HISTORICAL NOTES

JOHN HASLAM ON EARLY INFANTILE AUTISM

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Both Bradley(1) and Goldfarb and Dor- 
sen(2) have compiled extensive bibliogra- 
phies on childhood schizophrenia. Their re-
views suggest that not until the first decade 
of this century when Raecke, de Sanctis, 
and Heller reported children with catatonia, 
dementia praecocissima, and dementia in-
fantalis, 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, Observa-
tions on Madness and Melancholy(3), John 
Haslam observed a patient who in many 
ways fitted our current concepts of child-
hood schizophrenia. Haslam, “apothecary 
to Bethlehem Hospital” and author of the 
first clinicopathological description of gen-
eral paresis, recounted the case of a 5-year-
old boy admitted in 1799 to Bethlem Asyl-
um. 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 
mimickery.”

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 ob-
jects 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 at-
tached to any one of them.” He played in 
an absorbed, isolated fashion with toy sol-
diers, “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 character-
ize 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 him-
self in the 3rd person.”

A postencephalitic syndrome cannot be 
ruled out, but Haslam’s clinical report con-
tains 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 re-
spects, John Haslam’s case appears to have 
anticipated more closely the observations 
of Kanner and Bender than any other repo-
ter over the intervening 140 years.

BIBLIOGRAPHY

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