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THE PRESENT STATUS OF AN EARLY INFANTILE AUTISM FIRST REPORTED IN JAPAN THIRTY YEARS AGO

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ABSTRACT

This report pertains to a follow-up study of a male autistic patient, the first case of early infatile autism in Japan reported in 1952. He is presently 38 years old, has continued to have the fundamental characterisics of early infantile autism, and gives us the impression that he has become an adult maintaining the traces of infancy. Thus, the initial diagnosis of early infantile autism has been confirmed during 31 years of follow-up. According to the results of many other follow-up studies of autistic children, most patients showed poor outcome. To our regret, the outcome of this patient was also poor. We emphasized in this study that the treatment system must be confirmed immediately and that institutions for poor-outcome patients are required.

Keywords: early infantile autism
follow-up study
outcome

INTRODUCTION

The case was reported by Dr. T. Sumi[1] in 1952 and has been followed-up for the past 31 years. Considering the fact that research on autism has been one of the main subjects for child psychiatry in Japan as well as in the world, this report bears much significance for Japanese child psychiatry and may also attract foreign child psychiatrists as well.

THE CASE PRESENT

Perinatal Period

The patient was a 7-year-old boy at the initial interview, born at full term in February 1945 after a normal course of pregnancy. The delivery was normal and birth weight was 3,200 grams. He had no problem during his perinatal period, but in his early infancy he grew up under poor nutritional conditions during the bombing of World War II. The family has no history of mental illness.

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Infant Period

His physical development was normal and he started to walk at the age of one year and two months. He was able to speak some simple words and had a good memory in learning songs at two years of age. His mother was not aware of his abnormality until he was three years old, although he rarely cried, always played alone and did not call for help from other family members even in situations in which he may have needed it.

At three years of age, he began to bang his head on the table or floor and sometimes to bite others. His speech was mostly monologue and echolalia. At five years of age, he was sent to a kindergarten, but would not play with the other children and persisted in occupying certain places or in following certain orders. Such behavior was referred to as the phenomenon of preservation of sameness.

The child was taken to be seen by a psychiatrist at the Nagoya University Hospital at four years and eleven months and again at five years and eight months, just to receive an unequivocal diagnosis.

School Age Period

The patient was diagnosed as early infantile autism at seven years of age by Dr. Sumi at the Nagoya University Hospital. Dr. Sumi[1] reported this case to the Annual Congress of the Japanese Society of Psychiatry and Neurology in 1952.

The child recieved play therapy intermittently at the Nagoya University Hospital for several years from the time he was seven. He was refused admittance to school by the local educational authorities because of his unusual behavior and, instead, attended a classroom in an institution for the mentally retarded where he learned a few letters and digits. He showed skillfulness in fine finger work such as sewing dust-clothes, embroidering and paper folding. Whenever he rode the street car, he insisted on sitting in the same seat. One day he was badly scolded by an old woman when he sat on her lap because she was occupying his usual "reserved" seat. As a consequence, he reached pubesence without being furnished with obligatory education.

Adolescent Period

After reaching seventeen years of age, he became excitable and often showed panic by jumping, screaming or self-mutilation. He attended a training center for the mentally retarded and, though he was occasionally admitted to a psychiatric hospital for short lengths of time and placed under medication of major tranquilizers, his panic became more severe and frequent. His parents had once thought that they would take care of him in their home all his life, but they had to abandon the idea because of their age. As a consequence, he was admitted to a residential institution for mentally retarded adults in a colony which had just been opened at the time he was twenty-five years of age.

Present Status

The patient is now thirty-eight years old and has the appearance of being mentally retarded. He is always isolated in the institution. He speaks repetitiously and fragmentedly about things which occurred in his early childhood or walks around speaking in monologues; for example, "Father ... is going to Tokyo, ... South East Asia, ... Europe, ..." or "Someone farted." He persists in his ordinary behavior patterns, and sometimes shows panicy excitement for no

noticeable reason. It is necessary, therefore, for the patient to be put under quite strong sedation. When engaging in the simplest occupational tasks in the institution, such as making egg boxes, etc., he sometimes works reluctantly and sometimes obediently. The average efficiency of his work may be estimated as half that of other patients. Although he can understand a little of what people say to him, he expresses his own needs only in single words, not in sentences. Carrying on a conversation with him, therefore, is difficult because of his monologues and/or echolalia. With regard to his intelligence, he can read some letters but cannot understand the meaning of sentences. He can count from 1 to 100 but cannot calculate. His IQ was estimated as somewhere from 21 to 23 by the Binet Test when he was twenty-five years of age.

DISCUSSION

As mentioned above, the patient has the fundamental characteristics of early infantile autism such as autistic isolation, disturbances of language and insistance on sameness, though he has the physiognomic appearance of the mentally retarded. His present status gives us the impression that he has become an adult maintaining the traces of infancy as Kugelmass[2] described his patient: "What the autist is at five, he will be at the age of twenty-five." We can recognize that the autistic disturbances have been maintained from his infancy to this day.

At the time of the initial report in 1952, there was much discussion about the possibility and the need for differentiation from such entities as schizophrenia, organic brain syndroms, mental retardation or psychogenic disorders. He has not, however, shown any delusions or hallucinations, and there were no laboratory findings which indicated or suggested the possibility of organic involvement. Thus, Dr. Sumi's initial diagnosis of early infantile autism was confirmed by these 31 years follow-up.

It should be well recognized, as described by Kanner,[3] that the outstanding, "pathognomonic" fundamental disorder of autism is that the patients cannot relate themselves to people and situations in the ordinary ways. In this case, however, an interesting episode was discovered in the patient's relationship with others. The patient has always isolated himself in the institutions as was described earlier. There have been, however, two exceptions. He spontaneously approached two female patients in the instituion. He called them by their names, touched their faces and tried to kiss them. These have been his only affectionate approaches to others. Though this behavior might be superficial in nature, the reason for these exceptions to his usual behavior has not yet been elucidated.

We have a tendency to put the behavior of the autistic child or adult into a formula of autistic isolation as a carpet rule. This episode, however, may suggest that autistic persons have their own affectionate life and relationship with others. The behavior of autistic people, however, deviates so much from developmental or social standards and appears to be outstandingly not normal. This patient has been committed to residential institutions for the mental retardation because his disturbances include occasional excitable outbursts and he has the fatal disability of not being able to support himself independently. In agreement with Kanner,[4] Rutter et al.[5,6] and others, we must admit the fact that the outcome of most autists is poor, to our regret. Nevertheless, we would stress that the environments in which they are placed, in most instances, are not appropriate or adequately designed for the said disorder.

Research on the prognosis of autism began to appear in the 1950's by Eidsenberg and Kanner,[7] Creak,[8] Brown,[9] Rutter et al.,[5,6] Kanner,[4,10] DeMyer et al.,[11] and Makita,[12] and Wakabayashi et al.[13,14] in Japan. As shown in Tables 1 and 2, most of these studies agreed

Table 1. Overall Outcome

	Case Total	Good	Fair	Poor
Eisenberg (1956)	63	5 %	22 %	73 %
Creak (1963)	100	17		
Mittler et al. (1966)	27	30		70
Rutter et al. (1966)	63	14	25	61
Rutter (1970)	64	17		64
Bettelheim (1968)	30	42.5	37.5	20
Bosch (1970)	20	35		40
Kanner (1971)	11	18	18	45
Kanner et al. (1972)	96	11		
DeMyer et al. (1973)	120	10	16	74
Lotter (1974)	29	14	24	62
Wakabayashi et al. (1975)	34	9	18	62
Wakabayashi (1978)	52	8	15	77
Ishii (1978)	40	17.5	12.5	70
Tamai et al (1979)	31	19	23	58

Table 2. Social Adjustment

	Case Total	Employed	Regular School	Special School	Stay at Home	Long-term Institutionalization
Eisenberg (1956)	63					54 %
Creak (1963)	100	5	17			43
Brown (1963)	128		36	32	6	26
Mitter et al. (1966)	27					74
Rutter et al. (1967)	63	3	5	17	14	44
Rutter (1970)	64	17			14	54
Havelkova (1968)	71		25		54	37
Bettelheim (1968)	40	22.5				
Kanner (1971)	11	18			9	54
DeMyer et al. (1973)	120	0				42
Treffert et al. (1973)	57			23	33	67
Lotter (1974)	29	4		24	7	48
Wakabayashi et al. (1975)	34	7	10		50	23
Wakabayashi (1978)	52	8		12	37	31
Takahashi et al. (1975)	575	1.7	16	56	6	20
Ishii (1978)	40	15			40	30
Tamai et al. (1979)	31	13	6	16	3	35

that 2/3 or 3/4 of the autistic patients had to remain in severely disabled states throughout their lives. Most of them were not able to live independently, and hence, had to remain in institutions. We have to reendorse the notion which says that the outcome for autism in poor as a whole.

Most patients who are called "autism of the first generation" have shown little improvement because they were not given adequate treatment or appropriate education. Comprehensive approaches as are spoken of now were not applied in those days.

Based upon this prognostic report of the first case of early infantile autism in Japan, and on manifold experiences of the subsequent case materials, we want to call the attention of the reader to two points which we want to stress in concluding this report.

First, an adequate, comprehensive, multifacetted therapeutic policy for the said disorder has to be established urgently. That is, an integrated improving scheme from multidimensional standpoints, as from sensory, cognitive, speech and other indispensable points or spheres has to be designed and integrated well with school-educational systems from the very early childhood on.

Second, on the behalf of poorly improving patients who have reached adulthood, provision is desired of institutional settings which are specifically designed for autists to live in for the rest of their lives as rightful human beings, and where they can participate in productive work in as much as their abilities or capacities allow it.

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