

ORIGINAL - FILE 15 of 672

ONTARIO HOSPITAL SCHOOL, ORILLIA.

February 7, 1974.

Case Book # - [REDACTED]

Informal Admission

CLINICAL ABSTRACT

NAME: [REDACTED]

DATE OF BIRTH: [REDACTED] 1961

RACIAL ORIGIN: Anglo-Saxon

RELIGION: Protestant

MARITAL STATUS: Single

CORRESPONDENT: Metro Toronto Children's Aid Society
33 Charles Street East,
Toronto, Ontario.

DATE OF ADMISSION: December 3, 1973.

INFORMANTS: Sunbeam Home for Retarded Children
Wellesley Hospital, Toronto
Hospital for Sick Children, Toronto
Mental Retardation Centre, Toronto
Records of [REDACTED] at O.H.S. Orillia

FAMILY HISTORY:

Paternal Grandparents - Both of them are deceased. The grandfather owned and operated a green grocer's business and market garden in England.

Maternal Grandparents - There is nothing mentioned about the maternal grandfather. The maternal grandmother was [REDACTED], who had the mother as one of illegitimate children and she died of TB in October, 1935.

Father - Mr. [REDACTED], born [REDACTED] 1930 in Kent, England. He achieved the level of Senior Matriculation in England at 14½ years of age in Clark Business School. He came to Canada in 1951 and is now a Canadian citizen. s. 21(1) and s. 49(b)

Mother - Mrs. [REDACTED], born [REDACTED]. She was born [REDACTED] 1927 in Monticelli, New York State. She is the eldest of two illegitimate children and was brought up in the Sacred Heart Orphanage from 1936 to 1943. She has strong feelings of being unloved and unwanted. She is Roman Catholic and her first two children, born out of wedlock, are in the care of the Catholic Children's Aid Society. She worked as a waitress and pantry maid at St. Joseph's and St. Michael's Hospital. She completed grade 7 when 16 years old and did poorly at school. Her I.Q. was 89. She has had a history of atopic eczema, poor teeth, and in her relation to the children, she is described as a schizoid personality also.

Siblings:

- 1. [REDACTED], half-brother. s. 21(1) and s. 49(b)
s. 21(1) and s. 49(b)
- 2. [REDACTED], known as [REDACTED]. The second half-brother, born [REDACTED]
s. 21(1) and s. 49(b)
s. 21(1) and s. 49(b)
- 3. [REDACTED], born [REDACTED] s. 21(1) and s. 49(b)
s. 21(1) and s. 49(b)
- 4. [REDACTED], born [REDACTED] s. 21(1) and s. 49(b)
s. 21(1) and s. 49(b)
- 5. [REDACTED], born [REDACTED] s. 21(1) and s. 49(b)
s. 21(1) and s. 49(b)
- 6. [REDACTED], born [REDACTED] s. 21(1) and s. 49(b)
s. 21(1) and s. 49(b)
- 7. Twins - brothers, born [REDACTED] [REDACTED] died [REDACTED] s. 21(1) and s. 49(b)
& s. 21(1) and s. 49(b)
- 8.
- 9. Miscarriage, in the early part of winter of 1960-61.
- 10. [REDACTED], born [REDACTED] OUR PATIENT.
- 11. Stillbirth, [REDACTED]

The parents who were not blood relatives, married on April 7, 1953. s. 21(1) and s. 49(b)

General Impression of Relatives from Personal Observations - [REDACTED] was accompanied by Mr. [REDACTED], the owner of the Sunbeam Home, and Mrs. [REDACTED], formally of the Ontario Hospital, who is now a supervising Nurse at Sunbeam. The parents were not present because [REDACTED] is a ward of the Children's Aid Society since he was removed from his mother's care in 1965. [REDACTED] was quiet during the admitting interview and seems to be a bit withdrawn, not reacting to the unknown new environment.

Environment - The environment at the time of the admission of [redacted] to Orillia in September 1961 is described as follows: "Mr. [redacted] has had various unskilled positions and his pay was about :s.21(1) a week and s.21(1) s. 21(1) and s. 49(b) s. . He was living with his family in an apartment with five rooms over old stores on Dundas Street West in Toronto. The access to this apartment was through a back lane and a small well-kept garden that was completely fenced and so neat with such green, well-kept grass that one feels that the children do not play there very often, even though there is a nice child's gym equipment.

Initially when the C.A.S. opened this case in the spring of 1960 this apartment was filthy, badly kept and with very poor conditions, especially in the children's room where Mrs. [redacted] had locked all the children up because of her inability to cope with them if they were loose in the house. Lately, the conditions are good. The flat was well cared for, adequately furnished and clean. The Children's Aid Society felt that the family had retired into this apartment since they had no contact with the neighbours and it was not even possible for the children to meet other children on the street because of the access to the place. s. 21(1) and s. 49(b)

s. 21(1) and s. . Both parents, especially the father, had expressed an interest in continuing contact with the children who were taken from the family, but however, during their period in foster care, the father visited some of them just once, some of them not at all. Otherwise, the parents have neither visited nor telephoned, although the Foster Homes were relatively close to their own home.

When [redacted] became a ward of the Children's Aid Society in 1965 he was placed in the Sunbeam Home in Waterloo in August 1965. The reason for placing him in this home was that he started to become too much of a problem for his mother who wasn't able to cope with him.

PERSONAL HISTORY:

Birth Conditions - The father was 31 and the mother 33 years old when Thomas was born. There is nothing extraordinary mentioned about the pregnancy and the delivery was spontaneous. Birth weight was 7 lbs. 3 oz. There is a discrepancy in the Rh blood group because the father is s. and the mother is : s. 21(1) and s. . For unknown reasons, the Rh group by the child hasn't been performed. He cried immediately after birth but was a feeding problem, did not suck well, and was overly placid.

Developmental History - All his milestones were delayed. He started to walk when 3½ years old. He cannot express himself verbally yet and he isn't toilet trained. The suspicion of mental retardation was felt first in March 1962 when the parents observed that the child hadn't responded to stimulation and he preferred to be alone and was crying when approached or handled.

Medical History - [redacted] was generally a healthy child and his most important problems were some psychotic features for which reason he has been followed by Dr. [redacted], the Children Psychiatrist. In her re-assessment of July 15, 1965 she is describing [redacted] as "a miserable looking, poorly nourished, yellowish child, who looked more like a two year old than four. His eyes moved separately. He could not walk, and hardly stand. His thighs were macerated from urine but he was dressed well and cleanly. When left alone he just would sit putting his fists into his eyes or scratching and picking his skin. If anyone approached him, he stiffened up and began to cry; he scratched his mother in the face when she picked him up and carried him away. He showed no interest in any toys, music, or any other stimulation offered. His general function certainly was under the age one level but in addition to it there was withdrawal, unhappiness, anger and lack of relationship to animate or inanimate objects." He appeared to Dr. [redacted] to be a seriously retarded autistic child. His prognosis was poor and by her opinion he would require custodial care in the future.

Shortly after it, he became a ward of the Metro Toronto Children's Aid Society in August 1965 and was placed immediately in the Sunbeam Home in Waterloo where he stayed until his admission to Orillia.

Habits and Personality - He is described by Mr. [REDACTED] and Mrs. [REDACTED], staff of the Sunbeam Home, as a very withdrawn child, able to sit in a corner for hours, who liked to be on his own, who was throwing toys away, but who could ride a bicycle. He was partially toilet trained. He feeds himself but he does regurgitate. He needs to be supervised by dressing. He has no speech but can understand simple commands. There was no progress in him in the last years in the Sunbeam Home. He did not seem to be a behaviour problem; he wasn't self-abusive, he did not have temper tantrums, but he was pushing the other kids besides, in spite of it that he did not mean anything bad by it. When he was younger, he was more active than he is now. During the whole hospitalization in Waterloo he was a physically healthy boy who had not been seriously ill. He was not a problem or danger for the other children. His medication was just a p.r.n. order of Neuleptil and Phenobarbital but he did not need it often, especially in the last while.

School History - Nil.

Moral History - Nil.

PRESENT CONDITION:

Circumstances Leading to Admission to Our Hospital - [REDACTED] had outgrown the facilities of the Sunbeam Home, which is geared to the care of younger children and because he needed further institutionalization, he was admitted to Orillia.

Physical Condition - (December 4, 1974): Height - 134 cm. Weight - 31kg
Head Measurements: Circumference - 53 cm. Width - 14 cm. Length - 18 cm.
Urinalysis: SG: QNS Albumen: negative Sugar: negative MICRO: 2 pus
Phenylketonuria test: 2 times negative Guthrie test: not elevated.
WBC: 9.900 Hgb: 13.0 gm. RBC's and platelets: appear fairly normal.
Buccal Smear: Chromatin negative VDRL: Dec. 4/73: non-reactive
TB Test: Dec. 6/73: negative Toxoplasmosis: 1:4 Cytomegalovirus: 1:40
Viral Studies: Measles: 1:32 Mumps soluble: Inegative Mumps viral: 1:16
Rubella HAI: negative
Chromosomal Study: In spite of it that it was required, it has not been performed.
Chest X-Ray: December 6, 1973 - Dr. Irwin - No disease.

Physical Examination Summary: This 12-3 year old boy is well developed and nourished for his age. He has a high palate, big tonsils, and was not too co-operative during the examination. He does not laugh at all but was humming at examination. He has no speech, is not toilet trained, and likes to be alone. He is withdrawn, but does not seem to be any problem in spite of it that he is without any medication.

E.E.G. - January 2, 1974. - The record has been performed but we have not got the results back yet. There is no mention of seizures in his history.

Present Medication - Phenobarb 30 mg. h.s.

MENTAL STATUS:

He was assessed psychologically by Miss [REDACTED] on February 6, 1974 and by Kuhlmann evaluated as Severe Mental Retardation with I.Q. around 20.

Progress Since Admission - [REDACTED] was admitted to the Admission Ward, 10B, in the Hospital Unit, where he stayed until January 16, 1974 when he was transferred to the Activity Unit, Ward A.U.2. He settled very well there and does not seem to be any behaviour problem. He seems to be in good health. He does not associate with other children. He prefers to be alone, has a good appetite, feeds himself, but he is not toilet trained at all. He is now in the process of toilet training but he is wetting himself permanently and it is very rare when he voids if exposed in the washroom. He is assigned now to Mr. [REDACTED], A M.R.C. student, and is attending a class of sensory training program but that is interrupted with his permanent wetting and soiling himself, which requires changing of his clothes from 5-6 times a day. There is a feeling that he will be very difficult for programming. The people who are working with him now in the Activity Unit do not feel that he is really psychotic but they would admit that he might have some autistic features. He has no speech but he understands simple commands and there is some hope that in the self-care he might be able to wash his hands and brush his teeth. What he mostly likes is to play with a ball. Otherwise, he is interested in nothing. When he came to Admissions, he did not need any sedatives or medication, but lately it is necessary to give him Phenobarb h.s. to keep him quiet during the night.

SUMMARY:

This 12 year 5 month old boy was born as last in a sibline of 8 where 6 of the siblings are physically and mentally retarded. Three of them have schizophrenic features. The father and the mother are described as schizoid personalities. He was born after an uneventful pregnancy and delivery with a birth weight of 7 lbs. 3 oz. All his milestones were delayed and when six months old he was suspected that he might be retarded. Because of the psychotic features, he was checked by the Children's Psychiatrist, Dr. [REDACTED] who felt in July 1965 that there might be autism in him.

In August 1965 he became a ward of the Metro Toronto Children's Aid Society and was placed in the Sunbeam Home in Waterloo. There he was described as a quiet loner, who did not need practically any medication and was physically a healthy child. Because he is now grown up and needed further institutionalization, he was sent to Orillia.

Here he adjusted quite well and was placed in the Activity Unit, Ward A.U.2. He seems to be a problem with his toilet training in spite of it that when at Sunbeam Home he was described as toilet trained to routine. He has no speech but understands simple commands and feeds himself. Otherwise, he seems to require complete nursing care. He isn't interested in anything except to play with a ball. There is some hope that he will be able to get some skills in his self-care.

OPINION:

The Etiology of this Mental Retardation seems to be on some genetic basis because mental retardation and mental illnesses are in the parents and six of the other siblings; a very strong element for the mental status of this boy is also the unfavourable and complicated familial environment.

But I would doubt the diagnosis of Childhood Autism because it seems to me that there are much more psychotic features in this boy than the real psychotic disease. Because this is a very interesting case with such a complicated familial background, I would like to hear the opinion of our Psychiatric Consultant, Dr. [REDACTED]. At the present time, I feel he is properly placed in Activity A.U.2 where they started programming him with self-care skills. He will need to be reviewed in one year period to find out if he is able to function on a higher or better level than he is now.

ETIOLOGY: Heredity

DIAGNOSIS: Severe Mental Retardation due to Hereditary biological conditions.

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- 11 - Undetermined genetic mechanism present, probably polygenic.
- 41 - No speech.
- 69 - Autistic features.
- III - Level of Intelligencia.
- III - Level of Training.

CLINICAL CLASSIFICATION: Mental Retardation due to hereditary conditions.

RECOMMENDATIONS:

1. Stay in Activity Unit A.U.2
2. Habit training.
3. Will be seen by Dr. Esher.
4. Will be reviewed in a period of one year.

CONDITIONS AFFECTING TRAINING:

1. Mental Retardation.
2. Autistic features.



M.D.

Staff Physician.

/bk