# Infantile autism and Mitteleuropa

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Dear editor,

The history of infantile autism officially began with the papers of Chaskel Lieb Kanner, better known as Leo Kanner (1943), and of Hans Asperger (1944), even though the first description of children with autism probably dates back to 1926 and should be attributed to Grunya Efimovna Sukhareva (Kiev, 1891 – Moscow, 1981) (1). Kanner described the clinical picture, characterized by aloneness and sameness, which in the following decades was considered as classic infantile autism, corresponding to the Autistic Disorder of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), in the context of Pervasive Developmental Disorders (PDDs) (2). Kanner was an Austrian, United States (US)-naturalized child psychiatrist. He was born in 1894 in Klekotow, which then was located in Austria-Hungary (now Klekotiv, Ukraine). In Berlin he graduated in medicine and then worked as a cardiologist. In 1924 he emigrated to the US, where he dealt with child psychiatry in Baltimore at the Johns Hopkins University, publishing the first textbook in English dedicated to child psychiatry in 1935. However, his link with the scientific culture of Mitteleuropa has always remained evident. He died in 1981 at Sykesville (Maryland, US). Asperger (Wien, 1906 – Wien, 1980) was an Austrian pediatrician who described a clinical condition (that took its name from him in the DSM-IV, always in the context of PDDs: Asperger's Disorder), similar to that reported by Kanner, but different from it basically for two characteristics: the absence of intellectual disability and the presence, though atypical, of verbal speech. According to the DSM-IV, there were also three other PDD categories. First of all, Rett's Disorder, characterized by a severe developmental regression with autistic traits affecting almost only girls, described in 1966 by the Austrian neurologist Andreas Rett (Fürth - Germany, 1924 – Wien, 1997) (3). Today, the genetic nature of this disorder is verified: mutations in MECP2, CDKL5 or FOXG1 gene are the most frequent causes. Another PDD included in the DSM-IV was Childhood Disintegrative Disorder, characterized by a severe regression in almost all developmental areas of functioning after at least 2 years during which the development is apparently normal. In many aspects this disorder resembles the clinical picture of "Dementia Infantilis," described in 1908 by an Austrian educator, Theodor Heller (Wien, 1869 – Wien, 1938), who was a forerunner of special education (4). Only the fifth (and the most heterogeneous) PDD subcategory according to the DSM-IV, such as the Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS), cannot be associated with the work of anyone in particular. PDDNOS was a residual subcategory, including the "atypical autism," that did not meet the DSM-IV criteria for Autistic Disorder due to late onset, atypical and/or subthreshold symptomatology. Therefore, in the chapter dedicated to PDDs in the DSM-IV, which was published in 1994, various nosographic entities born in the scientific context of Mitteleuropa found recognition, even though with a delay of several decades.

In 2013, the DSM-5 erased all five mentioned diagnostic subcategories of the DSM-IV, proposing a single, all-embracing category of Autism Spectrum Disorder, subdivided into 3 severity degrees (5). In our opinion, this subdivision does not reflect the great clinical heterogeneity of the disorder, and therefore the DSM-5 autism classification requires improvements. We hope that in this work of improvement also authors from regions of the world other than Europe and North America will be able to contribute.

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