

## The Two Great Pioneers

*“Nothing is totally original. Everyone is influenced by what’s gone before.”  
(Dr. Lorna Wing in conversation with Adam Feinstein)*

*“Whatever will they think of next?” (Reported comment by the  
Hollywood producer, Sam Goldwyn, on being shown an ancient sundial)*

The two great pioneers in the field of autism, Dr. Hans Asperger and Dr. Leo Kanner, started work in this area at roughly the same time—the 1930s. But they were very different human beings and, while their notions of the condition they first described overlapped to some extent, there are significant differences that still need exploring—and allegations of plagiarism and Nazi allegiances which also require examination.

The Scottish child psychiatrist, Dr. Fred Stone, was one of the few people who met both Asperger and Kanner. Stone told me: “There couldn’t be a bigger contrast between the two men. I met Kanner in Edinburgh in the mid-1950s. He was very spruce, carefully dressed, cautious but pleasant. I liked him.”<sup>1</sup>

Stone met Hans Asperger at a conference in Vienna in the 1960s. “He was on duty ‘welcoming’ people—actually, he didn’t welcome anybody, he just sat there at the door of the lecture theater. I had just heard about his syndrome from the German-speaking members of my planning committee. I could not engage him. I think that those who claim that he may have been suffering from the syndrome that would later bear his name could be right.”<sup>2</sup>

Most people who met Kanner reported on his warmth and charm. Physically, with his large ears and mischievous grin, he bore a

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resemblance to the pianist, Vladimir Horowitz. His son, Albert, a retired ophthalmologist at the University of Wisconsin School of Medicine, recalled him as a very cheerful man, enjoying puns and doing the *New York Times* crossword remarkably quickly. “My father was very proud of me. He always used to introduce me as ‘my son, Al, the eye doctor, while I am the ‘I doctor’!” Albert told me—an impish reference to Al’s chosen profession and Kanner’s own psychiatric research.<sup>3</sup>

He had a hugely infectious sense of humor. One Baltimore journalist who interviewed Kanner in 1969 recalled that their two-hour conversation was “dotted with Latin phrases, nursery rhymes, travelogues and punstering.” His humane spirit emerged during that same interview when he said: “Every child, every adult, everybody wants what I call the three As: affection, acceptance and approval. If the child has that, regardless of his IQ or anything else, he will be all right.”<sup>4</sup>

Asperger, for his part, was a courteous, old-fashioned gentleman. Lorna Wing met and talked to him (in English) in London in the late 1970s, not long before his death in 1980. She told me: “We sat in the Maudsley [Psychiatric Hospital] canteen over cups of tea and argued about whether his syndrome was a type of autism and what the relationship was between his and Kanner’s ideas. Asperger firmly believed his was a separate syndrome, unrelated to Kanner’s, although it had a lot of features in common. I argued for an autistic spectrum. We argued very happily and politely.”<sup>5</sup>

For decades, it has been wrongly assumed that Kanner’s landmark 1943 paper—“Autistic disturbances of affective contact,” published in the now-defunct American journal, *The Nervous Child*<sup>6</sup>—predated Asperger’s 1944 paper, “Die ‘autistischen Psychopathen’ in Kindesalter,” which appeared in the journal, *Archiv für Psychiatrie und Nervenkrankheiten*.<sup>7</sup> However, in a lecture given five years before Kanner’s paper—at the Vienna University Hospital on October 3, 1938—Asperger was already talking about children with “autistic psychopathy” (in the technical sense of an abnormality of personality). The speech was subsequently published under the title “Das psychisch abnorme Kind” in the Vienna weekly, *Wiener Klinischen Wochenzeitschrift*, also in 1938.<sup>8</sup>

In fact, I have discovered that Asperger was using the term “autistic” even earlier. His psychiatrist daughter, Dr. Maria Asperger Felder, told me that he had employed the word “autistic” as early as 1934 in letters to colleagues during visits to Leipzig and Potsdam in Germany.<sup>9</sup> In a newly published chapter about her father, she cites a letter dated April 14, 1934, in which he discusses the difficulties of diagnostic

concepts and suggests the possibility that “autistic” might be a useful term.<sup>10</sup> She also refers to a diary entry from that same year in which he appears to be attacking the “fanaticism” of the German people in following a certain path, and to an unpublished article of her father’s, also from 1934, in her possession in which he makes an oblique criticism of the Nazi regime in Germany.<sup>11</sup>

While Kanner described the children he had seen in consultation from 1938 onwards, Asperger had actually been treating his children from as early as 1930 in a therapeutic institution.

Professor Michael Fitzgerald, of Trinity College, Dublin, has gone so far as to suggest to me that Kanner “plagiarized” Asperger’s work. Fitzgerald is convinced that Kanner, although by then based in America, must have heard about Asperger’s writings and lectures from the many Germans and Austrians immigrating into the US in flight from Nazi persecution.<sup>12</sup> He is not alone. The Swedish autism authority, Christopher Gillberg, told me: “I am pretty certain that Kanner must have been aware of Asperger’s work, because he was writing about the work of all other writers who had had anything to say about conditions with symptoms similar to his. Kanner never mentioned Asperger, but it does not make sense that he was completely unaware of someone writing in his own language, given that he was so very well aware of people writing in other languages at the same time that Asperger was working.”<sup>13</sup>

It does seem very odd, especially as Van Krevelen, whom Kanner often quoted in his papers, was mentioning Asperger’s work as early as the 1950s and Bernard Rimland, in his seminal 1964 book, *Infantile autism*, includes a reference to “Asperger’s syndrome,” a full 17 years before Lorna Wing officially coined the term. Gillberg noted that he and his Swedish colleagues were aware of autistic psychopathy as a concept as early as 1973.<sup>14</sup>

Kanner’s supposedly pioneering 1943 paper begins: “Since 1938, there have come to our attention a number of children whose condition differs so markedly and uniquely from anything reported so far, that each case merits—and, I hope, will eventually receive—a detailed consideration of its fascinating peculiarities.” Could that 1938 reference be an allusion to Asperger’s 1938 paper, as Michael Fitzgerald believes?

Kanner’s closest colleague, Leon Eisenberg—now in his eighties but still a sharp-minded professor at Harvard Medical School—thinks not. Eisenberg told me: “That ‘we’ must refer to ‘him’ [Kanner]. That was the royal ‘our.’ He would not have deliberately withheld Asperger’s name

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if he had known about Asperger's work at the time." Eisenberg believes the reference to 1938 was an allusion to the date Kanner saw the first of the 11 children in his original study, Donald T.<sup>15</sup>

Kanner never referred to Asperger in any of his papers, whereas Asperger makes a number of allusions to Kanner's work—sometimes in glowing terms. (In his 1968 paper, Asperger refers to Kanner's excellent descriptions of his children.) Nor did the two men meet when Asperger visited the United States in the 1970s. Michael Fitzgerald in Dublin believes that this might have been a sign of Kanner's "embarrassment" at having "plagiarized" his work. Lorna Wing also said she found Kanner's silence on Asperger "suspicious" but was careful to add: "No one is totally original. . . . Asperger may have read Eva Sushareva's 1926 paper."<sup>16</sup>

If Kanner had known of Asperger's work, could his silence on the subject be attributed to professional jealousy? One of the leading world authorities on the neurological and linguistic impairments in autism, Professor Isabelle Rapin, believes this is possible. She told me: "The field of autism is incredibly politicized here in the United States. There are the 'in' people and the 'out' people."<sup>17</sup>

Germany's Dr. Gerhard Bosch—who, at over 90, is probably the oldest living autism pioneer on the planet (as we shall see in chapter 2, he not only began work on autism in the early 1950s but also diagnosed individuals with Asperger's syndrome in that decade, using Hans Asperger's term, "autistic psychopathy")—told me that he thought Kanner had never mentioned Asperger's cases because "he was dealing with severe cases. He had another picture and for Kanner, Asperger was describing a very different condition."<sup>18</sup> Bosch met both men but wrote a chapter on autism for a volume on twentieth-century psychology edited by Asperger.

So who were these two remarkable men, both of whom came to play such a seminal role in the understanding of the autistic condition?

Hans Asperger was born on a farm outside Vienna on February 18, 1906. A talented linguist, he had difficulty making



**Figure 2** Hans Asperger  
(photo courtesy of Maria  
Asperger Felder)

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friends and was considered “remote.” His daughter, Maria Asperger Felder, described him in similar terms in an interview with Professor Uta Frith and Professor Christopher Gillberg, prompting Gillberg to suggest that Asperger himself could have been affected by his own syndrome. When I raised this issue with Maria Asperger Felder myself, she conceded that her father “didn’t need much social contact. He was content with his own company. He loved nature. He even climbed the Matterhorn.”<sup>19</sup>

In 1932, Asperger was appointed director of the play-pedagogic station at Vienna University children’s clinic. He married in 1935 and had five children, including two daughters who themselves became doctors. In the later part of the Second World War, Asperger served as a doctor in Croatia. As his daughter told me: “He saw many wounded and dead and told us about his experiences years later. He was against war. He was a nature- and people-loving person, not a soldier.”<sup>20</sup>

In 1944, he became a lecturer at the University of Vienna and was appointed director of the children’s clinic in 1946. It was here that his remarkable nursing colleague, Viktorine Zak, developed the first programs for children with what we now call Asperger’s syndrome. She used pioneering music, drama, play, and speech therapy to teach the children social skills. She was killed during an allied bombing raid on Vienna and buried with the child she was clutching at the time. In 1957, Asperger became professor at the University of Innsbruck children’s clinic and from 1962 held the same position in Vienna.

Asperger’s mentor was Irwin Lazar, who had initially shown an interest in the writings of Sigmund Freud and had invited psychoanalysts to join his clinic, but later decided that psychoanalysis was not appropriate for treating children. Lazar treated the child and adolescent victims of the First World War. This interest in traumatized youth demonstrated a humanity which he may well have transmitted directly to his pupil, Asperger. Asperger adapted a method known in German as *Heilpädagogik* (roughly translated as curative or remedial pedagogy or the educational treatment of neuropsychopathological disorders of children). It was a term introduced in Vienna by Clemens von Pirquet. (The German school restricted the approach to individuals with mental retardation, whereas the Austrian concept was broader.) When Lazar died suddenly in 1932, he was replaced by Franz Hamburger, whose interest in a possible affective disturbance in children at a biological level of drives and instincts strongly influenced Asperger’s concept of autism. Professor Uta Frith has noted that the staff met at each other’s homes



**Figure 3** Elizabeth Wurst



**Figure 4** Maria Theresia Schubert

for dinner once a week and during their informal chats, she speculates, they probably discussed the characteristic features of autistic children.

Dr. Elizabeth Wurst worked closely with Hans Asperger in Vienna in the 1960s and 1970s. They first met in 1969. Sitting in the very same building in the University Clinic where they worked together, Wurst told me: “He was tall and enjoyed telling stories. He was like a grandfather, with white hair and very patient and respectful. He made you feel welcome and he was interested in what you had to say. My first impression was that I would enjoy working here with him.”<sup>21</sup>

According to Wurst, one of the first questions Asperger asked the child was: “Do you know what your name means?” It was important for him to see if the child knew anything about his or her own forename. “That was the way he started every interview.”<sup>22</sup>

Another of Asperger’s colleagues in the 1970s, Dr. Maria Theresia Schubert, recalled that, with the children, Asperger “appreciated the children enormously. He would give them little tasks: mathematical sums, general knowledge questions. The children respected him—but he maintained a certain distance from them.”<sup>23</sup> Schubert said that Asperger liked to joke that it helped to be a little

autistic if you wanted to do things well—meaning, specifically, that it helped to be focused. She told me: “My first impression was that he was very tolerant. He didn’t push people in any particular direction, giving his employees great freedom.”<sup>24</sup>

Wurst told me: “Asperger had a very good memory and he had read very widely in literature—Goethe, Lessing, also Sartre and classical

literature. He also loved art.” Nevertheless, he could be exceedingly harsh at times. Once, Wurst handed Asperger a manuscript she had written and he said to her: “Why have you got so much paper dirty? Why are you quoting these other people writing about autism? My ideas are good enough.”<sup>25</sup> Schubert recalled another instance of his severity. She had dressed up as Eliza Doolittle from *My Fair Lady* at a fancy dress event and Asperger expressed admiration for the costume: “But you have to be Eliza Doolittle.”<sup>26</sup>

In a radio interview in 1974, Asperger claimed he had begun work as a clinician in 1932 under Franz Hamburger.<sup>27</sup> Hamburger appears to have had strong sympathies with the Nazi Party—certainly this is suggested by a speech he gave as president of the University of Vienna in 1939, published in the *Journal of the American Medical Association*, in which he declared: “National Socialism means a revolution in every sphere of our civilization and culture. No phase of Western culture is unaffected by it. . . . Medicine has now progressed beyond its old frontiers and has broken out of its shell, thanks to the philosophy and deeds of the Führer.”<sup>28</sup>

Hamburger’s clear allegiance, coupled with Asperger’s professed enthusiasm for the Jugendbewegung—a youth movement similar to the Boy Scouts—have led some critics to claim that Asperger himself had affinities with the Nazis. There seems to be no evidence of this whatsoever—indeed, the very opposite is more likely to be the case, as we shall see shortly. Nevertheless, one of the most prominent proponents of this view was Eric Schopler, the great US autism pioneer who founded the TEACCH educational program in North Carolina in the 1970s, and was himself a refugee from Nazi persecution. Dr. Lorna Wing, who first introduced Asperger’s work to the English-speaking world in 1981, told me that Schopler fervently believed that Asperger had either been a member of Hitler Youth or at least had close ties to the Nazis.<sup>29</sup> I have made an extensive study of all Asperger’s lectures and I have found absolutely no sign whatsoever of praise for the Hitler Youth Movement, only of his enjoyment of the Jugendbewegung, which dated from much earlier and had nothing to do with the Nazis.

It is important to emphasize the social and political conditions under which Asperger gave his 1938 talk. The year before, the Vienna Psychiatric and Neurological Association appointed a committee to study the problem of revised insanity laws for Austria. Prominent in the legislative program sponsored by this group was the establishment of

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state detention institutions for psychopaths who, although not insane within the legal definition, were nevertheless a public burden. A Professor Berze pointed out in a lecture to the association that, among the psychopaths of the “borderline” type who, in the absence of any definitive mental disease, could not be declared insane were those mentally subnormal criminals who constituted a permanent social menace. The Vienna psychiatrists recommended not only the detention of dangerous psychopaths but a continuous systematic supervision of all psychopathic individuals.

Hans Asperger worked as the Director of the Department of Orthopaedagogy at the Children’s Clinic of the University of Vienna, under Franz Hamburger. Some critics have claimed that his thesis was consistent with the eugenic approach, as set out by Hamburger.

This appears to be a serious misconception. The Nazis annexed Austria in March 1938 and it seems clear that Hans Asperger feared they would shortly introduce the eugenics law, already in place in Germany, ordering the extermination of, among others, the mentally handicapped and “subnormal.” Indeed, his daughter claims that he personally witnessed some unpleasant incidents during his visits to Germany in the early 1930s.

A PhD student, Marc Bush, has carried out a very detailed stylistic analysis of Asperger’s papers of 1938 and 1944 and believes that Asperger deliberately couched them in “Nazi-style” vocabulary to deceive the Nazis, while protecting the children in his charge in Vienna. “That explains why the 1938 paper, or Asperger’s follow-up paper in 1944, did not become known in the United States, where you might have expected German-speaking, scientific-minded immigrants to mention them: they saw them virtually as Nazi propaganda and not worth citing. Whereas nothing could be further from the truth.”<sup>30</sup>

Asperger’s colleague, Elizabeth Wurst, told me: “Asperger had a very clear standpoint against the Nazis. He tried to develop this position. Two of his colleagues . . . emigrated to the United States and when he himself visited the US, he met them and discussed the old times. If there had been any problems with Jewish people in his team, he would not have sought them out in America.”<sup>31</sup>

A close reading of Asperger’s 1938 paper throws up some fascinating clues to why he wrote this article in the way he did, as well as to how his vocabulary was misinterpreted. The paper begins by appearing to praise the Third Reich and he then refers to the need to avoid “the transmission of sick genetic material”—apparently falling firmly into line



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with Nazi thinking on eugenics. However, as Marc Bush has so rightly pointed out, in virtually the same breath, Asperger goes on to defend and praise the children (with autistic psychopathy) in his charge. He speaks about “how much we can do to help” abnormal children:

And if we help them with all our devotion, we also supremely serve our people; not only by preventing them from putting a strain on the community of our nation through their anti-social and criminal deeds, but also by trying to ensure that they may find their place in the living organism of the nation as working individuals.<sup>32</sup>

Asperger continues to stress the value of the children with autistic psychopathy to society:

We claim—not on theoretical grounds but from the experience of dealing with many children—that this boy’s positive and negative features are two naturally necessary, connected aspects of what is really a homogeneously laid-out personality. We can also express this as follows: the difficulties which this boy experiences with himself, as well as with his relationship to the world, are the price he has to pay for his special gifts.<sup>33</sup>

Asperger concluded his 1938 lecture thus:

We must never give up on the education of abnormal individuals, based on the knowledge that, in these people, all of a sudden—at puberty, for example—there may appear strengths and capacities which we would not have suspected existed in these children or we could not have foreseen would have been of any importance.<sup>34</sup>

The Gestapo came twice to Asperger’s clinic to arrest him and he was protected on both occasions by Hamburger. Why would the Gestapo have come for Asperger if he was not Jewish? Wurst speculated: “He ran a hospital with so-called ‘abnormal’ children. Some had Down’s syndrome. The question is whether he refused to hand them over to officials. That may be what happened.”<sup>35</sup> Could Nazi members also have been in the audience during his 1938 talk? His daughter told me that she thought this was likely.<sup>36</sup>

Asperger himself gave a major clue as to the reasons for the Gestapo’s visit in his 1974 radio interview:

In *Heilpädagogik*, we had a great deal of contact with disturbed, mentally deficient children. We had no choice but to recognize their value and

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love them. What is their value? They belong to the population, they are indispensable for some jobs but also for the ethos which teaches us how we humans are committed to one another. It is totally inhuman—as we saw with dreadful consequences—when people accept the concept of a worthless life. . . . As I was never willing to accept this concept—in other words, to notify the [Nazi] Health Office of the mentally deficient [children in my charge]—this was a truly dangerous situation for me. I must give great credit to my mentor Hamburger, because although he was a convinced National Socialist, he saved me twice from the Gestapo with strong, personal commitment. He knew my attitude but he protected me with his whole being, and for that I have the greatest appreciation.<sup>37</sup>

Maria Asperger Felder told me that her father had never joined the Nazi Party. She did not know, she said, how he had managed to continue in his post without becoming a party member.<sup>38</sup>

After the war, Asperger traveled around the world, not just in Europe (he spoke about his new syndrome in the Netherlands as early as 1949) but further afield. He spent six weeks in the United States in 1950 and gave a talk to the newly formed Japanese Society for Child and Adolescent Psychiatry in Tokyo in 1965.<sup>39</sup> His daughter told me he had been entranced by the Japanese gardens—“especially the old men combing the leaves of the flowers to make wonderful patterns.”<sup>40</sup> He also traveled to Latin America with his wife and, as a great admirer of Inca culture, visited Machu Picchu in Peru.<sup>41</sup>

Nevertheless, Asperger’s writings were not mentioned at a major psychiatry conference in Zurich in April 1957. The veteran French autism authority, Professor Gilbert Lelord, who attended this congress, told me that this might have been a consequence of the Second World War. “Even though Asperger was undoubtedly a victim of the war, German-language papers were not popular at the time,” said Lelord.<sup>42</sup>

After he retired, Asperger continued to come into his clinic once a week, on Wednesdays, to give a lecture on *Heilpädagogik*, which was founded in Austria. “He was not interested in psychotherapy—he was convinced that teaching could help the children,” Schubert told me. “The most interesting word in *Heilpädagogik* was ‘integration’. He wanted to integrate five disciplines: teaching, pediatrics, psychiatry, psychology, and sociology. That was what *Heilpädagogik* meant.”<sup>43</sup>

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**Figure 5** Leo Kanner  
(photo courtesy of Johns  
Hopkins University)

Leo Kanner—who pronounced his name “Konner” (indeed, his son, Al, told me his father was always amused when post came to him in the US addressed to Lee O’Connor<sup>44</sup>)—was born Chatskel Leib Kanner to orthodox Jewish parents in a small Austrian village called Klekotow on June 13, 1894. Klekotow (called Klelotiw today) was a village near the Ukrainian town of Brody. From 1872 until the end of the First World War, Brody marked the border between Austrian Galicia and the Russian Empire. Jews made up about 70% of the total population and Yiddish was the predominant language. Kanner spent the first years of his life in Klekotow and Brody. He described his

own father as socially awkward, obsessively dedicated to Talmudic studies, and eager to acquire large amounts of other, often useless information. His mother enjoyed having her husband perform amazing feats of memory in public. In fact, Kanner’s father might well have been diagnosed with Asperger’s syndrome today. Kanner himself could also recite long poems from memory—but unlike his father, he did have social skills.

Kanner’s close Baltimore colleague, Professor Leon Eisenberg, supported this account of his prodigious memory, telling me: “He was remarkable man. He gave courses in the evening for school teachers. He would ask them to take the same seats each week, to connect their names and faces. But I saw Kanner on the street eight years after a course, and he recalled a student he had met perfectly and the people she sat next to. And this memory may have played a big part in his ability to recognize the first eleven children with early infantile autism which he wrote up, because he had seen them over a period of several years and it took a remarkable mind to sort out the commonalities, given the disparities in these kids who went from—the one I remember in particular who had learnt the 25 or so questions and answers of the Presbyterian Catechism by the time he was eight or nine and another who was non-verbal but had remarkable gifts in performance intelligence that made it clear that there was a child behind that mute appearance.”<sup>45</sup>

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Leo Kanner could quite easily have become a writer, rather than a child psychiatrist. As a young boy, Kanner moved to Berlin in 1906 to live with his uncle. He wrote his first poem when he was 10 years old, inspired by Hector Malot's touching account of the loneliness of childhood, *Sans famille*, a book young Leo had bought for half a kroner. His parents and friends—who heard him recite verse—encouraged him to continue writing poetry. Indeed, his high-school teachers in Berlin advised him to consider a literary career and for a time he attempted to follow their advice. Berlin, in the years prior to the First World War, was a crucible for aspiring young writers and artists, and representatives of many of the major movements—impressionism, expressionism and surrealism—were living and working there at the time. Impressed by the report of a lecture which Kanner had submitted for publication, the *Berliner Morgenpost* newspaper supplied him with passes for lectures and readings by prominent literary figures and critics so that he could review them for the paper. He received a modest fee of 5 marks for these reviews, but his true reward was the opportunity to hear writers of the stature of Gerhardt Hauptmann read from their works.<sup>46</sup>

In 1917, while already a medical student, Kanner wrote a poem, called "The madman and his mirror image," in which the madman, fearing that his own image in the mirror may come to destroy him, attacks the mirror with a shattering blow. The poem had been inspired by the description his professor of psychiatry had given him of one of his patients.<sup>47</sup>

His reviews won Kanner a reputation as a literary critic but his hopes of a creative literary career were dashed, since no one wanted to publish his poems. Kanner looked back fondly on these years in Germany, but he told a *Baltimore Sun* reporter in 1978 that the decision saved his life: "If I had made it in literature, I'd have stayed in Germany and been killed in the Holocaust."<sup>48</sup> Indeed, some sources claim that Kanner's mother and three sisters were murdered by the Nazis, although his own unpublished autobiography, *Freedom from Within*, does not mention his mother's fate and states that, while his father died just before the outbreak of the Second World War, one of his sisters moved to Belgium, a brother, Max, emigrated to the United States, and another, Josef, left Europe for Palestine.<sup>49</sup>

Kanner studied at the school of medicine at the Friedrich-Wilhelms-University in Berlin. At the outbreak of the First World War in 1914, Kanner, because of his Austrian origin, was recruited into the Imperial and Royal Army of Austria and Hungary and was in the medical service of the 10th Infantry Regiment. After his military service, he

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continued medical school before another period of military service in the army of the Habsburg monarchy. He became naturalized as a Prussian in 1919. At the beginning of the following year, he started as an assistant physician at the Charité Hospital in Berlin, under Friedrich Kraus. Kraus commissioned him to carry out work on normal heart sounds and their relationship to the electrocardiogram—and indeed, cardiology was Kanner's chief research interest at this time.<sup>50</sup> After earning his doctorate in 1920, he not only worked as a physician but also continued to write poetry and participate in the art and culture of Berlin at the time.

Although he began to teach electrocardiography at the University of Berlin, Kanner already had a great interest in psychiatry. As he recalled in an interview in Louisville, Kentucky, in 1972: "I was fortunate in having an excellent teacher, Karl Bonhoeffer, who is well-known in the history of psychiatry. He was a very noble person. . . . He was not in accord with the Hitler regime and his son and son-in-law were sent to concentration camps."<sup>51</sup>

By now, however, Kanner had a wife and young daughter to support and, with inflation raging in Berlin, he decided to leave Germany for the United States in January 1924. In the same 1972 interview, he recalled: "I was in practice for three years during the time of the horrible German inflation, when I was a multibillionaire!" One of his students on his electrocardiography course in Berlin happened to be based in Aberdeen, South Dakota. "He was very lonely," Kanner recalled in 1972, "and we invited him to our place a number of times for dinner. One day, before going over to our house, he said he had some dealing at the American Consulate and asked whether I would go along with him. So I did. He had me wait, and then he came down with an affidavit all signed out for me and my wife, and he said: 'I think you should get away from all this terrible inflation. Why don't you go to America?'"<sup>52</sup>

Kanner began work as an assistant physician at the State Hospital in Yankton, South Dakota, publishing a paper on general paralysis among the Native Americans he treated there, and another on syphilis the following year. He even had an opportunity to meet the great German psychiatrist, Emil Kraepelin, who was visiting the United States. At the same time, his interest in the arts remained a potent one. Sometimes, Kanner's passions for science and literature coincided: in 1925, the *Journal of Abnormal and Social Psychology* published his article, "A psychiatric study of Ibsen's *Peer Gynt*."

Kanner wrote his first book, *Folklore of the teeth*, in 1924, based on notes he had made while teaching dental students in Germany. He later

claimed that writing this book had helped him to master the English language. He was also fluent in Polish, French, Lithuanian, Yiddish, Hebrew, and Ukrainian, apart from his native German. He retained a strong German accent while speaking English until the end of his life.

He joined the Henry Phipps Psychiatric Clinic at Johns Hopkins University in Baltimore in October 1928, working under the leading Swiss psychiatrist, Adolf Meyer. Two years later, Kanner founded the first child psychiatric clinic in any teaching hospital anywhere in the world.

Kanner's early months at Johns Hopkins had an inauspicious beginning. After Paul Schilder had given a lecture on research into the hypothalamus—with particular emphasis on glucose metabolism and sexual behavior—Adolf Meyer asked the audience: “Is there any discussion?” The young Kanner stood up, congratulated Schilder on his talk and then remarked humorously that he now understood why people called their love objects “honey” or “sugar”: because of the proximity of the sex center to the sugar center in the hypothalamus. While the audience laughed loudly, Professor Meyer was not amused by what he considered Kanner's inexcusably crass intervention and repeated the question: “Is there any discussion?”<sup>53</sup>

Although Kanner and Meyer came to admire one another, my examination of the Kanner archives at Johns Hopkins has revealed that letters from Kanner asking his boss for an increase in salary fell on deaf ears, even after Kanner won international renown for the publication of his book, *Child psychiatry*, in 1935, and for diagnosing and treating childhood mental disorders.<sup>54</sup>

What influence did Adolf Meyer have on his young protégé? Meyer was founder of the psychobiological school of psychiatry and because he believed each individual's psychiatric disorder was unique, he was unable to accept the classificatory schemas of either Kraepelin or Bleuler. Meyer also rejected Freudian assertions of the presence of hidden psychodynamic factors causing mental disorders. In the first edition of his book, *Child psychiatry*, in 1935, Kanner does make a brief reference to “autism”—in the sense Bleuler used it—as a disorder of the mother-child relationship.<sup>55</sup>

In his 1941 book, *In defense of mothers*, Kanner wrote:

If you want to go on worshipping the Great God Unconscious and his cocksure interpreters, there is nothing to keep you from it. But do not let your children pay the penalty for your own excursions into the realm of fancy. For there is nothing more fanciful than an unproven, arbitrarily

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decreed “psychology,” sublimely removed from life as it is lived, scornful of facts and real occurrences, and depending instead on a dreambook type of “interpretation of a mythological unconscious.”<sup>56</sup>

On the other hand, Kanner said, rather startlingly, in his 1972 interview in Louisville: “There are wonderful analysts. I can’t think of a grander person who has done more for children than Anna Freud. On the other hand, you have that horrible example of Melanie Klein, who saw everything in only one way and that was *her* way.”<sup>57</sup>

In many ways, Kanner had an old-fashioned attitude to his consultation work. He was once asked, during a visit to Omaha, Nebraska, how old he was. He replied: “I’m a left-over from the nineteenth century!” He said in a 1976 interview: “People talk about the organicist approach, the analytical approach, the sociological approach. But you don’t approach patients; they approach you, because of their need.”<sup>58</sup>

Long before his work in autism, he demonstrated profound concern for mentally retarded children at a time when most psychiatrists excluded them from their clinics. Significantly, in the 1930s, he undertook a follow-up study of 166 patients who had been released from Maryland state training schools for the retarded via habeas corpus writs secured by lawyers over the previous two decades. Kanner managed to locate 102 of them, of whom only 34 were doing even moderately well. The vast majority, he discovered, had worked as domestic servants before being dismissed as inadequate to the task and ending up in city slums. When Kanner revealed the truth of what was happening in 1938, his paper received massive media coverage leading to action to end the practice of lawyers being able to obtain the release of the mentally retarded into the community.<sup>59</sup>

Kanner also had great sympathy for the politically oppressed. Leon Eisenberg told me about Kanner’s work on behalf of victims of Nazi persecution: “During the 1930s, when it was still possible to help Jews to leave Hitler’s Germany, Kanner was quite active on their behalf. To obtain a visa, the potential immigrant needed a certificate from an American citizen in good standing stating that he or she would not only help the migrant to obtain work, but would stand guarantor that the migrant would not become a burden on the public purse. That is, Kanner had to take financial responsibility for the people he was willing to endorse.”<sup>60</sup>

Eisenberg pointed out that this was a time of considerable turmoil in the Jewish community in the United States. “The United States had its own anti-Semites. Some well-to-do and conservative Jews were afraid

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that bringing more Jews to American shores would increase anti-Semitism, Kanner's attempt to get additional financial support from wealthy Jews in Baltimore met with little success."<sup>61</sup>

Eisenberg also pointed out that Kanner had brought distinguished German and Austrian physicians over to the US and got them jobs as attendants in the state hospital. "However far this was beneath their deserts, they were grateful to him for saving their lives. . . . I don't know how many refugees Kanner brought over. I once heard him say '200,' which is a really incredible number for one man."<sup>62</sup> Eisenberg also told me of Kanner's efforts on behalf of victims of Franco's repression after the Spanish Civil War.

\* \* \*

It may well be that Asperger preceded Kanner in his description of autistic features. Nevertheless, Kanner's 1943 paper, "Autistic disturbances of affective contact," published in the now-defunct American journal, *The Nervous Child*, certainly marked a watershed. Indeed, Michael Rutter believes Kanner's paper is the important one: "I don't actually have a very high opinion of Asperger's writings. They were so rambling and disorganized. Which came first? Well, it depends what you mean. Was Darwin the first person to deal with evolution? Of course not. But what Darwin did was provide an organized approach to it. I think the same thing about Kanner."<sup>63</sup>

In his key 1943 paper, Kanner considered five features to be diagnostic: a profound lack of affective contact with other people; an anxiously obsessive desire for the preservation of sameness in the child's routines and environment; a fascination with objects, which are handled with skill in fine motor movements; mutism or a kind of language that does not seem intended for interpersonal communication; good cognitive potential shown in feats of memory or skills on performance tests, especially the Séguin form board (a widely used instrument to assess children's abilities through non-verbal means such as the puzzle-like placement of common geometric shapes into openings of the same shape).

Kanner also emphasized onset of the condition from birth or before 30 months. For this reason, he refused to see the children as "withdrawing." For him, the children had never been engaged with the social world. All 11 children he examined in the original 1943 paper had difficulty relating to other people, a condition Kanner called "extreme autistic aloneness." This was, for Kanner, the determining feature of autism.



In addition, most of the children had speech delays or unusual language—they echoed what they heard or they reversed pronouns. They also hated changes in routine: in the arrangement of furniture or even the route taken from one place to another. There were also sensory problems. Most were highly skilled at one or two tasks, such as classifying animals or memorizing addresses or train timetables.

Oddly, however, Kanner did not believe that the unique syndrome he was describing was mental retardation; most of the 11 children were, he believed, of normal or above-normal intelligence. This is bewildering, partly because of his own expertise in mental retardation and because his own descriptions of the first 11 children include features of cognitive impairment.

“It is an interesting point,” Lorna Wing told me. “I’m only guessing, but maybe Kanner thought the cognitive difficulties followed on from the emotional ones, that their social impairment explained everything else, and that really, if you could get over that, you would find they were brilliant underneath. He firmly believed they had this potential for normal or high intelligence. And I suppose that fitted in with his fervent belief at the time that there was no organic problem and that the only difficulty they had was the lack of social instinct.”<sup>64</sup>

Kanner’s colleague, Leon Eisenberg, told me: “That is where he went beyond the evidence. He talked about intelligent physiognomy—the appearance of an intelligent look—rather than the dull look which one associates with mental retardation. And the children could do puzzles and remember places and go to the same place in the house, even though they were non-verbal. But I think he was extrapolating beyond the data, and some of these children are not only verbally delayed but cognitively impaired.”<sup>65</sup>

Michael Rutter believes that Kanner was focusing on the children’s unusual talents in his study. “With the benefit of hindsight, he clearly read more into it than was justified. Since then, there is a lot of evidence for the reality of the savant skills he identified. So that stood the test of time.”<sup>66</sup>

Dr. Ami Klin, at the Yale Child Study Center in New Haven, agrees: “Kanner was impressed that some of the children had special skills. But two years after him, a wonderful neurologist, Kurt Goldstein, picked up on one of the children Kanner had seen and wrote an entire monograph showing that there were special things the child could do but also that he was surrounded by a sea of disability.”<sup>67</sup> Klin told me he felt Lorna Wing and Judith Gould’s landmark 1979 study could be traced back to Goldstein’s 1945 paper.



**Figure 6** Albert Kanner

Kanner's son, Albert, told me that his father brought some of his first 11 children back to the family home and he (Albert) would play with them on the living-room floor—although he never noticed anything strange about them.<sup>68</sup>

Kanner's original sample was also biased, and it may have been this which led to his surprising conclusion about the children being of normal or above-normal intelligence. As the Swedish autism authority, Christopher Gillberg, noted to me: "Kanner's original cases were over-selected, with the children coming from the higher classes, because those were the parents who were aware of his writings.

That's why Kanner got the impression that autism all came from the upper classes."<sup>69</sup>

Lauretta Bender, a psychiatrist working at Bellevue Hospital in New York, made much the same point in 1959. She wrote: "It is not clear what he [Kanner] means by saying that there is evidence that autistic children have greater intellectual potentialities, unless he is referring to the family background of his colleagues, professors and intellectual sophisticates who have selected his services."<sup>70</sup>

Apparently, Kanner denied this assertion, telling Bernard Rimland that his clientele had come both "from the slums" and the "penthouses."<sup>71</sup> However, Gillberg noted: "There is something very astute about Kanner's observation that the children seem to be very intelligent, because they often are, in very narrow areas."<sup>72</sup>

It may seem odd that both Asperger and Kanner chose to use Bleuler's term "autism," especially given that Kanner was convinced that what he described was a unique syndrome. But Marc Bush has pointed out to me that both men were likely to have studied the same textbook, namely the fifth edition of Bleuler's 1930 *Lehrbuch der Psychiatrie*.

Christopher Gillberg told me he believed they chose the term "autism" because the psychiatrists of the 1930s and 1940s were influenced by the terminology of both Bleuler and Kraepelin. "They always tried to use terms which were already in place to describe various conditions. After all, it took time for people generally to accept that Bleuler's term, autism, could be used to describe a symptom of schizophrenia. So when

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Kanner was thinking of children who were aloof and detached, even though he thought it was a separate syndrome, he did see links with Bleuler's definition of autism. And of course, Bleuler's definition *was* all about egocentric thinking—and many of us today consider this to be a core feature of autism. The links between autism and schizophrenia are probably not as far-fetched as they seemed to be in the 1970s. Kanner's journal was called the *Journal of Autism and Childhood Schizophrenia*.<sup>73</sup>

Indeed, the American psychologist, Louise Despert, whose ideas, as Lorna Wing reminded me, held quite a potent influence over Kanner for a while, described her first cases of childhood schizophrenia in 1938. Could Kanner, perhaps, have been referring to Despert's initial studies, rather than Asperger's, at the start of his own 1943 paper? Six years later, Kanner could be found writing: "The extreme emotional isolation from other people, which is the foremost characteristic of early infantile autism, bears so close a resemblance to schizophrenic withdrawal that the relationship between the two conditions deserves serious consideration." And yet he continued to insist that his syndrome was unique.<sup>74</sup>

As we shall see, this confusion in Kanner's mind between autism and childhood schizophrenia was one shared by professionals around the world for many years to come. And even Hans Asperger, in his little-known 1938 paper, can be found writing: "From such states of severely disturbed personalities there is a continuum to—and no clear dividing-line from—schizophrenia, the main symptom of which is autism, too, in the sense of loss of any contact with the environment."<sup>75</sup>

Six years later, in his 1944 paper, Asperger wrote: "The name 'autism,' coined by Bleuler, is undoubtedly one of the great linguistic and conceptual creations in medical nomenclature." But, just like Kanner, Asperger distinguished between Bleuler's schizophrenia and autism, because

schizophrenic patients often live in an imaginary world of wish fulfillment and ideas of persecution. . . . However, this type of thinking does not play a role in the children we are concerned with here. While the schizophrenic patient seems to show progressive loss of contact, the children we are discussing lack contact from the start. Autism is the paramount feature in both cases. It totally colors affect, intellect, will, and action. . . . However, unlike schizophrenic patients, our children do not show a disintegration of personality. They are therefore not psychotic, instead they show a greater or lesser degree of psychopathy.<sup>76</sup>

Kanner was aware of the potential danger of introducing the term "autism" to describe the unique behavior he had observed in the late

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1930s and early 1940s. In an important—and neglected—lecture he gave in New York in 1965, Kanner declared that he had decided, “after much groping,” to introduce the term early infantile autism, “thus accentuating the time of the first manifestations and the children’s limited accessibility.”<sup>77</sup> In that lecture, Kanner went on to quote Bleuler, who had written:

Naturally, some withdrawal from reality is implicit in the wishful thinking of normal people who “build castles in Spain.” Here, however, it is mainly an act of will by which they surrender themselves to a fantasy. They know it is just fantasy and they banish it as soon as reality so demands. I would not call the effects of these mechanisms “autism” unless they are coupled with a definite withdrawal from the external world.

Commenting on these words from Bleuler, Kanner told his New York audience: “This definition does not quite account for the status of our patients. For one thing, withdrawal implies a removal of oneself from previous participation. These children have never participated.”<sup>78</sup>

Interestingly—in view of recent studies indicating that it might be possible to diagnose autism earlier than previously believed—Kanner explained back in 1965:

[These children] have begun their existence without the universal signs of infantile response. This is evidenced in the first months of life by the absence of the usual anticipatory reaction when approached to be picked up and by the lack of postural adaptation to the person who picks them up. Nor are they shutting themselves off from the external world, as such. While they are remote from affective and communicative contact with people, they develop a remarkable and not unskilful relationship to the inanimate environment. They can cling to things tenaciously, manipulate them adroitly, go into ecstasies when toys are moved or spun around them, and become angry when objects do not yield readily to expected performance. Indeed, they are so concerned with the external world that they watch with tense alertness to make sure that their surroundings remain static, that the totality of an experience is reiterated with its constituent details, often in full photographic and phonic identity.

All this does not seem to fit in with Bleuler’s criteria for autism. There is no withdrawal in the accepted sense of this word, and a specific kind of contact with the external world is a cardinal feature of the illness [*sic*]. . . . Nevertheless, in full recognition of all this, I was unable to find a concise expression that would be equally or suitably applicable to the condition. After all, these children do start out in a state which, in a way,

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resembled the end results of later-life withdrawal, and there is a remoteness—at least from the human portion of the external world. An identifying designation appeared to me to be definitely desirable because, as later events proved, there was a danger of having this distinct syndrome lumped together with a variety of generalized categories.<sup>79</sup>

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As Arn van Krevelen, of the University of Leiden’s School of Medicine in the Netherlands—the first European child psychiatrist to publish a case of early infantile autism (in 1960)—pointed out in the *Journal of Autism and Childhood Schizophrenia* in 1971, the clinical pictures of Kanner’s and Asperger’s cases “differ considerably.” He said that “Kanner described psychotic *processes*, characterized by a *course*. Asperger’s autistic psychopathy represented *traits*, which were *static*.”<sup>80</sup> Nowadays, it is the similarities, more than the differences, between the two cases which tend to be emphasized. The term “Kanner’s autism” is often used today to indicate the child with a constellation of classic, “nuclear” features, resembling in astonishing detail the features that Kanner identified in his first description. In his 1944 paper, Asperger asserted that the children suffered from a fundamental disturbance that gave rise to highly characteristic problems.

Asperger noted that the syndrome was very much more common in boys than in girls. In fact, he went as far as to say, in his 1944 paper, that “autistic psychopathy is an extreme male variant of masculine intelligence, of masculine character.” This concept has been taken up recently by Professor Simon Baron-Cohen in Cambridge, with his “extreme male brain” theory of autism, but Jacques Constant has pointed out that Asperger’s notion chimed with the sexist ideology of the times in which Asperger was writing and working, especially *Küche, Kirche, Kinder*. Women, Constant noted, were relegated to the kitchen, church and child-rearing, and this spirit, he insists, infused Asperger’s texts.<sup>81</sup>



Figure 7 Kathrin Hippler

Dr. Kathrin Hippler, who works with Elizabeth Wurst and has done a great

deal of valuable research in this area, agreed that Asperger's papers were written in an old-fashioned style which reflected the time in which he was writing: "He specifically said that girls did not create many original ideas."<sup>82</sup> In contrast, Wurst pointed out that Asperger had two women doctors working in the clinic, including herself. "He was a pioneer in this aspect for the time. We had freedom here."<sup>83</sup>

Jacques Constant also claimed that one of the catalysts for Asperger's interest in autism was his observation that the children he took to summer camps in the mountains reacted with terror, rather than sharing his love of nature.<sup>84</sup> When I raised this suggestion with Asperger's daughter in Zurich, she expressed skepticism, saying she was not even aware that her father had taken the children to the countryside.<sup>85</sup>

Asperger's 1944 paper deals with just four boys between the ages of 6 and 11, although a colleague of his, Swiss-born Dr. Günter Krämer, declared that Asperger's work was based on investigations of more than 400 children. Asperger called children with his condition "little professors" because of their ability to talk about their favorite subject in great detail. He followed one child, Fritz V., into adulthood. The boy became a professor of astronomy and solved an error in Sir Isaac Newton's work which he had previously noticed as a child.

The children were initially referred to Asperger from kindergartens and schools. Wurst and her Vienna colleague, Kathrin Hippler, both agreed that it was surprising that Asperger was not interested in following up the children in later years, as Kanner did. Was this, perhaps, because he felt that his condition was a constant personality disorder? Wurst conceded this possibility, adding: "Asperger was more interested in the child at that moment, to understand what was going on. At that time, not 15 years later."<sup>86</sup> However, Maria Asperger Felder told me that her father was planning more follow-up studies at the time he died.<sup>87</sup>

One of the young Austrian girls taken to see Asperger at his Vienna clinic in 1952 was 6-year-old Elfriede Jelinek, who would go on to win the Nobel Prize for Literature in 2004. In a book-length interview in 1995, the reclusive Jelinek said: "Yes, I was an Asperger patient. Not an Asperger autistic, though indeed not far off." Looking back, she qualified this decision to take her to Asperger as "a crime": "Instead of sending me out to play in the company of kids my age, my mother sent me into the company of severe neurotics and psychopaths."<sup>88</sup> Asperger ultimately diagnosed young Elfriede as prey to an excitement which had yet to find a suitable outlet. She suffered a complete nervous breakdown at 18 before finding a successful outlet in writing.

Asperger believed that his syndrome was never recognized in infancy and usually not before the third year of life or later. A full command of grammar was sooner or later acquired, he said, but there might be difficulty in using pronouns correctly, with the substitution of the second- or third- for the first-person forms. The content of speech was abnormal, tending to be pedantic and often consisting of lengthy disquisitions on favorite subjects. Gestures were limited, or else large and clumsy and inappropriate for the accompanying speech. Perhaps the most obvious characteristic was impairment of two-way social interaction, due primarily to an inability to understand and use the unwritten, unstated rules governing social behavior. Asperger also reported certain skills, as well as impairments: the children had excellent rote memories and became intensely interested in one or two subjects, such as astronomy, geology, the history of the steam train, the genealogy of royalty, bus time-tables or prehistoric monsters, to the exclusion of all else.



**Figure 8** Sula Wolff

Unlike Kanner, Asperger thought of his condition as a personality disorder with organic causes. In fact, Dr. Sula Wolff, who translated Sukhareva's 1926 paper which described six boys now recognized as having Asperger's syndrome (see introduction), often referred to "schizoid personality disorder" in virtually the same breath as Asperger's syndrome. She was not using it in the sense that Melanie Klein employed the term "paranoid-schizoid." Indeed, Dr. Wolff told me: "No, it's got nothing to do with Melanie Klein, whom I have never respected. My use of these terms is in line with the DSM [American Psychiatric Association] and ICD [World Health Organization] classifications. . . . My children could be either abnormally sensitive or callous."<sup>89</sup>

That last adjective is a significant one. One of the aspects of Hans Asperger's writings which Dr. Wolff laid great emphasis on was the capacity of individuals with the syndrome to show malice. Both Elizabeth Wurst and Maria Theresia Schubert recalled instances when the children at Asperger's clinic did indeed show such delight in another's misfortune.

However, Professor Simon Baron-Cohen, who sees adults with Asperger's syndrome regularly at his Cambridge clinic, strongly disagrees:

However, Professor Simon Baron-Cohen, who sees adults with Asperger's syndrome regularly at his Cambridge clinic, strongly disagrees:

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“I have to say I have seen the opposite. some of them like to speak bluntly—which can be hurtful—but I don’t think this is motivated by malice. It’s just that they value the truth and a sense of justice. They value loyalty and they certainly have a strong moral code by which they may have worked out how they would like to be treated and how they would like the planet to be treated.”<sup>90</sup>

Baron-Cohen cited the case of the computer hacker with Asperger’s syndrome, Gary McKinnon, who won an appeal in January 2009 against his extradition to the United States from Britain after Baron-Cohen declared that he would suffer if he were to be jailed. “He is a man who is focused on the truth. This is because you can *rely* on facts. Social relationships can be very slippery, whereas facts are predictable. He was interested in whether the American government was concealing information. He was motivated by a desire to help.”<sup>91</sup>

Here again, Sula Wolff sees things very differently: “Asperger considered the condition he described as a personality disorder and my position has always been that that is so. At the same time, one can also consider Asperger’s syndrome to be among the ‘developmental disorders’. There need be no contradiction. My guess is that people with Asperger’s syndrome, unless also psychotic, can understand what they are doing but are totally preoccupied with their own abnormal reasoning (often paranoid) as a basis for their actions and do not have the capacity to empathize with, or understand, the position of their victims and society at large.”<sup>92</sup>

Wolff added: “By substituting the much more palatable concept of a ‘developmental disorder’ for Asperger’s ‘personality disorder,’ Lorna Wing has certainly done a service to affected people and their families. But I don’t think either Asperger’s or Sukhareva’s work made affected people in any way ‘morally suspect.’ In current classification systems, the schizophrenia spectrum has nothing to do with the sociopathic group of personality disorders.”<sup>93</sup>

Lorna Wing has written: “There is no question that Asperger’s syndrome can be regarded as a form of schizoid personality. The question is whether this grouping is of any value.”<sup>94</sup> Wing pointed out that, as early as 1925, the German psychiatrist Ernst Kretschmer outlined some case histories of so-called schizoid adults, one or two of which were “strongly reminiscent” of Asperger’s syndrome, “although he did not provide sufficient detail to ensure the diagnosis.”<sup>95</sup>

In his 1944 paper, perhaps surprisingly, Asperger refers to the severe learning problems of his children: “They had their very own way of learning,” Elizabeth Wurst recalled. “They didn’t like learning by heart,



for example.”<sup>96</sup> He also refers to the *Humorlosigkeit* (humorlessness) of the children. Maria Theresia Schubert felt he was alluding to lack of understanding of humor—they took words literally at their meaning.<sup>97</sup>

Strikingly, by 1969, Asperger appeared to be no longer using the term “autistic psychopathy.” His 1968 paper refers to “Aspergersche Kinder” and “Kannersche Kinder.” Kathrin Hippler told me that, by the late 1960s, Asperger realized that people were talking more about “anti-social behavior and personality disorder, and he did not want these to be mixed up with his own syndrome, which might have happened if he had continued to use the term ‘psychopathy.’ Maybe it was also because he realized there were the two types of autism.”<sup>98</sup>

Hippler added that a reason Asperger dropped the term “psychopathy” may have been that he considered it very important that his syndrome “had nothing to do with psychosis. He always differentiated his syndrome from schizophrenia. He took Bleuler’s term, but only because of the children’s ‘withdrawal.’”<sup>99</sup>

Wurst agrees. She told me: “Asperger knew there were children with low intelligence and similar behaviors, but he focused on the children with good levels of intelligence. He knew a lot about Kanner, but he was fascinated in the children with restricted interests. He loved to talk to them and hear about their thoughts.”<sup>100</sup>

The main difference between his children and Kanner’s, Wurst said, was that his children had creative intelligence. “They also had good speech, even if it was peculiar. And sometimes they had clumsy movements, whereas Kanner’s children often had good movements. Both groups had social problems.”<sup>101</sup>

Christopher Gillberg is one of those who believes that Kanner’s celebrated 1943 paper, unlike Asperger’s work, set the cause of autism back, in some ways, rather than represented its first and most valuable introduction to the world. Gillberg is alluding to the emphasis Kanner placed on the coldness and detached nature of the parents of the autistic children he saw in his original study. It was, indeed, Kanner who coined the term “refrigerator mother” long before Bruno Bettelheim used the concept so harmfully to instil a sense of blame in so many parents around the world. In fact, as late as 1960, Kanner told *Time* magazine that children with autism were the offspring of “parents cold and rational who just happened to defrost long enough to produce a child.”<sup>102</sup>

Michael Rutter disagrees that Kanner’s allusion to cold parenting represented a serious danger. “What we have to differentiate is evidence of a broader phenotype. Kanner switched back and forward, which is

a mark of his integrity.”<sup>103</sup> By “broader phenotype,” Professor Rutter is referring to the finding, notably in his 1977 twin study with Susan Folstein, that family relatives of individuals with autism could themselves show autistic traits.<sup>104</sup>

To understand why Kanner wrote about parents in the way he did in 1943, it is essential to recall the climate in the United States at the time. There was powerful opposition in some circles to any suggestion that genes could affect behavior, as this was thought to be redolent of the Nazis’ hideous racial laws. (This also explains why the psychoanalytical approach has clung on so long in France: it was the Vichy collaborationist psychiatrists who took the organicist, genetic line, while the Resistance professionals adopted the psychoanalytical approach.)

And yet the debate raged heatedly on both sides. Indeed in July 1942, when Germany’s eugenics program was known to leaders in American psychiatry, the official journal of the American Psychiatric Association published two articles debating a “final solution” for America’s retarded. In the journal’s lead article, originally a paper delivered at the annual meeting of the association, Foster Kennedy, professor of neurology at Cornell University, argued that all children with proven mental retardation (“feeble-mindedness”) over the age of 5 should be put to death to relieve them of “the agony of living” and to save their parents from expense and mental anguish. “So the place for euthanasia, I believe, is for the completely hopeless defective: nature’s mistake, something we hustle out of sight, which should never be seen at all.”<sup>105</sup>

In rebuttal, Leo Kanner came out against euthanasia but was nevertheless in favor of sterilization. He argued that such individuals might still serve a purpose to society—garbage collection, postmen, for example—as well as give meaning to their parents by virtue of having to care for them. Shockingly, however, no one emphasized the unethical nature of putting individuals with disability to death.

Although Kanner’s 1943 paper does apparently make the claim that the parents of autistic children are cold and detached, he always claimed that he had never actually *blamed* the parents. It seems peculiar, then, that he felt the need to announce to the 1969 meeting of the National Society for Autistic Parents (later the Autism Society of America): “Herewith I especially acquit you people as parents.” In that famous address, he declared:

I have been misquoted many times. From the very first publication until the last, I spoke of this condition in no uncertain terms as “innate.” But

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because I described some of the characteristics of the parents as persons, I was misquoted often as having said that “it is all the parents’ fault.” Those of you parents who have come to see me with your children know that this isn’t what I said. As a matter of fact, I have tried to relieve parental anxiety when they had been made anxious because of such speculation.<sup>106</sup>

Leon Eisenberg insists that Kanner, in his 1943 paper, “made the rather bold suggestion, for the time, that this was an inborn error of affective contact. Kanner thought—and told me he thought—that the notion that it was inborn, that is congenital, perhaps genetic (but not specified), delayed the acceptance of autism, because those were the days when psychiatry was entirely psychogenic in its orientation, and people were talking about Margaret Mahler’s psychosis well before Kanner’s autism because her condition was psychodynamic”—and that matched the spirit of the times.<sup>107</sup>

How to explain, then, that Mahler states in her memoirs that Kanner gave her fulsome praise and support?<sup>108</sup> Indeed, in his 1972 edition of *Child psychiatry*, Leo Kanner approvingly cites Mahler’s division of child psychosis—“one representing cases of early infantile autism and the other comprising the cases of symbiotic infantile psychosis.”<sup>109</sup> And in the 1973 edition of his book, *Childhood psychosis: Initial studies and new insights*, Kanner writes:

The emotional frigidity in the typical autistic family suggests a dynamic experiential factor in the genesis of the disorder of the child. The mechanization of care and the almost total absence of warmth in child-rearing may be exemplified by the case of Brian. . . . The mother, a psychology graduate student, decided that the children were to be raised “scientifically”—that is, not to be picked up if crying, except on schedule. Furthermore, an effort was made to “keep them from infections” by avoiding human contact.<sup>110</sup>

Kanner goes on to note that psychiatrists generally agree that “emotional deprivation has profound consequences for psychobiological development.”<sup>111</sup> He cites Bowlby and Gesell, among others. It may well be that this chapter is a reworking of a much earlier paper (as suggested by the people he quotes from the 1940s and 1950s). Nevertheless, it is surprising that Kanner allowed these lines to appear in a book under his name as late as 1973.

On the other hand, the picture is considerably more complex than this would suggest. I have found several pieces of evidence in the Johns

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Hopkins archives of Kanner's willingness to condemn very early on (from 1937 onwards) the "abuse" committed by fellow psychiatrists and pediatricians in blaming the parents for the "defects" of their offspring. And he wrote a book in 1941 called *In defense of mothers*, tellingly subtitled: "How to bring up children in spite of the more zealous psychologists." Later, as we shall see in a subsequent chapter, Kanner condemned Bruno Bettelheim's 1967 parent-blaming book, *The empty fortress*, dubbing it "the empty book."

In a 1972 lecture, Kanner declared:

I couldn't quite see all this very fascinating and pathological behavior as emanating from the difficulty of the mother's ability towards relating to the child. . . . The parents finally rebelled against this assumption of guilt, of being made to feel the culprits, and have encouraged further research and got together to help themselves, as well as those who were interested in the topic.<sup>112</sup>

In his interview in Louisville that same year, Kanner could still be heard to say:

[Early infantile autism] is a unique syndrome. You will find a variety of backgrounds, but it is unique and—almost photographically—not identical, but very, very similar. . . . I saw 11 children [in the original 1943 study] and I reported it, and that was that. For the first 10 years afterwards, there wasn't too much of a repercussion, and this gave me a chance to study more of these children as they came along. But in the 1950s, there came a time when people overreacted as they react now to the concept of "minimal brain damage syndrome."<sup>113</sup>

In that same 1972 interview, Kanner recalled his paper he wrote for the International Congress of Psychiatry in Zurich in 1957, entitled "Specificity of early infants." By 1972, he said, "the diagnosis is made much more correctly than in the 1950s, when any child who showed any peculiarity was dubbed 'infantile autism' and they created that terrible noun—oh my gosh, I hate it!—the *autist*."<sup>114</sup>

Kanner always claimed that he was most interested in human beings as individuals. He liked to cite a quotation from a treatise on mineralogy and geology by the German poet, Goethe, whose portrait hung over his desk next to that of Adolf Meyer: "The history of science is science itself, the history of the individual *is* the individual."