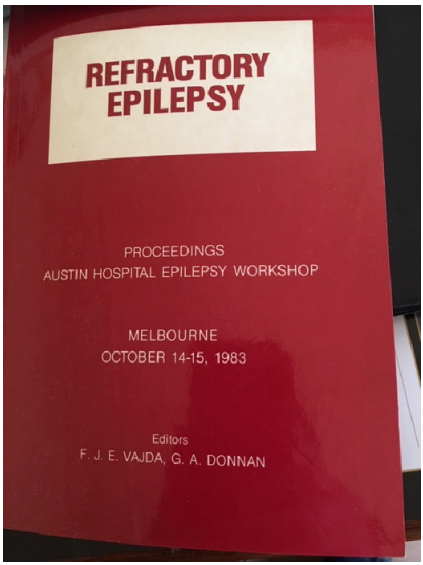


Figure 4: The proceedings of the 1983 workshop were published in *Refractory Epilepsy*

14 Temporal lobectomy: Peri-operative assessment: S F Berkovic

15 Evoked responses and temporal lobe epilepsy: J Borghesi

16 Anticonvulsant strategies in epilepsy: Pharmacological treatment of epilepsy: F J E Vajda

17 Selected paediatric aspects of therapy: K J Collins

18 The Lennox-Gastaut Syndrome – paediatric aspects: I J Hopkins

The origin of the Epilepsy Society can be marked by this workshop, which was highly successful and reinforced the conviction of Dr Bladin that Australia must take its place in the world of epilepsy care and research. There was a need to form a separate chapter of the ILAE, the acronym for the International League Against Epilepsy, founded in 1908 in Budapest and which by this time had branches or chapters in 120 countries. The formal establishment of the Epilepsy Society of Australia (ESA) was planned for the following year, 1984.

The role of the national chapters of the ILAE is generally expected to:

- establish and maintain good communication between persons active in the field of epilepsy,
- assist in the care of epilepsy and maintain standards of this care in their own countries,
- promote publications in the field of epilepsy,
- organise or sponsor national meetings,
- appoint commissions or individuals for specific problems, and
- develop or apply other methods for the furtherance of the objectives of the ILAE. (From the website of the League).

Figure 5: Peter F Bladin AO – Founder of the Society

****

Figure 6: G A Donnan AO MD FRACP FRCP (Ed) FAMHS, Foundation Secretary.

Geoffrey Donnan is a professor of neurology at the University of Melbourne. He became director of the Florey Institute of Neuroscience and Mental Health.

Figure 7: S F Berkovic AC FRS, Second secretary of ESA in 1989

1984

The next workshop was held in 1984 at the Austin Hospital. It focused on strokes, which led to the formation of the Stroke Society, also founded at the same site. At the end of this meeting, Peter Bladin formally announced the foundation of the Epilepsy Society of Australia.

1985

The following year, at the second Austin epilepsy workshop, the establishment of ESA was consolidated and unanimously supported.

Symposium proceedings were published under the title *Grey Areas in Epilepsy*. The content is shown below.

Grey Areas in Epilepsy

1 Absences – pure culture or mixed bag: P F Bladin

2 Epilepsies with absence: Classification and genetics: S F Berkovic

3 Clinical and electroencephalographic features of absence seizures: I J Hopkins, C Bailey, and S Watson

4 Positron emission tomography in the generalised epilepsies: G A Donnan

5 Pseudoseizures resembling petit mal caused by hyperventilation: R A Ouvrier, K North, M Nugent, and V Vignaendra

6 Learning difficulties in petit mal epilepsy: A study of the level of concentration: R G Beran and M Kleinmann

7. Absences: The easiest form of epilepsy to treat?: P J Procopis

8 Benzodiazepines: F J E Vajda

9 Antiepileptic drugs – Mechanisms of action: M J Eadie

10 Concurrent video and EEG recording systems: I J Hopkins

11 Long and short-term EEG-video monitoring in child neurology: J Manson

12 Nocturnal seizure monitoring – Is it worthwhile? G A Donnan and L Gossat

13 Pseudoseizures: Adult aspects: R Macdonell, S F Berkovic, and F J E Vajda

14 Pseudoseizures in childhood: K J Abbott

15 Pseudoseizures: P Evans

16 Callosal section for refractory epilepsy: Theory and indications for operations: P F Bladin and I J Hopkins

17 Neuropsychological aspects of callosal section: D A Andrewes

18 Callosotomy – Techniques and pitfalls: J Woodward

19 Corpus callosotomy for intractable epilepsy: S F Berkovic

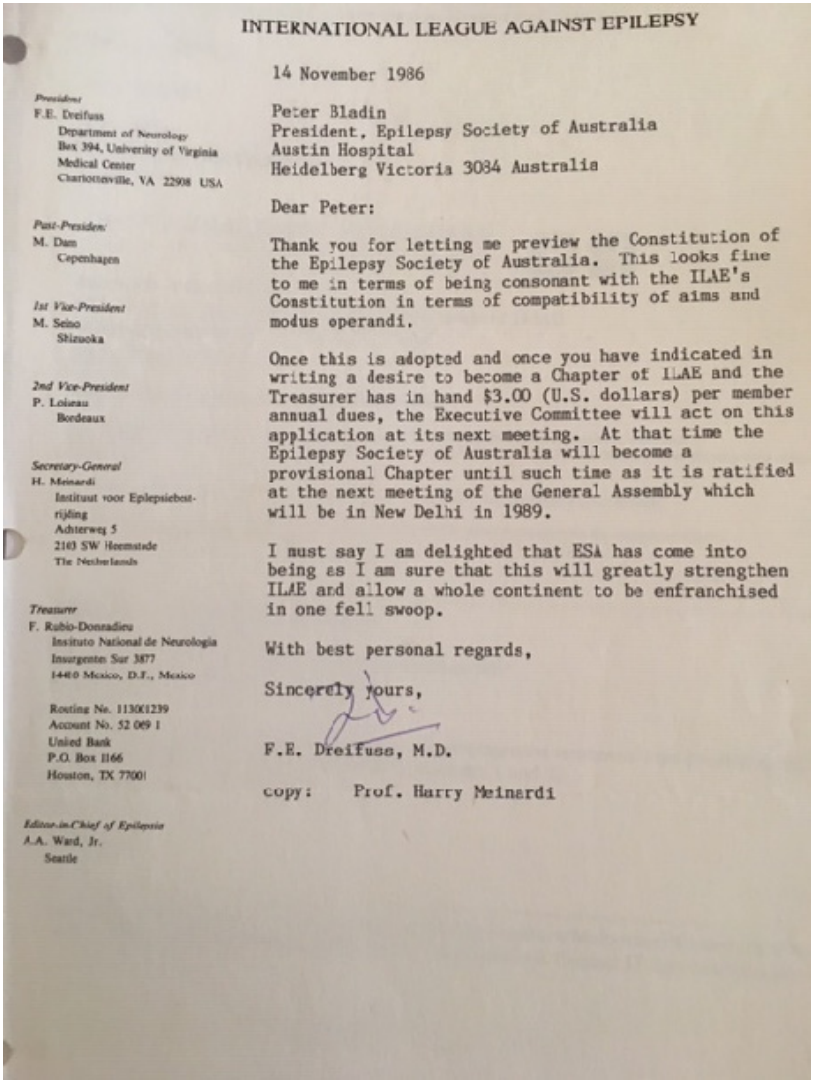
20 Migraine and epilepsy: Both cerebral disorders? G R Symington

21 Migraine and the benign epilepsies of childhood: P F Bladin

22 Migraine and epilepsy: A review of their clinical relationships: S F Berkovic and F Andermann

The creation of the logo of the Society used on correspondence and documents is credited to Dr David Darby, later a behavioural neurologist.

Subsequently, P F Bladin approached Professor Fritz Dreifuss, president of the ILAE, regarding the general profile of a national chapter, and it was agreed to accept the concepts and adjust to the requirements of the League.



INTERNATIONAL LEAGUE AGAINST EPILEPSY

14 November 1986

Peter Bladin
President, Epilepsy Society of Australia
Austin Hospital
Heidelberg Victoria 3084 Australia

Dear Peter:

Thank you for letting me preview the Constitution of the Epilepsy Society of Australia. This looks fine to me in terms of being consonant with the ILAE's Constitution in terms of compatibility of aims and modus operandi.

Once this is adopted and once you have indicated in writing a desire to become a Chapter of ILAE and the Treasurer has in hand $3.00 (U.S. dollars) per member annual dues, the Executive Committee will act on this application at its next meeting. At that time the Epilepsy Society of Australia will become a provisional Chapter until such time as it is ratified at the next meeting of the General Assembly which will be in New Delhi in 1989.

I must say I am delighted that ESA has come into being as I am sure that this will greatly strengthen ILAE and allow a whole continent to be enfranchised in one fell swoop.

With best personal regards,

Sincerely yours,

F.E. Dreifuss, M.D.

copy: Prof. Harry Meinardi

Figure 8: Letter from Professor Fritz Dreifuss regarding our request for admission to the ILAE.

1986

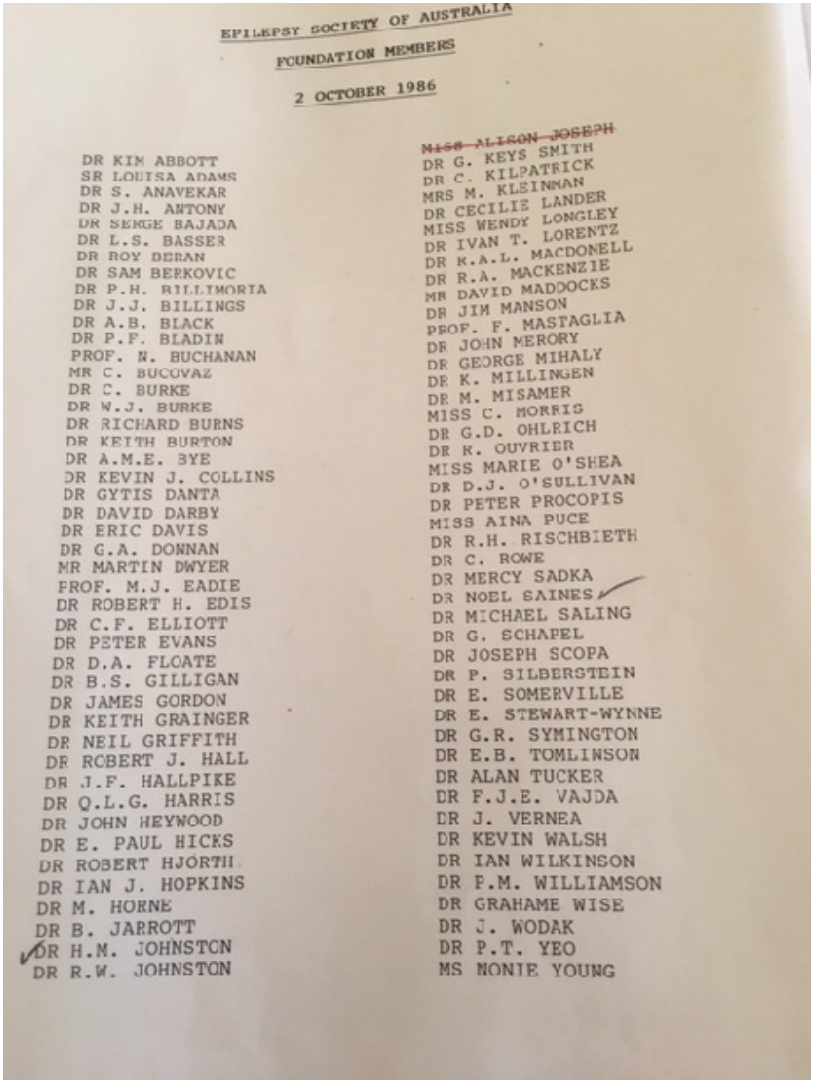
The first annual meeting of ESA was held in 1986 in the Lindell Theatre, Austin Hospital on 2 October to coincide with the second meeting of the Stroke Society. This enabled those attending the Stroke meeting to attend the inaugural meeting of ESA. It was explained that a professional epilepsy society was needed to allow Australia to join the ILAE, enhance scientific exchanges in all areas pertaining to epilepsy, and integrate efforts with the lay organisations. A national chapter could involve only one sovereign nation, so the Society had to disregard all state and geographical boundaries. As a precaution against any legal action, the body was incorporated under the "Act". (Associations Incorporation Reform Act 2012)

Not everybody welcomed this development, and one prominent member even asked: "What is the point of having another organisation?" He was gently enlightened.

A general annual meeting had to be held in which office bearers would be elected for 12 months, until the next scheduled meeting. During that first meeting, **P F Bladin** was elected as **first president of ESA**, M J Eadie as vice president, G A Donnan as secretary, and F J E Vajda as treasurer. It was decided to offer one-year terms of office with a re-election every twelve months for three terms, then review.

Representatives on the committee, additional to the executive, were A Black, R Beran, R Mackenzie, R Ouvrier, and Keith Grainger. All candidates were unopposed. The first ESA executive subsequently held office for six years, except for a change of secretary when S F Berkovic replaced G A Donnan after four years. Donnan became increasingly involved with the newly founded Stroke Society of Australia (SSA) and went on to gain international prominence in the study of cerebrovascular disease.

The initial enrolment in ESA comprised 50 members.



EPILEPSY SOCIETY OF AUSTRALIA

FOUNDATION MEMBERS

2 OCTOBER 1986

DR KIM ABBOTT
SR LOUISA ADAMS
DR S. ANAVEKAR
DR J.H. ANTONY
DR SERGE BAJADA
DR L.S. BASSER
DR ROY BERAN
DR SAM BERKOVIC
DR P.H. BILLIMORIA
DR J.J. BILLINGS
DR A.B. BLACK
DR P.F. BLADIN
PROF. N. BUCHANAN
MR C. BUCOVAZ
DR C. BURKE
DR W.J. BURKE
DR RICHARD BURNS
DR KEITH BURTON
DR A.M.E. BYE
DR KEVIN J. COLLINS
DR GYTIS DANTA
DR DAVID DARBY
DR ERIC DAVIS
DR G.A. DONNAN
MR MARTIN DWYER
PROF. M.J. EADIE
DR ROBERT H. EDIS
DR C.F. ELLIOTT
DR PETER EVANS
DR D.A. FLOATE
DR B.S. GILLIGAN
DR JAMES GORDON
DR KEITH GRAINGER
DR NEIL GRIFFITH
DR ROBERT J. HALL
DR J.F. HALLPIKE
DR Q.L.G. HARRIS
DR JOHN HEYWOOD
DR E. PAUL HICKS
DR ROBERT HJORTH
DR IAN J. HOPKINS
DR M. HORNE
DR B. JARROTT
DR H.M. JOHNSTON
DR R.W. JOHNSTON

~~MISS ALISON JOSEPH~~
DR G. KEYS SMITH
DR C. KILPATRICK
MRS M. KLEINMAN
DR CECILIE LANDER
MISS WENDY LONGLEY
DR IVAN T. LORENTZ
DR K.A.L. MACDONELL
DR R.A. MACKENZIE
MR DAVID MADDOCKS
DR JIM MANSON
PROF. F. MASTAGLIA
DR JOHN MERORY
DR GEORGE MIHALY
DR K. MILLINGEN
DR M. MISAMER
MISS C. MORRIS
DR G.D. OHLRICH
DR K. OUVRIER
MISS MARIE O'SHEA
DR D.J. O'SULLIVAN
DR PETER PROCOPIS
MISS AINA PUCE
DR R.H. RISCHBIETH
DR C. ROWE
DR MERCY SADKA
DR NOEL SAINES
DR MICHAEL SALING
DR G. SCHAPEL
DR JOSEPH SCOPA
DR P. SILBERSTEIN
DR E. SOMERVILLE
DR E. STEWART-WYNNE
DR G.R. SYMINGTON
DR E.B. TOMLINSON
DR ALAN TUCKER
DR F.J.E. VAJDA
DR J. VERNEA
DR KEVIN WALSH
DR IAN WILKINSON
DR P.M. WILLIAMSON
DR GRAHAME WISE
DR J. WODAK
DR P.T. YEO
MS MONIE YOUNG

Figure 9: List of foundation members

Eight additional names are listed on the reverse side of the document in figure 9: E Schlesinger, R Garrick, T Kneebone, P Walsh, J T Holland, Sandra Gibson, J M O'Neill, and G Banks.

The neurology department at the Austin Hospital has become the dominant epilepsy centre in Australia. It comprised, apart from those mentioned already, J J Vernea, a Romanian academic neurologist; Graeme Symington, clinical neurologist; Kevin J Walsh AO, the renowned neuropsychologist; John Woodward, our leading epilepsy neurosurgeon; Renate Kalnins, a neuropathologist; plus, the EEG unit and a highly talented and successful group of registrars and radiology team. Many are sketched in P F Bladin's epileptological journey, published as Reflections on a life in epilepsy (*Epilepsy and Behaviour* 71;108-115 (2017). This article is abstracted below.

Peter Bladin often declared: "It is the achievement, not the honour that matters"; therefore a profile of the founder of ESA is presented rather than a list of honours.

Bladin soon realised the need for a comprehensive epilepsy program to be applied on a national basis. In 1950 the epilepsy movement in Australia was virtually non-existent. The management of epilepsy was the responsibility of the outpatient and inpatient clinical departments of major hospitals. There had been little professional interest in the world epilepsy movement until Bladin spent 1959 and 1960 in London at the (later renamed) National Hospital for Nervous Diseases in Queen Square. He found that psychiatrists, not neurologists, seemed most interested in epilepsy, especially temporal lobe epilepsy. An important seizure surgery program had already been established at the Maudsley Hospital, and temporal lobectomy had received a huge impetus with the appointment of the New Zealand neurosurgeon, Dr Murray Falconer. His neurosurgical program utilised the hospital's EEG, neuropathological, and psychiatric expertise.

Between 1972 and 1974, while working at the Royal Postgraduate Medical School in Hammersmith, Frank Vajda had the opportunity of receiving operative brain samples from patients subjected to a temporal lobectomy for intractable epilepsy by Dr Falconer. These samples were studied for comparative drug concentrations in the brain, CSF, and plasma, and the findings presented at the Hans Burger Centenary Symposium in Edinburgh and subsequently published in *Clinical Pharmacology and Therapeutics* in 1974.

When Bladin returned to St Vincent's Hospital in Melbourne, he started working in the Department of Neurology, in which Dr John Billings had been the sole neurologist. A certain amount of seizure surgical activity was undertaken and plans for the establishment of a formal program were mooted. Bladin established the investigational facilities, including neuroimaging, EEG, and ECoG, functioning along the lines he had seen in the Maudsley program. He explored the use of intra-carotid sodium amytal in the ablation of unilateral seizure activity in focal status epilepticus.

In 1965, he was appointed to the Austin Hospital by A E Doyle (1923–1993), a visionary and creative intellect, aggressive and confrontational. Doyle was a former senior lecturer at the Hammersmith Hospital in London, appointed as first assistant to Professor R R H Lovell at the Alfred Hospital and later at the Royal Melbourne Hospital. Doyle was appointed to the foundation chair at the Austin in 1966, transforming the institution to a university academic hospital. Doyle's department focused on hypertension and cardiovascular disease. Bladin became head of neurology and he set out plans for the establishment of an active, academic department and special programs, with a fully comprehensive epilepsy program high on the list.

In 1970, funded by a College of Physicians' scholarship to travel around the world, Bladin inspected other units and consulted experts, including Dr Brenda Milner at the Neurological Institute in Montreal. One of the special needs for the seizure surgery section of the comprehensive epilepsy program was skilled clinical neuropsychology. Adverse cognitive sequelae of epilepsy surgery have been well recognised since Scoville and Milner's seminal report in 1957 documented the dense anterograde amnesia in patient "HM" following a bilateral anterior temporal lobectomy involving hippocampal structures. Specialties – neuroimaging, nuclear imaging, clinical neuropsychology, epilepsy nursing, and psychiatry – were staffed by equally enthusiastic members. By the 1980s, talented neurologists in their doctoral and post-doctoral years were entering these programs. The recruiting drive had been successful but some special areas – clinical neuropsychology and neuropharmacology – were not yet covered. To quote Bladin

> In 1974, Frank Vajda, who had been working in neurology and pharmacology in England for some years, joined us and immediately set in motion a research program covering all aspects of anticonvulsant medication. His expertise was of special value in the introduction of newer anticonvulsants; and in later years his work on the effects of anticonvulsants in pregnancy has become an international milestone in epilepsy management.

and

> Fortune smiled on us indeed, when in 1972, Dr. Kevin Walsh (1925-2017), from the Department of Psychology at the University of Melbourne, joined us as clinical neuropsychologist. Dr Walsh was then in the process of establishing an entirely new clinical neuropsychology course in the University curriculum, reflecting the conceptual theme of his medical approach to psychology: "Brain and Behaviour". This course demanded detailed study of cerebral anatomy and function, with brain dissection classes, which the students embraced with unexpected fervour and efficiency.

This was just what was needed to cope with the clinical neuropsychology demands of the seizure surgery program and, as gleaned from discussions with Dr Milner in Montreal in 1970, fulfilled in all aspects the template of neuropsychological training. Dr Walsh had worked up the data for his ground-breaking text, *Neuropsychology, A Clinical Approach*. Bladin felt that he was fortunate to be a part of this process, becoming steeped in the wisdom and detail of his approach to the problems implicit in seizure surgery: "If I remove this epileptic focus, what harm might result as collateral damage?" and "Does this patient in fact harbour hidden deficits to which surgery would add catastrophic increments?" Kevin Walsh retired in 1988, and Prof. Michael Saling replaced him. An important feature in operating a seizure surgery program is that detailed discussion with a "dedicated" neurosurgeon, who must be an intrinsic member of the team, is mandatory. The Austin team were fortunate to have Dr John Woodward as the founding neurosurgeon as his input was hugely productive. Unfortunately, ill-health supervened some six years into his tenure. His colleague, Professor Gavin Fabinyi, stepped into the breach in 1987, and proved to be a very skilled and productive team member.