

## The International Society for "Logopædia."

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The word "Logopædie" was coined by Doz. Dr. E. Froeschels, of Vienna, to describe his work, *i.e.*, research on the cause of defects of speech and their treatment.

In England we have not this passion for coining terms, displayed by our colleagues on the Continent, and it is unlikely that we shall adopt this new word. We might use "elocution" if it were not that we are apt to associate "recitation" (and what recitation!) with that word. The term "Speech Training," which many prefer as a description of our profession, may be thought to cover too wide a field, but that can be avoided by adding the word "remedial." Thus, "Remedial Speech Training" is the subject of this article. The term is not so compact as "Logopædie," but it is plain English. The shortened term, "Remedial Classes," will be used to describe special classes for correction of defects of speech, as opposed to "special schools," to describe classes at which children suffering from defects of speech receive general education as well as special instruction in speaking.

A group of German and Austrian speech specialists has organised an International Society for Remedial Speech Training. The first congress, at which delegates from Austria, Czecho-Slovakia, Germany, Great Britain, Greece, Japan, Russia, U.S.A. and Yougo-Slavia were present, was held in Vienna in 1924. At this congress the following resolutions were passed:—

1.—The system of "special schools" is recommended as the most satisfactory one for the treatment of defects of speech in school-children.

2.—The Staff of such schools should consist of teachers specially trained to treat defects of speech, and School Medical Officers cognisant with the subject.

3.—Instruction in phonetics and phonology should be included in the curriculum of *all* Training Colleges for Teachers, in order that each teacher may use his or her own voice hygienically, and impart such knowledge to his or her pupils, and that he or she may also be able to recognise and diagnose defects of speech and recommend cases that come under their notice for treatment.

4.—That singing lessons be given by special teachers who have a knowledge of phonetics and phonology, as well as the usual musical qualifications.

5.—The congress urges Education Ministries to create posts for medical men,<sup>1</sup> who will specialise in the treatment of defects of speech; whose duty it will be to examine cases recommended by their teachers, and to decide whether the pupil shall be treated by him personally or sent to a special school or remedial classes.

<sup>1</sup> In all cases where mention is made of "medical men," women practising medicine are, of course, included.

It is evident that these resolutions presume an educational system entirely under Government control. Indeed, the difference in the educational system of this country, and the one in which the congress took place, makes some of these suggestions impracticable; others may be disputed, but there is much good advice that we should do well to accept.

Before proceeding to discuss the resolutions, it will be useful to give an outline of the organisation of Remedial Speech Training in England and Wales.

Private speech specialists and their patients do not concern us here. For children attending schools under the jurisdiction of the Board of Education, provision is made in the following manner:—

The Board of Education permits local education authorities to establish remedial classes for stammerers<sup>2</sup> if this is considered necessary. The teachers of such classes have to satisfy the authorities as to their qualifications as speech specialists, but they are not bound to follow any particular method. The pupils are inspected at regular intervals by a School Medical Officer, who makes a separate report on the progress of the case. At some centres two classes, limited to twelve pupils each, receive about an hour's tuition twice weekly; in others the classes are more or less frequent; and in a few cases whole-time tuition in all subjects is given. There are 32 such centres in England and Wales.

It will be noticed that no provision is made for organic defects of speech (*e.g.*, cleft palate speech), or functional defects (retarded speech, neurotic lisping, etc.) other than stammering.<sup>2</sup> A number of hospitals in London provide speech clinics at which such cases are treated. These clinics are not solely for them, however. Stammerers not eligible for the L.C.C. remedial classes are admitted as well. For instance, an inhabitant of that part of London which is in the County of Middlesex can only receive tuition at the hospitals, as the Middlesex Education Committee does not provide remedial classes. Many of the hospitals also admit adults.

To what extent is it practicable or desirable for us to subscribe to the resolutions of the first congress of "Logopædists"?

#### RESOLUTION I.

There is still some difference of opinion as to the desirability of special schools for stammerers. The constant supervision of a teacher specially skilled in Remedial Speech Training is very beneficial, but there is a risk that, to force the stammerer to attend a separate school, is to strengthen his inferiority complex. Also, where the pupil lives in an environment of stammerers, the constant contact with others at school may do as much harm as good.

Most of the speakers at the congress urged the complete re-education of the stammerers and condemned the "course" of lessons. The latter method is the one where the pupil is absent from school for two or three weeks, and in that time has to concentrate on voice exercises and the like, then returns to school and has little or no further remedial lessons. There is no doubt that

<sup>2</sup> Stammering (or stuttering) is that defect of speech which manifests itself in a spasm of the respiratory tract or the organs of articulation, often accompanied by other spasmodic movements, and is due to a diversion of attention. Briefly, the stammerer thinks not of the matter to be spoken, but the manner, with resultant inhibition of speech.

a stammer cannot be cured with exercises only, and that the pupil's whole attitude to life needs to be re-educated. The best method is the one which gives frequent and adequate remedial lessons without interfering unduly with the pupil's general education.

Since there are as yet no Remedial Classes for all defects of speech in this country, there is little danger of our Education Authorities, if they establish special schools, falling into the error of mixing stammerers and other defectives. It must be borne in mind that children suffering from defects of speech, especially neurotic ones, are temperamentally pre-disposed to stammer. There is a number of cases on record where children with an organic defect have, owing to the ridicule to which they were subjected, developed a stammer. Constant contact with stammerers may prove detrimental to such cases.

The writer opposes herself to the opinion of many experts, "that special schools are desirable for all defects of speech and essential for the treatment of stammering." There is still some doubt as to what is really best for the stammerer, but there is none as to the benefit obtained by other defectives from special schools. The stammerer is usually highly intelligent and well able to keep up with his class. The sufferer from an organic defect of speech will often drop behind his class on account of his difficulty; the child who has a functional defect of speech is often behind his age in all things, and there is no disputing the benefit such children will derive from being taught in small classes by specially trained teachers.

In the meantime, wanting a special school, I urge Education Authorities to establish Remedial Classes for such cases, and teachers to recommend parents to utilise the existing speech clinics for the treatment of all defects.

There is a theory that retarded speech will come "right of its own account." Very often it does; but in the meantime the child has dropped behind others of his age, whereas at a special school his defect would be corrected and his general education kept up to standard. Even attendance at Remedial Classes or clinics will hasten the "coming right" of the defect and make the child fit for ordinary education.

Enthusiasts should be warned against looking on the toothless lisp of a six or seven-year-old child as a defect of speech. This, of course, does come right on its own account.

#### RESOLUTION 2.

This requires a training college at which instruction is given in the special subject, "Speech Training," as well as the ordinary course of study for prospective teachers. Such a college would have to be founded, or, better still, a course arranged, at which part of the training is received at a recognised college of speech training and part at a teacher's training college. This would, of course, involve a rather prolonged period of training, and some material advantage would, in consequence, have to be offered to the special teachers.

As to the specially qualified medical men, there is no doubt that it is highly desirable that medical practitioners as a whole, but particularly those who specialise in the diseases of children, neurologists, auralists, dentists, etc., should pay more attention to phonetics and phonology.

## RESOLUTIONS 3 &amp; 4.

No one can be in two minds as to the desirability and practicability of these. Too many teachers suffer from "sore throat" for it to be possible to deny, that for their own sakes instruction in speaking is essential and should be included in their training to a greater extent than is at present customary, nor can there be any doubt that it would prove an advantage for them to be able to pass on such knowledge to their pupils.

## RESOLUTION 5.

Is one for members of the medical profession, of whom a number attended the first congress, to consider.

The immediate adoption of all these resolutions is unlikely on account of considerations of economy. It would be possible, however, to leave the situation much as it is, *i.e.*, let the Remedial Classes remain in the hands of specialists who are properly qualified, and adopt Resolution 4, so that their work may be assisted by the class teachers of their pupils.

The co-operation of the class teacher and the teacher of speech training is most needful and "devoutly to be hoped for." We have long since learned not to look on a cripple as an object of mirth, but there are still many who regard a defect of speech as a fit subject for laughter. This causes untold mischief to the defective, and none so cruel in this respect as children, while, shame to relate, some teachers not only fail to check such unkindness, but join in the teasing. Surely such ignorance is not to be tolerated! Let us therefore urge that:

All Training Colleges shall give adequate instruction in phonetics and phonology in order that all teachers may use their voices well and speak standard English, that they may pass on this knowledge to their pupils and learn to detect and diagnose defects of speech. When this point is gained what else is required will follow suit.

The second congress of the International Society for "Logopædie" will be held in July (the exact date is not yet known), and the Executive Committee has expressed a hope that many representatives of Great Britain, both of the medical and educational professions, will be present. Those who wish for further particulars should apply to Dr. Leopold Stein, Wien VI., Mittelgasse 37.