Correspondence

Incremental Socialism

You deserve recognition and many thanks for this journal, especially the latest historical essay by Dr. Edward Annis. His is a most clearly written account of the incremental invasion of socialism into our practice, a kind of disease that begs for universal attention. He is to be commended in particular for his ability to recall and identify the specific political maneuvers that have taken this country into the current dilemma and the consequent discouragement with the practice of medicine.

As a commentary on his article, I would add that the problem exists because we all share a human failing, a susceptibility to corruption, a universal wish for an easier way of life. It is a failing we need to acknowledge within us all, physicians as well as the public, to explain why we are so readily drawn into the illusion that others might, could, or should take care of us and relieve us of the responsibility of taking care of ourselves. The illusion results from incomplete maturation.

We have, step by step, abandoned autonomy and accepted dependence on government, as on a parent. I recall well that meeting years ago when Oregon physicians as a body gave up their initial objections to government medical care when they were promised a great increase in the fees for their service, and no collection problems. . . .

Siegfried Berthelsdorf, M.D.
Portland, OR

Autism: a Cognitive or a Behavioral Disorder?

Dr. Harshman's commentary on autism¹ is reminiscent of Kanner's "Refrigerator Mother" rhetoric. Parental behavior as a cause of autism has not been "generally overlooked" as you state, but generally and specifically discounted. Kanner himself recanted. Casting blame on the parents of these challenged children is a slap in the face. Perhaps in some cases parents become cold, but this is probably secondary to the autism. I am personally acquainted with more than 100 families with autistic children. They are warm, caring, and devoted.

The title was interrogatory; the content was not.

Alan Yurko
Century, FL

On January 6, 2003, the California Department of Developmental Services recently released the disturbing news that 3,577 new cases of level 1 autism were diagnosed in 2002. As the assisted-living costs of adults with mental retardation are estimated to be $60,000 per year, those 3,577 children alone are likely to cost society, at today's prices, more than $200 million dollars per annum when they reach adulthood. Over a lifetime, this one-year cohort from one state will require several billion dollars, before medical expenses, in aid.

At what point does the medical profession put aside theories and address this catastrophe? When are the sacred cows of medicine to be re-examined in an open and honest manner?

Theories are plentiful as to why there has been an upsurge in cases of this previously rare disorder. How many more children need to be afflicted before independent scientific (not epidemiological) research is deemed necessary and urgent?

I am curious as to the source of data supporting the correlation of being first born (my autistic son is the middle child) or "unusually good looking" with autism. How do you define "good looks"? A high percentage of parents think their offspring are beautiful, an opinion not necessarily shared by others.

Dr. Harshman’s observations are very different from my own, and from those made by the hundreds of parents with whom I have communicated on this subject over the past eight years. We immigrated to the United States in 2001. With three children in school, I have noted some
differences in approach to child rearing and education between the two countries. What they do have in common though is a respect for the individual and a willingness to listen to another point of view.

The behavioral theory hardly accounts for what happened to my son. At the age of two, he received a late MMR vaccine (late due to concurrent illnesses in his second year of life). Within one month, he lost all cognitive ability. Having walked for a year, he started crawling again, became insensitive to heat, cold, and pain, and developed progressively severe gastrointestinal problems. He stopped sleeping by the age of three and regressed to the developmental age of a 9-month-old baby. Meanwhile, he continued to be extremely loving and happy. He interacted with the family, but by this time, nonverbally. He was trapped in a world without communication other than through hugs and laughter.

Between the ages of three and six, he gained four pounds. At the age of six, he was put on a gluten and casein-free diet and began to gain weight, acquire language and cognitive skills, and experience a new sensation: pain. The day came when he told me “tummy sore.” He became one of the few lucky children who were treated at The Royal Free Hospital in London, where he was found to have a large fecal impaction, ileal lymphoid nodular hyperplasia (otherwise known as autistic enterocolitis), and a severe immune dysfunction. Our child was medically ill. With the recommended treatment protocol, he has greatly improved….

Heather Adams
Dover, MA

1 Harshman EJ. Autism: a cognitive or a behavioral disorder? Medical Sentinel 2002;7:126-127.

In Reply: Concerning the letter of Alan Yurko, the theory I suggest is not that coldness and emotional indifference is related to autism, but that more subtle behaviors are related to it. I never said that coldness is a factor, though it is bad parenting and correlates with different and often severe problems.

The cause or causes of autism is or are unknown, and it is becoming an increasingly serious problem. We should be motivated to seek the solution, even though doing so may cause some distress. Although I have no wish to attack or harm the already distraught parents of disabled children, I also will not look at them as a protected class, hindered or upset and therefore intrinsically blameless, however politically correct it may be to do so. If the very act of inquiring about parental behavior is so upsetting, then that fact is a clue. Otherwise, it would be easy for a parent of an autistic child to say, “I am blameless as per the theory proposed, so I think it is wrong,” and shrug it off as irrelevant.

Concerning the letter of Heather Adams, the medical profession should put aside theories and address the catastrophe of autism when a credible explanation is found, one that explains the facts and survives testing—no sooner. Until then, theories should be sought with vigor and energy commensurate with the size of the problem and the likelihood of finding a solution to it. Once the solution is found, it needs to be acted on, of course.

The scientific research that you call for is needed; we agree on that point if on nothing else. But what exactly did you mean? The ethics of a prospective study are not defensible, I think. How dare we inflict a drug, nutrient, or protocol on a child if we think it will make the child autistic? Retrospective studies seem the most humane, and they need to include behavior and other criteria too.

I have no objective definition of “good looks” and use the phrase to refer to children to whom that characteristic is imputed by parents and other caregivers. I am more concerned by the actions of those who think a child good-looking than by the appearance of the child.

Having a non-firstborn as an autistic child is possible; I never said all autistic children are firstborn. I also never denied the effects of measles vaccine, drugs, diet, and other nonbehavioral interventions. What you describe is a cognitive regression without emotional detachment, which though tragic does not seem to be autism because of the child’s continuing “to be extremely loving and happy.”

Your letter notes that cognitive decline may be traceable to a medical condition treatable with a special diet. That knowledge is important, and I thank you for writing. It is possible that what we call autism is, like acquired immunosuppression, not one but several conditions that have a similar clinical presentation. We should allow for a multitude of causes as the condition continues to be studied.

Edward J. Harshman, M.D.
Dade City, FL