

Our Impressions after an Interview with Dr. Samuel Livingston about Ann

September 25, 1959

We took Ann this week to be examined at Johns Hopkins Hospital. They have a man named Dr. Samuel Livingston who for several years has been keeping accurate records of cases similar to Ann's. He calls this condition minor motor epilepsy. He made several tests, the most important one being the electroencephelograph. The previous electroencephelogram done in New York last February was interpreted as evidence of "grossly abnormal brain patterns". We were pleased to learn that this latest test was interpreted as having slightly abnormal brain patterns. This apparently is associated with the disappearance of her spasms as of three weeks ago. Dr. Livingston was very suprised that the spasms had disappeared, stating that of several hundred cases he has seen just like Ann's, none had recovered from spasms at such an early age. This kind of seizure generally is not relieved by anti-convulsant medication.

This kind of seizure is interpreted as a symptom of a general cerebral deficiency. The electroencephelogram is used as further confirmation of this condition. It is expected that her development has been seriously retarded as a result of the spasms and the disappearance of these seizures may indicate a relatively mild case of brain ddficiency. While the ultimate result is not effected by spasms, the rate of development is effected, and the final state of development can not be predicted until the spasms are gone and development is allowed to proceed. He considers it almost a certainty that she will not develop enough to succeed in a regular public school. But since she has made some spectacular progress recently, we are holding on to a thin ray of hope. He ended up the interview by telling an anecdote on himself. A child like Ann had been brought to him several years before. After complete examination, he predicted that this child would learn to walk only very late, and perhaps never learn to talk. Five years later, when he walked into his waiting room, there was the child. Upon seeing Dr. Livingston, he got up, walked over with a smile and said, "Good morning, Dr. Livingston." So you see, even he admits he does not know everything. However, realistically, based on his statistics, Ann has little chance of being anywhere near normal. The only optimistic features to it all are: her improved electroencephelogram, the premature cessation of her seizures, and the fact that individual differences do occur.

We learned of two treatments used at Johns Hopkins which were not mentioned in New York. They use a special diet to relieve seizures; and they use ~~ACTH~~ ACTH, a substance similar to hormones.

We asked about the advisability of institutionalizing her. He said this would be simply getting rid of her and not giving her a fair chance. We intend to give her highly individualized care, plenty of love, and see what the future will hold.

At fourteen months, she is a little doll, with bright blue eyes and blond curling hair. She is long and chubby, about 22 pounds, beautifully formed. In the last three weeks, she has learned to enjoy life again. She smiles readily, laughs with glee at seeing the world upside down or playing simple games of tossing and tickling. She grabs things easily, pulls and bites--beware of a bare unprotected shoulder or ~~she~~ a long nose! She eats cookies by herself and holds her bottle. She sits when propped only briefly. She flips over and over rapidly, but when on her tummy holds her head up to look around for only very short times. Her brothers adore her and have learned compassion and tenderness because of her special needs.

They know ~~nothing~~ of the cause of this ailment, and Dr. Livingston's research indicates that it is not inherited, nor will it be.

we're in a horrible time catching up on diet house & laundry!

later  
E.  
Jan.  
J.  
Dr. L. wants