

Reference

- KEARNS, N. P., CRUICKSHANK, C. A., MCGUIGAN, K. J., RILEY, S. A., SHAW, S. P. & SNAITH, R. P. (1982) A comparison of depression rating scales. *British Journal of Psychiatry*, **141**, 45–49.

Asperger's Syndrome

SIR: There is controversy about the validity of Asperger's syndrome (AS) (Schopler, 1985; Volkmar *et al*, 1985; Wing, 1986). Although first described in 1944, interest in the condition was revived by Wing (1981). Individuals with AS are described as having: pedantic, lengthy speech; stereotyped speech; impaired non-verbal communication; Aprosodic speech; peculiar social interaction; lack of empathy for others; repetitive activities; resistance to change; clumsy or stereotyped motor movements; and hyper-trophied skills or circumscribed interests. A number of investigators have conceptualised AS as part of an 'autistic spectrum', and note that no behavioural distinction can be made between AS and higher-level autism (Schopler, 1985).

We recently re-read "Children with circumscribed interest patterns" (Robinson & Vitale, 1954). This paper is of interest not only because of the lucid clinical case descriptions presented, but also in terms of the discussion following the paper by Kanner. None of the patients described fit DSM-III criteria for autism as applied by us to case report material. Furthermore, Robinson & Vitale, as well as Kanner, see these children as being different from autistics. The defining features of the children described include pursuit of special interests restricted to certain areas which have special value to them. There is an avoidance of involvement in other conceptual, social, or interpersonal areas.

We applied the above descriptive criteria for AS to each of these patients. Cases 1 and 2 were positive for four criteria each, with insufficient data for the other six criteria. Case 3 was positive for five criteria, with insufficient data for five. Interestingly, case 1 exhibited severe phonic tics (Kerbeshian & Burd, 1986). With the data available, we can only state that the cases as presented are not inconsistent with AS.

Kanner's comments may be of some general value in the controversy regarding the syndromic specificity of AS. He argues the value of an atheoretical description, and cautions against putting "the interpretive cart before the semeiologic horse". He notes that circumscribed interest patterns as a syndrome may also be found in children whom we today might describe as hyperlexic, in obsessive children, and in schizophrenic children, as well as in autistic children. Finally, Kanner lauds Robinson & Vitale for their attempts to single out specific clinical patterns as a basis for diagnostic categorisation.

It is with Kanner's thoughts in mind that we are concerned about the potential diagnostic reification of conceptualisations such as "good-prognosis autism" or "autistic spectrum". Whether AS represents a point of confluence of one or more primary syndromes, or whether it coheres as a primary syndrome itself, should be decided by studies based in data, and not by opinion. We should strive toward having the semeiologic horse pull the interpretive cart.

LARRY BURD
JACOB KERBESHIAN

Medical Center Rehabilitation Hospital
1300 South Columbia Road
Grand Forks
ND 58202
USA

References

- KERBESHIAN, J. & BURD, L. (1986) Asperger's syndrome and Tourette syndrome: the case of the pinball wizard. *British Journal of Psychiatry*, **148**, 731–736.
- ROBINSON, J. F. & VITALE, L. J. (1954) Children with circumscribed interest patterns. *American Journal of Orthopsychiatry*, **24**, 755–766.
- SCHOPLER, E. (1985) Convergence of learning disability, higher level autism, and Asperger's syndrome. *Journal of Autism and Developmental Disorders*, **15**, 359.
- VOLKMAR, F. R., PAUL, R. & COHEN, D. J. (1985) The use of "Asperger's syndrome". *Journal of Autism and Developmental Disorders*, **15**, 437–439.
- WING, L. (1981) Asperger's syndrome: a clinical account. *Psychological Medicine*, **11**, 115–129.
- (1986) Clarification on Asperger's syndrome. *Journal of Autism and Developmental Disorders*, **16**, 513–515.

Hepatitis B and Mental Handicap

SIR: At the recent symposium on hepatitis B held in London, a warning was issued that hepatitis B was the most serious form of viral hepatitis, and it was said that safe and effective vaccines were available which could prevent infection and so prevent most cases of liver cancer.

This is a timely reminder to all colleagues who work in the field of mental handicap to be alert towards hepatitis B virus, which is endemic among the mentally handicapped population, particularly now when the mentally handicapped live for much longer (Carter & Jancar, 1983) and a number of patients have been discharged from hospitals.

Between 1976 and 1980 all the patients in the seven hospitals and seven hostels for the mentally handicapped in the Bristol area were screened for markers of hepatitis B infection. Of 2239 patients, 123 (5.5%) were carriers of hepatitis B surface antigen (HBsAg) and a third of these were 'infectious' (negative for