communication

march 1967

The Society for Autistic Children

100 Wise Lane, Mill Hill, London, NW7

THE NATIONAL SOCIETY FOR AUTISTIC CHILDREN

is registered in accordance with the National Assistance Act 1948 and as a Charity under the Charities Act 1960.

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Editors: Marion Davies, [redacted]

N.B. No advertisements can be accepted for schools, drugs or any other kind of therapy.

THE MAIN AIMS:

A. To provide and promote day and residential centres for the care and education of autistic children.

B. To help parents; particularly by arranging meetings between them where they can exchange information.

C. To encourage research into the problems of these children.

D. To stimulate more understanding among the lay and medical public of these children's problems; and to tell them what can - and must - be done to help the children lead normal lives.

Apart from the usual contents, Communication will also carry readers' letters, small ads. and other similar items. It is hoped that the new magazine will be partially self-supporting, as we will be selling advertising space. Will any subscribers knowing of a market for this type of advertising, please contact the Editors at the earliest possible date.

Cost of advertising space:- £12 - per full page
£7 - per half page
£40 - per full page per annum (4 issues)
£24 - per half page per annum (4 issues)

Cost of small ads. 3d. per word (P.O. enclosed, please).

The Editors reserve the right to select and condense letters. We appeal to readers to keep their submissions brief.

1. WHAT DO PARENTS WANT ?

The four aims of this Society are listed at the beginning of this Magazine and after five years of life, we can feel that we have moved some way towards fulfilling them. But progress has not been uniform and so far as helping parents especially by providing opportunities for them to meet each other, there is much less cause for satisfaction.

Since Childhood Autism is a comparatively uncommon condition, our local branches cover wide areas and people are naturally disinclined to travel long distances to attend meetings. Parents also withdraw from Society activities for reasons which are not always clear and it is important to know what they want. It is not really the function of our small hard-worked office to create and organise the social side of the Society's activities. The office is responsible for running a vital information and advisory service, and they also deal with a great many enquiries from people with problems quite unconnected with autism. So we must find out how the National Committee, Local Committees and Area Organisers should develop parent involvement, and retain their interest.

There is this gap in the service provided by the Society and it must be filled. If you have any ideas on how to give the parents a feeling of belonging to a group and thus breaking down their isolation, please send your comments and suggestions to the Editor.

These are some of the questions which you can help to answer. Why do parents join the Society? Why do parents leave? How often do parents want to meet? In what sort of setting? With or without children? With or without professional participation?

Parents of over school-age autistic children will be interested to read item II of this Magazine which gives a helpful suggestion as to how parent members of the Society can work together to help their children.

2. SOME OBSERVATIONS OF A TEACHER OF THE DEAF ON THE EDUCATIONAL TREATMENT OF AUTISTIC CHILDREN.

In my capacity as a teacher of the deaf I have been for many years interested in other disorders of communication among children. Through the generosity of The Nuffield Foundation Trust I have been able to spend a year at The University of London studying the problems of education of communication in handicapped children. Being indebted to The Society for Autistic Children for the facilities and help they have given me in pursuing my studies, I thought these observations might stimulate further thought and studies of the problems of communication handicapped children and education.

Firstly I would suggest that autistic children have much in common with the deaf. They lack speech and language skills in many cases and all have severe problems of communication. In fact there are among all groups of deaf children those who show signs of autism. We are aware that this is also true among blind children, and we need to take into account the devastating effects of inability to communicate on a growing child's development. The cause of the autistic behaviour may be different but the resulting disordered life is much the same.

Among autistic children I have noted some who appear to have problems sometimes found among the hearing handicapped, that is, problems of recruitment, or hearing some sounds at a greater intensity than other people appear to hear them. With the hearing handicapped this causes problems which interfere with the use of a hearing aid, with autistic children I think we will find that it causes great distress at times when the sound level of a room is raised beyond their ability to tolerate it. I expect other teachers have noticed the child who covers his ears when listening to music, and can sit there and enjoy the music while he is allowed to modify the sound, but who is distressed when he is made to remove his hands. There is also the child who will suddenly cry out and press his hands against his ears, showing signs of acute distress at a high pitched sound suddenly coming into his field of hearing. This is particularly noticeable with very young autistic children, who have not yet found a way of excluding or modifying the sounds, and who may experience pain at these times.

A child who is not speaking is naturally at first presumed to have a hearing loss, and is therefore at risk. If tested with pure tone audiometry, it is my experience that an autistic child can appear very deaf, in fact just too deaf to be true, is how I would describe it. Yet the same child will respond to meaningful sounds quite adequately. He will also probably respond with body movements to music played at all frequencies and intensities. I wonder if perhaps these children do not really hear the pure tones, or just do not perceive them, this would make an interesting area for further study, as I believe is being done by other workers like Dr.Kevin Murphy.

Many of the techniques of teaching deaf children speech and language, are useful when teaching some autistic children and are worth a trial with all communication handicapped children. I have found the use of a large wall mirror of particular value, as it enables the child to see himself as a whole body, and to see his teacher at the same time. One of our problems is this of body image and we try to help the child see himself as a unity instead of parts. Imitation of lip, jaw, and tongue movements are easily demonstrated and imitated in front of the mirror, breath is easy to demonstrate too,

misting the mirror is helpful to encourage good deep breathing. I find too that some autistic children may use the mirror to observe what is happening in the room and particularly what other children are doing, and will sometimes imitate them from this safe distance before venturing out to join them. Any interest in other children and their movements is worth encouraging in this way.

Another technique I have found useful is the demonstration by tactile experience of the vibrations of the voice in speech. If this is also extended to the teacher using stroking movements on the child's throat, jaw and the nape of the neck, it is often possible to help a tense child relax quite a lot before being helped to imitate speech. In much the same way slack muscles can be given tone by manipulation ensuring their use.

Breathing exercises are essential if good speech patterns are to be acquired and besides helping speech deep breathing can help a disturbed child obtain control over his body and also help him to feel the unity of the whole body, which may seem to some of these children to be just parts of a jigsaw puzzle. To feel the breath of others, to see the power of breath when blowing a ping pong ball or a balloon helps such children to a new awareness of self and can be very helpful.

Training in speech should begin at the place where the child has become stranded in his development. If he is able to utter sounds then these sounds should form the foundation on to which his speech training is built, by relating them to meaningful objects and gradually refining them into words and language. The acquisition of a vocabulary of limited extend, consisting of well articulated but meaningless words, is of little use to any child, whether he be deaf, or autistic, it is far better to aim at a wider vocabulary of less perfectly articulated words that mean something in the daily life experiences of the child, and that will lend themselves to further correction and refinement later on when the child has had the experience of enjoying speaking and the response it gets him from his fellows.

If a child has no speech then we need to go back and study the development of speech from earliest infancy and take the child through all the stages he has missed, babbling, cooing, echoing, until speech begins to develop, bearing in mind always that we are aiming at a tool of effective communication rather than perfection of articulation. Some children are stranded at the echolalic stage of speech development and need training in using speech in a meaningful way. Conditioning in the use of questions and answers, the withholding of desired objects until some meaningful sound is elicited, constant reinforcing of objects with words, actions with words, until the child can use them.

Each child will have different needs while having the same type of problems, because here with autistic children, even more than with the deaf, each child needs an individual approach to his problems, based on his basic needs. For some autistic children I think Speech has such a magic quality about it that they dare not use it. For some reason they are terrified to speak, for others some words have the same kind of magical significance, and they show apprehension to a marked degree when they are spoken, and this inhibits their own ability to speak. This means that the teacher of such children will need to note these words, and this kind of problem, and seek help in finding the cause of, and remedy likely to help the child.

As with the deaf, the use of the printed word, printing or writing, and I suggest writing, as it has a unity and flow that seems helpful for autistic children to imitate, is a very necessary aid to all speech work, to reinforce the spoken word, and to give visual clues to help faulty perception. Reading for meaning rather than for language, seems of greatest value to children who have problems of communication and reading matter that gives information in a direct and simple way without undue wordiness is of real value as a link in communication.

I have said nothing about those children, and try as we may, there will always be a few, who cannot speak. We cannot leave these children stranded without communication, existing on the fringe of humanity because they cannot be part of it, we must search for other means of communication for them, whether it be the manual alphabet of the deaf, a sign language, or simple gestures, somehow we must try to find for each child who needs it a way to communicate with others even if it is only the family and school.

3. DISABILITY - THE COST TO THE FAMILY.

The presence of a disabled person in any family immediately and inevitably imposes all kinds of difficulties. In terms of stress and strain the cost cannot be measured, but in material terms one can at least acknowledge that there are bound to be additional expenses and extra money to be found whether it is required for extra nourishment, special equipment, extra nursing or domestic help, or any other form of assistance.

The difficulties will exist regardless of the circumstances in which the disabled person is found, be it a wealthy, middle income or poor home. The essential difference is that when the disability affects a member of an impoverished family, the problems are greatly increased by the lack of money to provide the extra requirements. Perhaps there is a widowed mother who has to go out to work and has to obtain domestic assistance to care for the disabled person - or it may be a husband whose wife is too disabled to care for her home and

children, and the addition of a sick child increases the burden and the necessity for extra help. All these things cost money, but unlike the State provision of Family Allowances, Maternity Grants and benefits, there are no payments for disabled children or adults, unless, as in the case of adults, the disability was incurred through industrial injury or illness which has occurred since 1948. But what of the disabilities which are not caused industrially, and in some instances are congenital? The present provision are far from adequate. There are, of course, welfare services of all kinds provided by voluntary and statutory bodies, and there are supplementary payments under the Social Security system, but these certainly do not cover many of the difficulties and contingencies which may, and do, arise. Is it too much to expect the State to provide a realistic and permanent pension to assist a family which is trying to cope with such an added responsibility, so that it may in some measure mitigate the economic worry which already exists?

A great deal of research has been, and is being done into the problems associated with autistic children, and whilst facilities are available in some areas for dealing with some of these problems (i.e. provision by education authorities, or payment by them for alternative educational techniques), there are still many instances where parents are involved in extra expense. These instances could include such things as having to seek private general medical or dental care when the behaviour of the child makes it too difficult for him to attend crowded busy clinics, or it may be necessary to renew or replace clothing or furnishings damaged or destroyed by the child in early years. Also, the educational problem arises when there is no school in the area with provision of the special facilities for dealing with autistic children, and home teaching or an alternative is necessary.

Parents of children with chronic physical or mental handicaps are subjected to particular stresses and strains, and it is essential, in their own interests and in the interests of the child who is dependent on them, that they should have some occasional relief, such as having an evening out or a short holiday. In these instances they may require the services of a paid child minder or other suitable person. All these circumstances will involve extra spending.

It is this kind of unforeseen financial strain which the Disablement Income Group have in mind in their efforts to obtain a National Disability Pension for all disabled persons of all ages, and for which they are making a very determined approach to Members of Parliament, the Minister of Pensions and other organisations in support of their claim. The Disablement Income Group was formed in May 1965, and has received overwhelming support following much publicity in the National and local Press, and on radio and television. It is a charitable organisation, and the main object of its constitution is to seek:-

"For the provision by the State of a modest basic income, with special supplementary allowances for all disabled persons, ordinarily resident in the United Kingdom, whatever the cause of the disablement and irrespective of previous National Insurance contributions."

"Disablement is definable as a medically ascertained defect, mental or physical, causing long-term reduction in working capacity. The provision of a supplementary allowance should be based upon:-

1. The degree of disablement in respect of usual occupation, after all possible efforts at rehabilitation, and
2. The number of dependants."

A number of branches of the Group have already been formed in various parts of the country, and other groups are being organised. The first Annual General Meeting of the organisation, held in September this year was a great success, and it was obvious to all who were present that there is much support for the claim of a National Disability pension.

The assurance of a permanent pension in respect of a disabled child would undoubtedly relieve some of the tension imposed on parents who are continually harassed by financial difficulties, and would thereby contribute to a more congenial and good home environment which is so essential for the benefit and well-being of every child, and perhaps more so when there is a serious disability of the child.

People who have been autistic as children are likely to remain dependent on their parents for the general management of their lives, they may not have any earning capacity at all, or this may be very limited, and they will not be able to support themselves in the same way as other young adults do. It follows that a limited working capacity (whether it is due to physical, psychological, or mental causes) must bring a limited return in income. Is it right that disabled persons should be penalised in this way? The Disablement Income Group feels that it is not right, and that all disabled persons, including children, should be entitled to an allowance which will more satisfactorily ease the burden imposed by the disability.

With continuing research, and as more information comes to light perhaps more funds will be available to deal with the situation. However, the extra strains on family life will still remain and will not easily be solved. One can only hope that every effort will be made by appropriate organisations and departments towards alleviation of the difficulties. In

some countries, i.e. Norway, Sweden, Australia and others, pensions for the disabled are already being provided. It is surely not too soon for Britain to come into line with this policy, and it is the aim of the Disablement Income Group to pursue the matter until all the deserving members of the community come under the "umbrella" of suitable welfare provision.

The Group welcomes any enquiries regarding their activities, and information can be obtained from their office at Rellen House, Busbridge Lane, Godalming, Surrey. [redacted]

4. AN AUTISTIC CHILD IN THE FAMILY.

Living with an autistic child means dealing with a series of problems, many of which are quite different from those faced by parents of normal children. It is hard to find expert advice on what to do as each situation arises. In this Magazine we hope to publish short articles dealing with some of the difficulties which nearly all families with an autistic child will meet at some time or other.

No.1. General Medical and Dental Care.

Helping an autistic child to accept treatment.

Most autistic children, unless they have physical handicaps as well as behaviour difficulties, tend to be fairly healthy - that is, they do not need much in the way of urgent medical care. Parents mostly hope for the best and try not to think about what will happen if and when a medical examination becomes necessary. Very often dental care is dealt with in the same way - that is avoiding a visit until forced to attend because of an aching tooth or an abscess. The idea of routine 6-monthly inspections which are the ideal, seems to present overwhelming problems, especially in the early years when an autistic child is hardest to handle.

The choice is not necessarily between laissez-faire on the one hand and painful scenes on the other.

An autistic child reacts with fear and rage to situations which are strange to him and which he cannot understand. In this he is no different from a normal child. The autistic child's trouble is that practically all situations outside his home and school are strange to him because of his difficulty in understanding and using language. A normal child can be reassured by explanations, can ask questions and can discuss his experiences with his parents. Most autistic children cannot verbally rehearse a new event in advance because they do not have the words to do so.

However, it is possible, without using words, to help a child to become familiar with medical and dental routines before these become an urgent necessity. You can, very gradually teach him to open his mouth when asked, allow his teeth to be touched, accept a stethoscope on his chest, a light shining in his eyes and so on by practical demonstration. This sort of thing can easily be turned into a game played by parents and child - brothers and sisters can help as well. It needs patience and perseverance and it is most important not to attempt more than one very small thing at a time. Some autistic children may enjoy playing the game in reverse - looking at Mummy's teeth or shining a torch in Daddy's eyes and this is to be encouraged (within limits of the safety of the parents that is!)

It is fairly easy to make substitutes for simple medical and dental equipment. A sympathetic dentist may suggest where a dental mirror can be obtained. An autistic child who has learnt to look in a mirror may be very amused by the dental version when he realises what it is for. Some toy shops sell toy "doctors' outfits" which may be useful for the game.

Use few or no words at all at first. When your child begins to co-operate, link what he is doing with the words your doctor or dentist may use, e.g. "open your mouth please" or "let me see your tongue" and so on. Be careful not to confuse your child with too complicated sentences.

Naturally even a well prepared child will be apprehensive when the real situation arrives. If possible, it is a good plan to arrange visits when nothing is done at all, but the child can become familiar with the doctor and the dentist and the rooms they work in. Unhappily, the pressures on the Health Services make this sort of leisurely introduction difficult to organise, but there is no doubt of the value of this "gradual" method.

Remember

1. Begin in a very small way and advance in extremely small steps.
2. Encourage the child by praise and lots of cuddling or whatever you know will please him.
3. In this way keep the sessions on the level of a throughly enjoyable game.
4. Short daily sessions are much more use than a long session once a week.
5. Always stop before the child becomes bored or annoyed.
6. It will take a long time. The younger the child and the less language he has, the longer it will take.
7. Let your doctor and your dentist know that you are trying to help them - they may have some useful suggestions for planning a scheme suited to your own child's medical and dental needs.
8. The earlier you start to teach your child the better - but it is never too late to begin.

5. A SUMMARY OF "A STUDY OF TRYPTOPHAN METABOLISM IN PSYCHOTIC CHILDREN" BY A.F.HEELEY AND G.E.ROBERTS IN DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY, 1966, 8, 708-718.

Tryptophan is an amino-acid which is found in the diet and is present in most cells of the body. It is important in several aspects of the body's chemistry. The authors of this paper investigated the metabolism of tryptophan in nineteen psychotic (mostly autistic) children. By special tests they found first of all that some of these children excreted unusual amounts of some of the breakdown products of tryptophan in their urine; pointing to a possible metabolic block in metabolising tryptophan. When the children were given a "loading" dose of tryptophan by mouth and their excretion in the urine of certain breakdown products was studied, it was found that the children fell into two quite clear groups of approximately equal size:-

The first group had a relatively high ratio of hydroxykynurenine (HK. for short) to hydroxyanthanilic acid (HA. for short) in their urine. It was noticed that, with the exception of one atypical child who may have had true schizophrenia rather than autism, the group of children with the high HK/HA ratio correlated with the group where autism was of very early onset - i.e. from birth; the second group of children who had a normal HK/HA ratio - found also in the control group of non-autistic children - became autistic at a slightly later age - about one or two years.

These results are of interest because there is a correspondence between the biochemical division into two clear cut groups - the children with an apparent metabolic "block" and therefore a high HK/HA ratio - these children having very early onset of autism; and the second group with a later onset, with no biochemical abnormality.

The enzyme concerned in the metabolism of tryptophan at the point at which the apparent block occurs is called kynureninase; and this enzyme is known to be dependent on a vitamin called pyridoxine. The authors of the article therefore treated four of the children who had the "block" with abnormal HK/HA ratios by giving them 30 mgms. pyridoxine by mouth each day; and when they then repeated the tryptophan load test after a week they found that their HK/HA ratios had become normal. There was no evidence that any of the children were having diets which were deficient in pyridoxine; but an extra large dose of this vitamin appeared to enable some members of the affected group who were tested to overcome their apparent block which gave rise to the abnormal HK/HA ratio.

The authors suggest that it is possible that the defect they have shown in the tryptophan load test in some autistic children reflects a lessened availability of pyridoxine for some more essential and less easily detectable reaction in the metabolism of the brain.

A similar abnormality in tryptophan metabolism has been shown by these authors to occur in some children with mental retardation; including phenylketonuria.

The authors do not mention the use of pyridoxine for treating these children; though there was a recent newspaper report in The Observer 23.10.1966 by Jeremy Noakes headed "Autism", stressing that at least one child had benefited from prolonged pyridoxine treatment. However, as the authors point out, even in the group of early onset autistic children; the vital biochemical "block" has not yet been identified and they are only measuring - in all likelihood - an indirect effect of it.

Notes.

1. Dr. Heeley has recently been working in Canada - address - Department of Biochemistry, Allan Memorial Institute of Psychiatry, 1025 Pine Avenue West, Montreal 2, P.Q.Canada.
   Dr. Roberts is continuing this research actively at the Ida Darwin Hospital, Fulbourn, Cambridge.

2. An expert's reply to a question about abnormal tryptophan metabolism "Has abnormal tryptophan metabolism any aetiological role in infantile autism, and has pyridoxine therapy any beneficial effect?

   The expert says: "Oral administration of pyridoxine puts the abnormality (of response to tryptophan loading) right, but appears to have little effect on the clinical condition. Nevertheless, treatment would not be expected to be effective unless the diagnosis were made early, and in at least one such case a good result seems to have been obtained. There is sometimes a marked tendency towards improvement, particularly in less severely affected children, without vitamin therapy, and no specific effect can yet be claimed. No short-term side-effects are likely from pyridoxine administration but the side-effects of long-term treatment on small children are unknown."

6. THE "EDISON RESPONSIVE ENVIRONMENT" TEACHING MACHINE - FORMATION OF RESEARCH COMMITTEE.

Many readers will have heard of the versatile, complex (and expensive) teaching machine known as the Edison Responsive Environment (E.R.E.) or, more graphically, as the Talking Typewriter. This machine was developed in America by Dr. O.K.Moore. It has been used to teach backward children and illiterate adults to read and it has also been used to teach a very few autistic children. Improvements in social behaviour have been described, but the numbers of children involved have been so small that no firm conclusions can be drawn.

One of these machines is now in this country under the auspices of Rank R.E.C. Ltd. who have set up a Research Committee in association with the N.S.M.H.C. The National Society for Autistic Children is represented by Dr. Neil O'Connor, who is actively concerned with research both in the fields of autism and of learning processes.

Reports on any future developments will appear in the Magazine.

7. REVIEW OF "TYPES OF LINGUISTIC DISABILITY IN PSYCHOTIC CHILDREN (J. Ment. Def. Res., Vol.10, pp 230-240). by Virginia K. Tubbs (Medical Research Council, Institute of Psychiatry, Maudsley Hospital, London, S.E.5.).

The author of this paper tested the language abilities of three groups of children - a normal group, a severely subnormal group and a group of psychotic (autistic) children. There were ten children in each group, and the groups were matched for mental age (average 4 years 5 months, using the Peabody Picture Vocabulary Test). The actual chronological ages of the children were very different in the three groups; the average of the normal group being 4 years 1 month, the psychotic group 10 years 9 months and the severely subnormal group 13 years 3 months.

The children were given the "Illinois Test of Psycholinguistic Abilities" which examines various aspects of the understanding and use of speech and the handling of visual and motor symbols.

Although the children were matched for mental age, on a test involving the use of words, the I.T.P.A. revealed significant differences between the normal and severely subnormal children on the one hand and the psychotic children on the other hand. The latter were significantly worse than the former two groups on the following kinds of tests:-

a) Answering questions about the meanings of words (auditory decoding).
b) Tests of analogies, e.g. Soup is hot; ice cream is ...(auditory-vocal associations).

c) Ability to express ideas in words, e.g. to describe a given object such as a ball (vocal encoding).
d) Ability to demonstrate the use of objects, e.g. a hammer (motor encoding).
e) Ability to use simple "automatic" grammar, e.g. to complete the phrase "Here is one hat. Here are two..." (auditory - vocal automatic)
f) Ability to replace a series of picture cards in a given order (Visual - motor sequential).

The psychotic children were, however, no different from the other two groups on the following tests:-

a) Matching pictures of the same objects (visual decoding)
b) Ability to pair up pictures of objects which go together, e.g. picking out a picture of a shoe and a sock from among a group of assorted pictures (visual-motor association).
c) Ability to repeat a sequence of up to seven numbers (vocal sequential).

The normal and severely subnormal children were not significantly different from each other, although the normal children were best at answering questions on word meanings while the subnormals were best on visual memory, and in demonstrating the use of objects.

The psychotic children were poorer in understanding and using speech than the other two groups, but the difference was not just a question of functioning on a similar but lower level. Some aspects of language and comprehension were badly affected while others were relatively normal.

It seems that psychotic children are able to recognise and make meaningful associations to objects that they see, but are handicapped in understanding and using spoken words. Their memory for words and ability to repeat them is good. The problem arises when they have to find words and ideas for themselves, rather than using material presented by other people. They also have difficulty in linking up one sensory channel with another - for example it is hard for them to respond in words to something which they see (cross-modal coding).

Dr. L. Wing.

Editor's Note.

These results are of interest since they cannot be explained away by saying that the autistic children performed badly because they refused to co-operate. If this were so the results would have been uniformly bad, whereas the author showed that they varied markedly depending on the nature of the test.

8. ANNOUNCEMENTS.

(a) Autistic Children - A Day-Release Course organised jointly by The National Association for Mental Health and The National Society for

Autistic Children, to be held at [redacted]
on 8 Wednesdays from 10th May to 28th June, 1967.

This Day-Release Course (which is the first of its kind) is designed to bring together teachers and other professional workers in London and the Home Counties who are particularly concerned with the education of autistic children.

The emphasis of the Course will be on the practical problems associated with this handicap, and it is intended that, in addition to lectures and visits of observation, there will be ample opportunity for discussion at each session.

Subjects will include: the Nature of Autism; Recent Developments on specialised Teaching Techniques; Psychological Investigation and Assessment; Experimental Studies; Problems of Residential Care; Parents - Problems and Counselling.

Lecturers will include Dr. Mildred Creak, Mr. P. Mittler, Mr. B.Perloff, Dr. N. O'Connor, Dr. M. Rutter and Dr. L. Wing. The course will be under the direction of a full-time Tutor, Miss G.Clark, H.M.I., Department of Education and Science.

Visits will be arranged to various Teaching Units (including the Ealing School) and Residential Centres. Please note travelling expenses are not included in the Course fee but are unlikely to exceed £2.

The fee for the Course will be £10.10.0. including a registration fee of £1. which is non-returnable.

Application forms may be obtained from:
The Registrar of Short Courses,
National Association for Mental Health,
Training and Education Department,
17 Portland Place, London, W.1.
and should be returned not later than Monday, 10th April, 1967

(b) Display Photographs.

The National Society has purchased three sets of six large display photographs, (18" x 24"), which are mounted on heavy cardboard. These are excellent photographs of the children at the Society School and can be used in a variety of ways - in shop windows, at stalls organised for the Society etc. They are expensive, but handled with care, and properly packed should last a long time.

When being used for National fund-raising purposes, the photographs will

be available free of charge, and the Society will bear the cost of postage. When being used for local fund-raising purposes they will cost 10/-. per week rental plus postage. Members wishing to use these photographs should apply to:

[redacted]

(c) Society Badges

These badges, half-penny size with the puzzle piece in red on a silver ground, and carrying the Society's name are now available, price 3/-. (postage free for small orders, large orders please include cost of postage).

Orders to: [redacted]

(d) Society Pens

Blue/black biro pens, engraved with our name in silver, are now on sale, price 1/6d.

Available from: [redacted]

(e) Leaflets from Ministry of Social Security.

All parent members will receive with this Magazine a leaflet giving information about supplementary allowances for handicapped people, which can be claimed on behalf of their children when the 16th birthday is reached.

A leaflet is also available from this office, or from the offices of the Ministry of Social Security concerning supplementary allowances for women (with dependent children) who are living apart from their husbands, or have no husband, and are not in full-time work.

(f) Nearly New Shop

In conjunction with the Ealing Society for Mentally Handicapped Children it is hoped to open a Nearly New shop in the Ealing Area in spring or early summer. We need any good second hand shoes, clothing, toys, jewellery, household linens etc. that members could collect for us. We also need volunteers to help staff the shop. Even the offer of just an hour or two would be appreciated. Will anyone who can help with goods

or time please contact:-

[redacted]

[redacted]

(g) Trading Stamps

Thanks to the ever increasing number of members who contribute trading stamps so generously, we will shortly be obtaining another £40 worth of Equipment. There was a wonderful response to the appeal in the last Newsletter - PLEASE KEEP UP THE GOOD WORK.

[redacted]

(h) School Parents Association

The Society's School Parents' Association organised a Whist Drive which took place at Ealing Town Hall on Tuesday, 7th. February. The Mayor of Ealing, who kindly gave permission for the free use of the Hall, and the Lady Mayoress attended and the evening proved a great social success.

9. BOOK REVIEWS.

J. McNally and W. Murray. More Words for Numbers. Published by Wills and Hepworth Ltd., Loughborough, Leics. 1966. Price 2/6d.

This is the third book in the new Ladybird Number Series. As with the first two the presentation is attractive, but, with language disordered children in mind, there are far too many words per page, particularly when one considers the difficult concepts which most represent. It is hard to imagine this book being used with any child who has a substantial language deficit.

W. Murray. 7c Easy to Sound, 8c Fund with Sounds, 9c Enjoying Reading. Published by Wills and Hepworth Ltd., Loughborough, Leics. 1966. Price 2/6d each.

The "c" series of the Ladybird Reading Scheme aims to provide phonic training. The three books under review achieve this end well, and are first class additions for the normal child. What makes them less suitable for language handicapped children is the rapid rate at which each book progresses, the reading matter at the end of each book being far more difficult than that at the beginning. Nevertheless these books may well prove very useful with all except the most handicapped children.

[redacted]

10. AREA ORGANISERS' REPORTS

(i) East Anglia — Area Organiser: [redacted]

Progress is being made on several lines of research.

a) The Biochemical - see summary of the Report of Drs.Heeley and Roberts' Paper (item No.5) - Dr. Roberts is now at Cambridge.

b) Urinary Chromatograms on Autistic Children - This research is progressing; if further samples are required a request for these may possibly be made in the next Newsletter.

c) Twin Studies - Would any parent having twins, one or more of whom has been diagnosed as autistic, please get in touch with Dr.Carter, at 91, Corton Road, Lowestoft, Suffolk, if they have not already done so; providing they are willing to give a little information about the twins.

(ii) Greater London Branch — Secretary: [redacted]

The Branch Meeting on Tuesday, 29th November was devoted to a showing of "Child draw Nearer" and the extract from a recent B.B.C. Television "Town and Around" programme, which was shot at the Society School at Ealing. An interesting introductory talk about the making of "Child draw Nearer" was given by Mr. G. deGroot.

The "Good as New" Shop, run in conjunction with the Barnet branch of the National Society for Mentally Handicapped Children, raised just over £882. We are grateful to the ladies who helped to make this shop such a success.

On Sunday, 8th January, a Party was organised for our children by The Friends of the National Society for Autistic Children of Wembley. Unfortunately, attendance was disappointingly small on this occasion, but parents and children who did attend enjoyed immensely these good ladies' hospitality.

The Greater London Branch will be running a Buffet/Dance at the Hendon Way Restaurant, N.W.4, on Saturday, 15th April. Tickets will be £1.10.0. each and we hope that all members will join with us to make this an enjoyable evening.

(iii) Midlands Region — Secretary: [redacted]

With reorganisation completed, the Region looks forward to the consolidation of the work of its members in extending the formation of Local Societies.

The first of these, Leicester, has been formulating schemes and has been following up all paths in order to make further provision for its autistic children. In this the City and County Authorities have been most helpful and the outcome of talks with them looks as if there is appreciation and willingness to fulfil the need; finance the major obstacle!

Several members have been very busy in Northampton under the guidance of our Chairman, [redacted], who is now in charge of the Leicester College of Education Annexe there. They are in the process of arranging a get-together of local parents.

In Birmingham, members of the Regional Committee and of the Birmingham Society for Autistic Children met at Uffculme School by kind invitation of the Headmaster, [redacted]. The film, "Child draw Nearer" was shown. A most useful discussion of our aims followed and it was felt that we all had a lot to offer each other.

The "1959 Group" Christmas card shop in Nottingham has, we hope, shown a worthwhile return for the considerable amount of effort put into it.

Our Professional Conference this year will be held at the City of Leicester College of Education, Scraptoft, Leicester. This will enable us to cater for an increased membership and overcome the disappointment of those we had to turn away last Easter because of restricted facilities. The College, set in beautiful surroundings on the eastern outskirts of Leicester, offers us modern amenities in terms of residence, conference hall, lounges and display areas. The dates are Saturday and Sunday, the 8th and 9th July. Accomodation and all meals will be provided at the College. Those who may find it more convenient to arrive on the Friday evening will be able to do so. Parents are invited to the Saturday afternoon session. Further details of the Conference will be circulated in due course.

(iv) Northern Ireland. — Area Organiser: [redacted]

The Ministry of Education has approved a scheme whereby County Fermanagh's Educational Psychologist, Mr. J.W.Owens, will provide a "limited service"

in County Tyrone. (Tyrone has had no educational Psychologist).

On writing to the St.Loman's Unit for Autistic Children in the Republic of Ireland we received the following reply:

"This is to confirm that it will be no longer possible to admit children from Northern Ireland to our in-patient unit in St. Loman's. We would, however, be only too delighted to see children from Northern Ireland for assessment.

At the moment there is only one child from Northern Ireland in our in-patient unit in St. Liman's."

(v) North West Area. [redacted]

Our January meeting in Manchester was well attended to hear a talk by [redacted], the Head of Cribden House School. We have known of the excellent work being done at this school for a long time, and were pleased to have the opportunity of hearing more about this from [redacted].

Cribden House is an Observation School and Assessment Centre, and the children attend as weekly boarders. The talk was vividly brought to life by a colour film of school activities, which has been taken by [redacted]. The film presented a complete panorama of school life, and activities ranged from learning to shop (later followed by visits to Rawtenstall market) to academic work (where it was interesting to note that teaching equipment had been made by the staff to suit individual needs - as Mrs. Elgar does). Some of the children have to be taught how to play, and it was interesting to note the progress in this respect also - there were scenes where the sheer enjoyment of the children really came through - a friendly visit of the Fire Brigade in Summer, tobogganing down the snow-clad hillside in the Winter. The criterion of any such school must lie in the results obtained, and the fact that the larger part of these children - who usually stay for 14 months - leave to attend special schools in indicative of the progress made and dedication of the staff.

A number of autistic children have attended Cribden House since it was opened in 1962, and [redacted] also spoke about these children and showed another film of autistic children at school. Altogether, a very enlightening and interesting evening which it is impossible to do full justice to in this space. We are very grateful to [redacted] for the talk and films, and also to [redacted] who made the arrangements and provided transport.

Our previous Manchester meeting had the opportunity of seeing the Society

film, and as a result of [redacted] placing notices in the University, we had about 50 guests from Manchester University and Teacher Training College. We were pleased to see them, for the interest of these young people in the problems of our children is most encouraging.

Following the opening of Moat House School in June, we are pleased to hear that further classes for autistic children are planned in the Lancashire County Council area - these will be to meet the needs of autistic children in other areas and will be on the same lines as Moat House in that there will be close links with the parents and medical services. In order to assess the needs for such classes, the County have recently held a survey of autistic children known to Health and Education Departments. This is excellent news, but we are hoping that 1967 will see facilities provided in some other areas in the North West.

(vi) Wessex and the West [redacted]

In November a Local Society for Autistic Children was formed which will, we hope, shortly be accepted for affiliation with the National Society. Based in Southampton, it is open to all members within travelling distance who would like to join. Apply to the Secretary: [redacted]. It is hoped that later in the year there will be another local society a little bit further west to meet the needs of those who live too far away to attend the Southampton meetings. Activities in the south west include:-

A) The Poole Trade and Industries Fair, where for ten days the Society had a stand for display and information.

B) The Society's film "Child draw Nearer" was shown to an audience of over 40 people at the Beaulieu Abbey Restaurant by the kind invitation of Lord Montague of Beaulieu. The film was followed by a talk "Releasing the Autistic Child" given by Mrs. Hilda Lewis, teacher at the Tuitional Unit for Autistic Children at Bournemouth.

C) Mental Health Appeal Bazaar in Bournemouth where we had a stall and the Tuition Unit's own Bazaar.

D) The first annual meeting of the Tuitional Unit for Autistic Children was held in October and the following officers were elected:-

Chairman:
Treasurer:
Secretary: [redacted]

There were 9 members present.

The first quarterly meeting of parents and teachers of the Unit was held in January. A discussion took place as to whether it would be better to form a Charitable Trust as a unit or to try and form a Local Society in the area which would appoint trustees when premises have been found and a board of management to administer the running of the unit, the present committee remaining as such a board until the Local Society has come into being. A coffee evening will be held on February 1st to which all Society members have been invited and if this is well attended we can perhaps go into the question of a Local Society there.

The Tuitional Unit for Autistic Children in Bournemouth.

This now consists of 4 children, whose ages range from 6 - 14. Of these, 2 boys aged 6 - 10 are having part-time individual tuition from a visiting "Home Teacher"4 times weekly. Another, the 14 year old boy, attends for 3 full days weekly; fees paid by the Education Committee.

The 11 year old girl, as well as being autistic, has definite brain damage from birth, and is comparatively ineducable. She is in the care of a nurse who has also a Montessori Diploma; the child attends 4 full days weekly, partially paid for by the Health Department.

We have been fortunate in having the part-time voluntary help of a retired teacher who is taking a great interest in the eldest boy, to whom she is devoted.

All are making good progress under the individual care of their teachers and are much more controlled and happy. The 10 year old boy has been gradually increasing his vocabulary for some time and now spontaneous sentences are coming more frequently.

The 6 year old boy says only an occasional word, but can recognise words and numbers.

All are musical.

Because of the limited space in a private house, we should like to find other premises where more facilities could be shared by these children outside of their private tuition sessions and this is presenting a problem. We need a large playroom with a piano and separate rooms for their private lessons. This is still necessary, because of the wide age range, and each child presents quite a different aspect of autism.

Contributed by: [redacted]

The classes in the Freemantle Hall, the free use of which has been allowed by the Bournemouth and Christchurch Society for Mentally Handicapped Children, to whom the hall belongs, have had to be discontinued for the time being until the major alterations and redecorations have been completed.

AFFILIATED LOCAL SOCIETY.

Leicester and District Society for Autistic Children. [redacted]

The Society is now registered under the Charities Act. Members manage their own affairs under the guidance of the National Society and are represented on the Regional Committee.

We are indebted to our Chairman, [redacted], who has given many hours of careful thought to our Leicester project. We hope it will not be too long before some of these very good ideas can be put into practice. Ill health has unfortunately forced [redacted] to relinquish the Chair but we hope that it will not be too long before she is again playing her full role amongst us.

The Committee is busy consolidating its ideas on how best it can help the forty children within the Society, some of whom desperately need special educational provision. Its immediate concern is to interest all bodies in the educational and medical spheres and to enlist their support.

Monthly meetings are held at Oxford Street Congregational Church. The hall has been made available to us free of charge, thanks to the hospitality of the Minister, [redacted], who has recently taken over the duties of Chairman. We have had many interesting speakers: the Leicester Principal Schools Medical Officer, the City Senior Educational Psychologist, Social Workers, the Tutor Organiser of the Handicapped Children Course at the College of Education and the Superintendent of the Leicester Frith Hospital who told us of the work of the "Frith School".

We have one or two members who find it difficult to come to the Leicester meetings. Other members visit them and give them support.

Social meetings have included a visit to Wicksteed Park in the Summer, and a New Year Party. Each year the children seem to appreciate one another's company a little more. We are continually grateful for the help Mrs. Smith gives to these children in her Saturday Playgroup by constantly encouraging them in social behaviour and at the same time providing a little leisure for the parents.

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11. READERS' LETTERS "Exmouth 5508".

Dear Madam,

I am sure that there must be a number of parents, like ourselves, with an autistic son or daughter in the late teens - early twenties age group, who will always be dependent on others for their care and comfort.

When they were children, there was little medical knowledge of their condition, and no educational help whatever was available. They are now too old for admission to the schools which are being started, and the majority find themselves unhappily placed in large institutions.

I wonder if there are sufficient parents who could join together in financing the establishing of a fee-paying home, where autistic teenagers and adults could be cared for permanently. Such a home would ensure that all the occupants had the same disability.

What I have in mind is the formation of a Trust, managed jointly by the Society and a committee of parents.

The number of residents should be small enough to maintain a homely atmosphere, but large enough to be financially sound; say 30 - 50 people. Eventually, the Society might be able to persuade various authorities to help with the cost.

I should be grateful if any interested parents would get in touch with me. If there is a sufficient response, a committee could be formed to work out the details, and submit specific plans to the Society for consideration.

Yours faithfully,

[redacted]

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