

Chapter 1

A Brief Look at the History of Autism

In 1910, the Swiss psychiatrist Eugen Bleuler, while talking about schizophrenia, a term that he coined, used the Latin word *autismus* as a way of describing some of the symptoms of the disorder. The word *autismus* is derived from the Greek word *autos*, which means “self”; the English translation of *autismus* is “autism”.

Twenty years later, Leo Kanner, an Austrian-born physician, developed the first child psychiatry program at Johns Hopkins Hospital in Baltimore, Maryland. His first book, *Child Psychiatry*, came out in 1935 and was the first English-language textbook to focus on the mental health issues of children. In 1943, he wrote a paper entitled “Autistic Disturbances of Affective Contact”, which marked the first time that autism was discussed in the professional literature.

Dr. Kanner provided case studies of 11 children in his paper. The children were between the ages of two and eight, and all of them faced some form of extreme social difficulties and exhibited strange usage of language along with obsessive behavior. Dr. Kanner noted that although some of the symptoms these children displayed were similar to those in children with schizophrenia, the disorders were not the same. He reported that schizophrenia in children is “preceded by at least two years of essentially average development; the histories specifically emphasize a more or less gradual change in the patient’s behavior.” He further said, “The children in our group have all shown their extreme aloofness from the very beginning of life, not responding to anything that comes to them from the outside world” (Kanner, 1943, p. 248). The children who display the severity of symptoms that Dr. Kanner spoke about are now considered to have “classic” autism. This is most probably what people think about when they hear a child has autism – that is to say the image of the child rocking back and forth, banging her head, flapping her hands and spinning objects, amongst other things.

In 1944 in Austria, Dr. Hans Asperger published a paper in which he described four children, who were his patients, with “autistic psychopathology.” These children, all boys, were noted to lack empathy and engage in one-sided conversations along with having difficulty making friends, intense interests in peculiar topics and poor gross motor coordination. Dr. Asperger went on to describe these children as “little professors” because of their passionate interest in talking at great lengths about topics, regardless of others’ interest in the subject.

Towards the end of World War II, Dr. Asperger opened a school to help these children. Unfortunately, the school was reportedly bombed, and a great deal of his early work was lost. It was not until 1981, when British psychiatrist Lorna Wing published the paper “Asperger’s Syndrome: A Clinical Account” that Dr. Asperger’s research became more widely known. Before that, not much of his work was translated into English from German. Dr. Asperger died in 1980 and never saw his work reach such prominence.

In 1987, the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition—Revised (DSM-III-R)* was published. At that time, the prevalence of autistic disorder was thought to be four or five children in every 10,000. The prevalence of pervasive developmental disorders, including both autistic disorder and Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS), was estimated to be between 10 and 15 per 10,000 children.

In 1994, when the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* was published, the prevalence rates for autistic disorder were between 2 and 5 per 10,000. Therefore, at the most, only 1 in 2000 children was thought to have autism. Asperger’s disorder was introduced into the field of mainstream mental health at this time, but there was not enough information to estimate its prevalence rates. Prevalence rates were also not provided for overall pervasive developmental disorders as they had been in the *DSM-III-R*.

In 2000, the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (DSM-IV-TR)* was published. It was then noted “The median rate of Autistic Disorder in epidemiological studies is 5 cases per 10,000 individuals, with reported rates ranging from 2 to 20 cases per 10,000 individuals.” There were no reported prevalence rates for either Asperger’s disorder or PDD-NOS. In 2000, the Autism and Developmental Disabilities Monitoring Network (ADDM Network), a Centers for Disease Control and Prevention (CDC) project which is active in 11 states, found the average prevalence of the autism spectrum disorder (ASD) in 6 of those 11 sites to be 6.7 per 1000. Two years later, there were 14 sites in the ADDM Network at which data were being collected, and a prevalence rate of 6.6 per 1000 was found.

According to the 2007 data of the CDC, 1 in 150 eight-year-old children, in multiple areas of the United States, has an ASD. That would translate into 66 children per 10,000 and would be at least a 13-fold increase over the most liberal numbers reported in 1994. According to the website of the organization

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Autism Speaks (www.Autismspeaks.org) a child is diagnosed with autism every 20 minutes. However, the number of the children (or teens, or adults) who have autism that goes undetected by well-meaning professionals who do not have the depth or breadth of knowledge or the experience necessary to appropriately identify the disorder remains elusive.

With the extreme growth in the number of children with ASDs, combined with the medical profession's improved ability to understand the range of symptoms which comprise the autism spectrum, significant steps need to be taken to educate today's professionals so that we do not miss the crucial developmental window to help these individuals. Much more can be done to assist a three-year-old child who has just been diagnosed with autism than a 13-year-old, or even a 31-year-old, who has been misidentified and misdiagnosed for years.

