

LETTERS

A question of language

To the Editor:

As a regular reader of ARRI, I am very concerned about the language used to describe individuals and groups of people with disabilities. Phrases such as "autistic son/daughter" and "autistic children" speak of the disability first, then the person, placing unnecessary emphasis on the disability. If there is a reason for the disability to be referred to, the person should be put first. The above should be rephrased as "son/daughter with autism" and "children with autism"—after all, the disability is only one aspect of a person.

Name withheld at editor's discretion

Editor's reply: ARRI receives several letters each year advocating "politically correct" (PC) language. I have no patience with such twaddle. The writer of the above letter (whose name I have omitted for charitable reasons) identifies herself as a "psychologist." Does she mean to imply, by writing "psychologist," that she is not also (perhaps) a daughter, sister, wife, mother, accomplished musician, tennis player, kind person, etc.? Of course not! Similarly, when I say or write "autistic," I am not, contrary to the belief of our politically correct critics, suggesting that the child is not adorable, tousel-headed, or fun-loving.

Our critic signed her letter "psychologist," not "musician" or "Irish-woman," because "psychologist" was relevant and salient to the purpose of her communication. So with our use of "autistic." No denigration implied, except to those afflicted with PC fervor.

ARRI will not use the PC terminology "child with autism" any more often than we say "person who works for the Police Department in a uniformed capacity" for "policeman," or "person who flies airplanes" for pilot. Our purpose is to communicate clearly and succinctly. The pompous, cumbersome, pretentious, circumlocutious wording advocated by the PC faddists does not serve communication, nor does it truly serve handicapped persons to employ such transparent verbal camouflage (supposedly) on their behalf.

"Food sensitivity," not allergy

To the Editor:

Your comments under the heading, "More on Peptides, Diet" (ARRI 6/1) prompt me to write. I agree with your statement, "We have maintained for over two decades that food allergies are an important cause of autism, and that milk and wheat are in particular likely to cause difficulties." In my own practice during the past two decades, I've seen and/or corresponded with the parents of approximately 20 children who have found that their children's autism was diet-related.

However, I'd like to comment on the term "allergy." Most of my colleagues in the American Academy of Allergy and Immunology and the American College of Allergy and Immunology say in effect, "You cannot label a reaction 'allergic' unless it is due to an antigen-antibody reaction. And such reactions can usually be identified by the common allergy scratch tests, the RAST test or blood tests. And it is our opinion that food allergy rarely, if ever, causes autism, hyperactivity and/or other nervous system reactions in children."

If that definition of allergy is used, food "allergy" rarely causes nervous system reactions in children. But a handful of allergists, including William T. Knicker, Professor of Pediatrics and Immunology at the University of Texas, San Antonio, suggest that the term "food sensitivity" be used to describe these food-related reactions (which in my experience occur commonly).

Although laboratory tests can provide clues to the foods which may be causing adverse reactions, the elimination/challenge remains "the gold standard" for identifying food offenders.

Readers of the ARRI who would like a two-page summary of the diet that I use plus other information on the relationship of food sensitivities to hyperactivity and behavior and learning problems can obtain it by sending an SASE to International Health Foundation, Box 3494H, Jackson, TN 38303. A donation of \$2.00 to cover handling costs would be appreciated.

William G. Crook, M.D.
Jackson, TN

Editor's Note: Dr. Crook is a great person, friend and physician. Several of his excellent books are on the ARI publication list. Highly recommended!

Sensory stimulation effective

To the Editor:

I only recently subscribed to the ARRI and want to react to an early article (ARRI 5/4) about a six-year-old boy taught not to smear feces through the use of BMR (brief movement restriction) whenever the behavior occurred.

My (at that time) five-year-old daughter also used to smear feces several times daily and on top of that used to eat inedible things whenever she had the chance. Treatment was simple and very effective: twice a day she was given the four tastes (sweet, salt, sour, bitter) in a very concentrated form and also twice a day she was given several strong smells, such as concentrated aromas and perfume, not things that could irritate the mucous membrane of the nose.

After about four months the unwanted behavior had disappeared completely. She has had occasional setbacks, but responded positively immediately when the exercises for taste and smell were picked up again. She is almost nine years old now and has developed (as far as I can tell) normal taste and smell, discriminates normally between different kinds of food, has her preferences and comes to me to smell my perfume.

Paula van Dam
The Netherlands

Vaccination caution

To the Editor:

The National Vaccine Information Center, Dissatisfied Parents Together (NVIC/DPT), a national, non-profit organization concerned about vaccine safety, would like to offer information for anyone concerned about childhood vaccines.

As of April 15, 1992, doctors and health care professionals are required by law to provide educational brochures to parents on disease, vaccines, and identifying and reporting serious reactions. These brochures should be read prior to the vaccination appointment so parents can prepare questions. If a parent has additional questions, the most complete source of information on warnings, reactions, and vaccine schedules (which vaccines should be given when and in what combinations) is the package insert for each vaccine. The same information is available in the Physician's Desk Reference, available in libraries, doctors' offices, and pharmacies.

For further information, write NVIC/DPT, 204-F Mill St., Vienna, VA 22180, or call 703-938-DPT3 (fax 703-594-3847).

Ann Millan
Director, NVIC/DPT

Editor's Note: We have received numerous reports over the years from parents whose children had a sudden onset of autistic symptoms, often with seizures, following vaccinations.

Congress has established a fund for children killed or injured by vaccines, but NVIC/DPT informs us that this fund is out of money and families are not being compensated. They ask interested individuals to write their Congressmen and ask for adequate funding of claims settled under the National Childhood Vaccine Injury Act, PL 99-660.

DMG

To the Editor:

Desperate to try something to help my [two-year-old autistic] son, I went to the health food store and bought DMG. I started him on one tablet a day and I immediately noticed an increased desire to talk. Before DMG, my son's speech was basically limited to the names of characters in his favorite videos. Within a few days he started to use some meaningful speech—asking for "juice," "cookie," "open." Further, we saw an increase in eye contact and cooperation.

Besides DMG, the only treatment my son has received has been attendance at a two-hour, once-a-week early intervention class (total of three classes so far). At the second class the speech therapist who had originally thought my son's behavior was too poor for him to benefit from individual speech therapy, said she had changed her mind. At our third class the physical therapist said to me that she had seen the whole spectrum of autistic children from the least to the highest functioning, and that she was surprised by the progress that my son had made in such a short time. I believe that the DMG is responsible for this improvement.

Maureen Monihan
Belleville, NJ

Send SASE to ARI for DMG information.