CoMeD
Coalition for Mercury-Free Drugs
33A Hoffman Avenue, Lake Hiawatha, NJ 07034-1922

17 April 2007

To All:

The review of the Kevin Leitch email with the "Subject":

"Regarding the recent ComEd press release. A saner look."

will begin on the next page after the brief introductory remarks that follow.

Introductory Remarks

First, we note that the writer begins by "misspelling" **CoMeD**, the Coalition for Mercury-free Drugs as "ComEd," an apparent Freudian slip related to the writer's focus on "educational interventions."

Second, the writer does not even *correctly* state the title of the **CoMeD** press release, which is:

"**Autistic Children Clinically Proven Mercury Poisoned**"

Third, to simplify this review, the writer's comments will be quoted in a "Times New Roman" font.

Then, **CoMeD**'s rebuttal remarks will be presented in indented text following each of the writer's quoted remarks.

CoMeD's remarks will be in a dark blue "News Gothic MT" font except when we mention or quote a statute or regulation; these will be in a "**Lydian**" font or in a dark red "News Gothic MT" font for a typographical or spelling correction.

When we quote from statements made in the writer's "April 14, 2007" email, an *italicized* "*Times New Roman*" font will be used.

When we quote from other references, an "Arial" font will be used.

With these things in mind, the **CoMeD** review will begin on the next page.

Respectfully,

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In-Depth Response To Kevin Leitch's Email, Dated "April 14, 2007"

"Dear Madams and Sirs,

Firstly, please accept my apologies for the unsolicited email. I hope it is not intrusive.

I wanted to write to you as you were the recipients of a recent email/PDF press release from the group ComEd [sic; CoMeD] regarding their belief that 'Autistic Children Clinically Proven Mercury Poisoning [sic; Poisoned]'. I wanted to offer an alternative to this erroneous belief. I will cite any references I make and I promise to keep this brief."

Factually, the information in the "*recent email/PDF press release from the group*" CoMeD, Coalition for Mercury-free Drugs, reports the finding, "Autistic Children Clinically Proven Mercury Poisoned," and not a CoMeD "*belief*."

This is the case because the finding reported is based on a review of the published facts not only reported in the studies alluded to by the writer but also in other articles that support the reported facts [see **Ref. 1**].

With respect to the writer's "*I wanted to offer an alternative to this erroneous belief. I will cite any references I make and I promise to keep this brief*," we find that the only person reporting an "*erroneous belief*" is the writer of this attack on the CoMeD press release.

"The ComEd press release uses two studies[1,2] and a technique as the 'mainstay' of its certainty that autistic children are clinically proven to be mercury poisoned."

First, we find that the writer cites links, writer's "*[1,2]*," to the primary studies rather than citing the primary studies themselves:

- Nataf R, Skorupka C, Amet L, Lam A, Springbett A, Lathe R. Porphyrinurea in Childhood Autistic Disorders: Implications for Environmental Toxicity. ***Toxicol. Appl. Pramacol***. 2006; **214**(2): 99-108. [**Nataf et al. 2006**]
- Geier DA, Geier MR. A prospective assessment of porphyrins in autistic disorders: A potential marker for heavy metal exposure. ***Neurotox Res***. 2006 Aug; **10**(1): 57-64. [**Geier and Geier 2006**]

and note that the links he provides are only links to the studies' abstracts.

Second, the writer fails to note that the two studies are but part of the ten (10) published studies we *directly* relied upon in determining what should be reported in the CoMeD press release.

Third, the writer fails to note that the referenced CoMeD web site, http://www.mercury-freedrugs.org provides the full text of all the articles upon which CoMeD relied in fashioning the CoMeD press release (see **Ref. 1**) and not just the abstracts which this writer cites.

"The Geier paper [1] is an attempted replication of the Nataf paper [2] and suffers from its same substantial drawbacks."

Here the writer is simply mistaken on several *key* points.

First, Geier and Geier [2006] confirmed (replicated) the findings of Nataf et al. [2006] with respect to children with an ASD diagnosis, the apparently neurotypical (NT) siblings of children with an ASD diagnosis, and matched unrelated NT children for the children studied.

Since Geier and Geier 2006 used a different clinical testing laboratory, "LabCorp, Inc." than Nataf et al. 2006, "Laboratoire Phillipe Auguste," it is obvious to any scientist that the realized intent of Geier and Geier 2006 was to confirm the findings of Natal et al. 2006 using a different testing laboratory and different children and not a "*replication of the Nataf paper [2]*" as the writer asserts.

Second, contrary to the implications of the writer's "*an attempted replication*," Geier and Geier 2006 successfully replicated the findings of Nataf et al. 2006 with respect to mercury poisoning in non-chelated children who have an ASD diagnosis.

Third, after a review of the papers referenced by CoMeD (and posted on CoMeD's website), *and not just their abstracts*, as well as other relevant peer-reviewed publications, we found no support for the "*substantial drawbacks*" alleged by the writer.

"Issue one: The role of precoproporphyrin.
==========

"Nataf et al claim that the presence of elevated precoproporphyrin is a specific indicator of mercury toxicity. They do this on the basis of three studies produced by one author [3,4,5]. When these studies are read properly, if we ask the question 'Does exposure to heavy metals cause a relative elevation for certain porphyrin compounds in urine?' the answer would appear to be 'Yes.'"

Here, the writer does not even address the issue he claims to raise, "*Issue one: The role of precoproporphyrin*" or provide any study to refute the finding of Nataf et al. 2006 that the writer correctly reports as, "*the presence of elevated precoproporphyrin is a specific indicator of mercury toxicity*."

Thus, this finding is an unassailed fact and not, *as the writer attempts to mislead the reader into thinking*, an artifact.

We further note that the writer shifts from the specific issue he raised, "*Issue one: The role of precoproporphyrin*," to a different, more general, issue, "*Does exposure to heavy metals cause a relative elevation for certain porphyrin compounds in urine*?"

However, the question that was asked and affirmatively answered by Nataf et al. 2006 and confirmed by Geier and Geier 2006 is: "Is the presence of elevated precoproporphyrin a specific indicator of mercury toxicity?"

Since the writer fails to even address this question, we must conclude that he recognized that the answer to this question is "YES" and contrived his alternative question to avoid having to address the issue he raised, "*Issue one: The role of precoproporphyrin*."

"However, If we ask the question 'Is the presence of certain urinary porphyrin compounds a specific indicator of heavy metal toxicity?' the answer would have to be 'No'[6]"

> Since the issue the writer raised is, "*Issue one: The role of precoproporphyrin*," and this question and answer do not address this issue, we must dismiss the writer's off-topic remarks because they do not address the issue the writer raised.

"The Woods papers are interesting but far from conclusive enough for the Nataf and consequently Geier papers to reply on."

> Contrary to the writer's *unsubstantiated* statement here, with respect to the "*precoproporphyrin*" issue raised by the writer, the "*Woods papers*," *as the writer refers to them*, and the findings reported by Nataf et al. 2006 and Geier and Geier 2006 clearly establish/prove: "*the presence of elevated precoproporphyrin is a specific indicator of mercury toxicity*."

"Issue two: Creatinine and the subsequent UPPA technique
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In their press release[,] ComEd [sic; CoMeD] claim[s] that the UPPA (urinary porphyrin profile analysis) technique is a 'highly accurate' method of determining toxicity."

> First, we note that the writer has inappropriately paraphrased what the CoMeD press release *clearly* states:
>
> "UPPA is a highly accurate, inexpensive, non-invasive, and routinely available method for estimating body-burden and toxicity of mercury."
>
> We find it odd that the writer would even attempt to distort our statement from "… method for estimating body-burden and toxicity of mercury" to his misleading and overly broad, "*method of determining toxicity*."
>
> We note that the CoMeD made no such broad claims but rather limited our claims to the facts as we clearly understand them, "UPPA is a highly accurate … method for estimating body-burden and toxicity of mercury."

"Indeed, it is the method used by the Nataf and Geier papers. In this method, the urine of children is collected and analysed for the presence of porphyrin's [sic; porphyrins]. If they are elevated then QED: the children must be metal poisoned."

> We first note that the writer's repeated attempts to "put words into our mouths" and deliberately distort our statements are, *at best*, duplicitous.
>
> Factually, the UPPA methodology does test spot urine samples and analyze them for the presence of certain porphyrins.
>
> However, as the name we gave the test clearly implies, urine porphyrin profile analysis test, it is the analysis of the urine porphyrin profile (and not the prophyrin values *per se*) that is used to identify those who are mercury poisoned!

Thus, if an adult's or child's urine porphyrin results fit certain porphyrin profiles, the adult or child is mercury poisoned, regardless of whatever other diagnosed conditions that the person may, or may not, have.

Therefore, the writer's "*If they are elevated then QED: the children must be metal poisoned*" is a knowingly false representation of the UPPA test.

Mercury poisoning in any person, child or otherwise, is established by the UPPA porphyrin profile and not simply the elevations of porphyrins as the writer apparently *knowingly* misstates.

"Except its not as simple as that. The content, volume and dilution of urine varies considerably from patient to patient. The way around this issue is to measure a secondary constant element from the urine and compare the amount of porphyrins found against the amount of this compound and express the result as a ratio. This is what Nataf, Geier and the UPPA technique does. It utilises creatinine - a constant in urine - to provide a baseline figure and thus get an accurate percentage of porphyrins."

Again, while the laboratories performing the urine analysis do use creatinine as a "normalizing" corrector as the writer states, mercury poisoning is established by the porphyrin profile – the pattern and ratios of the measured values for certain porphyrins found in the urine samples of the children tested.

Since the "creatinine correction" applies equally to all the porphyrin values, it does not alter the porphyrin pattern (relative magnitudes of the values reported) or the ratios of one such porphyrin component's value in a given sample to another porphyrin component's value in that same sample.

Therefore, the writer is again *knowingly* misrepresenting the UPPA test and the procedure used to identify those children, and adults, who are mercury poisoned.

"This is a standard way of measuring compounds in urine. The only issue is found when the population in question (autistic children in this case) are known to have significantly low levels of creatinine. Obviously, this would skew the results considerably and present a false reading of elevated porphyrins."

Since the UPPA test assigns mercury toxicity based on the porphyrin profile – the pattern and the ratios of certain porphyrins (and not their absolute or "creatinine corrected" values), the writer's statements here are simply "red herrings" designed to mislead the uninformed reader.

"Is there recorded instances of low creatinine in autistic kids? It seems that there might be.

'Spot urinary creatinine excretion in pervasive developmental disorders' published in Pediatrics International[7], reports low creatinine levels in PDD: 'a significant decrease in urinary creatinine concentration was found in the PDD group compared to controls using a Mann-Whitney two-tailed ranks test.'"

While this information is interesting, it is not relevant to a test that uses porphyrin patterns and ratios to assess mercury poisoning.

Since UPPA uses porphyrin patterns and ratios to assess mercury poisoning, the level for the creatinine in the sample affects neither the relative porphyrin patterns nor the porphyrin ratios used to identify those who are mercury poisoned.

That the latter is the case can *easily* be seen if we consider some porphyrins, "URO" (the sum of uroporphyrins I and III), and "PreCoPro" (the precoproporphyrin that has been found to be uniquely associated with mercury toxicity).

If we take the raw values "URO" and "PreCoPro" and ratio them or we take the creatinine-corrected values, "URO per gram of creatinine" and "PreCoPro per gram of creatinine," the patterns will be congruent since they are divided by the same factor and the ratio, "PreCoPro/Uro" will be the same.

This is clearly the case because "PreCoPro per gram of creatinine" divided by "URO per gram of creatinine" is:

"PreCoPro per gram of creatinine"
"URO per gram of creatinine"

or:

"PreCoPro ~~per gram of creatinine~~"
"URO ~~per gram of creatinine~~"

or

"PreCoPro"
"URO"

Thus, since UPPA uses relative porphyrin patterns and porphyrin ratios to assess mercury poisoning, the level for the creatinine in the sample affects neither the relative porphyrin pattern nor the porphyrin ratios used to identify those who are mercury poisoned.

"Of course, this just one study. Its a good start but thats it. But maybe its interesting that the group of maverick DAN! doctors (of whom one is treating Rev Sykes of ComEd's [sic; CoMeD] autistic son I believe) also find low creatinine in autistic kids[8]:

''Creatinine is often found to be marginal in the urine of autistics, and low creatinine can skew urine analyte results to high levels. So, also take note of creatinine levels if the laboratory results include ratioing to creatinine.''"

Again, since UPPA uses porphyrin patterns and ratios to assess mercury poisoning, the level for the creatinine in the sample affects neither the relative porphyrin patterns nor the porphyrin ratios used to identify those who are mercury poisoned.

The only value of the "creatinine correction" is that, *for a given group*, it helps in establishing "normal ranges" for each urine porphyrin component's value measured and reported.

Moreover, the overall findings seem to indicate that the lowering effect, *if any*, on creatinine is, in general, a small amount for most environmental toxicants, including heavy metals.

"I engaged in an email exchange with Professor Richard Lathe, secondary author of the Nataf paper[2] regarding the study his group had published and I questioned him at length regarding this creatinine issue. He said:

'1. There was no significant decline in urinary CRT levels in any of the autism groups, though there was a non-significant trend to a reduced level.
2. Reduced CRT, and increased porphyrin, both appear to be markers of environmental toxicity.'"

Since neither of these statements are relevant to the issue of mercury toxicity *per se*, we find that the writer's including them is but another attempt to mislead the reader away from the issues pertaining to the validity of the UPPA test's proven ability to identify mercury toxicity.

"However, neither of these observations were [sic; was] reported in the published paper. Lathe described it as 'pointless' to publish all data. I disagreed with him citing the uncertainty over creatinine levels and he conceded:

'The long and short of it is that the response of CRT to different levels of heavy metal toxicity has not been studied adequately.'"

Again, this is a tangential issue – one that may be important for "*different levels of heavy metal toxicity*" but an issue that is not important when an UPPA test is performed and the patterns and ratios of certain porphyrins are used to identify those who are mercury poisoned.

"Which is a troubling statement considering that his paper required CRT to be well understood and to be functioning as described in order for the science in the paper to be accurate."

Here, the writer has simply fabricated his own version of reality and stated that scientifically unsound version of reality in this document.

"Lathe also conceded that other key parts of his paper (and consequently the UPPA method) were in doubt and relied on science that had been refuted and thrown out of court when attempted to be used in private prosecution[9]"

Since the writer does not specify or quote the issues addressed and the only reference to a court case in the writer's "[9]" seems to refer to hair analysis, we find that, at best, the writer's remarks here are not relevant to the issue of the validity of the UPPA test for identifying those who, *on the date of a valid*

test in either of the two commercial clinical laboratories used in the recent studies, are mercury poisoned.

"The UPPA method has been in use for some time amongst adherents to the theory that mercury poisoning (notably from vaccines) causes autism. I have found numerous emails to a private access Yahoo Group called 'chelating2kids' which details peoples [sic; people's] experiences with this method. Here are just three.:

1: 'A fellow listmate had her son tested twice-- once over the summer which showed he had no elevated metals, and one this fall that showed he did indeed have elevated metal levels. She has sent an email to the lab asking about the differing results and has not received a response. I believe she is still trying to contact them'"

Since there are a variety of reasons why test results may differ, *including, but not limited to, a mishandled sample, an invalid test, and additional mercury exposures between test dates*, this comment is not germane to the validity of the UPPA test for identifying those who are mercury poisoned.

In addition, there is no way for anyone to verify the accuracy of the commenter's remarks.

Moreover, the post does not identify: a) the laboratory doing the testing, b) the actual testing that was performed, or c) the nature of the samples tested.

Finally, this example is, *at best*, second-hand hearsay because the person posting here is not even the person who had the testing done.

"2: 'FWIW, my neighbor's dad happens to be a porphyrin specialist here in Boston (believe it or not-- how many of those are there??). He reviewed lots of info for me-- Nataf's paper, my son's results that showed very elevated metals across the board-- and said he would have rejected the paper for publication had he been asked to review it. He said that fecal, not urine, should be used to measure the porphyrin levels. I sent an email to the lab inquiring about this and also received no response'"

Since the test identifies mercury poisoning from the pattern of porphyrins excreted in the urine, it would be pointless to test fecal samples for urine porphyrins as this "so called" expert opines.

As has been said repeatedly, the UPPA test is a urine porphyrin profile analysis test and not a porphyrins test *per se*.

From the remarks made by this "*porphyrin specialist here in Boston*," it is clear that: a) he did not review the UPPA test and/or b) he has little or no understanding of the use of biomarkers to assess toxicity.

Thus, this example is not germane to either of the writer's, "Issue two: Creatinine and the subsequent UPPA technique" areas because it has nothing to do with either creatinine or urine porphyrin profile analysis.

Thus, the reader should ignore this example because it is not relevant to either: a) the writer's stated "*Creatinine*" issue or b) the validity of the "*UPPA technique*" for identifying those who are mercury poisoned.

"3: 'I just received the results of the French porphyrin test for myself and my 7 year old NT [NeuroTypical - i.e. non autistic] daughter, and the results also show severe lead and mercury toxicity. My daughters numbers are worse than my ASD son!'"

Here, we first note that, without our scientists' reviewing all the medical and dietary history of the people involved, it is not possible for us to address the whys for the results reported or to verify their accuracy and/or validity.

However, since the UPPA test identifies those who are mercury poisoned, it is quite possible for others, besides children with an ASD diagnosis, to show "*severe lead and mercury toxicity*."

In our experience, we have found several to be mercury poisoned who are not children with an ASD diagnosis or who are adults.

Since the test was developed and used and validated on those with occupational mercury exposures, *including dentists and dental assistants who clearly do not have an ASD diagnosis but who were found and confirmed to be mercury poisoned*, this example only serves to support the claims made in the second paragraph of the CoMeD press release:

> "UPPA is a highly accurate, inexpensive, non-invasive, and routinely available method for estimating body-burden and toxicity of mercury. Numerous peer-reviewed scientific/medical papers published over the past 40 years, many of them supported by the US NIH, have proven the validity of using UPPA to identify mercury poisoning."

Thus, nothing that the writer has reported detracts from the reality that the UPPA test can be used to identify those who are mercury poisoned.

"In closing, I would suggest that any assurances that mercury poisoning as a causative agent of autism are even likely, let alone 'clinically proven' should be taken with a very large grain of salt.

Here, we find that the writer's rhetoric fails to address, much less establish the validity of his views about, the non-relevant issues that he raised in his attempt to undermine the proven reality that the UPPA test can identify those who are mercury poisoned.

If anything "*should be taken with a very large grain of salt*," it is the remarks of the writer who, *lacking the ability or the science to attack the UPPA test*, has chosen to address tangential and non-relevant issues.

"I would also suggest that Rev Sykes role as an anti-vaccine activist and vaccine/autism litigant[10] are taken into account when considering the validity and motives of this press release."

First, we note those who cannot attack the validity of the message often attack those who they perceive to be the messenger.

The writer's remarks here are an obvious use of this personal-attack strategy.

Worse, the writer mischaracterizes CoMeD, the Coalition for Mercury-free Drugs, and Rev. Sykes because, *factually*, both are NOT "*anti-vaccine*."

Accurately, both are for the immediate and irrevocable removal of all added mercury compounds from all uses in medicine, *including any use in vaccines,* as well as the recall and destruction of all existing medicines that contain added mercury compounds.

We have taken this position because:

- There is no toxicological safety study that has established that any level of Thimerosal or other mercury compound is "**sufficiently nontoxic** …" to the clear minimum CGMP standard established in 1973 in **Title 21 of the U.S. Code of Federal Regulations, Section 610.15(a)**,
- The U.S.A.[1] Secretary of the Department of Health and Human Services has *knowingly* failed to comply with the 1987 statutory mandate to safen childhood vaccines (see **Title 21 of the U.S. Code, Section 300aa-27(a)(2)**),
- There are other non-bioaccumulative compounds that have been, are being, and can be, used as a vaccine preservative if one were absolutely necessary,
- There is no justification for using any preservative in any vaccine in the U.S.A. since all can be packaged in single-doses for about the same real cost as dispensing in multiple-dose containers, *notwithstanding the industry's unsubstantiated protestations to the contrary*, and
- The body of toxicological evidence has clearly established that Thimerosal and the other organic mercury compounds used in today's medicines and medical practices are bioaccumulative systemic toxins with clinical toxicity thresholds in tissues at levels well below 0.01 ppm (0.000001 %; 10,000 times lower than, *for example*, the current nominal level [0.01%] in today's Thimerosal-preserved flu shot).

Factually, Rev. Sykes brought her child's valid vaccine-injury claims to the U.S.A. administrative "vaccine court," in accordance with the applicable statutes,[2] as would any parent of an American child who has been injured by any component in a "childhood" vaccine.

In addition, trying to stop the *in utero* and *post partum* mercury poisoning of other developing children by the Thimerosal and other mercury compounds

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1 Though often abbreviated U.S. or US, the proper abbreviation for the United States of America is U.S.A.

2 **Title 42 of the U.S. Code – THE PUBLIC HEALTH AND WELFARE, Chapter 6A – PUBLIC HEALTH SERVICE, SUBCHAPTER XIX – VACCINES, Part 2 – National Vaccine Injury Compensation Program, Sections 300aa-10 through 300aa-34.**

unnecessarily added to some vaccines, *including most flu shots*, and other drugs, she joined with other parents and scientists to form CoMeD, an organization dedicated to mercury-free drugs.

Finally, we trust that the reader will actually read the UPPA-related studies we have provided on the CoMeD website and our responses to this writer's statements "*when considering the validity ... of this press release*"[3]

"Thanks for listening. My motive for writing this email is that, as parent to a severely autistic seven year old girl, I am sick to death of hearing bad science and media-driven misrepresentations attempt to coerce from autistic people what they truly need - decent, peer reviewed science which lead to good educational interventions for all autistic people. Thanks again."

First, we leave it to God to judge the writer's true motives.

Second, we have presented what is truly needed — peer-reviewed published science that, *when properly followed*, can:

- Identify children with or without an ASD diagnosis who are mercury poisoned,
- Track the removal of mercury from those who are mercury poisoned when an appropriate mercury-chelation protocol is used to reduce their mercury burden, and
- Establish that many with an ASD diagnosis have been mercury poisoned by the mercury to which they have been exposed, including, first and foremost, the mercury compounds injected into, and/or inhaled by, and/or applied topically to, their mothers while pregnant and, *post partum*, injected into, and/or inhaled by, and/or applied topically to, the children themselves.

When an autistic child or other person is mercury poisoned,[4] we fail to see how "*decent, peer reviewed science which lead to good educational interventions for all autistic people*" will cure their underlying mercury poisoning.

Third, since our press release is neither "*bad science*" nor "*media-driven*" nor coercive, we find the writer's "*I am sick to death of hearing bad science and media-driven misrepresentations attempt to coerce from autistic people what they truly need*" statement is, *at best*, inappropriate.

Further, when the writer was attacking the motives of Rev. Sykes and CoMeD, we note that it did not seem to matter to the writer that Rev. Sykes and other CoMeD Representatives have "*a severely autistic*" child.

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3 Factually, being inanimate, a press release cannot have "*motives*."

4 Based on the limited UPPA data we have seen on non-chelated children with an ASD diagnosis, we estimate that at least 75% and probably 85% have evidence of mercury poisoning. Hopefully, as the parents of more children with an ASD diagnosis obtain the results from a valid UPPA test in an appropriately qualified commercial or academic clinical laboratory and these become available to us or others for compilation, we will better understand the population percentage of children with an ASD diagnosis who are also mercury poisoned.

Thus, we find that the writer's "*as parent to a severely autistic seven year old girl*" remark is both inappropriate here and not relevant to the reality expressed in the UPPA press release:

> "UPPA is a highly accurate, inexpensive, non-invasive, and routinely available method for estimating body-burden and toxicity of mercury."

Hopefully, anyone reading this CoMeD response will:

- Reread the CoMeD press release,
- Visit the "UPPA" web page on the CoMeD web site,
- Read the studies posted there for themselves, and
- Act as the valid information that we have posted there suggests they should act.

CoMeD Reference:

Ref. 1 The studies posted in the "Published Studies" link on the "Urine Porphyrin Profile Analysis (UPPA)" webpage of the CoMeD web site, http://www.mercury-freedrugs.org.

"References
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[1] http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=17000470&query_hl=2&itool=pubmed_docsum
[2] http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16782144&query_hl=5&itool=pubmed_docsum
[3] http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=11353132&query_hl=7&itool=pubmed_docsum
[4] http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=8723034&query_hl=7&itool=pubmed_docsum
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[6] http://notmercury.blogspot.com/2006/06/relatively-speaking.html
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[9] http://www.kevinleitch.co.uk/wp/?p=415
[10] http://neurodiversity.com/weblog/article/126/"

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"Kevin Leitch
http://www.kevinleitch.co.uk/wp - personal blog
http://www.autism-hub.co.uk - Best autism blogs
http://www.autism-forum.co.uk - Forum for autism parents"

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