

## HISTORICAL NOTES

### JOHN HASLAM ON EARLY INFANTILE AUTISM

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Both Bradley(1) and Goldfarb and Dorsen(2) have compiled extensive bibliographies on childhood schizophrenia. Their reviews suggest that not until the first decade of this century when Raecke, de Sanctis, and Heller reported children with catatonia, dementia praecocissima, and dementia infantilis, respectively, was schizophrenia in childhood unequivocally observed. Bradley cites Friedreich in 1834 and Goldfarb credits Rush in 1812 as the first authors to acknowledge even *psychosis* in childhood.

However, in an 1809 textbook, *Observations on Madness and Melancholy*(3), John Haslam observed a patient who in many ways fitted our current concepts of childhood schizophrenia. Haslam, "apothecary to Bethlehem Hospital" and author of the first clinicopathological description of general paresis, recounted the case of a 5-year-old boy admitted in 1799 to Bethlem Asylum. At 1 the child had a severe case of measles. When he was 2, his mother noted that he was "more lively than usual," and more difficult to control. He did not walk until he was 2½ and did not say a word until he was 4. At the hospital, when separated from his mother, he wept only briefly. He was "constantly in action"; and "in a short time he acquired a striking talent for mimicry."

On physical examination his health was good. Although no evidence of neurologic deficit was mentioned, "he appeared to have very incorrect ideas of distances; he would frequently stretch out his hand to grasp objects considerably beyond his reach." Such an observation comes close to describing what today would be regarded as a defec-

tive awareness of ego boundaries or of body image.

Haslam goes on: "To watch other boys . . . gave him great satisfaction but he never joined them nor did he ever become attached to any one of them." He played in an absorbed, isolated fashion with toy soldiers, "retained several tunes and was able to whistle them very correctly," but he would not be taught to read. "Although he was acquainted with the names of many things and also with expressions which characterize passion, he applied them in an insulated way." Thus, Haslam described "splitting" of affect a century before Bleuler. Finally, Haslam completes his description of the child's autistic behaviour by remarking that the patient never used the first person singular but was "always speaking of himself in the 3rd person."

A postencephalitic syndrome cannot be ruled out, but Haslam's clinical report contains 17 of 30 possible items in Polan and Spencer's(4) check list of early infantile autism—even to the point of presenting the mother as a careful historian. In some respects, John Haslam's case appears to have anticipated more closely the observations of Kanner and Bender than any other report over the intervening 140 years.

#### BIBLIOGRAPHY

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2. Goldfarb, W., and Dorsen, M. M. : Notated Bibliography of Childhood Schizophrenia. New York : Basic Books, 1956.
3. Haslam, J. : Observations on Madness and Melancholy. London : G. Hayden, 1809.
4. Polan, C. G., and Spencer, B. L. : Virginia Med. J., 55 : 198, 1959.

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