The Differentiation of Childhood Psychoses: 
An Analysis of Checklists for 2,218 Psychotic Children

BERNARD RIMLAND 2
Institute for Child Behavior Research

The author describes his Form E-2 checklist method for the diagnosis of early infantile autism and differentiation of other childhood psychoses. Data on 2,218 psychotic children, 1,652 boys and 556 girls, are presented. The checklists showed 9.7% of the children to have early infantile autism, thus providing a confirmation of Kanner's 1962 estimate that only 10% of his patients called "autistic" by others were correctly diagnosed. Also presented are data showing that among 445 psychotic children seen by two different diagnosticians, only 55 had been assigned the same diagnosis twice. Laboratory studies and other sources are cited to show that Form E-2 is effective in differentiating truly autistic from autistic-type children. Other aspects of the problem of diagnosing psychotic children are discussed.

In 1962 Leo Kanner observed that of every 100 children referred to him as "autistic," only about 10 really were autistic (Rimland, 1964). Nine years later, case history material accumulated for well over 2,000 psychotic children from many countries shows this estimate to have been remarkably accurate.

Kanner has repeatedly protested against indiscriminate use of the diagnoses "autistic" and "infantile autism." He has deplored "the dilution of the concept of early infantile autism," and observed that "the diagnosis has been made much too prodigiously" (Kanner, 1958a). In another paper (Kanner, 1958b),

---

1 This work was initiated during the author's residence as a Fellow at the Center for Advanced Study in the Behavioral Sciences, Stanford, California. Partial support has since been provided by the Wilkie Brothers Foundation, NIMH Grants MN-17774-01 and MH-15594-01, and by friends and families of the afflicted children.

2 Requests for reprints should be sent to Dr. Bernard Rimland, Director, Institute for Child Behavior Research, 4758 Edgeware Road, San Diego, California 92116.

Copyright © 1971 by Scripta Publishing Corporation.
he argued that,

There is, of course, no denying that overlapping symptomatology creates problems in trying to distinguish between different illnesses which have a number of features in common. But the problem is definitely not solved by the decree that the sharing of symptoms makes the diseases identical or that, because of the partial resemblance, a differentiation is unnecessary.

The concern about the misuse of the term “autism” does not stem from mere pedantry. The history of medicine has proved time and again that etiology must await nosology. The remarkable progress on the problem of mental retardation serves as a recent example. Well over 100 syndromes have by now been isolated, and each has become the target for researchers dedicated to finding effective treatment and prevention. It is reasonable to assume that there are, similarly, a number of causes of the childhood psychoses, leading to different syndromes that must be isolated and identified before significant progress can be achieved.

The purpose of this paper is to describe an objective method of diagnosing early infantile autism (EIA) and isolating other previously undifferentiated syndromes in the population of psychotic children often loosely referred to as “autistic.” While the discussion will deal primarily with EIA, our work is aimed equally at clarifying the obscure diagnostic picture pertaining to other severely afflicted children with nonautistic psychoses.3

**Diagnostic Forms E-1 and E-2**

**Form E-1**

The first printing of *Infantile Autism* (Rimland, 1964) included a diagnostic questionnaire titled Form E-1 with 76 questions on such topics as the child’s birth history, symptomatology, speech characteristics, and age of onset of disorder. It was designed to be answered by the parents and for the responses to be entered on punched cards for analysis by computer. Completed E-1 questionnaires began to arrive within a week of the publication date. Analyses of these forms and the accompanying letters indicated, as expected, that some revisions were necessary.

The most serious deficiency of Form E-1 is noteworthy. The form was intended for children up to about age seven, but the replies from parents indicated

3 In *Infantile Autism* the author referred to nonautistic psychotic children as “childhood schizophrenics.” As this term which encompassed a number of disorders (rather than a unitary disease) implies information that we actually lack, the author now prefers the term “autistic-type” children.