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Cameron Kingsley Wehringer

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# EPILEPSY — JUSTICE IS NEEDED

CAMERON KINGSLEY WEHRINGER\*

Justice: "The constant and perpetual disposition to render every man his due."<sup>1</sup> It is missing as to epileptics. There are estimated to be between 800,000 and 1,500,000 persons in the United States who are afflicted with epilepsy.<sup>2</sup> There are probably more, but not known due to the social attitude toward epileptics.<sup>3</sup> Thus, more than a million people are denied justice.

Epileptics are limited as to marriage in six (6) states<sup>4</sup> and are subject to sterilization laws in fourteen (14) states.<sup>5</sup> This is sometimes called "eugenic sterilization."<sup>6</sup> The epileptic is excluded from immigration to this country.<sup>7</sup> He is restricted

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\* Member of the New York Bar. By way of **Introduction**, the author, as probably are most readers, is a stranger to medicine, particularly since it is foreign to his private practice. Therefore, medical citations are to source books readily found in a public library or a law library. (The one exception is the clearly written pamphlet issued by a pharmaceutical company, n. 23.) However, the medical aspects of this article on justice and epilepsy have been reviewed and approved by the offices of United Epilepsy Associations, Inc., headquartered in New York City.

1. Black, Law Dictionary (4th ed. 1951).

2. Barrow & Fabing, **EPILEPSY AND THE LAW** 3 (1956).

3. **Ibid.**

4. **Id.** at 11-27 and n. 34, *infra*. The states, and the statute citations, are:

Del. Code Ann. tit. 13 §101(b)

Neb. Rev. Stat. § 42-103

N. C. Gen. Stat. § 51-12

Utah Code Ann. § 30-1-2

Va. Code § 20-46

W. Va. Code Ann. § 4701

Delaware and West Virginia prohibit marriage under any conditions. Nebraska, North Carolina, Utah, and Virginia require either "sterilization" or a complete cure before a marriage license is issued, according to The President's Committee on Employment of the Physically Handicapped. **Changes in State Laws Seen Needed as Spur of Jobs for Epileptics**, undated Press Release, received July 1962, page 2.

5. **Id.** at pp. 28-33, and n. 37 below. The states, and the statute citations, are:

Ariz. Code Ann. § 36-531

Del. Code Ann. tit. 16 § 5701

Idaho Code Ann. § 66-803

Ind. Ann. Stat. § 22-1601

Kan. Gen. Stat. § 76-149

Miss. Code Ann. § 6957

Mont. Rev. Code Ann. §§ 38-602 and 38-605

N. H. Rev. Stat. c. 174 § 1

N. C. Gen. Stat. §§ 35-36 and 51-12

Okla. Stat. tit. 43A § 341

S. C. Code § 32-675.

Utah Code Ann. § 64-10-7

Va. Code § 37-231

W. Va. Code Ann. § 1394

It has been construed applicable to epileptics in Georgia (Code §§ 99-1303) which would add another to the total of states. (Barrow & Fabing, n. 2, at 29.)

6. "Eugenics" come from the Greek word for well born. Zenoff, **Re-appraisal of Eugenic Sterilization Laws**, 10 Cleve. Mar. L. Rev. 149, (1961).

7. 8 U.S.C. § 1182(a) (4). Four states set definite standards, which must be met by epileptics, to obtain driving licenses: Alaska, Illinois, Montana and Wisconsin. New Mexico prohibits driving licenses. Mississippi, by administrator's interpretation, denies a license. The President's Committee, n. 4 at p. 2.

as to a driver's license.<sup>8</sup> Legal obstacles arise in obtaining jobs.<sup>9</sup>

All this in spite of the fact, and it is a fact, that the majority of epileptics are not held down by their problem, and often can be relieved by their following fairly simple rules.<sup>10</sup>

What is epilepsy? "Epilepsy" means "seizure" in Greek.<sup>11</sup> Is it connected with insanity? One state, in its statute, has correctly noted that,

"Mental illness" . . . shall not  
include . . . "epilepsy" . . .  
unless mental illness is  
superimposed;<sup>12</sup>

thereby noting the distinction. "Epilepsy is not insanity and is distinguished therefrom medically and legally."<sup>13</sup> It is a symptom and not a disease.<sup>14</sup> This is akin to a headache which is a symptom.<sup>15</sup> To the layman, it is "fits."<sup>16</sup> Perhaps this should be viewed quite bluntly as "every person is capable of seizures, the difference between epileptics and so-called normal persons being that the seizure threshold of the epileptic is lower."<sup>17</sup> Epilepsy has been summarized by stating it is a nervous disorder and is characterized by recurrent disturbances of consciousness.<sup>18</sup> There are four main types:

1. The *grand mal*, or major attack, is the most spectacular and most distressing. The patient loses consciousness, his muscles tighten, and he falls. It is a convulsion.<sup>19</sup>

8. Barrow & Fabing, *supra* n. 2, at 35-61.

9. *Id.* at 62-88.

10. Putnam, *Epilepsy, What It Is, What To Do About It* 21 (1958).

11. *Id.* at 20. Glasgow, *Some Medico-Legal Aspects of Epilepsy*, 36 N.Z.L.J. 277, (1960), notes there is "no really satisfactory definition of epilepsy."

12. Penn. Stat. Ann. 50 § 1072(11). Epilepsy is incorrectly referenced in C.J.S. under *Insane Persons* § 2.

13. *Ellis v. United States* 274 F.2d 52. Congress did not recognize the difference between epilepsy and insanity in preparing the immigration law. (8 U.S.C. § 1182(a)(4)) "Aliens who are epileptics or are insane are grouped in another excludable class." Rep. No. 1137, 82nd Cong., 2nd Sess. 8, 9 (1952).

14. 7 Collier's Encyclopedia 385 (1950).

15. 2 Grey, R. N., *Attorneys' Textbook of Medicine* ¶100.01 (3rd ed. 1949).

16. *Hall v. State*, 26 So. 2d 566, 569, 248 Ala. 33 (1946) and *Westphall v. Metropolitan L. Ins. Co.*, 151 Pac. 159, 162, 27 Cal. App. 734, 740 (1915).

17. Barrow & Fabing, *supra* n. 2, at 6.

18. 5 Chambers's Encyclopedia 373 (1950).

19. Putnam, *supra* n. 10, at 26. Yahraes, *Epilepsy—The Ghost Is Out of the Closet*, No. 98, 21st ed. 1959, New York Public Affairs Committee, Inc., 11.

2. "The *Petit mal* or minor attack often goes unnoticed. The sufferer suddenly becomes dazed, seldom for more than a few seconds, then is able to continue with what he has been doing."<sup>20</sup>

3. "The psychomotor attack (or *psychic equivalent*) is one in which the patient suddenly becomes unreasonable, has a tantrum, or performs some purposeless act. The old term for this condition is 'hystero-epilepsy.' "<sup>21</sup>

4. The Jacksonian is "a modified grand mal. A Jacksonian seizure indicates that the attack arises in a certain part of the brain's surface — opposite to the side of the body in which the attack begins. This means that something . . . is irritating the brain at that point."<sup>22</sup>

The cause of epilepsy is unknown. "A scar capable of producing convulsions may arise in any one of a variety of ways. The commonest is an injury sustained during birth. Some authorities believe that this is the usual cause of epilepsy, and more important than hereditary tendencies."<sup>23</sup>

Epilepsy, like diabetes, has a "mild tendency to run in families."<sup>24</sup> The disorder is far more amendable to treatment than is generally realized.<sup>25</sup> Complete control is achieved by over 50 per cent.<sup>26</sup> Later writings have raised this to as high as 75 per cent.<sup>27</sup> From 80 to 90 per cent can expect to lead normal lives.<sup>28</sup> And this, "by following fairly simple rules."<sup>29</sup>

Even with the contemporary knowledge that epilepsy is not insanity, is not hereditary, and can be controlled in the

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20. Putnam, *supra* n. 10, at 26.

21. *Id.* at 28, Yahraes, *supra* n. 19, at 11, 12.

22. Yahraes, *supra* n. 19, at 12.

23. *Id.* at 40. He adds, appropriately: "The wonder is that the great majority of babies escape birth injury, for coming into the world is a pretty tight squeeze for most of us." *Ibid.* There is authority that prenatal conditions account for 13.3% and natal conditions for 30.1%. Parke, Davis & Company, pamphlet, *Patterns of Disease* (December 1958) citing Smith, B., et al.: *Neurology* 4:19 (Jan.) 1954. Other percentages given were: post-natal trauma for 20.7%, exposure to infections 17.2%, other conditions 6.4%, and 12.3% from an undetermined cause: *Ibid.* This is an excellent little pamphlet with easy-to-understand charts of the picture type.

24. Putnam, *supra* n. 10, at 24. "... like many other conditions, epilepsy, per se, is not inherited, but only the predisposition." 10 *Encyclopædia Americana* 422, 424 (1957).

25. Putnam, *supra* n. 10, at 21, and Barrow & Fabing, *supra* n. 2, at 1, 2.

26. Barrow & Fabing, *supra* n. 2, at 1.

27. Putnam, *supra* n. 2, at 96.

28. Parke, Davis, *supra* n. 23, citing Yahraes (n. 19) and Maltby, G. L.: *J. Maine M. A.* 48:257 (Aug. 1957).

29. Putnam, *supra* n. 10, at 21. It "remains a disabling disorder in less than 20 per cent of cases." Barrow & Fabing, *supra* n. 2, at 1.

vast majority of cases, discrimination is practiced against those afflicted with epilepsy. Their liberty "is limited, often in an arbitrary manner, by the laws of many states."<sup>30</sup> The laws "are founded on antiquated conceptions, useless and unworkable."<sup>31</sup>

The definitive work on the law and epilepsy was published in 1956.<sup>32</sup> At that time the epileptic was limited as to marriage in seventeen (17) states.<sup>33</sup> Since then, eleven (11) states have modernized their statutes.<sup>34</sup> The question is comparable to those with diabetes. Once marriage was considered out of the question. It is no longer true.<sup>35</sup>

Sterilization, another hazard, faced the epileptic in sixteen (16) states as of 1956.<sup>36</sup> Only two states have amended their laws since then.<sup>37</sup> One aspect that aggravates the "justice" of sterilization is that "very few states provide for court appointed counsel in sterilization proceedings."<sup>38</sup> Every reasonable precaution should be given. "Thus far they have not been adequately protected. The sterilization of persons without legal authorization, before testing the constitutionality of the laws, sterilization under unconstitutional laws, and the law of representation by counsel, are all clear illustrations of this disregard of rights."<sup>39</sup>

Should the epileptic be incapacitated and a public charge, he is frequently sent to a state hospital for the mentally ill.<sup>40</sup>

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30. Putnam, *supra* n. 10, at 23.

31. *Id.* at 154. Fabing and Barrow, *Medical Discovery As A Legal Catalyst: Modernization of Epilepsy Laws to Reflect Medical Progress*, 50 N.W. Univ. L. Rev. 42, (1955).

32. Barrow & Fabing, *supra* n. 2.

33. *Id.* at 11-27.

34. Indiana, New Hampshire, North Dakota, and Pennsylvania in 1957; Minnesota, New Jersey, Ohio, Oregon and Washington in 1959, Missouri in 1961; and Michigan in 1962. In Puerto Rico, marriage is prohibited. (Laws of P.R.T. 31 § 235).

35. Putnam, *supra* n. 10, at 162.

36. Barrow & Fabing, *supra* n. 2 at 28-33.

37. Oregon in 1961 (1 Oregon Laws 186, ch. 173, 1961). Michigan amended its law in 1962. North Dakota had also amended its law in 1961 (See n. 34 above). Although it is questioned if epileptics were previously included, did not the 1961 law eliminate any doubt that epileptics are not subject to sterilization? (N.D.C.C., S.L. 1961, ch. 200 §§ 1 and 2). Puerto Rico permits sterilization (Laws of P.R.T. 24 § 207). The states making sterilization mandatory or permissible for epileptics are limited to institutionalized epileptics except in Michigan, Oregon (before the 1961 amendment), and North Carolina. Parke, Davis, n. 23. A chart as to the criteria for determining applicability of involuntary sterilization laws is found as Appendix A in the Zenoff article, n. 6.

38. Zenoff, *supra* n. 6, at 157.

39. *Id.* at 161.

40. Putnam, *supra* n. 10, at 129.

37. Oregon in 1961 (1 Oregon Laws 186, Chp. 173, 1961). Michigan amend-

There should be specific community care. Epilepsy is not insanity.<sup>41</sup>

Jobs are often difficult to obtain because of an employer's fears,<sup>42</sup> and social stigma.<sup>43</sup> This, in spite of impressive statistics attesting to an epileptic's ability to work.<sup>44</sup> "Existing Workmen Compensation laws do not encourage employers to hire epileptics. However, 43 states have legislation providing for Second-Injury Funds to pay benefits to afflicted workers without requiring the employer to pay the compensation directly."<sup>45</sup>

If we take "the written law at its face value, a person subject to seizures might find cause for real alarm in many states."<sup>46</sup> The laws falsely reflect conceptions indicating that epilepsy is "a predominantly hereditary disease."<sup>47</sup> This is not true, "although a predisposition to the disorder may be inherited, probably as a recessive trait, as is the case with many other diseases."<sup>48</sup>

More intensive study is needed<sup>49</sup> but already there is sufficient data available to smash down the idols of false and unfortunately prevalent conceptions.<sup>50</sup> Whereas before 1937 there were less than a handful of effective drugs to control seizures, today there are over fifteen (15) drugs in current use. These are highly effective in controlling seizures in the various types of epilepsy.<sup>51</sup> Therefore, the otherwise normal

41. Above, keyed to footnotes 12, 13, and 31.

42. Barrow & Fabing, *supra* n. 2, at 63.

43. *Id.* at 4 and 63. "The public attitude towards (epilepsy's) victims and their families is archaic. Except for precautions to prevent bodily injury to himself or other persons in case of an attack, the person subject to seizures should not be restricted in his activities. With adequate forms of treatment available, he should be allowed to attend school and to work for his living as other persons do." 8 *Encyclopedia Britannica* 654, 655, (1959). Glasgow, *supra* n. 11, at 282.

44. Parke, Davis, *supra* n. 23, citing Lennox, W. G. and Markham, C. H.: *J.A.M.A.* 152: 1690 (Aug. 29, 1953); a personal communication Workmen's Compensation Board, State of New York; and Risch, F.: *Epi-Hab., A Factual Report*, Los Angeles, 1957.

45. Parke, Davis, *supra* n. 23, citing Fabing, H. D.: *M. Clin. North America* 1958:361 (Mar.).

46. Putnam, *supra* n. 10, at 186.

47. *Id.* at 185.

48. Barrow & Fabing, *supra* n. 2, at 7.

49. Putnam, *supra* n. 10, at 172. He asserts that "A dollar will buy more welfare in the field of epilepsy than in any other in this country." *Id.* at 181.

50. Putnam, *supra* n. 10, at 180. "The public needs to be educated away from the idea that epilepsy is a hopeless, mentally deteriorating disease." 10 *Encyclopedia Americana*, *supra* n. 24, at 425.

51. Personal conversation, Mrs. Galloway Cole, Director of Community Services, United Epilepsy Associations, Inc., New York, N. Y.

epileptic can marry, need not face sterilization,<sup>52</sup> and with controlled seizures and due precaution can drive.<sup>53</sup> Certainly, he can work.

Outmoded laws must be revised. Specific suggestions for revision have been made.<sup>54</sup> These suggestions should be carefully considered. There can be other thoughts.

In law revision a prime consideration is enabling, even encouraging, the handicapped to work. For the epileptic, the social stigma and an employer's fears make this difficult.<sup>55</sup> The employer has been known to express a fear of increased workmen's compensation costs, and the probability of danger in the work.<sup>56</sup> The fact is, however, 75 per cent of the employers do not qualify for experience rating<sup>57</sup> and cannot have an increase in compensation costs imposed on them. Even experienced-rated employers need not fear cost increases because of the hiring of disabled employees. These employers usually have adequate safety precautions, pre-employment examinations, selective placement procedures, and other measures to eliminate the monetary fear.<sup>58</sup>

To assist in encouraging employers some states<sup>59</sup> have what

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52. "Three generations of imbeciles' may no longer be the prediction and even where it is, it may no longer be enough. *Buck v. Bell* (274 U.S. 200, 207 (1927)) may in the end serve as a monument only to the wit but not the wisdom of Mr. Justice Holmes." Kalvin, Symposium, *Morals, Medicine and the Law*, 31 N.Y.U.L. Rev. 1157, 1234 (1956). This symposium presents labeled Protestant, Catholic, and Jewish views, as well as a philosopher's, a physician's, and two legal views. Kalvin presented one legal view. The question at this point was: "Do you consider compulsory sterilization statutes a legitimate and a desirable exercise of the police power?" (at 1159).

53. Is not the danger comparable to the danger a diabetic faces in insulin-shock, another with a heart attack, and even a severe coughing spell from "smokers' throat?" Also, Barrow & Fabing, *supra* n. 2, at 50-53. Glasgow, *supra* n. 11, at 280. This is the more reasoned view. *Contra*, for example, 5 Chambers's, *supra* n. 18, at 374.

54. Recommendations, following a summary of Findings, are detailed in Barrow & Fabing, *supra* n. 2, at 98, 100, 101, 104 and 105-7.

55. Barrow & Fabing, *supra* n. 2 at 4 and 63. "The public attitude towards (epilepsy's) victims and their families is archaic. Except for precautions to prevent bodily injury to himself or other persons in case of an attack, the person subject to seizures should not be restricted in his activities. With adequate forms of treatment available, he should be allowed to attend school and to work for his living as other persons do." 8 *Encyclopedia Britannica*, *supra* n. 43, at 654, 655. Glasgow, *supra* n. 11, at 282, who also notes there is "no really satisfactory definition of epilepsy" (at p. 277).

56. Parke, Davis, *supra* n. 23, citing Lennox, W. G., and Markham, C. H.: J.A.M.A. 152: 1960 (August 29) 1953; a personal communication, Workmen's Compensation Board, State of New York; and Risch, F. (n. 44). Also, Report of Sub-committee on Subsequent Injury Funds to International Accident Boards and Commissions, November 12-16, 1961, p. 2, paragraph 4, and p. 4.

57. Report, n. 56, at p. 6, par. 3.

58. *Ibid.*

59. There are over forty states. Parke, Davis, n. 26, citing Fabing, H. D.: M. Clin. North America 1958:361 (March).

are called "Second Injury Funds" which "pay benefits to afflicted workers without requiring the employer to pay the compensation directly."<sup>60</sup> One authority stated that the second injury fund appears "to have served its purpose adequately",<sup>61</sup> whereas another in the same state said that the clause does not "make it financially attractive" to employers nor encourage them.<sup>62</sup> Proposed legislation is frequently inadequate.<sup>63</sup> For example, a provision is sometimes found that the second-injury fund is used only if the "resulting disability is permanent and total,"<sup>64</sup> and, that the disability does not come about by way of aggravation of the prior condition.<sup>65</sup> In some states the fund's effectiveness is reduced by limitations such as the loss of a member.<sup>66</sup>

Workmen's compensation is only a part of the employment problem. There is needed a general prohibition of moral force against discrimination, in the author's personal view, not only because of race, creed, or color, but also because of health conditions that are not a danger to others when properly handled. Frequently it is the larger corporation that will not hire the handicapped, although there are notable exceptions. (These corporations are sometimes those that pay better and have better working conditions.) The reason is that prospective employees must pass a physical examination. This is claimed necessary because of the company's pension, health, and other insurance programs. Consider that the employee be hired, irrespective of his health.<sup>67</sup> If the medical examination discloses a health problem, relevant only to the insurance cost, this can be kept as confidential as the practicalities permit. The premiums over and above what would be customary can

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60. *Ibid.*

61. Letter, December 29, 1961, Workmen's Compensation Board, State of New York. An official of the Bureau of Vocational Rehabilitation, State Board of Vocational Rehabilitation, Commonwealth of Pennsylvania, in a letter, February 1, 1962, stated he believes "an adequate Second Injury Fund would be a valuable assistance."

62. Letter, December 12, 1961, State Education Department, University of the State of New York.

63. Report of Subcommittee, n. 56, at 5.

64. *Ibid.*, and Letter, February 2, 1962, Division of Workmen's Compensation, Department of Labor and Industry, State of New Jersey, p. 2.

65. *Ibid.*

66. Report of Subcommittee, n. 56, at p. 5. Ohio and Kansas specifically mention epilepsy as a prior disability coming under the provisions of the Second Injury Fund. The President's Committee, n. 4 at p. 3.

67. Unless it is a disability or handicap that would present a danger to others even when properly handled.



come from an employer-financed fund, or a government fund.<sup>68</sup> There is an analogy in the motor vehicle uninsured motorist situation. In the situation proposed, it is not the uninsured, but the so-called uninsurable. Prior disabilities can be accounted for in the scheme of things. This would permit the handicapped, and this includes the epileptic, to assume his proper place in the employment world. Needless to say, the provisions as to workmen's compensation also require change, particularly as to permanent and total disability. Also, the limitation as to the loss of a member, an arm or a leg for example, should not be present. The disability should be any disability.

Another point of legal revision concerns the driving license laws. Certainly a person with uncontrolled seizures is not qualified to drive. But, there are those who can drive<sup>69</sup> without endangering others. The Wisconsin statute is frequently cited as a good example of a progressive law. A proposal for a model statute is based upon this legislation.<sup>70</sup> The importance of this area of the law is not only the social aspect, but the fact that the absence of a driver's license may be job limiting. The model statute makes the individual with a disability, such as epilepsy, pronounce that he is different, that is, he is not as others. A procedure is established whereby he can receive a driver's license if he will not endanger others. There is no question but the driver's license cannot be given to those as a license to kill. But, there may be another way. The author's suggestion protects society, and may be less burdensome from an administrative viewpoint. The application for a driver's

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68. A personal preference is admitted for insurance company or other private financing. But, if the insurance companies fail, might it not be cheaper for government sponsorship to center on permitting a person to work as contrasted with caring for him because he cannot work?

69. *Supra* n. 53 above.

70. Barrow & Fabing, *supra* n. 2 at 58. "The proposed model statute contains substantially the substance of the Wis. Stat., sec. 8508(6), 1948 \* \* \*. The license application would require disclosure of symptoms of epilepsy or other conditions having similar symptoms. If the application, or information from other sources, should indicate that the applicant is subject to seizures, the registrar would withhold the license until after medical appraisal. Upon presentation of a physician's statement that the applicant is not subject to seizures, the registrar might issue a regular license or, if the appraisal was made by the applicant's physician and the registrar was dissatisfied with the appraisal, the registrar might undertake a further medical appraisal by the Motor Vehicle Department. If the physician's statement should show that the applicant is subject to seizures which are under effective medical control, the agency might issue a six months' license or, if the examination was made by the applicant's physician the registrar could undertake a further medical examination within his agency. However, if the physician should state that the applicant is not subject to seizures which are under medical control, the registrar could not deny a license to the applicant without having such a medical examination conducted and finding cause for denial of the license." Barrow & Fabing, *supra* n. 2, at 58, 59.

license might contain a question such as:

Are you afflicted with any disease or symptom (such as heart disease, diabetes, epilepsy [etc.], that is not under such control as to distinguish you from a person not similarly afflicted?

In other words, because of the control, are you "normal"? If the applicant should answer "yes" to the stated question (and there is as much likelihood that he will answer "yes" to this as to a question "Do you have, or have you ever had \* \* \* [a named disease or symptom] \* \* \*") he shall answer a second question:

Is there a doctor's statement in the confidential medical file of drivers?

If the answer is "no" the license would be refused. A false "yes" can carry an automatic license suspension or refusal to issue for a stated period. If "yes" the license would be automatically granted in a stated number of days from the date of the application unless the reviewing board, or other constituted authority, delays issuance. This would require an affirmative action by the board to delay.

The "confidential file" would be restricted as to the casual viewer. Perhaps after use by the board, it should be closed, and opened only upon court order and for good and sufficient reasons. The file as to the individual would carry an approved doctor's report and his conclusion as to the fitness of the applicant to drive. An approved doctor would be one on a list. The doctor would be on the list *prior* to writing his report on the applicant. Thus, the disabled person, the applicant, could consult the list to see what doctor he should see. Perhaps approval for listing would be by a medical group and by a state authority. This proposal avoids an appraisal by a government medical examiner, and yet is by an examiner who meets with government approval. The questions answered might lead to a conclusion that the applicant can only drive in the company of another licensed driver, much as a learner is restricted in some states. There might be no restriction. This would be when control is found of the applicant's affliction.

This proposal as to driving licenses has the merit of noting that unless the applicant is "different", the government is not

interested in annoying him, making him feel "different", or in spending the government's time and [the taxpayers'] money on the applicant's matter. The demonstration has been made that the applicant will not endanger others. This is the concern of the licensing authorities.

These proposals need not be considered as final. They are thoughts. The point here is not to consider the dot of the "i", but to emphasize the need for revision. Until this is done, we shall have on our conscience a discrimination against over a million people — a discrimination reaching beyond race, religion, or creed.<sup>71</sup>

Justice must not be found wanting.

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71. "It is time, in short, to raise the epileptic to first-class citizenship." Walker, *Epilepsy, Medical Triumph, Social Tragedy*, Pageant, Dec. 1960.

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