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The Development of Speech Pathology in America, 1890-1940

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THE DEVELOPMENT OF SPEECH PATHOLOGY IN AMERICA:
1890 - 1940

by
Ann O'Connell

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VITA

The doctoral candidate, Ann O'Connell, is the daughter of David and Grace Morris. She was born on 11 June 1948 in Chicago, Illinois.

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She is active in community, church, school and professional organizations. At the current time she is beginning her third year on the St. Mary of the Woods School Board.
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CHAPTER I

INTRODUCTION

Speech pathology as a field of study has been a recent development in the academic divisions of colleges and universities. Historically, it has occupied a dubious position medically, psychologically, and educationally, because it lacked form and direction. It has been a little over sixty years since the American Speech and Hearing Association was founded with six members. Before 1940, nine states recognized the speech handicapped legislatively and only nine states had any type of certification requirements in the field. In 1925 four universities had awarded a total of twenty graduate degrees with theses in speech emphasizing the scientific aspects of speech. Yet, twenty-five years later, in 1950, forty-two such institutions had awarded a total of 1,036 graduate degrees in speech correction.¹

The growth of speech pathology as a field of study was precipitated by two significant movements which increased the stature of the profession immeasurably. One was the undertaking and publication of scientifically-based studies in this area of knowledge. The other was the establishment of courses within the university setting in the treatment of speech disorders.²
EARLY ORIGINS OF SPEECH PATHOLOGY

Speech and its defects have been treated or mistreated for centuries by a variety of professions. Records describing defective speech and its treatment have been traced back to fifth century B.C. Most people have heard the story of Demosthenes with his mouth full of pebbles shouting to the resounding waves to correct his lisp. Grandmothers of today's generation puckered their lips into "prunes and prisms" according to the popular speech training of the day. Moses in Exodus 4:10 said: "Oh Lord, I am not a man of words, neither heretofore nor since thou has spoken unto thy servant; for I am slow of speech and slow of tongue."

Ancient Times: Early Greece and Rome

Oral communication has assumed a place of importance in the thought and literature of mankind since ancient times; for example, the Greek educational system emphasized oratory skills. Corax wrote one of the first texts on rhetoric in 450 B.C. giving the rules for logical arrangement of speech. He reflected the attitude of the time where aesthetic values were emphasized. A very high standard of speech was demanded from those in high places. A student, however brilliant, lacking a resonant voice and clear diction had little hope of success. If, after his student days, he dared to come before the Assembly with defective speech his future would be ruined before it had
begun. This insistence upon perfection in the aesthetic aspect of speech imposed a great strain upon young men of ambition.

Hippocrates (450-357 B.C.), the Greek physician, himself the son of a physician, described symptoms of both stuttering and aphasia. He stressed in his writings the importance of careful observation and diagnosis, and insisted the brain was the most powerful organ of the body. His thoughts on aphasia were, "If the tongue is suddenly paralyzed, or part of the body suffers a stroke, its affection is melancholic." He attributed stuttering to "the speaker talking of something fresh before he has uttered what was in his mind before."³

"Lisping is due to the inability to master a letter," wrote Aristotle centuries ago, "... stammering is due to the dropping out of some letter or syllable ... all of these are due to the want of power, for the tongue is not always an efficient servant of the intelligence." His words were from experience, as Aristotle himself was afflicted with a lisp.⁴

In biblical times, there were many instances of defective speech from Moses to the Ephraimites whose known inability to pronounce the consonant "sh," as in shibboleth, was used as a test to distinguish them from the Gileadites in a battle at the river Jordan.⁵ St. Mark tells the story of the Great Physician's healing:
One . . . was deaf and had an impediment in his speech . . . . And He took him aside from the multitude, and put his fingers into his ears . . . and touched his tongue. And straightway his ears were opened, and the string of his tongue was loosed, and he spake plain.⁶

Judging from the Greek vocabulary, there were a variety of terms relating to impediments of speech. Two of these are "alalia" for loss of voice and "aphasia" for loss of language. Satyrus (383-322 B.C.), Demosthenes' teacher, has been credited as the first to combat defective speech by lessons of diction. His students were instructed to embark upon a rigorous course of exercises in breath control, articulation and voice production. They learned to control their breathing and gestures.⁷

Aurelius Cornelius Celsus (42 B.C.-37 A.D.) compiled volumes on diseases of the eye, ear, nose and mouth. He advocated the use of gargles for faulty articulation, and to remedy other speech disturbances he suggested eating pungent substances. He emphasized the tongue as the origin of most speech disorders. For those who were tongue-tied he advised, "the extremity of the tongue is to be seized with forceps, and the membrane under it excised, great care being taken lest the blood vessels close by are injured or bleeding."⁸
Aetus of Amida, a physician of the sixth century, thought the cause of stuttering was located in the tongue. He, as Celsus had, advised surgery to allow the tongue to reach the palate.9

The amount of written materials available to the Romans was limited. Opinions were circulated almost wholly by word of mouth. The man who could speak well had an immense advantage over the one who could not. Almost without exception the famous men of Rome were good speakers who controlled public opinion by the authority, soundness and brilliance of their oratory.

The Romans placed great importance on oratorical skills and had little compassion for vocal infirmities. A handicapped person was often known by the name of his affliction. Romans classified those who stuttered and lisped with derogatory surnames, as they did with those who squinted or were "bandy-legged." Cages along the Appian Way held various grotesque human disabilities including "Balbus Blaesus," the name given to the stutterer, who would attempt to talk when a coin was flung through the bars.10

The Middle Ages and Renaissance

Attitudes changed over time to reflect the changing conscience of society. In the Middle Ages physical defects were perceived as either funny or as sinister. In the fifth through the seventh centuries, there arose a curious
contrast between the treatment of the handicapped by the religious orders and by nobility. To the religious orders they undoubtedly represented souls to be saved. The Monastics stressed articulate speech. If those with speech handicaps could be taught to speak persuasively, they could preach more convincingly.

In contrast, the nobles used the speech handicapped as had certain nations previously for the purpose of amusement. Throughout the Middle Ages the handicapped were viewed with cruelty and confusion. Crossed eyes constituted the evil-eye. The physically disabled, including cleft palates and stutterers, were frequently considered to be possessed by evil spirits. They were often confined to their homes and brought shame to their families.

In the courts of royalty at this time, entertainment was provided by crippled buffoons, dwarf jesters and stuttering fools. Banquets were held at which the guests were entertained by ridiculous dress, antic gestures and absurd speech.11

The monasteries cared for the handicapped. Pedro Ponce de Leon (Peter Ponce), a Spanish Benedictine monk, is commonly considered the first regular teacher of speech to the deaf. In his own account of his teaching he says:

I have had for my pupils, who were dumb from birth, sons of great lords and notable
people, whom I have taught to speak, read and write, and reckon; to pray, to assist at the Mass, to know the doctrines of Christianity and to know how to confess themselves by speech.  

According to a notice from a friend of Ponce, his method was described as follows: "He enabled those who were dumb from birth to speak; teaching them to write the names of objects; then directing attention to the objects themselves; and, finally, instructing them to repeat the words with their vocal organs."  

Gradually, throughout the next centuries, speech problems began to follow a medical framework. Guy DeChauliac, a French surgeon, in his book *Cirurgia Magna* (1363), ascribed stuttering to convulsions of the tongue. Mercurillas, the first Medical Chair at the University of Padua, attributed speech defects to either abnormal dryness or moisture of the brain. He stated: "The cause of chronic stammering is found in the humidity of the brain, which disturbs the normal action of this central organ."  

The study of science proved to be the force which opened the door to a more rational attitude towards speech impediments and other handicaps. Lord Francis Bacon (1560-1626) began a study which attributed stuttering to coldness and dryness in the tongue. Antoine Menjhot (1615-1696), who practiced medicine at Monpelier, wrote a treatise on
speech defects attributing them to tongue abnormalities.\textsuperscript{15} Johann Amman (1667-1724), a Swiss physician, found a new name for stuttering, "hesitantia," and by 1694 Johann Hann, a court physician to King Fredrick of Germany, had laid blame to the hyoid bone as the true cause of stuttering.\textsuperscript{16}

By the eighteenth century this scientific attitude would be transferred to the colonies where until then speech disorders were still a source of jokes and ridicule. Flim-flam cures and elocutionary professors, guaranteeing a myriad of cures, abounded. Unfortunately, the miracle cures for stuttering were often more alcoholic than pharmaceutical.

\textbf{Colonial America}

Colonial America used speech defects as a means of identifying runaway slaves and indentured servants. Newspaper advertisements for runaway slaves in the Virginia and Georgia \textit{Gazette} proclaimed:

\begin{quote}
Ran away from the Subscriber . . . a well-set, bow leg'd Negroe Fellow, stutters pretty much when he speaks.

Ran away from Subscriber . . . a Negroe Man, named Boomey, cock-eyed, he stammers before he answers when spoken to.

And among the advertisements for white indentured servants were the following:
Run away . . . a servant man named James Long, stammers in speech and has a large nose.

I will give three pistoles reward to any man who will apprehend and convey to me my Servant Man, named John Pitt who talks rusty in his speech and has a down sneaky look.¹⁷

At this time in the South and throughout the nation oratorical skills were prized. As the period of the Revolution approached, the importance of eloquent speech was realized. The oratorical instinct was so strong in colleges at the time of the Revolution that it gave birth to development of "Speaking Clubs," such as the one at Harvard which was organized in 1771.¹⁸

The Revolution and Early National Period

The ideas and impulses behind the revolution in the colonies stressed a more intellectual view of education. There was a gradual shift of interest away from knowledge based upon religious and supernatural sanctions toward knowledge that originated in secular and human investigations. The shift was toward knowledge that would contribute to practical usefulness. There was growth of vernacular literatures, the physical and social sciences. One of the most elaborate plans for a utilitarian education was set forth by Benjamin Franklin.
Franklin's English Grammar School offered a varied program; however, it emphasized rhetoric and public speaking. His plan of study stressed clear, articulate speech. First class students learned the basic rules of grammar. The second and third class students' program focused on clear speech. Bad habits of speech, such as poor use of grammar and foreign accents, were diagnosed and remediated.\textsuperscript{19}

The field of speech pathology during this period was misunderstood. It was thought of as a discipline similar to philology or elocution. For speech pathology to gain independence from these fields, a scientific approach would be necessary. A distinction had to be made since philologists concerned themselves primarily with written language and the study of literature, while elocutionists concentrated on manner in which speech was delivered in an oratorical perspective. Neither philologists nor elocutionists were concerned with the anatomy or physiology of speech production.\textsuperscript{20}

RESEARCH BEGINNINGS IN SPEECH PATHOLOGY

Scientific and Medical Origins

The early part of the nineteenth century brought a new scientific spirit to the country. Controlled observation and increased research gave greater accuracy and expanded knowledge to the study of speech defects. Dr. James Rush
gave great impetus to the scientific aspects of speech. His book, *The Philosophy of the Human Voice*, originally intended for physicians, became the first authoritative speech textbook by an American author. The physiology of phonation, as well as several suggestions for effective use of the speech mechanism, were discussed in this book. Dr. Rush presented a detailed analysis of human vocal expression, opening up the scope of vocal anatomy in a most comprehensive way. He attempted to bring the field of medical science and speech together. The evidence shows that speech pathology had its scientific beginnings with medical men and psychologists and then extended to professors of speech.\(^{21}\)

As often occurs in a new field, rapid progress can lead to excesses. The mid-1800s were bloody years in the history of attempted cures for speech defects. Inconceivable butchery was perpetrated in the name of speech correction. A mania took possession of the surgeons of Europe for the cure of defective speech, each one of note claiming to be the inventor of a new modification of some previous operation. The methods were generally arranged by nationalities; the Germans following Dieffenbach (1795-1847), a physician whose surgical treatment included a horizontal section across the root of the tongue being excised; the French, Velpean (1795-1867), whose operation severed the frenum, and the English, Braid (1795-1860), who excised
either the tongue or uvula. Nearly two-hundred cases in France alone were operated on in the course of one year. Dr. Alfred Post performed the first operation of this kind in the United States on May 21, 1841, in New York, with other surgeons following his lead.\textsuperscript{22}

Surgeons adopted this method of removing wedge-shaped portions of the tongue to cure stuttering, during a time when ether was not generally available. In a particularly heinous operation, the physician thrust the open blade of scissors into the root of the tongue and cut a section from it. An attending physician reported that such lesions caused the patient to become "rather faint toward the end of the operation." This zeal for using surgery as a speech defective cure mirrored the country's zeal for using surgery to cure a variety of mental and psychological handicaps. By the late 1850s members of the medical profession and increased fatalities brought this practice to an end.\textsuperscript{23}

Hardly had the mania for these operations passed when the mechanical "cures" of the nineteenth century came into vogue. They were many and varied: the "Leigh-Yates Method" involving linen rolled under the tongue, pebbles going back to Demosthenes, corks inserted between the teeth, and a whole variety of appliances heralded by their inventors as foolproof. This was the era of patented, widely-advertised and scientifically-endorsed aides.
Gadgeteers were busy inventing rapid and permanent cures to all speech ailments. Over one million patents were issued between 1860 and 1910.

One of the most intricate of these aides was manufactured in 1854 by Bates of Philadelphia. It consisted of three parts: first, a silver tube fastened behind the upper teeth to allow the flow of breath; second, a silver disk with a tube which projected between the lips so that the air could escape; and third, a collar worn around the neck to help some guttural sounds. There was a screw in the front of the collar for adjusting the pressure of the appliance. This aid was to be rendered inconspicuous by the simple means of disguising the leather collar with a cravat, and the silver tube as a toothpick. This device was patented, widely advertised, and sold for the sum of $35.00 each. Strange as it may seem, the device was highly endorsed by the "Committee on Science and the Arts" of the Franklin Institute.

One of the few notable devices developed during this period was created by Floyd S. Muckey, an American otolaryngologist. He pioneered the making of motion pictures of the vocal cords. In speaking of his invention, he stated:

The invention and construction of an apparatus for analyzing the voice, for photographing the vocal cords while
producing tone, and the employment of many other kinds of scientific apparatus can only be found in a well-equipped physical laboratory . . . . What teacher of voice, in the first place, has the knowledge of anatomy, physiology, and physics necessary to the successful prosecution of such a voice investigation?²⁵

The influence of foreign teachers and physicians continued to be felt during the entire nineteenth century. Europeans, including Adolph Kussmaul of Germany, who defined stuttering as intermittent spasmodic neurosis, and Paul Broca of France, who published a medical paper defining the cerebral hemisphere speech originates from, were receiving a great deal of attention for their works on scientific aspects of speech. Methods of teaching slowly found their way across the Atlantic. From England came the Sunday schools and infant schools which helped provide a transition from private to public school systems. From Germany came the ideas of Pestalozzi, Froebel and Hebart who, in their own ways, stressed a logical organization of subject matter to meet learning needs of individuals. From France the study of feeble-minded by Edouard Seguin inspired the first state institution for the mentally handicapped in Massachusetts in 1852. The French continued
to lead in educating the handicapped by establishing the first schools for the deaf, blind and retarded in Paris.²⁶

**Germanic Influence: 1850-1900**

The Germanic influence in university growth and the concern by universities in serious academic creditability of course work helped bring an end to the elocutionary influence in speech. Americans went by the hundreds to take advanced degrees in German universities. German universities prided themselves on training research specialists.

In America, the ability to specialize became as essential to succeed in college teaching as the ability to master the breadth of a subject. Specialization required research to sustain it. It became evident to American universities that if speech were to take its place in the influential Germanic structure of university course work, it had to be based upon scientific investigation and laboratory research.

Many universities following the Germanic model dropped speech altogether as a serious discipline. Scholars who left America to take advanced degrees in rhetoric and oratory, the major areas of speech instruction in America, found that these areas were not taught in the German universities in Heidelberg, Jena or Gottinberg. Universities rather calmly lost step in the teaching and fundamentals of this basic discipline.
FOUNDING PROGRAMS IN SPEECH PATHOLOGY

Americans of the nineteenth century were engaged in the challenge of developing a new nation. Yet, they managed to take cognizance of the handicapped in their midst. A wave of social consciousness swept the country. American elementary education at this time was just beginning to give notice to the education of handicapped children. In 1843, Dr. Horace Mann, secretary of the Board of Education, state of Massachusetts, and Dr. Samuel G. Howe, principal of the Perkins Institute for the Blind, made a trip to Europe and studied methods used in schools for deaf and speech impaired in Germany. Upon their return, Dr. Mann became an advocate of the German system of special education and suggested it be adopted by schools in the United States. The democratic ideal that all children should have the opportunity to develop themselves drew attention to the impaired.

Educational efforts in hearing and speech began practically simultaneously at the opening of the nineteenth century, yet the nature of the work done and the personnel involved differed markedly. Education of the deaf claimed more attention and expanded more rapidly. Public responsibility for the education of the deaf was assumed approximately one-half century before the public schools offered aid to the speech defective. State schools for the
deaf appeared as early as the 1820s and 1830s. They modeled themselves after private institutions founded as early as 1815 and 1817 in Virginia and Connecticut. Speech services were in their early stages at these schools. A report from 1893 stated: "Articulation has always had a place in the instruction given in schools for the deaf. From the early beginnings the semi-mute and semi-deaf have had their speech kept up and improved by special attention." 27

In 1857 a special teacher of articulation was employed at the American Asylum for the Deaf, Miss Eliza Wadsworth. She has been given the honor of being the first regular teacher of speech in schools for the deaf in the United States. 28 However, it was the influence of the Bell family which gave accreditation to the newly-emerging field of speech correction.

Pioneers in Speech Pathology

Three Scotsmen, Alexander Bell; Alexander Melville Bell, his son; and Alexander Graham Bell, his grandson, were recognized in the nineteenth century as authorities on diction and speech defects.

Alexander Bell repudiated the cruelty of surgical operations and the false cures of persons who had little training in the phenomena of speech. His book, *Stammering and Other Impediments of Speech*, was an early test on pure diction and correction of speech defects. 29
Alexander Melville Bell believed that since stuttering was a bad habit its treatment was not in the area of medicine or surgery but of the educator. His book, *The Observations of Speech, the Cure of Stammering and the Principles of Elocution*, proclaimed stammering to have originated in infancy, either from bad examples or from misdirection by parents. He divided speech defects into those mechanical and mental. His thoughts on handling speech impediments reflected a combination of education and medical knowledge. He stated:

The stammerer has to take his speech to pieces as a watchmaker does a watch and examine all the cogs and pins and pivots of its mechanism, then having discovered and corrected the defects of the separate parts of the machine, he must proceed carefully to replace them, one by one, in natural order, adjusting each to an easy action before he passes to the next.

Our patient must learn to handle consciously the speech mechanism, chest, larynx, and throat, as a single machine, instantly and accurately. He is to be taught the manner of action of the articulating organs of the mouth and of the
larynx in the production of each of the elemental physiological sounds.\textsuperscript{30}

Mr. Bell even addressed the topic of baby talk and how parents could deal with the problem: "When a child says \textit{tum} for come and \textit{tim} for king, the correct articulation will be induced almost at the first trial by the simple expedient of holding down the fore part of the tongue with the finger."\textsuperscript{31}

Bell’s ideas on handling speech defects were beginning to resemble some of the modern clinical practices. He developed his system of alphabetics, known as Visible Speech. Visible Speech was a means of writing any language phonetically. His system reduced the anatomical positions which are assumed in uttering sounds to a series of printed symbols. The symbols were so drawn as to indicate the shapes taken by the lips and the position of the tongue. He gave the following example:

When the lips are closed and a nasal sound is made, the result is the sound of /m/, whether the language is English or Choctaw.

There is no doubt that Bell’s Visible Speech made an invaluable contribution to the advancement of speech instruction in schools for the deaf in the United States. As reported by the principal of the New York Institute for the Deaf,
The widespread interest in articulation teaching, and the success of the work are undoubtedly due to the system of Visible Speech.  

Alexander Graham Bell, at his School of Vocal Physiology in Boston in 1872, taught lessons based upon his father's system of Visible Speech. These lessons formed the basis for some of the articulation exercises presented in the preface to Monroe's fourth reader. Monroe stated:

Whatever other office a reading book should serve in a schoolroom, we believe all are agreed that one of its main purposes is to teach articulation and pronunciation—the utterance of language. We have local faults and peculiarities of pronunciation or "provincialisms" in every section of the land. Besides these, the constant influx into this country of foreigners from every nation upon the earth has a tendency to corrupt our speech. The schoolroom is almost the only place where a remedy can be applied. We have presented, therefore, in the introduction to this book the best means of which we have any knowledge for correcting these defects.
Specific exercises were suggested to help those who said "tree" for "three," "wid" for "with," and "fader" for "father." His book reminded the teacher, "In obstinate cases have the child protrude the tongue between the teeth and make a prolonged sound of /th/."\(^{34}\)

Nationalism's Impact

Monroe was not alone in his thoughts on "provincialisms." In the mid-1800s Noah Webster had stressed a separation from all things foreign.\(^{35}\) Webster was a true advocate of all things American. He encouraged "uniformity of speech, patriotism and nationalism, morality and virtue, and religious truths."\(^{36}\)

National identity included a linguistic independence. This idea was a major factor in the future of speech correction. Dialectal errors and foreign accents were not viewed favorably in the newly-formed American identity. First and foremost in the elementary school curriculum was the study of the English language. To become a useful citizen the power of expression became crucial. James S. Greene, M.D., Director, New York Institute for Speech Defects, said:

Living at the tips of ones nerves through an impediment of speech tends to develop vicious circles of nervous instability which will result in an increase of criminals, prostitutes and general failures.
A unified linguistic pattern within the general population was essential.\textsuperscript{37}

A new era was ushered in during the first half of the nineteenth century when science was applied to the production and distribution of goods. Never before had power-driven machinery appeared on the scene in any way to compare with the development of steam engines, water power and electricity. This Industrial Revolution brought mass production; the making of goods could no longer take place in the homes or small shops. Workmen now would share a central work place where the power was available; namely, the factory. Different nationalities had to understand each other.\textsuperscript{38}

The public schools promoted by the labor movement encouraged the children of the working classes in the cities to embrace clear, unaccented American speech. The introduction of corrective work implied an awareness of speech problems which were becoming more prevalent because of the mix of new tongues and cultures arising as a result of the twentieth century tides of immigration.

There is a train of thought that education at this time was arrogant in imposing one moral and social value upon immigrants by channeling their educational curriculum to benefit business. Yet these traits were prevalent among the common school reformers and appeared even more
prominently among educators and educational reformers in the Progressive era.\textsuperscript{39}
CHAPTER ONE NOTES


6 Ibid., Mark 7:32-37.


8 Ibid., 116.

9 Pearl Bryant, "Speech Re-Education in the Nineteenth Century," diss., Department of Speech, Northwestern University, 1941.


13 Ibid., 5.


15 Ibid., 116.


22 Dorothy Kester, "The Development of Speech Correction in the Schools and in Organizations in America During the First Quarter of the Twentieth Century," diss., Northwestern University, 1950: 40.

23 Ibid., 23-24.

24 Ibid., 22-25.


27 Ibid.


34 Ibid., 3.


CHAPTER II

THE PROGRESSIVE ERA

Educators in the United States during the Progressive era were involved in profound debates over the proper future course of American society. The period between 1896 and 1920 was an era in which a number of underlying assumptions about the nature of society changed and in which a number of social issues were raised, debated and settled, temporarily at least, on the basis of those changed assumptions.¹

The Progressive era was characterized by a vast outpouring of reform sentiment, reform organizations and writing, and reform projects. Old methods and solutions were no longer adequate to solve new dilemmas. Children were now attending school and staying in school for longer periods of time. By 1918 all of the states had passed compulsory attendance laws, and efforts were finally being made to enforce these laws. Many of these children were immigrants, and for them the school provided their introduction to American life. The compulsory school attendance laws also marked an era in education in which the blind, deaf, retarded and poverty-stricken would be enrolled in growing numbers.

In tracing the course of progressive education, the typical chronological framework that includes four major phases will be used: the first period from 1900 to 1919,
during which tremendous urbanization as well as economic
growth occurred; the second period from 1919 to 1930, when
progressive education was influenced by the child-centered
educators; the third time frame, 1930 to 1945, during which
conflict between child-centered educators and social recon-
structionists threatened the movement; and the fourth post-
progressive era of the 1950s, when the positive climate
toward progressive education was on the decline.

THE EARLY YEARS

The early years of the Progressive era were affected by the impact of industrialization, urbanization and immigration in the United States. In 1870 one-quarter of the United States population lived in cities; in 1890 the figure was over one-third; and by 1920 more than one-half of the American people lived in urban settings. The population of the United States more than doubled between 1880 and 1920; and bulging cities with their new skyscrapers seemed to dwarf the individual.

Through pools, trusts, and mergers, a small number of bankers and managers controlled increasingly large shares of business. The corporate form, with its independence, limited liability, and distribution of ownership, was well-suited to the bigness of the new business ventures. The number and size of corporations grew rapidly in the decades after 1865. For example, the United States Steel Corporation was formed
in 1901 by the merger of almost two-hundred smaller companies which produced 60 percent of the iron and steel sold in the United States. This was America’s first billion-dollar corporation and its domination of the market allowed it to set prices and reap profits at will.² There was a growing acceptance of the corporate structure and of the success it enabled a person to achieve in power and prestige. Schools were beginning to see this business model as a means for organization in the educational setting.

**Industrialization**

The period from 1900 to 1919 was characterized by an almost frightening growth in business. The "bigness" which industrialism brought to American life affected not only the business world but also speech pathology. The *Saturday Evening Post* proclaimed: "Better Speech, Better Business!" American workers were told:

> It is necessary that our factories shall run on time in order that the work people shall earn enough, to do this they must speak to each other in the American standard English. In England, the manner of a person’s speech determines not only his social standing but also his earning capacity. The bank clerk or waitress who speaks correctly attracts more customers than the one who does not."³
Americans were warned in the article that if they did not improve their speech jobs would be lost. One business told the *Saturday Evening Post* that they had begun hiring Englishmen, "for the Englishman is trained in the formal speech of business. Americans, to put it bluntly, are inclined to a rough-and-ready attitude toward speech. Americans are not speech conscious." The article went on to state: "If our corporations expect to do business in competition with foreign firms, they must acquire a liking for clear, precise diction and the little formalities that go with it. Americans don't speak good English."

There was a widespread movement to arouse interest in the improvement of American speech. The movement was spurred on by business and economic efficiency. The business world was enlisting speech therapists at this time to help in large factories. The need existed not only to help foreign-born workers learn English but also to help them speak in a clear, unaccented manner. In a relatively new journal, speech was heralded to workers as a means to higher attainments:

The workman who talks most clearly and intelligently about his work is the one who will be made foreman, and that foreman who talks best is the one who will be made manager, and so on up to the head of the business. For the traveling salesman the importance of ability to speak well is obvious. The man
who talks people into buying things needs articulate speech. There is a close relation, too, between the income of the lawyer, the minister or the teacher and his speaking skill. Almost every occupation shows a similar close relation between speech and income.\textsuperscript{5}

The relationship between speech defects and the gaining of a livelihood was stressed by Dr. Ira Wile, a member of the New York Board of Education. He emphasized the relationship between acquiring clear speech and the gaining of a livelihood. He was impressed by the number of boys and young men coming into hospitals for speech treatment who could not attain jobs due to defects of speech. He noted that speech impairments were far more frequent in delinquents than in the so-called normal population. He stressed the economic cost to business of having employees with speech impediments:

The economic cost of speech defects is registered in the limitations of the occupations that are available for individuals who have speech delinquencies. The more pronounced the defect, the more limited the field of activity. This does not even take into account the gain secured through speech correction in the prevention of industrial accidents.\textsuperscript{6}
Schools were encouraged during this period to recognize their part in preparing their students' speech patterns for careers in business. The attitude of efficiency as seen in the business model was underlying Dr. Wile's remark:

In the education of mental defectives, society is scarcely repaid for the cost of education because so much of what is spent on those will never be able to make adequate economic returns. In the case of the speech defective, particularly in the case of stutterers and lisppers, the state is reversed. The improvement of speech defects enhances both their economic and social value.  

Cubberley's Influence

One of the proponents of the business approach to education was Ellwood P. Cubberley, a nationally-recognized school administrator and historian. He felt the efficiency and success being achieved by the business model could certainly be transferred to the educational milieu. His thoughts were aligned with the businessmen and labor unions who were insisting that the school assume the classical functions of apprenticeship.

Cubberley was also an advocate of the Americanization of new immigrants. He looked at the new immigrants, distinctly different from the earlier Northern and Western
immigrants, as a group in need of assimilation to the American ways. Cubberley declared:

The new immigrants are illiterate, docile, lacking in self-reliance and initiative, and not possessing the Anglo-Teutonic conceptions of law, order, and government; their coming has served to dilute tremendously our national stock, and to corrupt our civic life.\(^8\)

He felt the first task of education was to break up the ghettos, to assimilate and amalgamate the people into our American race, and to implant the immigrant children with the Anglo-Saxon conception of righteousness, law and order, and popular government. To Americanize, in his view, was to divest the immigrant of his ethnic character. Cubberley saw the schools' mission as one of awakening in the immigrants "a reverence for our democratic institutions and for those things in our national life which we as a people hold to be of abiding worth."\(^9\)

These new immigrants were from Southern and Eastern Europe, and did not settle on farms as had their predecessors. The new arrivals remained largely in the new cities of the Northeast. They tended to remain in the cities, congregating in self-contained slum neighborhoods where their customs could be preserved. These immigrants served as a reservoir of unskilled labor for rapidly-expanding
industries, laboring at wages far below the acceptable minimum. They were non-English speaking and had a far higher rate of illiteracy than earlier immigrants.\textsuperscript{10}

Cubberley's mission to assimilate these immigrants into our society was echoed in the speech journals of the day. Unaccented, clear speech and strength of our democracy were coupled in many commentaries. The 1907 issue of \textit{Education} posed the question of clear speech to educators in an article entitled, "How Shall We Talk?"\textsuperscript{11}

\textbf{The Role of Speech in Americanization}

Speech pathologists' caseloads in the early twentieth century revealed many cases classified as "brogues," "dialects" or "speech improvement."

One of the most important parts of the pathologist's job was to furnish the foreign-speaking child with the opportunity to speak English in a clear, unaccented manner. Poor speech was associated with a lack of intelligence, even if the cause was a lack of exposure to a new language. \textit{The Educational Review} maintained:

\textit{It is not surprising to find children of foreign-speaking parents are very often retarded in school, sometimes even three or four grades behind other children of the same age. Nor is it strange that they leave school at the earliest opportunity without having acquired sufficient education to make
them intelligent citizens. They become a menace to the country, for an unintelligent, uneducated voter is a menace to our democracy. ¹²

The speech pathologist could do no finer or more valuable piece of work than to furnish the foreign-speaking child with the opportunity to learn English, which was lacking in his own home. Unaccented speech for the child was the key to free him from the "shame of his foreign parentage." Speech pathologists concurred with the theme that democracy's function was not to pull down the superior but to elevate the inferior.

Classroom teachers were encouraged to return to school for special training in speech improvement. It was important for educators to realize that those with foreign accents had defective speech. These speech defects would lower our national standards. Meanwhile, normal schools were beginning to offer courses in speech training. It was the function of the normal school to train its students so that they would be competent to handle this new type of speech problem in the schools. Prospective teachers were warned:

It is emphatically the business of the elementary school teacher to teach all her pupils who either speak in a definite dialect, or whose speech is disfigured by the vulgarisms of a foreign accent to speak
Standard English and to speak it clearly and with expression. Because of the large percentage of foreign pupils it is essential that teachers have a knowledge of not only English sounds, but also of the foreign sounds that are substituted for them.\textsuperscript{13}

Public schooling had the responsibility to assimilate these children. Speech improvement was to begin as early as possible. The preservation of the English language was paramount in the schools. In setting up a program of speech in the elementary grades, Clara Stoddard, a speech pathologist, recommended:

If the English Language, in all its strength, beauty and purity is to continue in America, speech education must begin in the kindergarten. If this is not done, our beloved English Language will become a hodge-podge made up of the articulation and voice production of every language under the sun.\textsuperscript{14}

Speech pathology took a definite role in the furthering of democracy through the clarification of the new immigrant's speech. They were accused of having "polyglot speech," and were not felt to be appropriate examples of the American standard. Maintaining the purity of American speech was each teacher's and speech pathologist's obligation in maintaining our democracy. Never before had educators in speech felt the
pressure of holding a standard up for the world to hear. It must be remembered that this time period coincided with the Red Scare of 1919-1920.

The American Speech Committee was formed as part of the Parent-Teachers' Association in Chicago in 1918. They attempted to arouse a patriotic appeal to using clear American speech and went as far as writing the following pledge for children:

I love the United States of America. I love my country's flag. I love my country's language. I promise:
1. That I will not dishonor my country's speech by leaving off the last syllables of words.
2. That I will say a good American "yes" and "no" in place of an Indian grunt "um-hum" or a foreign "ya" or "yeh" and "nope."
3. That I will do my best to improve American speech by avoiding loud, rough tones, by enunciating distinctly, and by speaking pleasantly, clearly, and sincerely.
4. That I will learn to articulate correctly as many words as possible during the year.  

The movement for better speech was designed to foster a solidarity of the American people. Suggestions for classroom teachers made by the committee included specific
work for articulation and enunciation to begin in the primary grades, with compulsory oral expression in the high schools. The committee suggested that each public school form a "League for the Preservation of the Long o and the Long and Short i." They resolved in their bylaws to "indorse [sic] the effort of teachers at all levels to raise the standard of American speech." 16

The experiences surrounding World War I had encouraged a crusade to "make the world safe for democracy." A movement to restrict immigration to the United States had finally achieved its discriminatory goals in the National Origins Act of 1924. This Act discriminated against immigrants who differed most from the Anglo-Saxon ideal of an American citizen. 17

Fostering unaccented speech was patriotic, as an article in Childhood Education reminded educators:

America is being judged and misjudged not only by what she says, but by the way she says it. It would seem, therefore, that parents and teachers in this country have the responsibility for speech of children, not only for the grammar and choice of words, but for the beauty of each child's speech. It is a rare expression to hear it said of one, "He speaks a beautiful American speech." 18
Speech pathologists continued to see the traditional caseload of students with articulation, voice and stuttering difficulties. However, the amount of time spent on foreign dialect was far more than it had been in the past, or would be in the future. The areas of speech improvement, speech pathology and the teaching of English merged in a unified effort to correct the mispronunciations of the foreign born.

Language at this time gave indication of social standing. Dialectal errors were classified by some educators as "vulgarisms." They saw these errors as "slovenly" inaccurate habits resulting from poor home training. The latter was spoken of as the most difficult aspect to attain in helping these new Americans to learn proper English. The question they found to be the most telling was, "How could standard speech be achieved when there was no carryover of appropriate modeling at home?" 19

MENTAL TESTING MOVEMENT

In school, children of foreign-speaking parents were very often classified as retarded. The intelligence testing movement appeared to be an answer to the need to educate this large number of immigrant children. Now those less intelligent could be separated from the general population. Educators were enthusiastic. They could separate the slow learners, even if the majority of them just happened to be new immigrants to the United States. By the early part of
the twentieth century some educators were advocating a policy of tightening immigration by using intelligence test scores to keep mental defectives out of the country. The intelligence testing movement, while not part of the progressive education movement, ran concurrently and thus should be noted in its relationship to the speech-impaired during this era.

An important tool in the assessment of children's mental growth was developed in 1905. This was the invention of the Binet Intelligence Test by Theodore Simon (1873-1961) and Alfred Binet (1857-1911). The Binet Test developed an age-scale by which the degree of retardation or advancement could be measured against a norm. The Test originated in Paris and was revised by Lewis Terman of Stanford University in 1916.

The theory underlying mental testing held that intellectual capacity did not change over a person's lifetime; one could assign an IQ to a four-year-old and expect it to be an accurate portrayal of his capacity when he was eighteen or twenty-six. Thus, those who dealt with mental defectives could not seek significant improvement in them because their charges were essentially unchangeable.

A major portion of the Binet Test centered on a child's speech and language capabilities. However, there was little regard for environmental influences which could cause a variance in scores, especially with new immigrants coming into the country. American educators quickly recognized that by using this measure they could single out those students
who were intellectually inferior. A concrete score could be achieved from this testing, without the time-consuming observational skills required in the past.\textsuperscript{20}

Students with speech impairments were directly affected by this movement. Since the tests were language-based, those with communicative handicaps seldom fared well. Charles VanRiper, a prominent speech pathologist, pointed out that children with speech handicaps were retarded on the average of one year.\textsuperscript{21} The uninformed teacher often branded any child with a handicap as mentally slow, especially when the child could not communicate intelligibly or used imperfect speech in conversational language.

Speech pathologists felt that since the intelligence tests were primarily language-based they could help students improve their test scores by using intensive language therapy. Sara Stinchfield, in her address to the American Speech Correction Society in 1926, reported that IQs in children with speech defects could be raised as much as ten points as a result of speech rehabilitation. She also stated that the median score on the college entrance examinations for a group of students in need of corrective speech instruction was 71.8 as compared with 77.3 for the group with appropriate speech. The only group of speech defectives not in this study were stutterers.

Stinchfield made an impressive statement when she said, "Every stutterer found at Mt. Holyoke during a period of six
years has been well above average in intelligence." Her reasoning for this statement was that stuttering was not related to intelligence, but was caused by emotional instability, faulty home training, over-stimulation or imitation.\(^{22}\)

A study done by John Madison Fletcher on the mentally defectives' speech was published in the *American Journal of Psychology*. He found that speech defects of all kinds in schools for the mentally handicapped were more than ten times as prevalent as they were among the normal children. The ratio of severe to mild disorders of speech was greater among the special classes for mentally handicapped than among what he termed the "normals." He also did not believe that stutterers' intelligence was affected by their speech handicap and referred to studies of geniuses in which thirteen eminent persons stuttered.\(^{23}\)

The distinctions in severity of degrees of mental retardation on the intelligence test were not yet clearly defined, nor was a clear definition of defective speech defined. Thus, in 1923, Dr. Lou Kennedy, in his study of the speech of the feebleminded, tried to define both of these terms.

He defined defective speech as a deviation from good speech. "Good speech must be purposive, audible and intelligible." Speech lacking any of these qualities was thus defective. His definition of feebleminded was "persons
of low intelligence quotient who failed to succeed in an environment where they could reasonably be expected to succeed." 24

In concluding his report on the speech of the mentally handicapped, Dr. Kennedy stated:

(1) Idiots have no speech, (2) The speech of imbeciles is characterized by the prevalence of speech defects, (3) The lower grades of imbecility have more speech defects than the higher grades of imbecility, and (4) Speech defects of morons are more numerous and more severe than a normal group. 25

When speaking on this topic at the Annual Convention of Rehabilitation, Dr. Kennedy urged speech pathologists to limit any therapy to the moron group, for speech training with the other groups of "feebleminded" would not be effective.

Unfortunately, much of what people saw as the virtue of intelligence tests was that it gave scientific support and respectability for the judgments which people had already made about the handicapped in their midst. When tests indicated that blacks and "swarthy" immigrants had inherited a relatively deficient mental capacity, this merely confirmed what most people of the era believed anyway. The mentally handicapped and immigrants were not the only groups being slighted by speech pathologists of the day.
Dr. A. A. Brill, in a speech before the National Association of Teachers of Speech at New York University, tried to explain the higher proportion of males in speech therapy.

Dr. Brill's theory was that man, while still in his primitive stages, had to concentrate on foraging and warring, thus he was forced to remain silent. To talk much was supposedly impossible because of the deep mental concentration needed. On the other hand, he stated, "the female animal is passive and receptive; she has no need for deep thinking in her constant relations with the simple human being, the child, to whose level she readily descends."

Brill thought that modern man differed little from his primitive ancestor. Modern man, with the pressure of the business world, "is in a situation where competition with his fellow beings demands all his mental efforts and leaves him little time for speech."

Modern women did not fare much better. "Women of today can cook, bake, and talk at the same time, and give much time to the child with whom she babbles and teaches to talk, thus developing her own speech." Brill expounded that a woman "sees and hears quicker than a man, but has not yet found the capacity for profound elaboration; she does not seem to need deep thinking with her constant relations with simple human beings."\(^{26}\)

Brill concluded that women are quicker to develop complex speech because they do not encounter as much criticism as men; hence, their speech is more fluent and not
as vulnerable as in man whose role demands all his mental effort, thus leaving little time for speech.\textsuperscript{27}

One of the few strengths of the mental testing movement was that it did draw attention to the individual child. It also opened up the role of the school from a purely educational center to an educational and therapeutic setting. The stage was set by 1920 for the birth pangs of the new discipline of speech pathology to pass. Time had come for speech pathology to develop and grow as an integral part of the educational scheme.

The second phase of the progressive movement was a fertile period for the growth of the newly-recognized field of speech pathology. The new mood toward social reform and the child-centered school began to give credence to the education of the individual child.
CHAPTER TWO NOTES


4 Ibid., 40-42.


7 Ibid., 100.


9 Ibid., 15-16.


16 Ibid., 174-176.


22 Ibid., 5.


25 Ibid., 22.


27 Ibid., 131.
CHAPTER III

THE PROGRESSIVE ERA - THE POST-WORLD WAR I YEARS

Long the symbol of American democracy, public schools were again the center of debate and controversy in the mid-1900s. The results of urbanization and immigration, in tandem with the compulsory school laws, forced the pre-World War I schools to expand their traditional role to include many additional functions such as vocational training, health programs and community services. Prewar progressivism was largely an affair of the public schools, particularly those attended by working-class children. Reforms in school arrangements were directed toward the poorer classes whose members, both native and foreign-born, were crowding the cities that were booming with industrialism. The more typical "progressive education" manifested itself after World War I in the private schools and in the public schools in financially-comfortable suburbs of the United States.

"Two ideas are fighting for mastery in the educational world. Two contradictory movements are struggling for dominance," warned Victor Berger, in an article for the Milwaukee Leader.¹ He went on to explain that the prewar progressive movement would have made the schools into efficient, card-catalogued, well-managed factories, while the new postwar ideas would have an opposite effect, turning
schools into institutions which would have little structure and varied curriculum.  

Social class and economic divisions marked the break in the two periods of educational reform. America going into the 1920s saw the appearance of new wealth. Many of the recently affluent sent their children to private country day schools. These parents were not interested in vocational training, hot lunch programs or hygiene instruction for personal cleanliness. They were, however, impressed by the new psychology and social studies. They agreed with the educators on child-centeredness, individual expression and creativity. These were the areas of educational reform they wished to see extended into their children’s schools. They understood that the center of a good school would be the individual child and his interests and growth as a whole person.

This period saw immigrant parents sacrificing comforts to allow their children to attend school. The schools began to assume a more inclusive function for them. They saw the schools as an outlet to a better and richer life for their children; teaching English would no longer be the most essential function of the school. The progressive school could give their child an opportunity to advance in the world.

In the 1920s, progressive education lost many of the social and political reform impulses seen just a few years
earlier. The progressive educator of the earlier years might have feared that the child was now replacing the subject as the focus of the schools' priorities, and they would have been correct. During this time, individual differences in children began to be of foremost concern to the educators, and growing attention was directed to the potential of youngsters.

The compulsory school attendance laws of the prewar progressive period brought the handicapped children into the schools as never before and this, coupled with the new child-centered philosophy of education, provided speech pathology with the ingredients for an environment of growth. An effort was being made during these years to break the lock-step of rote-memorization and formal learning from books and to give greater attention to the individual child, thereby developing good mental health for an emotionally well-adjusted personality in this child. A new concept of school was being formed, one that was therapeutic as well as educational.

POSTWAR PROGRESSIVE EDUCATIONS' IMPACT ON SPEECH

Influence of Child-Centered Philosophy

Public school teachers who embraced the child-centered philosophy that education must be geared to the needs of the child as an individual were anxious to learn more about the nature of speech disorders and how these disorders affected their students. The child-centered curriculum which
encouraged individual initiative, spontaneity of ideas and creative expression required the teacher to know every student as thoroughly as possible. The child with a handicap presented a challenge to the educator; to know this child thoroughly, his or her handicap had to be understood. A speech handicap was an individual difference which could be a detriment to a child's learning potential.

The term "corrective speech" was now more prominent in educational writings than "better speech." An article on speech programs in the Educational Review clarified the terms:

"Better Speech" or "Better English" means merely superficial conformity to arbitrary demands of good form. "Corrective Speech" has to do with emotional maladjustment and the effects of personality. The training of the teacher of "Corrective Speech" must be different from that of the teacher of English. In the school system there is room for both. Hasten the day when every school system shall have, working in collaboration with the teacher of English, and with every other teacher on the staff, another whose chief interest is the correction of speech defects.
Teacher education following World War I had improved steadily in the direction of college training for all teachers. Licensing requirements that included professional courses in education for accreditation of those who taught in the public schools were being strongly suggested. Before 1920 teachers were generally prepared with only a high school education and some additional terms at normal school. The existence of a new class of professionals was important to the rise of speech correction in the schools. These college-trained teachers found it easier to accept the new psychology and revised curricular methods of the postwar progressive movement. They also viewed speech correction as a field which they could consider as an option. By adding a few courses in speech, a classroom teacher could become a specialist.

The adjustment of those with speech handicaps was now a common topic in the journals of the day. Articles such as: "Speech Difficulties and Personality Adjustment of School Children," "Facing the Problems of Speech Handicaps," "Crippled in the Tongue," and "Correcting Nervous Speech Disorders" all gave a similar message. The message was that defective speech interferes with the social development of the child. "There are now enough cases of speech disorders on record in the schools to show a high correlation between speech difficulties and maladjusted personalities."
These articles were not limited to professional journals. In an article in *Harpers*, "Crippled in the Tongue," readers were told of the effect speech problems had on our population.

Today in the United States alone there are millions of people whose personalities have been or will be limited by their failure to develop flexible, socially acceptable speech. Specifics for various speech handicaps were discussed, but the focus was on the resulting problems the child with the speech handicap had to face in adjusting to the school situation. The article concluded with:

Numbers like these are appalling. But they are not the worst of the matter. The child with a speech disorder is almost certain to develop personality problems. This child feels queer and different. Other children laugh at him. Even adults imperfectly conceal their amusement or their revulsion. He cannot compete on anything like an equal footing at school. In his efforts to adjust he is practically certain to become either a pert and unruly show-off or a shy and self-distrusting introvert. Sometimes he alternates between the two characters. Without
care from the educator he will grow up resentful and suspicious.\footnote{\textsuperscript{7}}

Educators in the field of speech echoed the article's warning that the individual child's personality was being altered by a speech defect. It became a responsibility of the society to help this child. Clarence Simon, a professor at Northwestern University, one of the few universities at the time offering courses in speech correction, warned:

\begin{quote}
Ours is a talking civilization; we live and have our being on the basis of oral communication. Any deviation from the usual speech pattern attracts attention to the variation and fails to elicit a normal response. Reclusiveness, introversion, sullenness, and suspicion are the inevitable social adjustments to a speech handicap.\footnote{\textsuperscript{8}}
\end{quote}

No longer was the emphasis of speech correction a purely utilitarian one, as in the prewar period when good speech was needed to obtain employment or to be a "good American." Now the child's personality and well-being were a consideration. The child-centered message of uniqueness of the individual's specific problems answered the needs of the speech-handicapped child in a new way. Teachers began to look for answers as to how to help the speech-impaired in their classrooms. Miss Elliot, a classroom teacher, wrote in \textit{Childhood Education}:
I think John's sullenness and his refusal to play games at recess is due in part to the fact he stutters. Some of the children will giggle when he tries to talk. I don't call on him any more for just that reason. I've an idea I'm not doing the right thing, but I just let him sit over in the corner seat and I grade him on his written work. I do wish that when I was in college, I'd had some speech courses which would at least have acquainted me with the nature of speech difficulties and helped me to know what and what not to do when I met them in the classroom.9

The article, in answering Miss Elliot, went on to point out that any disorder of speech is almost invariably accompanied by disturbances of the whole personality and may be but one symptom in the general picture of a maladjusted person. She was cautioned in the response:

Certainly neglect of a speech disorder by teacher and parents is one of the causes of personality maladjustments in school, home and society. The teacher, therefore, must always keep the whole child in mind when dealing with a speech handicap.10
Speech pathologists were still not readily available in most small school districts. A small town of a ten thousand to possibly a thirty-thousand population probably had only one speech pathologist for the entire region. As a result, classroom teachers had to be inserviced on identification of speech handicaps. There was the recurrent message in these inservices that speech disorders were associated with maladjustment of the personality. Speech defects were singled out as the most common handicap affecting individual adjustment. Teachers were cautioned: "Any speech handicap is symptomatic; the cause of the disorder must be sought and found before any aid can be given."\(^{11}\)

In a roundtable discussion some of the first speech pathologists in the school systems addressed the question of who should serve the child in need. They spoke at length about the new educational program to be set up for the speech-impaired. One participant commented:

Besides the direct treatment of children, such as free dentistry and orthodontia, indirect services to these children will be available in the school by training the superintendents and principals through special guidance courses, training the janitors in health courses and finally training the classroom teacher in speech.\(^{12}\)
The entire staff of the school was to be involved with the child. However, the panel members agreed each school would also need a "specialist" who would give assistance in determining which children needed correctional services.

One of the major questions in this discussion revolved around where this "specialist" should be trained. "Shall the schools get teachers of children and train them in speech or shall the colleges train specialized speech teachers and put them in the educational system?" The speech pathologists involved all agreed that the colleges must be responsible for training speech pathologists in greater numbers. Classroom teachers could certainly, with a little additional training, be useful in the realm of speech hygiene or improvement, but not necessarily correction. The classroom teacher's role would involve the adjustment of the child with a speech defect into the classroom environment. It would be his or her role to make the speech-impaired child feel happy and secure. Clara Stoddard, representing the Detroit Public Schools, stated:

If we have teachers teaching academics and speech correction it seems to me that we are going right back to one room activities handled by one teacher such as we had way back in 1902.\textsuperscript{13}

The child-centered influence on the individual child led speech pathologists to define their caseload more carefully.
The term "corrective speech" was now well-understood; however, the type of cases needing "corrective speech" was not. A. R. Root, at the State University of Iowa, attempted to define defective speech as:

The functional and organic disorders or maladjustments of the organs of speech during phonation. To qualify as a speech disorder the defect may not have been caused by dialectal difficulties nor language errors nor deficiencies associated with a foreign language.\(^{14}\)

This definition was certainly a shift in emphasis from the types of cases being seen in the pre-World War I caseload.

In his article, Root echoed the child-centered feeling of the time by concluding:

Speech is primarily a social instrument. When speech, the common vehicle for social intercommunication is impaired, the first step is taken toward unsocial behavior and tendencies toward introversion of the child. The child is unhappy, out of harmony with his fellows, and lacking the values which come through free social intercourse. Speech is a thermometer of the progress and stability of the personal adjustment and growth in the child.\(^{15}\)
A Progressive Philosophy

Speech pathology in the public schools was not yet widespread during the 1920s even though educators during that time were espousing a philosophy of education which made this type of instruction important. The ideas of Col. Francis Parker and John Dewey were changing the traditional concept of the school as an inflexible progression of subject matter into an elastic and realistic preparation for life. The child-centered progressives had used many of Parker's and Dewey's ideas as a basis for their school curriculum. Dewey's ideas also influenced the field of speech pathology. One of his stated aims of education was "social efficiency."

He wrote:

Social efficiency as an educational purpose should mean cultivation of power to join freely and fully in shared or common activities. This is impossible without culture, while it brings a reward in culture, because one cannot share in intercourse with others without learning—without getting a broader point of view and perceiving things of which one would otherwise be ignorant.¹⁶

"Shared common activities" and "intercourse with others" necessarily demanded effective speech abilities. The educational philosophy of the progressives placed emphasis upon the child and upon his welfare as a child. Happiness,
contentment, adjustment and achievement were some of the key words applied to the education of every child, no less to the handicapped than to the normal. Dewey, in some of his early pedagogical writings, stated:

The true center of school subjects is not science, nor literature, nor history, nor geography, but the child's own social activities.\(^\text{17}\)

A later progressive educator put it this way:
If the medium which will secure such results for one group fails with another, then it is the medium that should be changed, not the result. But the result always is to be expressed in terms of the child rather than the children—in terms of individual child life, child attitudes, child success in keeping with his ability to succeed rather than in terms of certain group standards of achievement.\(^\text{18}\)

Some progressive educators battled the rising tide of intelligence testing. In the late teens and early 1920s intelligence and achievement testing reached their greatest stage of acceptance. Yet, Dewey and many of the new progressive teachers refused to accept these tests as the only valid educational determiner. They saw the tests as just another form of artificial categorization of students. The
standardized achievement tests, which paralleled the IQ tests in popularity, were particularly odious to the progressives, for they raised mastery of a formal subject matter to a perilous level of importance. Since students with speech and language defects often scored poorly on these tests, the shift in reliance upon them for school placement gave these children another means of proving their capabilities.¹⁹

Throughout the 1920s Americans were awakening to the significance of speech pathology in the adjustment of the individual. Unfortunately, no large body of literature was available for reference on the subject. Most of the books of the twenties presupposed that speech correction would be done in the classroom by the teacher rather than in a clinical setting in the school. Early books presented a confusing array of nomenclature. One defect was found to have as many as twenty different names. Authors often invented their own terminology. Finally, by 1931, speech pathologists sponsored the publication of *A Dictionary of Terms Dealing with Disorders of Speech* which began to standardize terms.²⁰

The time was approaching when speech pathology as a field would have to be more thoroughly defined. The need existed for an inclusive reporting of the number of case as well as the types of cases seen throughout the United States. The House Conference of Child Health and Protection provided the vehicle to answer these needs.
THE WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION

The spotlight of wide public interest was thrown on speech pathology in 1930. In that year, President Hoover called the White House Conference on Child Health and protection. The Subcommittee on the Child Defective in Speech was one of the strongest in the Conference, consisting of Chairman Robert West, Professor of Speech Pathology at the University of Wisconsin at Madison; Lee E. Travis, Director of the Speech Clinic at the University of Iowa, Iowa City; and Pauline B. Camp, Director of Child Guidance and Special Education in the Madison, Wisconsin public schools. The committee submitted a report based upon a very extensive survey of what was being done in forty-three cities in the United States for children defective in speech and voice. A shocked American public learned that there were one-million school children between the ages of five and eighteen so defective in speech that remedial treatment and training would be required. The goals of the Conference were to answer the following questions:

What is the extent of the problem? How many children with defective speech are there, and how many may be expected in any representative group? What types of disorder may these children be expected to have, and in what proportion do the different disorders occur? What is being done for these children? How
much does this work cost? What should be done about the children defective in speech?²¹

To find answers to these questions, the Committee sent out surveys to the boards of education of all cities of the United States having a population of ten thousand or more. Their findings indicated the following:

1. The various types of speech defects show the following distribution in ten thousand defects:

<table>
<thead>
<tr>
<th>Type of Speech Defect</th>
<th>Number of Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sound substitutions</td>
<td>4,623.80</td>
</tr>
<tr>
<td>Stuttering</td>
<td>2,214.96</td>
</tr>
<tr>
<td>Oral inactivity</td>
<td>1,146.44</td>
</tr>
<tr>
<td>Articulatory defects (structural)</td>
<td>860.02</td>
</tr>
<tr>
<td>Dialectal defects</td>
<td>575.64</td>
</tr>
<tr>
<td>Voice defects (functional)</td>
<td>230.67</td>
</tr>
<tr>
<td>Voice defects (structural)</td>
<td>181.38</td>
</tr>
<tr>
<td>Hard-of-Hearing defects</td>
<td>80.69</td>
</tr>
<tr>
<td>Articulatory defects (paralytic)</td>
<td>49.28</td>
</tr>
<tr>
<td>Aphasias</td>
<td>.33</td>
</tr>
<tr>
<td>Voice defects (paralytic)</td>
<td>.17</td>
</tr>
</tbody>
</table>

2. The work of speech correction is entirely limited to the city public school systems; the rural communities and smaller towns are without facilities for the correction of the child defective in speech.
3. The work of speech correction is more efficient and economic in the primary years of the child's schooling.

4. The average cost per pupil of a program of speech correction as now organized is about $10.00 per annum.\textsuperscript{22}

The Committee felt some definitions had to be examined before their recommendations could be made. Many different types of terminology were being used to denote similar functions. The following terms were clarified in the report:

**Speech Correction Proper:** The practice in schools, clinics or private offices of retraining the language habits of those defective in speech and to stimulate and develop language habits of those retarded in speech, and arrest and prevent the development of incipient disorders of speech.

**Training of Practitioners:** The teaching in normal schools, colleges and universities, of those who are later to have the responsibility for the re-education of speech defectives. This teaching will be both theoretical and clinical.

**Research:** A professional study, largely in the clinic or laboratory that should lead to a better understanding of pathological condi-
tions of speech and to better methods of correcting such conditions.\textsuperscript{23}

On the strength of these findings, some recommendations for the future of speech correction programs were made. They were designed to bring some uniformity to the many diverse speech correction programs throughout the country. During the early 1930s few states had licensure or certification of teachers in speech correction. Their recommendations were:

1. The work of speech correction should be extended so that every school system in the country shall have a speech correction department of its own. In cities, the work should be organized under the superintendent's office, and in rural districts and in villages it should be presented under the direction of the office of the county.

2. The children with defective speech should be educated with normal children except for the periods when they shall be given their speech training. These periods should not exceed thirty minutes. As far as possible these children should be given their speech training in the same building in which they do the rest of their work.

3. The program of speech correction should place emphasis upon the arrest of incipient
disorders of speech when they first appear. The most effective results are achieved with young children, the superintendent having limited funds for this work should concentrate his forces upon the children in the lower grades.

4. Most cases of speech defect must be handled individually, but in rare instances children with similar defects may be handled in groups.

5. In most schools in which the work has been established the "case load" of the teacher of speech correction should be greatly reduced. Inefficient work serves only to discourage pupils and parents about remediability of defects of speech. The efficiency of the work decreases rapidly beyond a load of one hundred cases for each teacher, and increases as the load is reduced below one hundred cases. A load of fifty cases should be considered optimum.

6. In order to carry out the diversified program above, there should be established in each city (or county, for the rural schools) a speech clinic to which problems difficult to treat should be referred.
7. The training of the worker in speech correction should be more than that required of general teachers of the same rank, and the additional work should include a well-balanced offering from the following subjects: phonetics, physiology, anatomy, psychology, neurology, education, psychometrics, biochemistry, genetics, sociology, physical education, and speech (including both the artistic speech and speech pathology). It will probably come about, therefore, that the staff members of the speech correction departments of our public schools will receive their training in teachers' colleges or in schools of education in universities.

8. In order to support a sound program of speech hygiene, teacher-training institutions should include elementary courses in speech disorders as a part of the training of primary teachers; and superintendents should, everything else being equal, give preference to candidates for positions in the lower grades who have had such training.

9. There should be established in the United States one or more institutes for research as
to the cause and prevention of and the proper training and treatment for the various disorders of speech, and the findings of such institutes should be made available to the worker in the field of speech correction.24

While the plight of the speech defective child was recognized more sharply after the release of the Conference report, communities simply did not have the funds to inaugurate new programs. It was the teachers, themselves, flocking back to universities for summer sessions, who sparked some expansion of the field in the 1930s. Competition for teaching positions was heated, and those who wished employment found it necessary to extend their education.

The report of the White House Conference had taken cognizance of the fact that educational standards for speech pathologists should be raised. However, universities had to respond to this need. Parents were now beginning to demand speech services for their children, yet the universities were not producing enough qualified teachers to fill the positions. The first listing of a course, entitled "The Correction of Speech Disorder," was offered at the University of Iowa during the academic year 1922-1923.25 The building of a specific curriculum in speech pathology at the university level was to take years. However, the guidelines for graduate study in the field were being defined at nine
institutions, primarily in the midwest United States by 1925.26

This development was to be the key to the future of speech pathology as a profession. University accreditation was essential to the acceptance of the new field as a serious discipline.
CHAPTER THREE NOTES


2 Ibid.


10 Ibid., 268.

11 Ibid., 269.


13 Ibid., 95.


15 Ibid., 256-257.


22 Ibid., 376-377.

23 Ibid., 378-389.

24 Ibid., 378-381.


CHAPTER IV

UNIVERSITY GROWTH

The area of communicative disorders surged forward in the first quarter of the twentieth century. This was due in part to the establishment and acceptance within universities of courses of study in the treatment of speech disorders. In 1900 there were no departments of speech in the universities of the United States. As the century progressed, however, departments developed, and there was a spirit of unrest and inquiry concerning the growth of viable programs of speech in the universities. Many questions had to be answered concerning curriculum, department management and accreditation. Speech was still professionally an infant, but an infant showing great potential. The building of a specific curriculum in speech pathology from these origins was to take years. The need for speech pathologists in the schools was evident from the results of the White House Conference of 1930. The institutions of higher learning had to accept the leadership in preparing teachers and in conducting research in the field of speech pathology as a response to the demands from the lower schools and from the public at large. Yet, as in the past, the guidelines for a university program to produce qualified speech pathologists were cloudy.¹
Before the 1920s, speech pathologists had to cross departmental lines in order to obtain their degrees. Degrees and course work were offered under a variety of departments, the most common being the departments of English, Rhetoric, Elocution, Oral Expression, Oratory, Psychology and Education. The most common practice was for speech pathology to be part of the department of English or Education. Yet, candidates in the field had to choose to emphasize the scientific aspects of speech to get the necessary background to work in a clinical setting.

THE DEVELOPMENT OF DEPARTMENTS OF SPEECH

Early Course Offerings

The first actual courses in the field of speech correction were instituted by Alexander Graham Bell at Boston University in 1875, and included "Culture of the Voice," "Mechanism of Speech," "Visible Speech," and "Methods of Instructing Deaf Mutes in Articulation." In 1880 his instruction was discontinued because of the closing of the School of Oratory at the university. Other universities had some departmentalization of speech. Whitman College listed a Department of Elocution in 1880, Boston University a School of Oratory in 1883, Baylor University a School of Oratory in 1890, Earlham College a Department of Elocution in 1878, University of Michigan a Department of Elocution and Oratory in 1891, and the School of Oratory at the University of
Southern California in 1895. While not linked to the arts college of Northwestern University, the Cumnock School of Oratory was established in 1878 and gave a foundation to the development of their speech department.2

Gradually, courses were added to these departments at various universities. Between 1910 and 1920 the following were offered:

1910  Anatomy, Physiology and Hygiene of Voice
College of Idaho
1910  The Psychology and Sociology of Oratory
DePauw University
1914  Voice Training and Phonetics
University of Wisconsin
1915  Seminar in Speech
University of Iowa
1919  Speech Correction
Teachers College, Columbia University
1920  The Psychology of Speech
University of Iowa.3

Coulton, in a comprehensive study of 118 institutions of higher learning, all of them colleges of liberal arts and sciences, found the following:

For the period 1900-1910, the 118 colleges were offering on the average eight semesters each of speech education; for the same number of colleges in 1910-20 the average was 11; in
1920-30 the number was close to 15, and in 1930-35 it was over 16.  

From the 1935 statistics it became apparent that speech developing as an autonomous department was going to take some time.

Finding an Identity

Charles Woolbert, a professor at the University of Illinois, addressed the organization of a department of speech science in universities in 1915. At this time it was Woolbert's contention that the study of Speech and English should be separated because they are essentially different disciplines. "English scholars find no enthusiasm for giving time and thought to speech matters; they are practically always content that speech is an adjunct," he warned.

In 1919, J. P. Ryan of Grinnell College, in Iowa, published an article in *English Journal* which stated:

Though it is growing more and more manifest that the department of English needs the department of Speech more than the department of Speech needs the department of English, yet the welfare of the work in speech demands separation.

Ryan echoed the feelings of Woolbert in continuing: Effective results, proper financial support and healthy growth of either department cannot be fully realized until the work is organized in separate departments.
As early as 1917, Loussene Rousseau stressed the need for speech training of students in the normal schools. She felt the courses would need a scientific framework. Rousseau went on to proclaim:

An investigation of the curriculum not only of the elementary and secondary schools, but also of colleges and universities, shows that while English grammar, English composition and English literature are taught everywhere, the way English should be used when it is spoken is seldom even hinted at. The failure of education to provide for the training of the simplest and most natural means of self-expression has led to the American voice. If every normal school student should be required to have courses in voice training before graduation, this problem could be solved. It is of great importance that the teacher in the grades--the lower grades particularly--should be able to diagnose speech defects and correct them. 7

The first significant public demand for the separation of speech and English came from the Public Speaking Conference of New England and North Atlantic States. On 25 March 1913, during its meeting at Yale University, the conference passed this resolution:
Whereas, the principle and practice which are the foundation of excellence in public speaking form a unified body of material to a large extent separate and different from the content of the usual college department of English; and whereas, the best interests of the students are promoted by placing the instruction in all the elements of speaking in the hands of a trained and organized department of specialists; be it resolved that it is the sense of this conference that departments of Speech in American colleges should be organized entirely separate from departments of English.8

Universities were struggling to organize speech courses into a more adequate setting. In 1921 Northwestern University reorganized its School of Oratory, which would be known thereafter as the School of Speech, and authorized that department to give a four-year course of study leading to a degree. While a small beginning, this move by Northwestern University gave impetus to the field. In 1924 Professor Drummond of Cornell University and Professor J. M. O'Neil of the University of Wisconsin, began to work on outlining the needs and suggested solutions to the situation. As speech emerged in the field of academic disciplines, it was clear that the pathways followed were quite different from those
of departments it had fallen under. O’Neil stated the eclecticism of a speech major:

We are interested in, and claim an equity in, that part of psychology which has a bearing on speech, and also the parts of the great science of anatomy, physiology, physics and psychiatry, which are related to our specific interest.  

He went on to define possible courses of study:

I believe there must be some specialization in the broad area of speech if we are going to have scholarly teachers. I see four fields of specialization: (1) Rhetoric, the teaching of speech composition, history of rhetoric, criticism, etc., (2) Correction of Speech Disorders, Speech Hygiene, the Psychopathology of Speech, etc., (3) Psychology and Pedagogy of Speech, meaning here normal psychology as distinguished from abnormal psychology, and (4) Reading and Dramatics.  

A thorough survey of course offerings in 356 colleges and universities listed in the *Educational Directory* of the Federal Bureau of Education for 1929 was attempted by J. Clark Weaver, a professor at the States Teachers College in Kearney, Nebraska. The catalogues used for this research
survey were those for the school years 1929-30 and 1930-31. In analyzing the results of this survey, it was clear that there was little agreement as to how the field of speech should be organized. In the 356 college and university catalogues studied, a total of 2,083 various speech courses were offered. In this group of courses there were 694 different titles. The Speech Correction division of courses was relatively large, with a total of fifty-eight courses offered, of which eighteen were called Speech Correction. Thirty-one titles were spread haphazardly over a series of forty courses.

In the years 1929-30, only eighty-six of the institutions had separate departments of speech. At none of the universities was there any consistency in the number of courses and hours required for a major in Speech. Catalogue descriptions of the courses bearing the same titles were compared in an attempt to discover similarities of purpose and instruction. Courses bearing the same title scarcely ever had the same aim or the same content. Very often similarly named courses had widely different purposes and subject matter. The study found the most apparent reason for this random selection of course titles was the lack of standardization in how speech should or should not be taught at the university level. This confusion continued until the mid-forties.
The autonomy of speech departments was still in question, as seen in an examination of the report of the American Council on Education in *American Universities and Colleges* in 1948. Data was gathered on the departmental structure of the 738 accredited American colleges and universities. A summary of the report, with titles grouped under a name most popular in the classifications indicated, is listed in Table 1.

Table 1--Distribution of Speech Departments in 738 Universities and Colleges

<table>
<thead>
<tr>
<th>Categories</th>
<th>Universities</th>
<th>Colleges</th>
<th>Other*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Autonomous Speech Depts.+</td>
<td>129</td>
<td>242</td>
<td>59</td>
<td>430</td>
</tr>
<tr>
<td>Total Without Autonomous Speech</td>
<td>52</td>
<td>177</td>
<td>104</td>
<td>333</td>
</tr>
</tbody>
</table>


* Includes Teachers Colleges and unspecified institutions.

+ Departments listing both English and Speech in the title have been included in these numbers. The total includes twenty-three schools with two departments and one with three.

As speech departments struggled for autonomy, it became evident that speech correction, while not belonging in the English department, also did not have a great deal in common with the Speech department which emphasized theatre arts.¹¹
SPEECH PATHOLOGY: A NEW FIELD OF STUDY

In developing a program of training for speech pathologists universities faced the question: Should one train technicians in four years, sacrificing some cultural study, or should one train students for a cultural background for four years with a fifth year of specialization? The majority of speech pathologists followed the standard degree requirements needed to major in speech; thus their emphasis was in theatre arts, which did not necessarily prepare them for the psychology and physiology required in speech correction.

Degree Programs in Speech Pathology

For the most part the curriculum for training speech correctionists developed after 1920, although as early as 1913 Professor Smiley Blanton gave a course on speech defects at Cornell University's summer session. Smiley Blanton, a young speech instructor at Cornell, had developed a deep interest in people with speech problems and a desire to know how to help them. He studied the anatomical aspects of speech and earned his M.D. at Cornell. In 1914 Professor James O'Neil, at the University of Wisconsin, sought such a person to begin a program in speech disorders. Dr. Blanton moved to the University of Wisconsin that fall to open what may have been the first clinic exclusively concerned with speech disorders, and to offer a course in the Correction of Speech Defects. At this time there were still no specific departments of speech in the universities. Departments of
Oratory, Elocution and Oral Expression continued to be the popular designations. In an historic discussion beside the Lincoln statue at the University of Wisconsin campus, Dr. Blanton and Professor O’Neil made a decision to call the new program the University of Wisconsin Speech Clinic.

Ella Flagg Young, the first woman to be superintendent of the Chicago Public Schools, sought specialists in this new field of speech correction and enlisted the aid of the Chicago Normal College in 1910. In conjunction with the Department of Oral Expression, the city began one of the first training programs in speech correction. In her annual report to the board, Ella Flagg Young stated:

The Department of Oral Expression continues the supervision of the special teachers dealing with those defective in speech. This department has thus a unique position in the system, in that it has trained the special teachers and continues to supervise them as they work in the city schools.

It was a number of years before other academic institutions followed the lead of the University of Wisconsin and Chicago Normal College in making speech correction a course of study. They had to secure professionals with adequate training in the scientific aspects of speech to add to their faculties. Under the direction of Edward W. Scripture of Columbia University, a course in speech correction was
offered in 1919-20. Michigan was offering a course in speech correction in 1919, but it appears from the catalogue description to have been a remedial course for students with "vocal weaknesses," rather than for the training of specialists. The University of Iowa listed a course in the Correction of Speech Disorders for the first time in 1922-23, and at the same time announced the launching of a training program in the field of speech correction jointly with the Child Welfare Research Station. By November 1923, the Quarterly Journal of Speech Education's section, "News and Notes," reported additions to the curriculum at the University of Illinois, where Giles Wilkeson Gray offered a course in "The Correction of Speech Defects." Sara Stinchfield was employed soon after to teach speech correction Mt. Holyoke College. Pennsylvania State College and Temple University began summer courses in the area of speech correction. 14

Many of the earliest programs were summer sessions for the benefit of teachers who were returning to the university classroom to learn about the new science of speech and its application to problems found in the public school population. In an interview, Robert West from the University of Wisconsin stated:

At first, speech correction was chiefly summer school work at Wisconsin. Teachers would come in there and study this field. We
got a lot of teachers who were primarily interested in individual work. They weren't interested in classroom teaching. Maybe they couldn't discipline the classes so they found it interesting to go in some field where they would have individual problems among the children. So they came to the University of Wisconsin and studied a six-week course and went back to their schools as speech correction teachers. Wholly inadequate training, but that's what they did.\textsuperscript{15}

Specialists in the field of speech correction would travel from university to university in a series of appearances offering short summer courses. The \textit{Quarterly Journal of Speech} reported on Mrs. E. W. Scripture as she began her lectures in 1924:

Mrs. E. W. Scripture will give a course at Tulane University this summer upon Malignant Speech; later she will give two courses at the Los Angeles summer session of the University of California. One will be upon Methods and the Correction of Speech Defects, and the other a Demonstration School.\textsuperscript{16}

In California an attempt was made to obtain speech pathologists on a statewide basis. Both public relations and
teacher recruitment stressed the need for specialists. They urged teachers to return to school for the required training:

The Bureau of Correction of Speech Defects and Disorders of California is a branch of the State Department of Education, and is carrying out an extensive program under the direction of Mabel Farrington Gifford. Two field workers cover the state for the purpose of promoting the work and of persuading teachers to attend Summer Speech Correction Sessions to receive training. They likewise supervise teachers who are handling the work, conduct conferences with school officials and coordinating agencies, such as boards of health, nurses, doctors, behavior clinics, luncheon clubs, etc., where they sometimes conduct demonstrations.¹⁷

Universities, at this early stage of establishing a program in speech pathology, depended on the elementary schools for candidates. They hoped that many of the teachers would continue at the university level and obtain advanced degrees in the field. The Quarterly Journal of Speech, in an article in 1925, reported:

The elementary school must do more of the effective work in general speech training. This responsibility is coming to be more
generally recognized. The training of teachers is admittedly inadequate to work with children. Some states are planning effective measures for improving the training of teachers. Interest in improving defective speech seems greater than interest in developing normal speech. 18

THE GRANTING OF GRADUATE DEGREES IN SPEECH PATHOLOGY

Bachelor's and master's level degrees were attainable in the general area of speech at the University of Wisconsin and at Northwestern University as early as 1915. A Doctoral degree could be attained at the University of Wisconsin with a major in Speech in 1922. However, the first graduate degree in the field of Speech Pathology was awarded at the University of Iowa in 1922 with a dissertation entitled, "Picture Test for Lisp Diagnosis." Academicians were startled to learn that bona fide universities were offering graduate degrees in a field that had long been considered "extracurricular." 19

The University of Wisconsin awarded the first Doctoral degree in Speech even though the Department of Speech Pathology was not yet established as a separate entity. Sara Stinchfield was the first candidate to complete the doctoral program in 1922. She worked under the direction of Smiley Blanton in the field of speech correction. Her dissertation
emphasized the scientific aspects of speech correction and was entitled, "The Formulation and Standardization of a Series of Graded Speech Tests." In order to complete her course requirements, she had to take classes not only from the Department of Speech, but also from the Medical Department, Department of Psychology, and the Department of Child Care and Nutrition. Her work served to furnish clinicians with diagnostic test materials to be used in a variety of settings.  

In 1925, Robert West gained the second doctorate at Wisconsin with his dissertation entitled, "The Nature of Vocal Sounds." The following year, at the State University of Iowa, Giles W. Gray's dissertation, "An Experimental Study of the Vibrato in Speech," attracted attention through monograph publication. His doctoral work was through the Department of Psychology.  

Master's degrees in the field of speech were being completed under a variety of departmental headings. However, degrees granted through speech departments with specific schools of Speech Correction or Pathology prior to 1925 were few in number. They included:

University of Iowa:

1923 Mills, Alice, "Speaking Voice Improvements"
Norvelle, L. B., "Experimental Study of Effective Voice Elements in Speech According to a Given Standard"

1924 Metessel, M. F., "A Study in Pitch Variations in Speech"

Northwestern University:

1924 Welch, Constance, "Speech Rhythm as Correlated with Various Human Emotions"

University of Wisconsin:

1922 Caldwell, Margaret, "A Study of Stuttering Based Upon Research Among 350 Stutterers"


Wenzelman, R.N., "An Experiment Investigating the Alleged Relation Between Voice and Character"\(^{22}\)

At this time, course descriptions in the field were not yet widely termed "speech pathology." Course work in the field was listed under the areas of "speech science," "speech education," or "speech correction."

Ritter's study in 1937 surveyed 507 universities in the United States to determine the courses offered in each area
of speech. His listings under the category of "Speech Science" are listed in Table 2.

Table 2--Listing of Courses in Speech Science

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Units Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonetics</td>
<td>133</td>
</tr>
<tr>
<td>Physiology and Vocal Mechanism</td>
<td>9</td>
</tr>
<tr>
<td>Physics of Sound</td>
<td>6</td>
</tr>
<tr>
<td>Psychology of Speech</td>
<td>142</td>
</tr>
<tr>
<td>Seminar in Speech Defects</td>
<td>8</td>
</tr>
<tr>
<td>Speech Correction</td>
<td>198</td>
</tr>
<tr>
<td>Speech Clinic</td>
<td>37</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>16</td>
</tr>
<tr>
<td>Voice Training</td>
<td>309</td>
</tr>
<tr>
<td>Voice and Speech Science</td>
<td>51</td>
</tr>
</tbody>
</table>


Ritter found that speech science grouped as a whole accounted for only 7.4 percent of all speech courses in the 507 universities surveyed. In universities granting graduate degrees it accounted for 18.8 percent of the totals.23
In 1926 there were 10,149 master's degrees in all fields and 55 granted in all phases of speech. By 1938 18,302 master's degrees were conferred in all fields and 264 of them were in all phases of speech. By 1949 all academic fields awarded 50,827 such degrees and 585 were in all phases of speech. However, prior to the establishment of speech clinics and laboratories, many of the students desiring graduate work requiring scientific aspects of the subject still had to go to Europe to obtain training.²⁴

SPEECH CLINICS IN COLLEGES AND UNIVERSITIES

By the end of the 1920s the number of courses offered in speech pathology had grown, but they were still aimed at bringing teachers in for summer sessions. The speech clinic practicum as a degree requirement in speech pathology was a milestone in separating speech pathology from the general area of speech in the university setting. Universities which emphasized speech pathology found it expedient to establish laboratory facilities. It was noted,

The student may read about the vocal apparatus, may be told ever so vividly of its structure, and yet leave the classroom with but a vague and confused impression. Students need the chance to take apart and put together dissectable models to get an
understanding of the voice and its means of production.25

Speech laboratories and clinics both served a purpose in the training of specialists. The laboratories were for basic research and the clinics were for practicum. Both installations required specialized equipment. The universities of Iowa and Wisconsin developed the first extensive laboratories and clinics. Smiley Blanton founded the first clinic at Wisconsin; however, Robert West soon assumed supervision of the facility. Lee E. Travis set up the speech clinic at Iowa. When Travis took over the responsibility of the laboratory he was given the title of Professor of Speech Pathology. Thereupon the Board of Regents of the University of Wisconsin voted to give the same title to West. These two men were the first to carry this title in American colleges and universities.26 The equipment in West's laboratory is listed in Appendix 2.

Much of the new equipment in the field was tested at the University of Wisconsin. One early report from West concerned the "telegraphone," or perhaps more properly, the "magnetophone." This device recorded sounds through electric impulses conducted by wire. This device was a precursor to the modern tape recorder and gave clinicians a chance to duplicate sounds produced.

Sarah T. Barrows' survey on phonetics gave an indication of the growth of laboratories, because phonetics, or voice
science, was one of the most commonly designated laboratory courses. Her survey revealed:

Eleven institutions report phonetics, or voice science, laboratories; three others announced laboratories to be equipped next year. The fourteen pioneer institutions are: University of Chicago, Hunter College, State University of Iowa, Middlebury College, University of Michigan, University of Minnesota, New Jersey College for Women, New York University, Ohio State University, Purdue University, University of Southern California, Smith College, University of Utah and University of Wisconsin. In most instances these laboratories are under the direction of the Department of Speech. Research bearing on phonetic subjects is being carried on by departments of physics and psychology in several institutions, but these departments are not included in the survey.\(^27\)

As can be seen by the representative schools, the major activity in the field took place at universities located in the middle west or north central area. These geographic areas appeared to be dominant in program inception and growth through the early 1940s.
In 1936, Maxine Domigan found that 5 percent of the universities in the United States which maintained a speech curricula had speech clinics. She found the types of teaching aids used in fifty universities with speech programs (but not necessarily clinics) included twenty-five victrolas, twenty-four charts illustrative of vocal organs, twenty-three models of the larynx, eighteen full-length mirrors, and ten "speak-a-phones." It is apparent that sophisticated laboratory equipment was not yet in place in most of the programs.\textsuperscript{28}

With the threat of World War II approaching, the early speech clinics were notified they might be of service in time of an emergency. M. R. Trabue, Dean of the School of Education, Pennsylvania State College, announced:

The speech clinics are staffed with clinicians who have had training in the techniques of mental hygiene. In times of national emergency there may be an increase of emotional disturbances which may be set off by the departure of loved ones for military service.

The speech clinics can become first aid stations for personality disorganization difficulties which may arise out of these emotional strains during the emergency.\textsuperscript{29}
Trabue also suggested the speech clinics could be of service in detecting malingerers who adopt symptomatology involving speech as a means of escaping induction.

Higher education in the field of speech pathology was becoming more defined by the late 1930s. With the rapid expansion of curricular offerings, it had begun to take its own identity and had become increasingly divergent from the speech arts courses. However, it would take the 1950s to see the true establishment of Schools of Speech Pathology become prevalent in the universities of the United States.
CHAPTER FOUR NOTES


2 Ibid., 461.

3 Ibid., 457.


10 Ibid.


21 Ibid., 138-139.

22 Ibid., 139-140.


CHAPTER V

PROFESSIONAL ORGANIZATIONS

Much of the lifeblood of a profession comes from organizing, holding meetings and circulating information through publications. The late nineteenth century marked the beginning of organizations national in scope, which succeeded in bringing together persons who sought to improve training in speech. These persons helped to secure and to establish programs of speech education in the public schools and colleges. By the end of the fourth decade of the twentieth century the principal organizations devoted to speech education seemed to have achieved stability and a considerable degree of progressional maturity. What follows is a discussion of those professional organizations whose membership was devoted to speech education.

THE NATIONAL ASSOCIATION OF ELOCUTIONISTS

The earliest association with any interest in speech was founded in 1892. Its name was changed from the National Association of Elocutionists to the National Speech Arts Association in 1906, and it ceased functioning in 1917. During the twenty-five years of its existence, however, speech education began to find a place in the curricula of American high schools and colleges. The life span of the
association and the pioneer period of speech education were closely aligned. While the organization helped to promote the growth of speech education, this was not its sole purpose. The growth of the field was more impacted by individual members of the association who were eminent in the field and thus had an influence on speech programs throughout the country.¹

The word "elocution" met with much opposition, even in the founding years of the organization for the term had already fallen into disrepute. Elocution was declining partly because public tastes were changing, partly because an academic approach to speech was being demanded by teachers and students alike, and partly because of doubtful practices of less skillful practitioners and "entertainers." Early in the history of the organization, educators were reluctant to grant college credit for elocution, because it was considered to be entertainment characterized by the recitation of literature, usually memorized. To be accepted, elocution would have to expand its horizons and include oratory, debate, public speaking and acting. As F. Townsend Southwick stated in Werner's Magazine, the journal of the association, "Any crank, any low comedian, any school-girl with a few lessons from any sort of teacher, may step into our ranks and become at once a full-fledged elocutionist." The article went on to state that in the late 1800s elocution was lambasted for tolerating "imitations of the cries of animals
... the blowing of whistles, ringing of bells, whirring of spinning wheels and other feats."²

A cohesive force was needed to unite elocutionists throughout the country and to give them credibility. A convention took place on 27 June 1892. At this meeting a constitution was written and ratified and Werner's Magazine designated the organization's official publication. While 2,500 persons were invited to attend, 373 were present. A volume entitled Proceedings was published for this and for each subsequent convention.

Although there was an unfavorable attitude shown by much of the public toward unskilled elocution, the association made progress in getting the public speaking aspects of elocution accepted by the public and by schools. In 1898, a session at their yearly convention addressed the relationship of elocution to college and university education. In summary, they found:

In 1878 three leading institutions had limited courses in oratory in their curricula; pioneers in the field began going from college to college, giving short voluntary classes; 1898 sees these men occupying chairs of oratory in colleges and universities and devoting all their time to advancement of the art. In 1878 the number of schools of oratory were so few as to be
numbered on the fingers of one hand; 1889 sees a prosperous school in every leading city, and department schools in two great universities.³

By 1905, Robert Fulton, the association's president, was most optimistic as to its growth: "When we organized this association thirteen years ago, a college professorship was a rarity in our ranks. Today we cannot supply the demand for instruction in the high schools and universities." Ironically, Fulton, who had been a leader in the fight to include the word elocutionists in the name of the organization, in 1905 led the fight to remove it. He was helped by several persons who forcefully decried the shabby reputation elocution had acquired. The name was changed to the Association for the Advancement of Speech Arts in 1905, and modified in 1906 to the National Speech Arts Association.⁴

Between 1905 and 1916 demand for teachers in the field increased as did programs offered at the secondary and college level; however, much remained to be done. Speech arts had not yet acquired good standing with all of the faculties and administrators in the university setting in a unified pattern. This could have been due to the lack of standardization of the subject matter and terminology, as well as to the close association still held by many of the members with an elocutionary background. Between 1892 and 1917 times and tastes had changed; as people became more
interested in speech education they became less interested in elocutionary entertainment. The organization of the National Association of Academic Teachers of Public Speaking in 1915 hastened the death of the National Speech Arts Association. This new association attracted persons who had more interest in the practical and theoretical phases of public speaking. With the interest in elocutionary entertainment waning, many of the pioneer speech educators saw that the future for interchange of ideas and professional advancement resided in the new association.

THE NATIONAL ASSOCIATION OF ACADEMIC TEACHERS
OF PUBLIC SPEAKING

Those interested in oratory and rhetoric at the university level decided to found a new organization that would be more educationally oriented than those who claimed elocutionists and professional voice coaches in their ranks. They did not want them to be a part of their new organization, at least in the early years. Thus, the word "Academic" in the National Association of Academic Teachers of Public Speaking pointedly indicated the qualifications for membership. The founders wanted to offer a new focus for those involved in speech education, at least in the early years. Their primary goal was involvement in the creation of a well-developed program of speech education to be used in both the high school and college settings.
The founding of the National Council of Teachers of English in 1910 offered a supportive role in the association's origin. The N.E.A. committee made provision for oral expression as a division of the Council of Teachers of English. This action created the Public Speaking Section of NCTE, the first mechanism, national in scope, to bring together teachers of public speaking. At the meeting of the Section in 1913, teachers took the initial step towards the formation of a national organization independent of NCTE.

In March 1913 the conference adopted a resolution which declared that instruction in public speaking should be separate from departments of English. By 28 November 1914 a debate was ensuing at the NCTE annual convention. From this debate emerged seventeen charter members of the National Association of Academic Teachers of Public Speaking. Thus, the issue over separation from English was settled. Public speaking became an independent operation from "oral English."

The association promptly set up a Committee on Research to encourage the study of public speaking as a "scholarly subject with a body of verified knowledge and professional tradition and ethics." In 1915, Smiley Blanton addressed the first convention of the Association of Academic Teachers of Public Speaking and pointed out the need for research in voice and speech. He energetically began to attack these problems himself and published (sometimes in coauthorship
with his wife, Margaret Gray Blanton) an impressive series of articles and books on speech defects. Charles H. Woolbert, Chairman of the Committee on Research, reported at the 1919 convention that the most inclusive section of his report concerned studies on "Pathological Conditions, Speech Defects." He proposed that in addition to general sessions and business meetings at the convention, separate section meetings be held simultaneously for dramatics, defective speech and debate. His suggestion was followed in 1920, thus beginning a convention custom of providing at least one section meeting where those interested in disorders of speech could meet by themselves in a group small enough to exchange ideas freely.

THE GROWTH OF THE NATIONAL ASSOCIATION OF TEACHERS OF SPEECH

Through the years the Association of Teachers of Public Speaking showed remarkable growth. In 1916 its regular members numbered 160 and the budget was slightly over $13,000; in 1949 its membership was over fifty-one hundred and its annual budget was $41,000. Sixty persons attended the first convention in 1915; at the Chicago convention in 1949 over twenty-one hundred registered. The programs at the conventions strikingly illustrate the growth within the field. The early conventions had few specific section meetings; the convention of 1950 had over one hundred. As
the members developed diversified interests, the association changed to reflect their needs. By 1925 the association had dropped the adjective "academic" in its name and welcomed to its membership all persons interested in dramatics, oral interpretation of literature, voice training, phonetics and remedial or corrective speech, as well as persons concerned mainly with public speaking and debate. Soon after, the name became the National Association of Teachers of Speech; still later, the Speech Association of America.⁷

Within ten years of its founding, the association felt the impact of science and specialization that World War I brought. Special interest groups arose from the parent organization. The two major ones to assume permanent shape were the American Academy of Speech Correction and the American Theater Association.

The need for the speech correction section to separate from the general membership became apparent at the NATS Conference on Speech in 1925. At this conference Lee Edward Travis, a noted speech pathologist and university professor, reported the results of an experiment he had conducted on stutterers. In the study a blank pistol shot had been fired without warning close to a subject. Immediately afterwards the subjects' responses were analyzed for pitch differences. His report was severely criticized by persons from the area of public speaking for such inhuman treatment of his subjects. Members of the conference who considered themselves
speech scientists were angered by this censure. A group met after the conference and talked of the advantages of breaking away from the rhetoricians who, they felt, neither understood nor appreciated the scientific aspects of speech.

In 1925, at the eleventh annual meeting of the National Association of Teachers of Speech, Robert West proposed the following motion:

> Be it resolved that the association favors the organization within its group, of semi-autonomous daughter organizations having membership limited by the qualifications appropriate to the several special arts and sciences represented by the association.

The official minutes of NATS report: "After considerable discussion, it was felt best that the resolution should be referred to the Advisory Council of next year."^8

Although West's motion was sent to committee, it was accepted at the 1926 convention on 29 December 1925 with the reservation that the new organization prove itself a reliable and scholastic group.

The significance of this event cannot be overlooked. It provided an opportunity for the organization of what is now the American Speech and Hearing Association. The eleven pioneers who had lobbied for the formation of the newly-sanctioned American Academy of Speech Correction were recorded in the Charter Minutes:
An informal meeting was called by Mr. West of Wisconsin and Miss Stinchfield of Mt. Holyoke in the interests of a new organization to include workers in the field of Speech Correction who might best promote the interest of a national organization and best represent the new movement. Those present at the initial meeting were:

Mary A. Brownell, University of Wisconsin
Elizabeth Dickinson McDowell, Teachers College, Columbia
Jane Dorsay, Smith College
Alvin C. Busse, New York University
Richard Borden, New York University
Robert West, University of Wisconsin
William J. Farma, New York University
C. K. Thomas, Cornell University
Jane Bliss Taylor, Vassar
Miss Thyrza Nicholas, Bryn Mawr
Sara M. Stinchfield, Mount Holyoke

The name of Miss Pauline Camp was brought up and favorably considered for additional membership as Miss Camp could not be present, but was one of those originally interested in the organization of the society.
There was an amiable relationship between NATS and the new speech section at this time. The speech pathologists would continue to hold membership in and meet with NATS, as well as conduct their own meetings. They had now arrived at a new plateau of independence.

The charter members drafted a constitution. This constitution was approved on 28 December 1926 (see Appendix B), and printed in the June issue of the *Quarterly Journal of Speech Education*.

The final approval was given to the American Society for the Study of Disorders of Speech when President Weaver at the December 1927 NATS Convention proposed this resolution: "Be it resolved that the NATS endorse the American Society for the Study of Disorders of Speech."\(^{10}\)

President Weaver went on to state: "This society, organized as a special section of NATS, has arranged an unusually comprehensive program. It is composed of distinguished specialists in mental hygiene, psychology, and speech training."\(^{11}\)

By this word of approval, the Society for the Study of Disorders of Speech was now free to establish its own existence within the shelter of NATS. Speech pathology had gained recognition as an academic discipline.
The new "daughter" organization set forth to establish a statement of purpose, elect officers, raise standards of professional practice and worked to increase the number and content of courses designed to train the speech correctionist. In the academy's code of professional practice was a pledge to help the handicapped person to come as close to normalcy as possible and to abide by the standards of training deemed appropriate by a board of peers. During these early years the academy enjoyed a favorable environment for development and a close association with NATS: finances of the two groups were held jointly, both groups used the Quarterly Journal of Speech for their official publication, and at this time most speech pathologists had taken courses in general speech and drama and were well-qualified to be members in both groups.

The academy did have some opposition in its formation. John T. Marshman, a professor of public speaking, voiced his disfavor in an article in the Quarterly Journal of Speech: We are engaged in the business of making speakers--private and public. Perhaps it would be well for us to leave some of the science of sound to physicists, psychologists, and physiologists who can do a better job than we can. In the last analysis, speech is an art, old, universal, and
difficult; an art is realized philosophy and science.\textsuperscript{12}

At the beginning of the thirties there was some doubt as to the survival of the infant organization. The 1929 convention had only been attended by fifteen members, a group too small to appear very encouraging. The profession was made up of individualists, all with strong convictions. Membership requirements were a source of continual disagreement. Some members felt that requiring a master's degree along with the publication of original research was too stringent. However, the leadership had these qualifications and envisioned a group would be exclusive to research scholars and heads of state and city programs in the field. It must be noted that from the original date of inception in December 1925 to 1929 only three new members were admitted to the group.

During the end fifth year of the academy's life, there were finally indications that the group was beginning to move forward. The Constitution Committee, reporting on its deliberations concerning membership qualifications, apparently decided on a compromise. While the original membership qualifications would be kept intact, a new class of membership would be established. These persons, called associates, were required only to have a B.A. degree. They were not required to have published a report of original research as were the original members, now called fellows. This move
opened the door for a larger membership than had previously been possible.

The annual conventions of NATS and ASSDS were held jointly at Detroit in 1931, St. Louis in 1932, and New York City in 1933. However, it was becoming apparent that the speech division of NATS needed more time allocated to their specific issues. The academy's membership was changing to reflect the scientific aspects of speech pathology being taught in the universities. Many of the members were not academic teachers of speech and felt little in common with the general membership of NATS. ASSDS took its first step towards independence at the 1932 convention. The minutes record:

Owing to the purpose of the National Association of Teachers of Speech to meet in Los Angeles in 1932, and to the fear that the present impetus of progress of the American Society for the Study of Disorders of Speech might be slowed down by the smallness of attendance at so distant a location, it was voted that . . . . In 1933, the annual convention shall not be held with the National Teachers of Speech.\(^\text{13}\)

The succeeding years were filled with increasing irritability on the part of the speech pathologists group over its relations with NATS. Having proven that they could
manage a convention on their own, members began to anger at the maternalism of the parent organization. In 1935 the requirement for membership in NATS was removed from the academy’s constitution. The name of the organization was changed to the American Speech Correction Association. The year 1938 proved to be the peak of unpleasantness between the two organizations over convention arrangements. Disagreement arose over the interpretation of "convention expenses," and certain bills presented by ASCA were not accepted by the NATS treasurer as legitimate items. Voluminous correspondence document the difficulties. The ASCA Archives have an entire file concerning two bills, totaling twenty-five dollars. This difficulty caused the groups to have all subsequent conventions separate, but concurrent. A large portion of ASCA members at the time still belonged to both organizations, and others were interested in attending both meetings. This plan would satisfy most members of the organizations.

In 1938, ASCA made its first organized attempt to influence national legislation. The Pepper-Boland Bill, "to provide for the education of all types of physically handicapped children, to make an appropriation of money therefore, and to regulate its expenditure," was brought before Congress. The association members, in conjunction with a number of interested organizations, engaged in a campaign of letter writing and publicity. This event was important not
only because it marked the entrance of the association into the realm of lobbying, but also because it was its first cooperative effort with other organizations for the handicapped.

The first important large-scale experience of ASCA in the communication with outside agencies was occasioned by World War II. The association voted, "to place its collective and individual services at the disposal of the War Department of the United States." The association’s wartime efforts were directed toward two main purposes: first toward a policy of Selective Service regarding speech defects, specifically to change its position that most speech disorders in themselves constituted a basis for rejection of a draftee, and to alert the system to tests for feigned defects; and secondly, toward ensuring that speech and hearing rehabilitation be provided by qualified personnel both in the armed forces and in the Veterans Administration.

As the war came to an end, ASCA finally broke the custom of joint conventions. The reason was the growing annoyance with NATS' tradition of meeting during the Christmas holidays, possibly more important was that by this time ASCA membership and convention attendance finally reached the size where separate meetings could be financially self-supporting. The chance for total separation was provided when plans were laid for the twenty-fifth annual convention. A new name was chosen for the organization in 1947 reflecting the membership
which now included not only speech pathologists but also audiologists. The American Speech and Hearing Association celebrated its Silver Anniversary in 1950. The anniversary banquet was highlighted by all living past presidents, except for two, joining together to mark this special occasion. The 1950 convention drew 728 registrants, only thirty less than the entire membership four years earlier, and more than any of those who founded the organization had ever imagined.\textsuperscript{16}

\textbf{Publications}

One of the chief reasons for the existence of a professional organization is the sharing of knowledge in the field among its members. The National Association of Teachers of Speech at once recognized the need for an organ of communication. President O'Neil insisted that this publication must coincide with the first year of the association's life. He became responsible for establishing the \textit{Quarterly Journal of Public Speaking}. In the first issue O'Neil wrote:

First, we wish to promote and encourage research work in various parts of the field of public speaking; we wish to encourage and assist in individual committees who will undertake by scientific investigation to discover the true answer to certain problems.\textsuperscript{17}

The new association at once recognized the need for an organ of communication and designated O'Neil the official
title of editor. He began this job in 1915. He assembled and edited the material for the first three volumes. As editor, he announced that he would give "the right of way over all other material to articles giving the results of research which come to us through the chairman of the committee on research."¹⁸ He continued in the position for the next five years. At the third annual meeting of the group, members were specifically urged to send their papers to the editor of the *Quarterly Journal of Speech*.

The first bibliography on speech education appeared in the fourth year of the *OJS*. It was soon followed by Smiley Blanton's bibliography for the beginner in speech correction. Two years later Baird published a selected bibliography of American Oratory, and in 1929 McGrew's bibliography on rhetoric and related subjects appeared.

During these early years the Academy for the Study of Disorders of Speech used the *Quarterly Journal of Speech Education* as their primary vehicle of communication. The group could not have supported a separate publication financially, and it is doubtful whether among themselves they were producing enough material to even warrant such an expense. The first step toward assuming its own responsibility for publication was taken by ASSDS at their 1930 business meeting, five years after its founding.

The 1930 meeting held a "Symposium on Stuttering." This symposium produced a major contribution toward advancing
knowledge within the profession. Aware of the importance of this meeting and wanting to ensure a wider and more permanent availability of the information, the members decided that all of the papers should be published in their entirety. Since twenty-eight papers were involved, totaling two hundred typed pages, this was no small undertaking for an organization which still could claim only twenty-five paid members. Robert West, president of ASSDS, decided to have the papers mimeographed and to sell the bound sets to interested members.¹⁹

Finally, after five years of such action, the member realized they had an unofficial series of publications. It was decided, therefore, to recognize the continuity of the publication by using the uniform title, *Proceedings of the American Speech Correction Association.* This title was later shortened to *Proceedings* for all practical use. *Proceedings* continued to be published until 1941 when the academy incorporated it into its own journal.

The vision of an official journal not to be shared with NATS began in 1933. A committee was then appointed "to consider the feasibility of publishing a journal for ASSDS and to submit definite plans."²⁰ However, at this time their members did not feel ready to launch so imposing an undertaking and it was voted instead that the Chairman of the Publication Committee arrange with the editor of the
Quarterly Journal of Speech to publish at least one article on speech correction in each issue.

It was not until 1935, when the paid membership of the American Speech Correction Association had reached eighty-seven, that the organization felt strong enough to undertake its own separate journal. G. Oscar Russell of Ohio State University was elected editor, and assumed almost total responsibility for the work involved. The title, Journal of Speech Disorders, was adopted after some argument about whether this was superior to Journal of Speech Pathology. It was voted that 75 percent of their association's gross annual income, exclusive of convention fees, be devoted to the new journal.\(^{21}\)

After three years of publication, JSD's annual total was almost four hundred pages, which was its typical size for the next fifteen years. As editors changed, so did the emphasis of specific issues in the journal. To ensure continuity, a four-year term of office for the editor was stipulated, as was a staff of at least four associate editors, to be nominated by the editor but elected by the Executive Council.

The features which have remained constant over the years of publication of the Journal of Speech Disorders include book reviews, abstracts, and news and announcements. The directory of members continues to be an annual feature of the March issue. An annual index of articles published is included in the December issue. Throughout the life of the
publication it has always represented a series of accomplishments reflecting the changes and growth of the field of speech pathology.

REGIONAL ORGANIZATIONS

The Speech Association of the Eastern States

The first regional speech organization of note was formed prior to the founding of the National Association of Teachers of Public Speaking in 1914. It is now known as the Speech Association of the Eastern States. The first steps toward the formation of this organization were begun in 1910 with the Conference of Instructors of Public Speaking in the Colleges of Pennsylvania, Maryland, New Jersey, Delaware, District of Columbia and Southern New York. The first meeting of the association was convened on 15 April 1914 at Swathmore College.

The informal title of Public Speaking Conference was changed at this meeting to the Eastern Public Speaking Conference and, since 1950, has been the Speech Association of the Eastern States.

In the early years the membership was composed primarily of faculties of Departments of English. Throughout the early years membership began to include those interested in public speaking and speech correction. Public Speaking Review, the journal of the organization, debuted in September 1911. This
journal continued until 1953 at which time it was renamed *Today's Speech*.

The Speech Association of the Eastern States, which began with a membership of fifteen, had 558 persons in its directory in 1949 and has continued to maintain an interest in speech pathology and audiology.\(^{22}\)

**The Western Speech Association**

This association was founded in 1929. W. Arthur Cable, head of the Speech Department at the University of Arizona, was the force behind its inception and was its first president. Under his leadership, the first convention was held in the fall of 1929 in San Francisco. States represented in this regional organization were Arizona, Colorado, Montana, Nevada, New Mexico, Oregon, Utah, Washington and California.

The official journal of this association began in 1937 and was entitled *Western Speech*. Its purpose was set forth as being:

> Published for teachers of speech and school administration in the western states for the purpose of promoting the cause of Speech Education and establishing standards, and criteria, and of evaluating the teaching of speech to its proper professional significance.\(^{23}\)
The Western Speech Association and its journal have continued to devote time and space toward the growth of the field of speech pathology and audiology.

The Southern Speech Association

The South, while slow to obtain speech pathologists in the school, began a professional association in 1930. The following notice appeared in the *Quarterly Journal of Speech*:

> The first annual convention of the Southern Association of Teachers of Speech was held May 2nd and 3rd at the Hotel Thomas Jefferson, Birmingham, Alabama. A constitution was adopted, a list of aims and objectives was unanimously passed.\(^{24}\)

During the Depression years the Southern Association had a particularly difficult time getting people to participate in the organization. Few could afford to attend conventions. The association was able to publish its journal, *Southern Speech Journal*, in 1934. It included an article by Smiley Blanton entitled, "Disorders of Speech." Throughout the years papers on speech pathology have continued to appear in the journal.\(^{25}\)

Rocky Mountain Speech Conference

The conference is sponsored by the University of Denver's School of Speech and was first held in 1931. The conference is generally well attended. Its meeting in January 1932 included approximately 500 teachers and students
representing fifty-five schools from Colorado, Nevada and Wyoming. The group continued to meet throughout the 1940s and devoted a prominent portion of its programs to the technical problems of speech pathology.\textsuperscript{26}

**The Central States Speech Association**

A temporary committee was organized in 1930 at the Chicago convention of NATS to investigate the possibility of forming an association for the states of the central region of the United States. At the 1931 convention, a constitution was adopted and the new group formed. States included in the organization were Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Oklahoma, Kansas, Nebraska, South Dakota and North Dakota. The chairman of the group was Alan H. Monroe of Purdue University.

The organization worked to establish standards for speech credentials in the colleges and universities of the region. In 1939, 390 persons attended the conference held in Minneapolis. The publication of the *Central States Speech Journal* began in November 1949. The organization developed into a powerful force in its region through the years.\textsuperscript{27}

The Midwest and North Central states, through their well-established university programs and strong professional organizations, became pioneers in public school speech pathology services. The first school programs established were in Illinois, Indiana, Michigan, Ohio, Wisconsin and New York. The acceptance of speech pathology into the
schools would provide the final link in its growth as a profession.
CHAPTER FIVE NOTES


4 Ibid.


6 Ibid.


9 Dorothy Kester, "The Development of Speech Correction in Schools and in Organizations in America During the First Quarter of the Twentieth Century," diss., Department of Speech, Northwestern University, 1950: 130.


11 Ibid.


14 Ibid., 80.


20 Ibid., 23.

21 Ibid., 34-36.


23 "The Purpose of Western Speech," *Western Speech* 1 (June 1937): 3.


Early in the twentieth century all of the elements came together to foster the growth of speech pathology in the public schools of America. Universities had the beginnings of viable speech departments and the National Association of Teachers of Speech had stressed professional organization in the field of speech education. The public schools were to be the proving ground for the theories which were developing in the universities. Educational philosophy by 1900 began to admit a responsibility to atypical children. One of the major problems undertaken by educational institutions was the task of equipping handicapped children for life. In this group were included the blind, deaf, crippled, mentally defective, and speech impaired.

Remedial speech programs were slowly and intermittently established by city schools. While interest in such programs was great, the opportunity for school children to receive the service was not widespread. The growth of speech correction seemed to mirror the growth of the field of speech education. Claude Wise noted retrospectively in the *Southern Speech Journal*:
Speech teaching has made phenomenal modern progress, but it has been an inverted pyramid precariously balanced on the smallest of tips. That is, modern speech teaching began in the colleges and universities and developed richly there. Then it filtered downward so that here and there it touched elementary schools, but only to a very light degree; the tip of the inverted pyramid is a very slight structure.¹

In 1910 the Chicago Public Schools, under the direction of Ella Flagg Young, then Superintendent of Schools, was the first city school system to provide a systematic program of services. Detroit began a program later that year. New York and Grand Rapids followed with programs established in 1916, Cleveland in 1918, and Madison in 1923. By the mid-1920s acceptance of the public school’s responsibility to aid the speech handicapped child had accelerated throughout many of the urban cities.²

The 1930 report of The White House Conference on Special Education strongly recommended that each autonomous school unit should offer some speech correction; that it be included in the regular school program; that work be concentrated on the younger children; that most speech correction be provided on an individual rather than group basis; that the caseload for a speech correctionist be fifty
cases; and that all speech correctionists have adequate education for their positions. These recommendations were optimistic and not realized by most of the nation. Communities simply did not have the funds to inaugurate new programs. Often speech help became just one more duty for the classroom teacher.

In a study made in 1930, James Murray attempted to investigate speech services in 191 cities in the United States with populations of forty thousand or more. Responses were received from 86 cities. Of these, 29 had speech correction departments. Most of the programs were inadequate for the population they served. Los Angeles, with a school population of 339,606 students, had fifteen full-time teachers; Pittsburgh, with a population of 100,720, had six full-time clinicians; and Cincinnati, with a population of 53,342, had only two full-time clinicians. Murray’s report highlighted the need throughout the country for additional speech services.³

The Chicago schools had a long tradition in special education. The first classes for crippled children had been opened in 1899, the first child study clinic in the same year, and the first class for the blind in 1900. By 1930 the Chicago schools had a well-established speech correction department and served as a model of successful bridging of speech correction services into a large metropolitan educational system.
THE CHICAGO PUBLIC SCHOOLS

The Early Years

The Chicago Public School system was guided by the philosophy that the school must provide for children with special needs who share the natural rights and desires of all children. Unlike other children, they require a modified program to reach their full capacity for good living, and become competent, participating citizens, making some contribution to the good life for all. This philosophy was seen as early as 1879 in the documents of the Chicago Board of Education. A passage can be found in which appropriations were made for the education of "deaf and dumb" children. There was an awareness of the needs to be met in special education.4

In the Fifty-Sixth Annual Report of the Superintendent of Schools (1910), Dr. Ella Flagg Young made a recommendation to authorize the hiring of ten teachers to work with the speech impaired. The Superintendent, in setting up this new program, was responding to pressure from parents who felt their "stammering" children were lagging behind their classmates. The ten teachers hired were graduates of the Department of Expression at Chicago Teachers' College; they had shown ability and had some training in remedial speech work. They were trained by Virginia Freeman, who periodically met with them throughout the first year to try to develop some type of structure in the new program.5
In response to the parental inquiries, Superintendent Young sent out a survey to principals asking to report the number of stammerers in their schools. When the replies were received, it was found that there were 1,287 students identified as speech impaired. These students were soon classified as having a wide variety of defects of speech.\(^6\)

The Board of Education appropriated three-thousand dollars toward the payment of speech teachers, who were often referred to as "cadets." They would be paid at a rate of sixty-five dollars per month during a period extending from February through June 1910.

The first year of the program was a precarious one; there was no model to follow. Superintendent Young stated in her report: "The experience of these new cadets closely parallels that of any group striking out in a field without the benefit of guidance or advice." Each decision the Board of Education made would affect the new department's future. Instead of gathering the children to be treated into one building or into classes, a plan was adopted of assigning the young teachers to a circuit and having them travel from school to school during the day. The object of this plan was to protect the young teacher from, "the depression of spirit and low physical condition that often ensue from continued confinement in one room for several successive hours at work upon normal conditions."\(^7\)
The plan of having speech teachers travel was further substantiated in the next year's *Report of the Superintendent*, which stated:

It is well established that children with defective speech suffer from depression of spirits and shyness, induced by the consciousness of difference between themselves and their more favored schoolmates. This condition can be best overcome while practicing corrective exercises, if the teacher is cheerful and invigorated by exercises in the air. For this reason the practice of having the speech teacher go from school to school should be continued.⁸

In the reports of the years to follow, speech correction gained a place in the annals of the Board of Education. Little more than statistics are given; however, from these figures the growth of the program can be seen. In the first year of the program 1,744 students were examined. By 1913 the following indications of growth were published in the board's annual report:
Table 3--1913 Speech Correction Statistics

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of schools visited</td>
<td>87</td>
</tr>
<tr>
<td>Number of children examined</td>
<td>2,332</td>
</tr>
<tr>
<td>Number of new cases in old schools</td>
<td>319</td>
</tr>
<tr>
<td>Number needing surgical or medical aid</td>
<td>533</td>
</tr>
<tr>
<td>Number mentally deficient</td>
<td>115</td>
</tr>
<tr>
<td>Number of major cases dismissed</td>
<td>255</td>
</tr>
<tr>
<td>Number of major cases under control</td>
<td>285</td>
</tr>
<tr>
<td>Number of minor cases dismissed</td>
<td>691</td>
</tr>
<tr>
<td>Number of minor cases under control</td>
<td>220</td>
</tr>
</tbody>
</table>


Speech services grew slowly and steadily, and by June of 1917 two additional cadets had been hired as they graduated from the Chicago Normal College. The program was gaining definition. Sessions were scheduled by the clinicians for ten to fifteen minutes, the teacher would visit a minimum two schools a day. Dr. Carol Crotty, later to be Supervisor of the Division of Speech Correction, remembered therapists speaking of being allocated "trolley tokens" to go from school to school with their long skirts and bags full of therapy materials often trailing behind them. Ella Blanche Stipley, a clinician in the early 1940s, stated, "It wasn't unusual for the early clinicians to travel between eight to ten schools with a caseload well
over a hundred."¹⁰ Their recollections were substantiated by Board reports in which a total of $121.30 was allocated in 1911 in "car fare tokens." In another report it was suggested that the caseloads of clinicians should not exceed 175 students, far more than the 80 maximum now imposed by state guidelines.¹¹

Superintendent John Shoop, in his Annual Report to the Board in 1918, likened these school system difficulties with the credibility problems that universities were facing with their speech pathology programs:

The correction of speech defects is just emerging from the charlatan period of its history. Until five or six years ago most malfunctions of speech were treated in private schools or institutions, each institution possessing its esoteric and private system and each claiming to pursue the one effective method of curing a defect.¹²

Dr. Shoop presented a hopeful outlook for the success of the speech program in Chicago for the years 1918-19; he was able to honor all requests for service by principals. However, the strain of the work was beginning to affect the clinicians. Two of the teachers suffered nervous breakdowns during the year and had to ask for leaves of absence. Dr. Shoop felt that reorganization of the program would
relieve the strain felt by enormous caseloads. Even though finances were strained at this time, an additional clinician was hired to increase the number of clinicians to thirteen.\textsuperscript{13}

**Developments from 1920-1940**

Under the direction of Superintendent William McAndrews, the schools receiving speech correction services were increased from seventy-nine in 1922 to ninety-one in 1925. High school principals were beginning to realize that the program should not end with the elementary schools, but should extend to the high schools. Principals from Senn, Lake View, Marshall, Phillips, Medill, Englewood and Lindbloom sent in requests for speech correction services for their schools. The demand for speech correction was increasing rapidly and in 1926 Superintendent McAndrews was forced to deny requests for assistance from three high schools and fourteen elementary schools. Sixteen principals had asked that their schools be given more therapy time. For the first time since the beginning of the program, the requests made were greater than could possibly be filled. The program had grown so quickly that the supply of trained teachers could not meet the demand.\textsuperscript{14}

The 1925-26 school year saw the addition of a supervisor to the department. Nine meetings were held to discuss recent literature and methods for improving the work being done in the schools, and to develop materials
pertinent to the field. Strides were made in program development. Parent interviews were an added component to the program, as were relaxation exercises and home drill supplements for students. Accountability was stressed during McAndrews' superintendency, and for the first time an analysis of types of defects was made with sex differences delineated. The types of cases seen at the time can be found in Table 4.

Table 4--Types of Defects Treated: 1926 School Year

<table>
<thead>
<tr>
<th>Defect</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major defects</td>
<td>1,042</td>
<td>391</td>
<td>1,433</td>
</tr>
<tr>
<td>Minor defects</td>
<td>796</td>
<td>320</td>
<td>1,116</td>
</tr>
<tr>
<td>Stuttering</td>
<td>886</td>
<td>223</td>
<td>1,119</td>
</tr>
<tr>
<td>Lalling</td>
<td>98</td>
<td>50</td>
<td>148</td>
</tr>
<tr>
<td>Negligent lisps</td>
<td>148</td>
<td>288</td>
<td>436</td>
</tr>
<tr>
<td>Letter substitutions</td>
<td>94</td>
<td>202</td>
<td>296</td>
</tr>
<tr>
<td>Monotones</td>
<td>49</td>
<td>28</td>
<td>77</td>
</tr>
<tr>
<td>Bad speech habits</td>
<td>165</td>
<td>78</td>
<td>243</td>
</tr>
<tr>
<td>Foreign accent</td>
<td>85</td>
<td>49</td>
<td>134</td>
</tr>
<tr>
<td>High pitch</td>
<td>47</td>
<td>15</td>
<td>52</td>
</tr>
<tr>
<td>Harsh voice</td>
<td>42</td>
<td>19</td>
<td>31</td>
</tr>
</tbody>
</table>

With this type of data the Division of Speech Correction was beginning to make pathways which would later serve for research gathering. They were documenting the wide disparity between boys and girls with speech defects. From their 1926 data they showed a 50 percent curative rate of cases.

Just at a time when great indications of growth in the division were apparent, documentation of this growth was neglected. During the years between 1927-1937 no official records of any form were available to substantiate the growth of the department. This was possibly due to the cost-cutting measures caused by the oncoming depression.

The first report after the depression came in 1937. In this report Superintendent William H. Johnson briefly recounted what happened in the field of speech correction during those ten years. The division continued to grow and in 1927 the number of speech correction teachers increased from thirteen to twenty-three. However, with cuts necessary due to the financial state of the nation, there was a general curtailment of special teachers, and in 1933 the speech correction division was cut to twelve clinicians, a number which remained constant for five years. These twelve clinicians served ninety-five schools on an itinerant basis.

The 1937-38 school year saw a gradual increase in departmental facilities for speech. Nine teachers
were added; however, the twenty-one clinicians on staff now served 162 schools (139 elementary and 23 high schools). The year's total enrollment was 5,524 cases. In November 1937 a speech survey of the entire school system was attempted. Results indicated that 13,348 pupils could benefit from the service. Superintendent Johnson stated that the findings of the survey confirmed the belief, which at that time was held by educators that "The one great agency to which society must look for the working out of the program of prevention and re-education of speech defects is the school."^5

By 1938 the need for clinicians had grown enough for the Chicago Normal School to add two classes in methods of teaching speech correction. Public interest was growing in the field. A philanthropic organization donated a "speech mirror" large enough to accommodate a group of six children. This donation was noted in the board report as an indication of the awareness of the public to the work of the speech division.

During the school year 1938-39 several significant advancements were made. A speech clinic was established where exceptional cases were referred for diagnosis. An exchange service for materials frequently used was maintained by the Bureau of Child Study and a space was allocated in the Board of Education library to house periodicals and recently-published books in the area. Hearing
tests were being administered on a city-wide basis to detect any medical etiology causing a speech impairment.\textsuperscript{16}

Service expanded in 1939-40 to 193 schools (171 elementary, 18 high schools and 4 special schools). The large caseloads were still straining to the staff. For this reason an in-service program was devised to prepare the classroom teachers to work with minor deviations and to encourage them to return for training in the area. At the end of the school year 6,993 cases had been treated and 3,672 improved and were "cured." The number of schools served continued to increase to 221 in 1941. There was still a shortage of qualified personnel and when a pathologist was not available, arrangements were made for some other teacher to carry out the speech training under the guidance of a pathologist. The program was now firmly established with its own forms, testing materials and surveys to continue clinical and educational accountability.

The percentage of the total school population enrolled in speech correction ranged from as low as 1.3 percent to a high of 20 percent, depending on a school's population. Speech folders and cumulative report cards were developed to insure continued service as students transferred from school to school. The division had developed a uniform method of record-keeping which proved helpful in substantiating the need for additional personnel.\textsuperscript{17}
The 1940s saw the program flourishing and gaining independence. The Division of Speech Correction became one of the four bureaus in the Department of Special Education. A supervisor made several visits a year to the clinicians to aid them in case selection, diagnosis and schedule planning. For the first time speech correction was available in 273 of the 340 elementary schools in the Chicago Public School system. Every first grader was tested in a speech screening survey to see if therapy was warranted. Fifty-five qualified pathologists served approximately ten thousand children.18

SPEECH PATHOLOGY IN THE NATION'S SCHOOLS

Pathologist Standards

The field of speech pathology had made great strides in the Chicago schools from an initial ten clinicians in 1910 to the fifty-five in 1946; however, there was much ahead for the field. State and city certification were not yet in effect. Often certification could be obtained after two or three years in a normal school. In the late 1930s Bender and Kleinfeld attempted a short survey at a dinner meeting of their local professional organization and found:

The "average" speech correction teacher of 1938 had taught English for five years before teaching speech, was thirty-six years old with a bachelor's degree and
sixteen credits toward a master's degree in Speech and English.\textsuperscript{19}

Their report concurred with the White House Conference Report which had suggested that training for the worker in speech correction be more than that required of general teachers of the same rank, and that the additional work include a well-balanced offering of selected university courses in the field.

There was a deep concern among members of university programs as to the lack of training of school speech pathologists. Smiley Blanton, in his article for the \textit{Journal of Speech Disorders}, suggested that in order for a teacher to be certified by the American Speech Correction Association, the applicant should have pursued graduate courses in an approved institution in speech pathology, phonetics, psychology, mental hygiene, and the physiology of the speech mechanism. He felt this course of study should be one or two years beyond the requirements of a classroom teacher. His report, however, was just a suggestion and not adopted by ASCA as membership criteria.\textsuperscript{20}

In the South where speech services were least available, many clinicians had very little training. The professional organization there stressed in their bulletin the need for more qualified personnel. It was pointed out that "There have been misguided attempts by untrained teachers to correct speech defects that have resulted in
wasted time, if not in actual harm to the student. Some minimum requirements must be made for these teachers; hopefully, an elementary course in speech correction or phonetics.²¹

School speech clinicians began to promote their field. Charles VanRiper, a professor at the University of Iowa, lectured to school districts on the value of speech correction in the schools. He would travel from district to district bringing with him students and cases from his program. He would set up model clinics to exemplify how a program would work in the schools. While teachers were returning to gain additional hours in speech pathology, some of the students going into the field from a scientific background had little experience in the schools.

Robert Milisen wrote an article in the Quarterly Journal of Speech to address these students. He warned the new clinician against offending parents and teachers when beginning their program. He stated:

Let me warn you against all dangers resulting from antagonizing individuals against a corrective program. First, be sure that each child you call a defective speaker has an obvious speech handicap. Second, don't blame the parents or other teachers for causing the child's disorder. Third, don't condemn the school system for not making
allowance for the defective child in its program. An enemy at the outset will seldom be enthusiastic at the end.\textsuperscript{22}

The desirable qualities for a speech clinician were listed in a text of the day as: robust health and energy, keen hearing acuity, emotional stability, infinite patience, pleasing facial tensions and expressions, a scientific attitude toward speech correction, and a sense of humor.

A great change in the number of clinicians and schools served was apparent in the thirties. At the beginning of the decade the work was done in only a few major cities and by clinicians with little training in the field. By the end of the decade the majority of clinicians held bachelor's degrees. The demand for speech correction had been persistent and strong, even though the country was in the midst of a depression. Smiley Blanton summarized the advancement of speech services during this period:

Broadly speaking, the bulk of speech correction is now administered by speech teachers in the school systems. To be sure there are some private speech clinics, and a few of the hospitals offer diagnostic services. Wisconsin and California have statewide programs of speech correction, and a number of cities, especially the
large ones like New York, Philadelphia and Detroit, provide speech correction. The demand for speech correction has been so definite and persistent that, in spite of the depression, the movement has grown. This has resulted in a need for adequately trained speech correctionists.\textsuperscript{23}

**Biennial Surveys of Education: 1930-1948**

The *Biennial Surveys of Education* made by the federal government through the Office of Education echoed the need for speech correction services in the schools. The surveys alerted the country to the need for such services. The *Biennial Surveys* gave figures on special education services in all forty-eight states and the District of Columbia. The response to their questionnaires averaged 99.44 percent, but did not include students in residential schools or data on home or hospital instruction. The survey results made it apparent that smaller cities and rural areas were the least served, and that cities of all sizes had extremely inadequate programs. The demand was seen in publications on a national basis. Avis Carlson wrote in *Harper's* magazine:

> Just as we fit children to glasses as a matter of course and without any emotional fireworks, we should teach them to talk.
The technique of teaching is now sufficiently good to make it possible to develop good speech in most children above the level of idiocy or without an absolute paralysis of the vocal mechanism. It is time we began to do it.  

The *Literary Digest* devoted much of their January 1938 issue to a report dealing with the public school programs in speech correction. The effects of speech disorder were discussed in the article which stated:

Defects often are associated with an inferiority complex. Teachers find that most people swallow their voices. This produces that unProjected, mumbling effect. Many suffer, too, from lazy lips, and sleepy tongues.  

In the late thirties the South still had relatively few programs available for the deaf, hard of hearing or speech impaired. When Mrs. Kitty Hamm, the wife of a prominent plastic surgeon, needed to find speech services for her hearing impaired son she became aware of this problem and resolved to do something about it. As a member of the Atlanta Junior League, she suggested that raising funds for the hard of hearing and speech impaired would be a worthy cause. She interested the members in financing a speech and hearing center to serve these children. The
center began in a small way, but grew swiftly when the Junior League was given the proceeds of the premiere showing of *Gone with the Wind*, which was held in Atlanta in 1939. Children from the Atlanta area could use this center when therapy was not available to them at their local school.

By the beginning of the 1940s, the number of parents and school districts interested in speech services had increased. However, there were three factors which influenced the slowness of the implementation of the programs into the public schools. They were: 1) the war emergency and its demands upon the population; 2) the lack of available funding; and 3) the lack of competent clinicians to work in the schools.

Many studies were made during this period. Ritzman, in her study on legislative efforts in speech, found only eight states had enacted any type of legislation to meet the problems of speech defectives. Often state services consisted of a single consultant who traveled through rural areas to make diagnostic reports. These were of little value when not followed up by direct services. Charlotte Wells noted in 1945 that:

> Many cities are providing with state assistance, speech correction services for the school children of the community. In some states, particularly those of the middle
west, this service may reach as many as twenty or thirty percent of the school children in the state. In others, no community servicer is available except through special arrangement with schools, psychologists, physicians or private speech correctionists.\textsuperscript{27}

The \textit{Biennial Survey of 1946-48} reported the increases in the field. Speech correction was one of the most rapidly expanding services in the schools. The Office of Education reported that three times as many cities had speech correction programs in 1948 as in 1940. They reported:

The largest increases in enrollment occurring since 1940 are with the speech handicapped, the socially maladjusted, and the gifted. Speech correction has had growing emphasis in teacher-education institutions and in clinics, as well as in the public school systems. It is not surprising that the total number of children being given speech correction services has grown by more than forty percent, and that three times as many cities reported services of this kind in 1948 as in 1940.\textsuperscript{28}

At the beginning of the second half of the twentieth century, public school administrators and parent groups
were becoming aware of the value of maintaining programs of speech correction in the schools. The foundation had been laid by the tremendous expansion of services in the previous two decades. The country was embarking on a program in the public schools to provide speech help for all handicapped students.

* * * *

THE FUTURE

As the twentieth century draws to a close speech pathology has seen phenomenal growth. Clinicians now address the special needs of older Americans and multicultural populations. All speech pathologists now must hold master’s degrees to be certified by the American Speech and Hearing Association. Technology has broadened the professional responsibilities of the speech pathologist. Pathologists program computers enabling multiply-handicapped children to communicate. They use hand-held voice simulators to enable laryngectomees to vocalize. Congress has expressed a national commitment to the speech-impaired in passing the Education for all Handicapped Children Act (Public Law 94-142) on 29 November 1975. The law required all handicapped children, including those with speech impairments, have available to them a free
appropriate public education. This law guarantees speech services to any student identified in need.

The evolution of speech pathology from a minor science to a respected academic field has been rapid. Tremendous growth has occurred in just a little over a century. The foundation for this growth was laid during the early twentieth century. The fields progress mirrored the nation's trends, and through an historical perspective can most easily be understood. The future course of speech can only be told using this framework. Issues in today's headlines will determine the course speech pathology will take. Medical technology now saves more children with life-threatening handicaps, and additional training to work with this population will impact the profession. Overload of client cases in the public schools has been an ongoing problem since the mid-1940s, as has the shortage of qualified clinicians. The future rests with the universities to train qualified personnel dedicated to expanding the horizons of the speech pathologist to meet the needs of our ever-changing nation.
CHAPTER SIX NOTES


9 Dr. Crotty, December 15, 1989, Division of Speech Correction In-Service, Hyde Park Hilton.

10 Ella Blanche Stipley, December 15, 1989, Division of Speech Correction In-Service, Hyde Park Hilton.

11 Fifty-Sixth Annual Report to the Board of Education: 61.


18 Ibid.


24 Avis D. Carlson, "Crippled in the Tongue, Harper's, 137 (October 1937): 541.


26 Elsie Ann Flowers, p. 378.


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ARMENTARIUM OF THE UNIVERSITY OF WISCONSIN

SPEECH CLINIC

Psychological Tests

Story books and play things for the testing of small children.

Three sets of material with a supply of blanks for Stanford revision of the Binet.

Set of materials for the administration of Performance.

Scale Tests

Blanks for the National Intelligence Test.

Recording Dictaphone

Reproducing Dictaphone

Brunswick Cabinet Phonograph

Stop Watch

Head Mirror for nose and throat examinations

Bi-valve nasal speculum

Supply of wooden tongue depressors

Koenig magometric flame apparatus with cubic revolving mirror for the study of voice tracing

Bracket wall lamp for nose and throat examinations

Throat mirrors

Mouth lamp

Laryngoscopic lamp with E.S.O. current controller
Sterilizing equipment for instruments
Bowles stethoscope
Northampton Phonetic Charts
Seashore Test
Tuning Fork for testing hearing
Storage Battery
Wet Spirometer
Gas Plate
Model of Thorax (dissectable)
Model of Head and Throat (dissectable)
Model of Larynx (dissectable)
Model of Larynx with Tongue (dissectable)
Model of Tongue (plaster)
Model of Brain (plaster)
Mounted Specimen of Cranium and Skull
X-Ray Pictures of Thorax
American Frohse Anatomical Charts
Victor Records, Miscellaneous (52)
APPENDIX B
CONSTITUTION

AMERICAN ACADEMY OF SPEECH CORRECTION

1927

ARTICLE I

The purposes of the American Academy of Speech Correction shall be:

(1) to stimulate among educators, physicians and others of the general public a deeper, more intelligent interest in problems of speech correction.

(2) to raise as rapidly as possible existing standards of practice among workers in the field of speech correction.

(3) to secure public recognition of the practice of speech correction as an organized profession.

(4) to furnish this new profession with responsible and authoritative leadership.

(5) to make this leadership generally respected by our good works, i.e., by our scholarly research work, publicity work and administrative skill.

(6) to make membership in our organization a coveted recognition of merit and in this way to furnish workers in the field of speech correction with a powerful incentive to greater achievements.

ARTICLE II

Membership

Section 1. Charter membership in the American Academy of speech correction is automatically granted to the signatories of this document. These signatories may retain their charter memberships in the American Academy of Speech Correction together with the full rights and privileges appertaining thereto, as long as they pay their dues and maintain their professional integrity as herein-after described.
Section 2. A maximum of five new members may be elected to the American Academy of Speech Correction each year from among the ranks of eligible candidates.

Section 3. Election of new members from among the ranks of eligible candidates shall be left to the discretion of a membership committee. Unanimous decisions of the membership committee shall be required for the election of any candidate.

This committee shall consist of ten members of the Academy appointed by the president to serve during his term of office.

The Academy president shall distribute his appointments to the membership committee in such manner that there shall be represented thereon ten different institutions, ten different states, and, if possible, ten different "spheres of interest" within the field of speech correction.

Section 4. The membership committee shall be limited in its consideration of candidates to such individuals as meet the following qualifications:

(1) Active present participation either in actual clinical work in speech correction or in administrative duties immediately concerned with the supervision and direction of such work.

(2) Possession of an M.D., Ph.D., D.D.S., or of a Master's degree, in the securing of which degree important work shall have been done in speech correction or some closely allied field such as psychology, phonetics, modern languages, mental hygiene, psychiatry or medicine.

(3) Publication of original research in the form of a monograph, magazine article, or book.

(4) Possession of a professional reputation untainted by a past record (or present record) of unethical practices such as blatant commercialization of professional services, or guaranteeing of "cures" for stated sums of money.

(5) A bona-fide interest in speech made manifest by continued membership in the National Association of Teachers of Speech.

Section 5. The membership committee shall examine the qualifications of each eligible candidate for
membership either in person or by mail, with the express provision that the committee will elect no one who is not known personally to at least two members of the membership committee or ten members of the Academy at large. All correspondence will be subject to review by the chairman of the committee, and, on request, by the president of the Academy as member ex-officio of the committee, before the candidate can be accepted officially into the Academy.

Section 6. The Academy shall confer honorary memberships at its discretion on such persons as are not eligible for active membership, yet who satisfy the Academy that they have made outstanding contributions in pure science relating to speech correction. Such elections to honorary membership shall be effected by two-thirds vote of an official quorum session of the Academy as a whole.

Honorary memberships shall entitle the incumbent to all the rights and privileges pertaining to membership in the Academy without expense but with the express qualification that such honorary member shall have no vote in any meeting of the Academy on any matter whatsoever.

ARTICLE III

Officers of the Academy

Section 1. The officers of this Academy shall consist of a President, a Vice-President, a Secretary and a Treasurer.

Section 2. Full executive powers shall be vested in the President of the Academy. Together with the other officers of the Academy he shall hold office for a term of two years and be elected by nomination from the floor followed by Australian ballot by the attending members of the Academy at an officially designated convention.

It shall be the duty of the President:

(1) To preside at all regular meetings of the Academy.

(2) to call emergency meetings of the Academy or any of its committees.
(3) to appoint all members of authorized committees.

(4) to define the duties of committees wherever such duties may not have been adequately defined by the Academy.

(5) to promote the interests of the Academy to the best of his ability in all ways.

Section 3. The Vice-President shall be automatically vested with the full power of the President on the death of the latter, his impeachment or his inability to attend to his presidential duties during a convention session for any reason.

Section 4. The Secretary shall record and file the regular minutes of all official meetings of the Academy. He shall also receive and file copies of the minutes of important committee meetings and handle all correspondence necessary to the proper performance of his official duties.

Section 5. The Treasurer shall be intrusted with the collection and safe-keeping of the Academy's lawful funds, subject to the expressed wishes of the members of the Academy in their official meetings.

The Treasurer shall be bonded at the direction of the President when funds entrusted to his care shall reach or exceed two thousand dollars.

The Treasurer shall be the only official of the Academy authorized to draw money from the Academy's funds and make expenditures therefrom.

ARTICLE IV

Impeachment

Section 1. An officer of the Academy may be removed from office by a two-thirds vote of the members of a quorum session of an official convention following presentation of a petition signed by one-third of the membership of the Academy.

The presiding officer at the trial shall be the highest executive officer of the Academy in
good standing available at the time of the impeachment.

Conviction of an officer of the Academy shall carry as an automatic penalty permanent loss of membership.

Section 2. A member of the Academy, not an executive officer, may be dropped from membership by a vote of seven of the ten members of the membership committee. A clearly substantiated complaint submitted by a member of the Academy to the membership committee impugning the professional integrity of another member of the Academy shall constitute cause for examining the member specified in the complaint.

In case of conviction by the committee, the defendant may appeal from the decision of the membership committee to a decision of the Academy at large in official session, where impeachment proceedings and penalty or conviction shall be similar to that of an officer of the Academy.

ARTICLE V

Constitutional Amendment

Section 1. The constitution of the Academy may be amended by a two-thirds vote of a quorum session of an official Academy meeting.

BY-LAWS

Section 1. A meeting of the Academy shall be called at least once every year. This meeting shall be a national meeting coinciding in time and place with a national meeting of the National Association of Teachers of Speech. No sectional meetings of the Academy shall be considered official.

Section 2. Meetings of the Academy shall be called at the direction of the President or by agreement of the Academy in official session.

Section 3. A meeting of the Academy officially called may transact business provided a quorum is present.
A quorum shall normally constitute one-half of the total current membership of the Academy.

In the event that the President of the Academy may deem it necessary to declare an emergency, he is authorized to declare that the members present at any official meeting shall constitute a quorum for the transaction of the emergency business.

Section 4. Membership in the Academy shall entail a regular yearly fee of $3.00 (three dollars).

Official admission into the Academy, of new members, shall require the payment of an initiation fee of $15.00.

Special assessments upon the members of the Academy may be levied at the direction of the Academy in official convention.

Section 5. A member of the Academy whose membership or assessment fees are two years in arrears shall be automatically deprived of all regular privileges of membership in the Academy.

A member of the Academy whose membership or assessment fees are three years in arrears shall be automatically dropped from the membership rolls of the Academy.

Section 6. By-Laws of the Academy may be amended by a majority vote of a quorum session.
The dissertation submitted by Ann O'Connell has been read and approved by the following committee:

Dr. Joan K. Smith, Director
Professor, Educational Leadership and Policy Studies; and
Associate Dean, Graduate School, Loyola University of Chicago

Dr. Max A. Bailey
Associate Professor, Educational Leadership and Policy Studies, Loyola University of Chicago

Dr. Gerald L. Gutek
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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

5 April 1990
Date

Joan K. Smith
Director's Signature