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Did Kanner Actually Describe the First Account of Autism? The Mystery of 1938

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Abstract:

Kanner opens his pioneering 1943 paper on autism by making a mysterious mention of the year 1938. Recent letters to the editor of this journal have disagreed over a particular interpretation – does 1938 refer to an early paper by Asperger, effectively meaning Kanner plagiarised Asperger? I argue 1938 refers to a paper by Louise Despert. This was not plagiarism but a case of building on Despert's ideas. Additionally, I suggest his motives for not mentioning her by name were not dishonourable.

Letter To The Editor

Did Kanner actually describe the first account of autism? The mystery of 1938.

Two recent letters to the editor of this journal have highlighted a curiosity in the first paper typically considered to describe autism. Leo Kanner's 1943 paper starts "Since 1938, there have come to our attention a number of children whose condition differs so markedly and uniquely from anything reported so far" (Kanner 1943, p.217). Kanner's paper contains no references, not even when discussing Heller and De Sanctis, the only psychiatrists mentioned by name. It is thus unclear what '1938' refers to and this ambiguity has led to controversy. The issue at stake is simple: who first described autism? Lyons & Fitzgerald's (2007) letter suggests that Kanner was referring to a largely unknown paper by Asperger,

leaving Asperger to claim the first account of autism. Chown's (2012) letter doubts this but admits the matter is unresolved. I argue this mysterious year of 1938 refers to a paper written by New York based child psychiatrist Louise Despert.

Kanner published his 1943 paper in America, Asperger published a year later in Austria, with the ongoing Second World War making communication between the two impossible. From this Kanner, it seems, made the first description. However, Lyons & Fitzgerald's letter describes how Asperger published a 1938 article in a Viennese medical journal "describing the characteristics of 'autistic psychopaths' based on his case studies" (Lyons & Fitzgerald 2007, p.2022). As a native Austrian living in Baltimore who studied in Berlin, Kanner was interested in European research. He might have received Asperger's 1938 paper from refugees fleeing Germany and Austria, such as some of the fellow Jewish physicians that Kanner helped emigrate (Schopler, Chess & Eisenberg 1981). Lyons & Fitzgerald suggest Kanner's mention of 1938 refers to Asperger's 1938 paper, effectively (in Chown's (2012) eyes) accusing Kanner of plagiarism.¹ Chown's letter questions this interpretation, writing that Kanner's and Asperger's accounts "are very different, maybe too different for one to have been influenced by the other" (Chown 2012, p.2264). Recent histories of autism would support Chown's interpretation, emphasising the differences between Kanner's 1943 paper and Asperger's syndrome (Evans 2013; Jacobsen 2010; Verhoeff 2013).²

Historian of autism Feinstein tentatively suggests an alternative interpretation. Discussing possible influences on Kanner's 1943 paper Feinstein writes that "the American psychologist, Louise Despert, whose ideas, as Lorna Wing reminded me, held quite a potent influence over Kanner for a while, described her first cases of childhood schizophrenia in 1938. Could Kanner, perhaps, have been referring to Despert's initial studies, rather than Asperger's at the start of his own 1943 paper?" (Feinstein 2010, p.27). Beyond suggesting one child in Despert's 1938 paper had symptoms reminiscent of autism and mentioning that Lorna Wing said Kanner admired Despert, Feinstein makes no further mention of 1938 or Despert (Feinstein 2010). I believe Feinstein's suggestion is correct and I provide additional evidence here.

Despert's 1938 paper provides a clinical and classificatory account of 23 children she diagnosed as childhood schizophrenic. 1930s notions of childhood schizophrenia covered children with communication problems, emotional problems, abnormal thinking but, unlike adult schizophrenics, most did not hallucinate. In 1949 Kanner writes that autism "is so intimately related to the basic nature of childhood schizophrenia as to be indistinguishable from it, especially from the cases with insidious onset discussed by Ssucharewa, Grebelskay-Albatz, and Despert" (Kanner 1949, p.419), referencing Despert's 1938 paper. Here Kanner describes autism as indistinguishable from the disorder described in Despert's 1938 paper. In the commentary section of a 1951 article, Kanner describes a case history as "amazingly identical with those given more recently by Dr. Despert and by me" (Kanner in Darr & Warden, 1951 p.569),³ treating Despert's insidious childhood schizophrenia as interchangeable with autism. Kanner's 1949 paper also quotes from a letter written by

1 Fitzgerald, in personal communication with Feinstein, is quoted as saying Kanner "plagiarized" (Feinstein 2010, p.11) Asperger.

2 For example, Kanner considers as fundamental desire for unchanging environments, behaviour Asperger (1991) only mentions through descriptions of other symptoms. Kanner says autistic children have normal intelligence whereas Asperger says autism can occur at any intelligence level. Kanner believes interaction with the physical world is normal whereas Asperger describes poor co-ordination.

3 This article describes a 32 year old female adult, first seen by psychiatrists in 1920 at three years of age. Based upon case records made in 1920 and 1921, Darr & Warden (1951) and Kanner (in Darr & Warden 1951) all consider her autistic. This makes her one of the earliest clinical descriptions of a child we can retrospectively consider autistic.

Despert where she says “the symptoms described by you [Kanner] have an almost word-for-word similarity with the symptoms which I [Despert], for instance, have described” (Despert in Kanner 1949, p.419). All this heavily suggests Kanner's mysterious mention of 1938 refers to Despert.

Despert's 1938 paper delineated two types of childhood schizophrenia, one much closer to Kanner's autism than prior notions of childhood schizophrenia. 1930s childhood schizophrenia covered a much broader range of symptoms than autism and, unlike autism, childhood schizophrenia was considered to have an onset rather than being present from birth (the child being initially normal before the illness starts between ages four to eleven). Despert modified the symptoms and modified the age of onset in three ways that would lead to her descriptions substantially resembling Kanner's autism. Judged by Bradley's (1941) extensive literature review of childhood schizophrenia, going back to 1900, Despert was the first and (except also for Bradley's (1941) literature review) the only US based psychiatrist prior to 1943 describing these three innovations, meaning her paper (to quote Kanner's opening line again) “differs so markedly and uniquely from anything reported so far” (Kanner 1943, p.217).

Firstly, Despert was the first US psychiatrist to demarcate between two types of childhood schizophrenia. Kanner writes that “Homburger [in Germany]... suggested two groups, one with acute [sudden] onset and another with insidious [gradual] onset... Ssucharewa in Russia, Lutz and Tramer in Switzerland, and Despert in this country [USA] underlined this grouping in their discussions of childhood schizophrenia... [with insidious onset] there is a gradual withdrawal from contact with reality, a progressive loss of interest in play, an increasing tendency to brood, a preoccupation with abstractions, and obsessively repetitious ruminations... This was the situation around the start of the 1940's, at the time when I published the first cases and introduced the concept of infantile autism” (Kanner 1965, p.417). The symptoms of insidious childhood schizophrenia have some similarities with Kanner's autism. In contrast, the sudden decline from normality of acute onset looks quite distinct from Kanner's autism. Furthermore, those children with acute onset childhood schizophrenia were described as having “symptoms in the nature of motor excitement, restlessness, sleeplessness – or else, stupor, posturing, muscular rigidity and catatonic attitudes; both pictures can alternate” (Despert 1968, p.108) [originally published 1947], all not present in Kanner's autism. Secondly, Despert differs from other notions of childhood schizophrenia by claiming those with insidious onset childhood schizophrenia showed some symptoms prior to the onset of the full illness. This makes Despert's account much closer to Kanner's autism than other accounts of childhood schizophrenia: Kanner too emphasised that autistic children show symptoms “from the beginning of life” (Kanner 1943, p.248). Thirdly, in children experiencing insidious onset, the symptoms that Despert considers present from birth are “unsociability, withdrawal, tendency to daydreaming, fearfulness of new affective contacts, irritability, sometimes hyperactivity or aggressiveness, tendency to live in their own world” (Despert 1938, p.371), covering many symptoms Kanner would emphasise in 1943.

All this suggests that, after reading Despert's paper, Kanner noticed some children – those who became his 1943 case studies – had many symptoms present from birth. His own innovation was realising that actually no onset took place, all symptoms were present from birth. Generally, it was believed all symptoms of all childhood schizophrenia occurred after a period of normality, but then Despert claimed some childhood schizophrenics had *some* symptoms present from birth, and finally Kanner claimed some childhood schizophrenics had *all* symptoms present from birth, renaming those childhood schizophrenics as autistic. From this innovation Kanner could claim he described a new syndrome.

Did Kanner plagiarise Despert rather than Asperger? Hardly, since he modified Despert's account and built on it, though not mentioning her can be interpreted as disingenuous. Whilst failing to reference is clearly bad practice and unacceptable by modern standards⁴ I do not believe Kanner's motives were dishonourable. We can only speculate but I suggest Kanner's motive was wishing to avoid associating his paper with disputed scientific questions. Later in life Despert reflected upon the reception her paper received when presented in Paris at the first international congress in child psychiatry in 1937. She writes "when I read my paper on the 29 cases, several rather distinguished European child psychiatrists were almost downright rude to me for formulating my concept the way I did" (Despert 1952, p.150), believing schizophrenia was incompatible with her case descriptions. Many contemporary psychiatrists defined schizophrenia theoretically rather than clinically, psychoanalytical interpretations suggesting childhood schizophrenia arose after a period of inadequate mothering (Evans 2013) so could not be present from birth. Kanner considered excessive focus on theoretical questions like this to weaken psychiatry and preferred clearly described case studies (Kanner 1935; Kanner 1965), writing years later that "it matters little whether autism be regarded as a form of schizophrenia or looked upon as a disease *sui generis*... The issue is more one of semantics" (Kanner 1968, p.25 emphasis original). For Kanner, the simplest way to avoid becoming entangled in such debates was to avoid associating autism with any account of childhood schizophrenia, including Despert's modified version. The mysterious mention of 1938 would give some acknowledgement of the debt he owes Despert whilst avoiding these controversial questions.

Who wrote the original account of autism? This is not a helpful question. Kanner and other child psychiatrists worked within scientific communities, engaging in a mutual process of borrowing and expanding ideas. Kanner contributed an immense amount, more than most, but we should be aware that there are many names that do not have the recognition they deserve.

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⁴ Many psychology journals during this period were not stringent over referencing. Kanner's article was not particularly exceptional in this regard.

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