

CASE SUMMARY # 2

[REDACTED] age 5 years, [REDACTED]

HSC # [REDACTED]

Clinic [REDACTED]

D. of B. [REDACTED] 61July 21, 1965

Reassessment in one session July 15th 1965.

REFERRAL:

The mother with support of her former C.A.S. worker, Mrs. [REDACTED], has requested an appointment with me for reassessment of [REDACTED] and further planning. She feels she cannot cope with him and the other two children s.21(1) and s.21(1) and in the home. [REDACTED] is extremely cranky, miserable and irritable unless he is left completely alone. He is difficult to dress, change and feed. He does not take solids and has to have the fluids warm. He is not toilet trained and with the large amount of fluids he seems to be wet all the time. He is just beginning to walk around and the furniture but he never does it when anyone watches. He does not play and would only sit all day rubbing his eyes. He smiles very seldom and most of the time he has a sad, miserable look. There is no speech, active nor passive.

THE FAMILY:

There appears to be great general improvement of the family situation since we met first time. s. 21(1) and s. 49(b)

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[REDACTED] is a miserable looking, poorly nourished, yellowish child who looks more like a 2 year old than 4. His eyes still move separately, he cannot walk and hardly stands. His thighs were macerated from urine but he was dressed well and cleanly (as were the other children.) When left alone he just would sit putting his fists into his eyes or scratching and picking his skin. If anyone

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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 and inanimate objects.

CONCLUSION:

This appears to be a seriously retarded and autistic child. His prognosis is no doubt poor and he will require custodial care in the future.

RECOMMENDATIONS:

The child should have a thorough medical examination to exclude physical illness, although lot of his poor physical appearance may well be caused by his picky eating and the difficulties with feeding the child.

As a long-term programme, placing of the child in an institution for mentally defective will be the only realistic approach. This is a family with very little strength and great amount of stress and obviously the mother is not able to cope with the situation at present.

It would be in the best interest of [redacted] if he would be placed elsewhere as he is not thriving. This would also be in the best interest of the family as the mother may not be able to continue to look as well after s. 21(1) and s. 49(b) as they need if some of the stresses are not removed from her.

We would support the mother's request for removal of the child by making him a ward of the Children's Aid Society. We do not think that one could safely postpone the removal until the child reaches the age of going to the Ontario Hospital School in Orillia,

[redacted]
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