McDonald's visit to the South Australian Centre for Crippled Children, referred to in my evaluation, was for a wheelchair and switch assessment, not a communication assessment. She informs me that she underwent two assessments of her ability to read, carried out by psychologists in 1977 and 1978, using procedures in which neither the assessor nor the facilitator knew the answers to questions put to her. These established that she had reading skills. She also informed me of two assessments by psychologists in 1979 using subtests of the WAIS with facilitation and the Peabody Picture Vocabulary Test without facilitation. On the basis of these results, the Supreme Court of Victoria judged that she had the capacity to make decisions for herself and to manage her own affairs.

McDonald is currently completing the final year of her university studies for a degree in humanities. She intends visiting the United States later this year. Her concern is that those she meets during her visit accept her as she is, without any preconceptions that may have been engendered inadvertently by my earlier letter.

However, the value or otherwise of Facilitated Communication for people with autism remains unanswered until independent scientific evidence is available about facilitator influence and treatment outcomes. At least one formal clinical evaluation has begun in Australia. Information about the evaluation can be obtained from Tony Attwood, Intellectual Disability Services, P.O. Box 806, Brisbane, Queensland 4001, Australia, Telephone (07) 224-4964 (visitors and requests for information are welcome).

_Sue Bettison, Chief Executive Officer_
_Autistic Association of New South Wales_
_Box 361_
_Forestville, N.S.W. 2087 Australia_

**REFERENCE**


**THE PREVALENCE OF RETT SYNDROME AND INFANTILE AUTISM IN CHIKUGO DISTRICT, THE SOUTHWESTERN AREA OF FUKUOKA PREFECTURE, JAPAN**

Rett syndrome (RS) is well known as one of the mental disorders with autistic behavior. The prevalence of RS is thought to be approximately
0.65–1.0/10,000 in girls in European countries (Hagberg, 1985; Hagberg & Witt-Engerstöm, 1987; Kerr & Stephenson, 1986; Witt-Engerstöm & Gillberg, 1987). Two low-prevalence studies of RS have been published from Tokushima prefecture (0.37/10,000 girls at 7–15 years) (Fujino & Hashimoto, 1989) and from Tokyo (0.50/10,000 girls age 6–14 years) (Suzuki, Hirayama, & Arima, 1989), even though these prevalence rates showed no statistical difference compared to those reported from European countries. The prevalence of infantile autism (IA) in Japan was approximately 15/10,000 children in three recent studies (Ishii & Takahashi, 1983; Matsuishi et al., 1987; Tanoue, Oda, Asano, & Kawashima, 1988). Despite numerous epidemiologic studies of RS and/or IA, none examines the prevalence of RS and IA in the same area at the same ages.

Both the prevalence of Rett syndrome (RS) and of infantile autism (IA) in Chikugo district in Japan is reported in the present study. Kurume city (population: 225,000) and Chikugo city (45,000) in Chikugo district are neighbors and have stable population dynamics; both are situated in the southwestern Fukuoka prefecture in Japan. The population of children from 6 to 14 years of age in Chikugo district was 35,366 (male 17,664; female 17,702) on December 1, 1989. We examined the preschool children suspected as having mental or physical handicaps from the kindergarten, the nursery school, and the public health center in every year, as members of the Institute of Education for Preschool Children. We examined the public records of the City Committee of the Board of Education, the Institute of Education for Preschool Children, the elementary school and junior high school special classes for children with handicaps, with mental retardation, physical handicaps, and learning disabilities in the two cities. They were diagnosed as having RS according to the Rett Syndrome Diagnostic Criteria Work Group (1988) or IA by the criteria of DSM-III-R (American Psychiatric Association, 1988). Each suspected case of IA and RS was examined directly by the authors.

Two girls, both 8 years old, were diagnosed RS among the population of 17,702 girls from 6 to 14 years old in Chikugo District. The prevalence of RS was 1.13 per 10,000 girls (95% confidence interval: 0.11–3.24). Both patients were in the pseudostationary stage according to the clinical staging classification by international criteria (Rett Syndrome Diagnostic Criteria Work Group, 1988).

There were 49 patients with IA among 35,366 children born during the years from 1975 to 1983 in Chikugo District. The number and the sex ratio of each age group are depicted in Figure 1. The prevalence of IA was 13.9 (male 22.1, female 5.7)/10,000 children (95% confidence interval: 10.3–18.0). The ratio of male/female was 4:1 (p < .0005), a high male prevalence as previously reported. The prevalences of both RS and IA