

LETTERS TO THE EDITOR

Diagnosing autism in infants?

To the Editor:

[Re your article on research by Philip Teitelbaum and colleagues, ARRI 13/1]: The authors reported a retrospective study using videotapes of infants later diagnosed as autistic. They found abnormal movement patterns in some, which they speculate may be pathognomic for autism, and suggest that these movement abnormalities could have value for diagnosis and early intervention.

During my 25 years of experience with autistic children and adolescents I have noted that many also have mild to moderate cerebral palsy. This is almost always overlooked and seldom mentioned in case studies. It is very possible that Teitelbaum et al. were seeing the early manifestations of mild cerebral palsy or other movement disorders which may co-exist with autism. The mild manifestations of movement disorder or delay which they describe may well occur, indeed certainly do occur, in infants who later are diagnosed as having cerebral palsy, mental retardation, ADHD, etc....

I would not deny that many autistic children have movement disorders, but I do not believe that the observations of Teitelbaum et al. have diagnostic value for autism. They simply signify an important facet of developmental delay which should be remediated as much as possible, whether the child is later found to be autistic or not.

Lorna Jean King, OTR/L, FAOTA
 Founder, Center for
 Neurodevelopmental Studies
 Glendale, Arizona

DMG

To the Editor:

I will always be especially thankful to you for suggesting several years ago that we try giving DMG to my grandson to help facilitate speech.

I was certain that he possessed receptive language skills and understood spoken language, but that his efforts to respond orally came out "scrambled." At the time, he was learning manual sign language used by deaf and hearing impaired children.

I remember well the evening of his third day on DMG. He was with me watching television, and had just finished drinking a cup of juice. He had handed me empty cup and I was trying to decide where to put it, when he pointed to the small table next to him and said, quite clearly, "Put it there." I was absolutely stunned—and filled with joy beyond

description. I went quickly to the kitchen where I told my wife and our daughter (his mother) what had just happened. Needless to say, they were not convinced, and there was no repeat of this miracle in their presence.

A few days later, however, in my daughter's home, their doubt, too, was removed. I was not present, but they both tell how they were seated at the supper table when my grandson got up from his place and went to my wife. "I'll be right back," he said to her, then went to his mother and repeated, "I'll be right back," and then left the room.

Since then, my grandson has received [many other therapies]. Today, his language skills are very well developed and he is a very bright and pleasant boy. I cannot prove scientifically that the DMG was solely responsible for unlocking his ability to speak. But for those who have not tried DMG, I can only repeat what you told me: "It can do no harm, and may prove helpful."

Rev. Peter J. Reynierse
 Bethesda, MD

Ear wax and speech problems

To the Editor:

In my research on hearing and autism over the past 10 years, I have encountered many autistic children with impacted wax in their ears. Excess ear wax can cause hearing loss and lead to auditory processing problems, especially in speech perception. Parents of children with this problem often state that pediatricians had recently checked their children's ears and had given a clean bill of health.

Excessive ear wax is often a result of an allergy, and many autistic children are prone to allergies. It is important for pediatricians to take the extra time needed to ensure that autistic children's ears are free from excessive wax.

Stephen M. Edelson
 Center for the Study of Autism
 Salem, Oregon

Donna Williams CD

ARRI readers who are familiar with my book *Nobody Nowhere* and my other works will want to know that a film biography of me is to be produced by a top Hollywood studio, and that a CD of my music, "Nobody Nowhere," "Sometimes," "Beyond the When," and "Moving On," is now available at www.arcare.com.

Donna Williams
 London, England

MMR vaccine suit

To the Editor:

Parents who feel that the MMR vaccine played a role in their children's autism are invited to contact me. My 13-year-old autistic son has high measles titers due to the MMR vaccine. I have collected names, addresses, and phone numbers of at least 75 families who want to be involved in an MMR class action lawsuit against the vaccine manufacturers. The law firm we have lined up says we need at least 100 families. There will be no cost to the parents since the law firm is doing it on a percentage basis.

If interested, please call or write me:

Ray Gallup
 45 Iroquois Avenue
 Lake Hiawatha, NJ 07034
 phone: 973-299-9162
 email: truegrit@gti.net

Ray Gallup

Important notice to mothers: If you have received an MMR after the age of 16, please contact TLAutStudy@aol.com or Box 770, West Falmouth, MA 02574-0770 for details.

Menstrual care/sexuality

We recently received a response to the query we published requesting advice on dealing with problems related to menstrual care and sexuality in autistic females. The reader suggests that parents consider Depo-Provera, a birth control injection administered every three months. According to the reader, Depo-Provera virtually eliminates menstrual periods, as well as PMS symptoms. Several cautions, however: Depo-Provera can cause headaches, nervousness, abdominal pain, dizziness, and fatigue. In addition, there is controversy over whether or not the drug increases the risk of breast cancer and osteoporosis.

FARMSTEAD PLANNED

A group of parents is working to develop a program for autistic adults based on the farmstead model in North Dakota and Minnesota (and similar to Bittersweet Farms in Ohio). Anyone who is interested in more information can contact Joan Frissell at 1101 South 14 Street, Fargo, ND 58103, telephone 701-232-6160.

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