

**LIFE LINES**

Food Keeps You Hydrated

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**CULTURE**

The Story Of Philadelphia

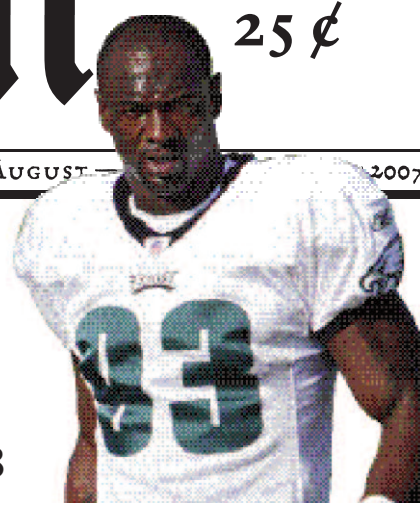
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The Eagles' Freak Is Back

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## Jeff Docs On The Hunt For A Revolutionary Epilepsy Helper

By SHANNON KELLY  
THE BULLETIN

**PHILADELPHIA** — “My condition has made me so limited,” Ronnie Gorelick confided, although she’s a mother, wife, artist, teacher and exercise buff.

She ran her fingers across her very short hair, tilting her head slightly to the side. “You can barely tell it’s there. It’s just a tiny bump. Here, feel it,” she half-whispered, still sounding amazed, though she’s probably felt it a hundred times.

It is virtually unnoticeable, but feeling that “tiny bump” on her head leaves no mistaking that there is something quite alien lying just beneath her skin, something that might give this

woman, who has suffered with epilepsy since she was 17, her first chance to live seizure-free in about 40 years.

In May, Gorelick became Thomas Jefferson University Hospital’s first patient to receive the Responsive Neurostimulator System (RNS) implant. She is part of a nationwide study of the new device that may be capable of predicting and preventing epileptic seizures, which are caused by unusual electrical activity in the brain. If it proves successful, many of the 2.5 million Americans who suffer from epilepsy will have a revolutionary treatment option available within a few years.

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Jefferson neurosurgeons (from left to right) Ashwini Sharan M.D., Michael Sperling, M.D., and Christopher Skidmore, M.D., are working on a brain implant to help epileptic patients resist seizures.

JARED GRUENWALD  
/The Bulletin

## Epilepsy Study Offers Hope For Sufferers

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Anyone who has multiple seizures without any known diagnosis is determined to have epilepsy, although the severity and frequency varies among people with the condition. The disorder is dangerous and life threatening regardless of how often someone has the seizures, according to Dr. Christopher Skidmore, the study’s principal investigator.

“Even if they’re just having one seizure a year, people are still at risk of unexpectedly dying. So, yes, having daily seizures is very severe, but so is having one a year,” Skidmore says. “People with epilepsy are at risk of sudden unexplained death syndrome, for example, which happens when people who are otherwise healthy are suddenly found dead. The only reason to explain this is that they had a seizure.”

Epilepsy sufferers, like Gorelick, are constantly at risk of injury and are extremely limited by the likelihood of having unexpected seizures. “I’ve fallen down stairs multiple times, I’ve fractured my knee twice, broken my wrists and hand, broken my nose,” she said, pointing to her face. “Look — it’s still crooked. I never got it fixed.”

Gorelick, like many seizure sufferers, can’t drive and says relying so heavily on her husband for transportation is one of the hardest limitations. And when she gets where she needs to go, she is burdened by the possibility of having a seizure in public. “Loud, high-pitched noises really get to me,” she murmured, attempting to explain her sudden stiffness and the deep breath she took when a wailing toddler strolled right by her. “Noises like that and bright blinking lights can sometimes lead to one.”

The Jefferson Comprehensive Epilepsy Center joined 28 other hospitals in a multi-center trial of the RNS, which is made by a company called Neuronpace. Jefferson’s Comprehensive Center performs up to 100 procedures a year, making it one of the three most active in the country. Its participation in this double-blind investigation will help determine if the implantable device, which contains a computer chip to detect seizures and sends electric currents to stop them, is effective.

Epileptic patients are usually treated with medication or sur-

gery, but for more than 35 percent of them, neither treatment stops the seizures.

“When patients don’t respond to medication and aren’t treatable with surgery, they need other options,” says Dr. Michael Sperling, director of the Jefferson Comprehensive Epilepsy Center. “And sometimes the seizures are coming from areas in the brain that are impossible to remove without causing problems.”

As part of that 35 percent, Gorelick was sometimes having seizures multiple times a week, although she was heavily medicated to try to curb them. She still suffers from their debilitating side effects, such as osteoporosis and cataracts. She’s been Dr. Sperling’s patient for more than 10 years. They’ve discussed the idea of brain surgery but decided against it.

“They call it ‘re-section,’ but they cut out a chunk of your brain,” she said laughing. “It must be political or something.” Gorelick’s sense of humor is a tribute to her optimism, but she doesn’t downplay the seriousness of her condition.

“It’s just far too chancy and I decided not to do it” she confided. “There is a good chance I wouldn’t be able to care for myself afterward and I would probably lose my left eye.”

She is one of two people who have been implanted so far in Jefferson’s study and five are enrolled, although Dr. Sperling says they are looking for more. Participants can expect three months of “baseline study” according to Dr. Skidmore, who says those months are spent closely monitoring every single seizure in each subject. Only half of the patients, however, will have the device turned on, since the double-blind nature of the investigation calls for a control group. At the end of the three-month baseline, however, all participants will have their RNS devices activated.

Participants in this trial have been diagnosed with partial onset epilepsy, the type that starts in one or two areas of the brain. In order to qualify, patients must have an average of at least three seizures per month that are uncontrollable with medications.

Gorelick

## Roberts Sheds Light On Dire Disorder

Chief Justice John Roberts had his second seizure in 14 years Monday, sparking media attention surrounding epilepsy, a disorder afflicting millions of Americans. The Supreme Court issued a statement calling the incident a “benign idiopathic seizure,” although many doctors disagree with that diagnosis.

Doctors such as Michael Sperling from Thomas Jefferson’s Comprehensive Epilepsy Center in Philadelphia say the misdiagnosis was an understandable mistake but wrong nonetheless. “At first it may have seemed to people that it was a benign in that the seizure was brief, but ‘benign idiopathic’ is not the proper term,” he says.

He pointed out that no seizure is truly benign, but by “idiopathic” the statement meant the tests did not disclose a medical origin, such as a tumor.

“Idiopathic,” is also wrong because it could imply the source of Roberts’ seizures might be genetic, which is unlikely, a professor of neurology from the University of Pennsylvania told *MedPage Today*.

It is correct to classify Roberts as epileptic, since the term “epilepsy” refers to anyone who has had more than one unprovoked seizure.

— SHANNON KELLY/THE BULLETIN

## Blame Begins In Bridge Collapse

By SHARON COHEN  
and BRIAN BAKST

**MINNEAPOLIS** — Minnesota officials were warned as early as 1990 that the bridge that plummeted into the Mississippi River was “structurally deficient,” yet they relied on a strategy of patchwork fixes and stepped-up inspections.

“We thought we had done all we could,” state bridge engineer Dan Dorgan told reporters not far from the mangled remains of the span. “Obviously something went terribly wrong.”

Questions about the cause of the collapse and whether it could have been prevented arose Thursday as authorities shifted from rescue efforts to a grim recovery, searching for bodies that may be hidden beneath the river’s swirling currents.

### How SAFE ARE PA'S BRIDGES?

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The official death count from Wednesday’s rush-hour collapse stood at four, with another 79 injuries. But police said the death count would surely grow because bodies had been spotted in the water and as many as 30 people were still reported missing.

In 1990, the federal government gave the I-35W bridge a rating of “structurally deficient,” citing significant corrosion in its bearings. That made it one of 77,000 bridges in that

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## Lawmaker Aims At Parking Authority

### ROEBUCK CALLS FOR SEPERATE AUDIT TO KEEP PPA IN CHECK

By JENNY DeHUFF  
THE BULLETIN

**PHILADELPHIA** — You hear it from residents and visitors the same: The Philadelphia Parking Authority (PPA) is a sad excuse for traffic regulation in the city.

The system is riddled with unwarranted parking tickets, outrageous fines and cruel towing procedures. People must think the PPA makes thousands of dollars a day preying on the expired meter, the booted wheel and the dreaded orange TOW sticker of imminent doom.

But all hope is not lost with respect to the parking authority’s competence. One state legislator is calling for an audit of the parking authority and the establishment of a nine-person oversight panel to monitor its money.

Last month, state Rep. James Roebuck, D-Philadelphia, introduced a resolution asking for a legislative audit of the PPA separate from the private audit it undergoes every year. When the state took over the PPA in 2001, it required the PPA to transfer a



KRISTLE MARCELLUS/The Bulletin

A car is towed in Center City after being ticketed by the Philadelphia Parking Authority. James Roebuck, a state representative, introduced a resolution last month against the PPA.

portion of its revenue (up to \$45 million annually) to the Philadelphia School District.

Legislation in 2004 revised the law, requiring the PPA to transfer its excess on-street parking funds, beyond the first \$25 million, to the school district. Since that legislation took effect, Roebuck said, the PPA is

short-changing Philadelphia’s children.

He’s looking for the parking authority to pay up, especially considering the current state of the school district budget: \$2.1 billion with a \$182 million deficit.

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