

APPENDIX

Composite Case Report from Treating Physician

This 23-year-old woman has been under my care intermittently at the . . . Hospital in . . . since December 1974 for temporal lobe epilepsy which has been extremely difficult to control. Neurological consultation by Dr. . . . on 1-20-75 reported no positive neurological findings on physical examination. The EEG was grossly abnormal, showing bilateral temporal spikes which were particularly prominent in the sleep record. Currently, she is having four to five brief episodes a week of loss of contact which last less than 1 minute during which she stares but does not fall. Automatisms and episodes of antisocial behavior occur with equal frequency. In addition, approximately two to three times a month there are episodes of total loss of consciousness, falling to the ground, usually with incontinence of urine and, upon occasion, self-injury. Occasionally, an olfactory aura was reported. Her present medication is Dilantin, 400 mg. a day, Celontin, 900 mg. a day, and phenobarbital, 96 mg. a day. On this regimen, seizures remain basically unchanged. Several attempts have been made to increase the medication but these resulted in lethargy and ataxia, serum Dilantin and phenobarbital levels were found to be excessively high, and a reduction in dosage became necessary. Other than this she is perfectly capable of performing daily ac-

tivities but as you can imagine, it is difficult to maintain steady employment with seizures occurring this frequently and sudden suitable employment could be found, which apparently in case it cannot, she could be employed. As she is, I think probably can be considered severely impaired.

There are considerable emotional components involved in difficulties. This is not to say that the seizures are emotional only that when she is upset or disturbed the seizures become more difficult to control. It is expected that she would perhaps come under better control at some future time, and currently are again adjusting her medications in hopes that this will be accomplished. However, we cannot say with any certainty whether this will be successful.

Instructions for use of Form

Sections I, II, and III are designed for a review of symptoms, signs, and laboratory findings. A rating of "present" indicates the item in question is mentioned in the record. An item not recorded is considered "absent." Should the presence of the item be suspected, and verification be essential to determining severity, rating should be deferred until the necessary information has been obtained.

Section VI has been added to assure reexamination after stated interval in those instances where it seems possible that substantial changes in condition are expected. It will not be required in cases where the impairment is likely to remain unchanged.

Intimidation by Officialese

It is little wonder that human beings have so much trouble saying what they feel, when they are told that there is a specialized vocabulary for saying what they think. The language of simplicity and spontaneity is forced to retreat behind the barricades of an official prose developed by a few experts who believe that jargon is the most precise means of communication. The results would be comic if they were not so poisonous; unfortunately, there is an attitude toward the use of language that is impervious to human need and drives some people back into silence when they realize the folly of risking human words on insensitive ears.

— From "The Human Use of Language" by Lawrence L. Langer, in *Chronicle of Higher Education*, January, 1977.