

ONTARIO DEPARTMENT OF HEALTH-MENTAL HEALTH DIVISION  
ONTARIO HOSPITAL SCHOOL, ORILLIA

O.H.S.I.P. \_\_\_\_\_ CONSULTATION REQUEST AND REPORT WARD A.U. 2

O.H.S.G. \_\_\_\_\_

Date of Birth September 8, 1961 Admitted: December 3, 1973

NAME \_\_\_\_\_ CASE BOOK # \_\_\_\_\_

DATE February 8, 1974.

REQUEST FOR CONSULTATION TO Dr. \_\_\_\_\_ Psychiatrist

REPORT REQUESTED REGARDING I would like to have this boy seen by you because he comes from a very complicated family environment where both parents are described as s. 21(1) and s. 49(b) and six of his seven other siblings are mentally retarded; some of them with s. 21(1) and s. 49(b). He was seen by Dr. \_\_\_\_\_ in August 1961 and a diagnosis of Autism was suspected. In my opinion he might have some autistic features but I would not say that he is a real Autism. Because he was living for nearly the last 9 years in the Sunbeam Home in Waterloo as a ward of the C.A.S.,

DATE \_\_\_\_\_ (cont'd below)

REPORT OF CONSULTATION:  
(examination, opinion, recommendations)

I would expect that he might improve a lot if he would be able to get proper care. My diagnosis was Severe Mental Retardation due to hereditary biological conditions.

I would appreciate your opinion about this unhappy boy very much, especially what his placement in A.U.2 concerns, which I found to be the proper one for this time. Some of my colleagues suggested he might be a good candidate for Mr. \_\_\_\_\_ ward, H.U. 2A.

Thank You.

\_\_\_\_\_  
M.D.  
Staff Physician.

\_\_\_\_\_  
SIGNATURE OF CONSULTANT

/bk

PSYCHIATRIC CONSULTATION REPORT

Ontario Hospital School, Orillia.

February 12, 1974

NAME: [REDACTED]

CASEBOOK # [REDACTED]

DATE OF BIRTH: September 8, 1961

LOCATION: A.U. 2

FAMILY HISTORY: The paternal grandparents appear to have been average people operating a green grocery and market garden in England. Nothing is known of the maternal grandfather and the grandmother, of Irish Catholic origin, had [REDACTED] mother, as the eldest of her two illegitimate children, in New York State.

[REDACTED] mother was brought up in the Sacred Heart Roman Catholic orphanage 1936 - 43 and developed strong feelings of being unwanted and unloved. Her I.Q. was 89, she had a schizoid personality and had two illegitimate children, cared for by R.C.C.A.S. before her marriage to Mr. [REDACTED]

The father, an intelligent youth (

s. 21(1) and s. 49(b)

came

to Canada from England in 1951.

s. 21(1) and s. 49(b)

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The home in 1960, was described as filthy with all the half-starved children locked up in a badly kept room because of her inability to cope with them if loose in the house. A year or two later, perhaps because of C.A.S. supervision the home, now an apartment, was much improved and was properly furnished and clean. Neither they nor their children had any contact with neighbours.



February 12, 1974

Their children in close-by foster homes were never contacted by either parent. [REDACTED] was removed from his mother's care in 1965, when he was about 4 years old and was admitted to Sunbeam Home, in Waterloo, where he remained till his admission to O.H.S. Orillia, in 1973.

PERSONAL HISTORY: Pregnancy and birth were normal and the baby weighed 7 lbs., 3 ozs. Father was Rh positive, mother Rh negative, but the baby was not tested. He fed badly not sucking well, was overly placid, his development was slow and he failed to respond to stimulation by parents.

In 1965, Dr. [REDACTED] described him as "miserable-looking, poorly nourished, yellowish, looking 2 years old rather than 4" His eyes moved separately, he could not talk or stand firmly. He had no interest in toys, music etc. and he showed "withdrawal, unhappiness and anger, and lack of relationship to animate or inanimate objects". He was autistic.

Since admission to O.H.S.O. on December 3, 1973, he was in Hospital Unit till January 16, 1974 and was then transferred to A.U. 2, where he settled without behaviour problems. He is being toilet trained, he has no speech, has shown no obvious psychotic symptoms though he has a few autistic actions. He plays with a ball but is basically uninterested in anything.

During his interview with me I could get no response to calling him by name, he sat rocking and humming a sort of light moan and he never looked at me. Basically he looked sad but had an incipient smile from time to time. His almost closed eyes give him a lost appearance.

He will go for walks with a trainee, is not toilet trained, can feed well and will steal food from others, cannot dress, or wash and lives at an early infantile level, one could estimate at about 12 - 15 months level. At present he is in the care of a M.R.C. student for the usual 4 weeks when the student will change. He is also in a sensory training class, I gather, mainly because there was a vacancy there!

A medical opinion recorded, is that, in view of the appalling family history, there may well be a genetic factor and that a chromosome analysis is indicated. The unfavourable family environment has been felt another important factor.

OPINION: This lad requires a programme in which he is enabled to appreciate that there is a world which is external to him and to which he has to respond by looking, hearing, touching etc. and in which he can recognise and respond to others. Experience shows that this is best accomplished by having such a child become a member of a very small family like group of other similar children, tended by two or three staff that do not vary for quite long period, a year at least. The M.R.C. programme may be excellent for M.R.C.'s but is useless, possibly even damaging, to the children for whom we also have responsibility. His attendance at sensory training could be quite useful providing it is not run as a class. (This is not how a normal family is run!) Sunrise has shown us that this type of individual care has to be given for around a year before a child is capable of responding educationally to outside sources of knowledge and personal interests. It is this type of care he needs now before it is too late. The lad shows few autistic activities but is living in an autistic world of his own. One in which external reality plays no part.



February 12, 1974.

Commenting on the family story I would speculate as follows:

The father's grandparents are said to be average people but the fact that an intelligent son was brought up to be a mother-tied inadequate of high intelligence suggest the mother's relationship to the father was not good. This would cause her to get her satisfactions from a bright baby boy. As with so many mother-tied inadequates, they hover in the brink of schizophrenia and pile up much anger against the mother for the inadequacy she produced in them.

The mother's "family" was non-existent. Her mother was seemingly an ignorant Irish immigrant who neglected her illegitimate offspring who had to be raised in the soulless atmosphere of an orphanage. The result was inability to relate warmly to people and a deep sense of rejection, another frequent cause of schizophrenia. As a mother herself she was unable to relate to her ever increasing brood of children whom she had to lock up and whom she starved. The father off loaded his anger on all at home, a miserable dirty neglected hovel, till help came, too late, from C.A.S.

This chronic neglect, constant expression of crazy anger; and lack of affection is a frequent cause of psychotic reactions in children and this is true of the whole family. The lad's quiet care at Sunbeam Home has allowed him to keep inner tensions from expanding and this may be the reason for the present absence of florrid psychotic activity. It could mean that he is becoming resigned to an infantile level of existence and so he may be close to "burning out" into imbecility or idiocy. Prognosis in treatment is likely to be poor but an attempt should be made to help him.

Regarding heredity it is likely that the genetic factor is non specific but is one which tends to produce offspring of biological inferior type and that the mother's ancestry is suspect. Inferior children exposed to lack of care early in life would suffer severely.

[Redacted]  
M.D.  
Consultant Psychiatrist.

c.c.  
Resident Records

[Redacted]

/m