

### Mission Statement

The *Journal of American Physicians and Surgeons*, the official, peer-reviewed journal of the Association of American Physicians and Surgeons (AAPS), is committed to publishing scholarly articles in defense of the practice of private medicine, the tenets and principles set forth in the Oath of Hippocrates, individually based medical ethics, and the sanctity of the patient-physician relationship.

The *Journal of American Physicians and Surgeons* is dedicated the pursuit of liberty, free markets, and integrity in medical research, particularly research impacting on current socioeconomic and political issues that affect policy in general and medicine in particular. Political correctness, dogmatism, and orthodoxy will be challenged with logical reasoning, valid data, and the scientific method (when applicable) in the pursuit of free inquiry, the free exchange of ideas, and the eternal quest for truth.

The *Journal of American Physicians and Surgeons* will strive to counteract misinformation, correct errors of fact and logic in the medical literature, and to defend patient-oriented, individually based free-market medical care.

### Subscriptions and Advertising

aaps@aapsonline.org

### Subscription Rates:

AAPS Members (included in annual dues);  
Non-members \$45 per year;  
Institutions \$75 per year;  
Students/Residents \$15 per year  
Foreign \$100 per year (US currency only)



The articles published in the *Journal of American Physicians and Surgeons* represent the opinions of the authors and do not necessarily reflect the official policy of the Association of American Physicians and Surgeons, Inc. or the Journal.

Publication of an advertisement is not to be considered an endorsement or approval of the product or service involved by either the Association of American Physicians and Surgeons, Inc. or the Journal.

### POSTMASTER:

Send address changes to  
1601 N. Tucson Blvd, Suite 9  
Tucson, AZ 85716

*Journal of American Physicians  
and Surgeons* (ISSN 1543-4826)  
is published quarterly.

Copyright ©2003

by the Association of American Physicians  
and Surgeons, Inc.

# Correspondence

## Incremental Socialism

You deserve recognition and many thanks for this journal, especially the latest historical essay by Dr. Edward Annis. His is a most clearly written account of the incremental invasion of socialism into our practice, a kind of disease that begs for universal attention. He is to be commended in particular for his ability to recall and identify the specific political maneuvers that have taken this country into the current dilemma and the consequent discouragement with the practice of medicine.

As a commentary on his article, I would add that the problem exists because we all share a human failing, a susceptibility to corruption, a universal wish for an easier way of life. It is a failing we need to acknowledge within us all, physicians as well as the public, to explain why we are so readily drawn into the illusion that others might, could, or should take care of us and relieve us of the responsibility of taking care of ourselves. The illusion results from incomplete maturation.

We have, step by step, abandoned autonomy and accepted dependence on government, as on a parent. I recall well that meeting years ago when Oregon physicians as a body gave up their initial objections to government medical care when they were promised a great increase in the fees for their service, and no collection problems....

**Siegfried Berthelsdorf, M.D.  
Portland, OR**

## Autism: a Cognitive or a Behavioral Disorder?

Dr. Harshman's commentary on autism<sup>1</sup> is reminiscent of Kanner's "Refrigerator Mother" rhetoric. Parental behavior as a cause of autism has not been "generally overlooked" as you state, but generally and specifically discounted. Kanner himself recanted. Casting blame on the parents of these challenged children is a slap in the face. Perhaps in some cases parents become cold, but this is probably secondary to the autism. I am personally acquainted with more than 100 families

with autistic children. They are warm, caring, and devoted.

The title was interrogatory; the content was not.

**Alan Yurko  
Century, FL**

Dr. Harshman's article<sup>1</sup> was brought to my attention by a pediatrician and parents of autistic children. I was warned that I would find the contents upsetting.

On January 6, 2003, the California Department of Developmental Services recently released the disturbing news that 3,577 new cases of level 1 autism were diagnosed in 2002. As the assisted-living costs of adults with mental retardation are estimated to be \$60,000 per year<sup>2</sup>, those 3,577 children alone are likely to cost society, at today's prices, more than \$200 million dollars per annum when they reach adulthood. Over a lifetime, this one-year cohort from one state will require several billion dollars, before medical expenses, in aid.

At what point does the medical profession put aside theories and address this catastrophe? When are the sacred cows of medicine to be re-examined in an open and honest manner?

Theories are plentiful as to why there has been an upsurge in cases of this previously rare disorder. How many more children need to be afflicted before independent scientific (not epidemiological) research is deemed necessary and urgent?

I am curious as to the source of data supporting the correlation of being first born (my autistic son is the middle child) or "unusually good looking" with autism. How do you define "good looks"? A high percentage of parents think their offspring are beautiful, an opinion not necessarily shared by others.

Dr. Harshman's observations are very different from my own, and from those made by the hundreds of parents with whom I have communicated on this subject over the past eight years. We immigrated to the United States in 2001. With three children in school, I have noted some

differences in approach to child rearing and education between the two countries. What they do have in common though is a respect for the individual and a willingness to listen to another point of view.

The behavioral theory hardly accounts for what happened to my son. At the age of two, he received a late MMR vaccine (late due to concurrent illnesses in his second year of life). Within one month, he lost all cognitive ability. Having walked for a year, he started crawling again, became insensitive to heat, cold, and pain, and developed progressively severe gastrointestinal problems. He stopped sleeping by the age of three and regressed to the developmental age of a 9-month-old baby. Meanwhile, he continued to be extremely loving and happy. He interacted with the family, but by this time, nonverbally. He was trapped in a world without communication other than through hugs and laughter.

Between the ages of three and six, he gained four pounds. At the age of six, he was put on a gluten and casein-free diet and began to gain weight, acquire language and cognitive skills, and experience a new sensation: pain. The day came when he told me "tummy sore." He became one of the few lucky children who were treated at The Royal Free Hospital in London, where he was found to have a large fecal impaction, ileal lymphoid nodular hyperplasia (otherwise known as autistic enterocolitis), and a severe immune dysfunction. Our child was medically ill. With the recommended treatment protocol, he has greatly improved....

**Heather Adams  
Dover, MA**

<sup>1</sup> Harshman EJ. Autism: a cognitive or a behavioral disorder? *Medical Sentinel* 2002;7:126-127.

<sup>2</sup> Adjusted living. *Boston Globe*, Jan 23, 2003.

**In Reply:** Concerning the letter of Alan Yurko, the theory I suggest is not that coldness and emotional indifference is related to autism, but that more subtle behaviors are related to it. I never said that coldness is a factor, though it is bad parenting and correlates with different and often severe problems.

The cause or causes of autism is or are unknown, and it is becoming an increasingly serious problem. We should be motivated to seek the solution, even though doing so may cause some distress. Although I have no wish to attack or harm the already distraught parents of disabled children, I also will not look at them as a

protected class, hindered or upset and therefore intrinsically blameless, however politically correct it may be to do so. If the very act of inquiring about parental behavior is so upsetting, then that fact is a clue. Otherwise, it would be easy for a parent of an autistic child to say, "I am blameless as per the theory proposed, so I think it is wrong," and shrug it off as irrelevant.

Concerning the letter of Heather Adams, the medical profession should put aside theories and address the catastrophe of autism when a credible explanation is found, one that explains the facts and survives testing—no sooner. Until then, theories should be sought with vigor and energy commensurate with the size of the problem and the likelihood of finding a solution to it. Once the solution is found, it needs to be acted on, of course.

The scientific research that you call for is needed; we agree on that point if on nothing else. But what exactly did you mean? The ethics of a prospective study are not defensible, I think. How dare we inflict a drug, nutrient, or protocol on a child if we think it will make the child autistic? Retrospective studies seem the most humane, and they need to include behavior and other criteria too.

I have no objective definition of "good looks" and use the phrase to refer to children to whom that characteristic is imputed by parents and other caregivers. I am more concerned by the actions of those who think a child good-looking than by the appearance of the child.

Having a non-firstborn as an autistic child is possible; I never said all autistic children are firstborn. I also never denied the effects of measles vaccine, drugs, diet, and other nonbehavioral interventions. What you describe is a cognitive regression without emotional detachment, which though tragic does not seem to be autism because of the child's continuing "to be extremely loving and happy."

Your letter notes that cognitive decline may be traceable to a medical condition treatable with a special diet. That knowledge is important, and I thank you for writing. It is possible that what we call autism is, like acquired immunosuppression, not one but several conditions that have a similar clinical presentation. We should allow for a multitude of causes as the condition continues to be studied.

**Edward J. Harshman, M.D.  
Dade City, FL**



## THE PRACTICE OF MEDICINE IS UNDER ATTACK... AAPS is fighting back!

**Help us spread the word.  
After you've used your issue of JP&S...**

Pass it along to a colleague...  
Clip an article and give to your patients...  
Feature it in your reception area...

Sponsor a subscription for your library or  
medical society...only \$45!



## THE AAPS MISSION

Since 1943, AAPS has been the only national association of physicians in all specialties dedicated to preserving and protecting the sanctity of the patient-physician relationship and promoting the practice of private medicine.

We're working to keep third parties -- whether the government, insurance companies, or healthcare plans -- out of the examining room and medical records.

## WHY WE'RE EFFECTIVE

- We're dues-supported
- We accept no special interest money
- We advise influential legislators (Members in Congress!)
- The media listens to us
- We mobilize public action
- We defend individual doctors

## AAPS GETS RESULTS

- ✓ Fights increased government control of the practice of medicine
- ✓ Opposes increased government prosecution of physicians
- ✓ Supports unrestricted private contracting with Medicare patients
- ✓ Opposes national provider ID & central patient database
- ✓ Sued the government to stop enforcement of HIPAA regulations
- ✓ Helps doctors win legal battles in court, admin hearings & peer review.

See our website for other ways to get the word out to the public and decision makers.

Or email, phone or fax with your ideas or to sponsor a JP&S subscription:

**EMAIL: [aaps@aapsonline.org](mailto:aaps@aapsonline.org)  
[www.aapsonline.org](http://www.aapsonline.org)  
800-635-1196 520-325-4230 Fax**



Association of American Physicians & Surgeons  
The Voice for Private Physicians Since 1943