8-1950

A Study of Speech Defects as Found Among Negro Elementary School Children of Jasper County

Ida Mae Johnson Forward

A STUDY OF SPEECH DEFECTS AS FOUND AMONG NEGRO ELEMENTARY SCHOOL CHILDREN OF JASPER COUNTY

FORWARD

1950

A STUDY OF SPEECH DEFECTS AS FOUND AMONG NEGRO ELEMENTARY SCHOOL CHILDREN OF JASPER COUNTY

by

Ida Mae Johnson Forward, B.S.

SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE
in the
GRADUATE SCHOOL
of
PRAIRIE VIEW AGRICULTURAL and MECHANICAL COLLEGE
PRAIRIE VIEW, TEXAS
AUGUST, 1950

40067

This Thesis for the Master of Science Degree, by

Ida Mae Johnson Forward

has been approved for the

Department of Education

by

Chairman [redacted]

Date August 1, 1950

Dedicated
to

My husband
Barney G. Forward

and
daughter, Dolris

ACKNOWLEDGEMENTS

The writer wishes to express her appreciation and thanks to those persons who gave their time and efforts that this study might be made. To Miss A. C. Preston, Chairman of Elementary Education, special thanks are due, not only for the expert assistance in preparing this thesis, but also for the very efficient guidance that she has given the entire time the said writer has spent in Prairie View.

She is particularly grateful to Mr. Johnny McCloud, Superintendent of Jasper County Public Schools, Mr. J. C. Adams, Superintendent of Kirbyville Independent Schools, and Mr. J. F. Parnell, Superintendent of Jasper Independent Schools. To the principals of Jasper County, the writer is grateful for the assistance they have given her during this study. To Miss Luethisia Scott, Jeanes Supervisor of Jasper County, the writer feels highly indebted for her every effort and assistance given.

I. M. J. F.

TABLE OF CONTENTS

TABLE

CHAPTER I

INTRODUCTION

The educators of today are no longer justified in offering excuses for doing any less than all they know how to do for boys and girls with speech handicaps. "They know that, for the children who need it, the schools of America have little to offer that is more important than speech correction."[1] It is now a known fact that for all the children, handicapped or not, there is little that can be given to them that can enrich their lives more fully than, clear, effective, pleasant speech.

The rapid growing acceptance of this point of view is one of the most significant current trends in American education. The time is not far distant when doubtless every elementary school teacher and administrator will be expected to know something about speech defects.

"One of the major problems in the field of special education is the great dearth of teachers of exceptional children. Several states have established teacher-training facilities, and some have set up certification requirements,

---

1. Wendell Johnson and others, Speech Handicapped Children, pp. 406-407.

but candidates have been scarce."[2] Oregon is an example of a state which has made forward strides in the field of study for exceptional children. Oregon has a tentative program for the issuance of four classes of special certificates, one of these being a special Speech and Hearing Therapist certificate for those whose responsibility is the development of speech reading techniques in hard-of-hearing children or correction of speech defects.

Not much has been done in Jasper County toward helping the Negro children in the elementary schools that are speech handicapped. The writer of this study was urged to make a study of this condition and the problem that is connected with it. The writer was encouraged to make further strides toward investigating the problem because of the fact that, more than half of the forty-eight states of the United States now have laws recognizing the needs of speech defective school children. "Speech correction teachers are employed in a very considerable number of school systems, and rapidly growing demands for speech correctionists far exceed the available supply."[3]

Statement Of Problem

The writer of this study during her years of endeavors

---

2. Will Hayes, "Education and the Exceptional Child." Educational Administration and Supervision, Vol. 35 (Nov., 1949) pp. 401-12.
3. Ibid., p. 416.

in the field of elementary education, has been deeply interested in the elementary children of Jasper County. She, too realizes that every Classroom teacher teaches speech. As a speaker, she sets an example for her pupils. As a listener, when they are speaking, she makes speaking for them a rewarding adventure or a distressing ordeal. Wittingly or unwittingly she favors certain standards of speech, voice and language. Above all from the speech correction point of view, she creates an atmosphere, whether or not she means to do so, in which the child with a speech defect either is demoralized or helped not only to improve his speech but also to live gracefully with his defects as long as they persist and grow as a normal person in spite of them.

The writer has also faced children in the classroom with many kinds of speech defects, therefore, she has selected the following problem for her research:

A Study of Speech Defects As Found Among Negro Elementary School Children in Jasper County. The writer expects the study to reveal answers to the following questions:

1. Where are the speech defective children to be found in Jasper County and what is the number?
2. What has been done to correct the speech defects of the Negro children in the Elementary Schools of Jasper County?

Purpose

The purpose of this study is two-fold: First, to encourage the elementary teachers to make forward strides toward being prepared to help correct speech defects. Second, to stir the interest of teachers and school administrators to see to it that special teachers for speech handicapped children and other handicapped children be employed to serve the handicapped children in the elementary schools of Jasper County.

Scope

This study will be confined to the Negro children of the Elementary Schools in Jasper County during the Scholastic year of 1949-50 and one special case during the writer's experience as a Primary teacher, serving the Kirbyville Colored Elementary School before the scholastic year of 1949-50.

Definition of Terms

"Speech" as used in this work, may be defined as (1) the faculty of uttering articulate sounds or words to express thoughts: the power of speaking. (2) communication or expressions of thoughts in spoken words. Speech is meaningfuly communication by vocal sounds, from the larynx to the lips and the nasal passages. Speech is controlled by nerve centers located in the left side of the brain.

While speech is natural to the human race in that all speak in some fashion or at least attempt to speak. "Articulate speech is a social product and can be developed in the individual only by training and social habituation. Speech, then is an acquired skill that becomes automatic or nearly so, in use." [4]

Gardner says: "speech is the use of articulate sounds, symbols for communication." [5]

"Defects" as used here means imperfections; blemishes; faults; want of something necessary for completeness or rather a deficiency. In this study, "speech is considered to be defective" when it is a handicap to the child or individual. Wendell Johnson, [6] says: "A straight forward general answer to the question: What is a speech defect? is that a child's speech is defective when most listeners pay as much attention, or more, to how he speaks as to what he says." Speech may be considered a handicap when it attracts unfavorable attention or is not understandable.

"County" as used here means a political subdivision of the state and is designated and referred to as such in the laws. "Jasper County" as used here means the subdivi-

---

4. Alon H. Gardner, The Theory of Speech and Language. p. 25.
5. Ibid., p. 23.
6. Wendell Johnson, Speech Handicapped School Children. p. 2.

sion as defined above located in the south Eastern portion of the state of Texas.

"Elementary Schools" as used here means the schools that serves the children from the beginners through the eighth grades, whether connected to the secondary schools or existing separately.

Review of Previous Studies

As early as 1889 in Zurich England a school was conducted for pupils having defective speech. The class consisted of twenty-one pupils. They met daily in a forest near the city. The morning hours were spent in doing language exercises, breathing lessons and etc., while the afternoon was given to games, tramps and other forms of physical education. Though the school lasted for only three weeks, several pupils were cured and all were improved.

Since then, Zurich has conducted an all summer school for stutters with a daily session of three hours. In the summer of 1902 the school was attended by 194 children and at the close of the school 164 were entirely cured and the others; except two were improved.

In 1938, Miss Irene Dixon Cunningham made a study of speech defects of three small children who had speech defects and after carefully administering certain remedies to each particular case was able to completely cure

a case of "baby talk", one of stuttering, and one of tongue-tie.[7]

In 1937, Ora L. Singleton, made a study of speech defects of the pupils in the first grade in her school. She found that children having the most favorable pre-school background had better speech habits and most defective speech habits were due to carelessness and correct imitating of bad speech habits. None of the children that she studied was affected with serious organic speech difficulties, except the stutter. She found further that the chief defect of the vocabulary was in the choice of words; the results of this study are encouraging.[8]

James P. Kavenaugh's thesis, "Speech Re-Education in Binghampton, New York Schools" for the masters of arts degree in Education at New York University, August 1938, reveals the following findings and suggestions:

1. Seventy per cent of speech habits are caused by imitation, since sisters and brothers were found with similar defects.

2. Heredity may or may not cause speech defects.

---

7. Irene Dixon Cunningham, "Remedial Measures in Three Cases of Speech Improvements," Thesis, Bachelor of Science Degree, Prairie View College, 1938.

8. Ora L. Singleton, "Speech Defects in the First Grade of Washington High School, Wichita Falls, Texas," Thesis A. B. Prairie View State College, 1937.

3. Speech defects are more prevalent with small children, the frequency being 394 from age 4 to 9, 321 from age 9 to 13, 283 from age 13 to 16, and 78 from age 17 to 20.

4. Defective speech is the cause of retardation and general social and economic instability.

5. Stammering and stuttering are most prevalent speech defects of the 15,636 children studied; 291 had a serious lisp; 334 had other types of defects and 230 had a voice condition.

6. A school can, in its classroom and clinics improve all conditions and "cure" at least sixty per cent of speech defects.

He suggested that teachers should be required to study speech before being allowed to teach in the elementary schools, that the responsibility of speech correction rest with the schools and that a system of clinics need augments a school wide attention to good speech.[9]

Elizabeth Ash Hawk,[10] made a survey and critical analysis of speech needs in the Elementary Schools of Ohio City of fifteen thousand population with suggested

---

9. James P. Kavenough, "Speech Re-Education in the Binghampton New York Schools," Thesis for Master's Degree, New York University, 1938.

10. Elizabeth Ash Hawk, "A Survey And Critical Analysis of Speech Needs in The Elementary Schools of an Ohio City of Fifteen Thousand Population with a Suggested Remedial Program in Speech," 226 pp. Unpublished Doctor's Dissertation, Ohio State University, Columbus, Ohio. 1945.

remedial corrections in speech in 1945. Mrs. Hawk's study was begun by securing permission from the Ohio City Board of Education to conduct the special corrective study. After she had gotten her permission, she checked all procedures which had been made elsewhere, as well as to review testing methods and tests used as a part of their diagnostic program. She also constructed three new articulation tests for use in the program. In order to familiarize the civic groups with the program and the speech handicapped children's needs, talks were made by specialists who gave evidence of speech deviations. Plans were made for the proposed survey and every child enrolled in the schools were studied from the kindergarten to the sixth grade.

After testing and studying, arrangements were made through the principals of the schools for dental, surgical and medical treatment and other treatment which the child might require before remedial treatment was given.

This research showed that most parents are willing to cooperate in accepting the aid of outside agencies to give remedial treatment and surgical aid to handicapped children. It also showed the causes of delayed speech is not always low intelligence. However, children of low intelligence are generally retarded in speech and must be taught carefully by means of special technique used by the teacher of sub-normal children.

It further showed that the clinic work is most profitable when it is integrated with the child's actual life and classroom experiences. Statistically, the articulatory defects claim the majority of speech disorder.

The aim of this study was primarily to develop speech improvement as an intimate part of the child's daily experience. As a result of this study the writer reached the following conclusions:

1. It is possible for one full time trained person to make a thorough survey of the elementary schools of a community of 15,000 in one year.

2. Although teachers may know very little about the work when the program starts and is introduced, it is possible to win their full support and it is necessary that you have their full support.

3. Teachers in training should receive in-service training for corrective speech procedures.

4. The speech correction program in the clinic cannot accomplish maximum improvement values unless it is interwoven with the child's activity in the class-room.

5. It is imperative that a speech test be used in a survey of this type or a similar one, that is simple to administrate, pictorially attractive, diagnostically accurate, and remedially practical.

Ira C. Henry, [11] made a study of speech defects in the Weldon High School, Gladwater, Texas in 1947. The purpose of her study was primarily to encourage to do more in encouraging teachers to help improve defective speech of children especially those in the elementary grades. Her study was based upon two assumptions: (1) Speech defects do exist in the Weldon High School. (2) These defects can be remedied or greatly improved. The following questions were drawn from the above assumptions:

(1) Is the speech practiced in Weldon up to par? (2) What remedial measures if any are best adapted to the situation? (3) Do children stutter, stammer or lisp? Is there evidence of tongue-tie or baby talk among pupils in the Weldon School?

She found that many children in the Weldon School were subject to defective articulation, tongue-tie, and poor articulation due to imitation. She found other defects in speech. These defects were traced to have organic and inorganic origins. She also gave remedial measures practiced and specific procedures used to correct the defects.

---

11. Ira C. Henry "A Study of Speech Defects In The Weldon High School" p. 34 Unpublished Master's thesis, Prairie View A. & M. College, Prairie View, Texas.

CHAPTER II

CAUSES OF SPEECH DEFECTS

Defective speech may be found in many different types. However, the writer chooses to classify them in a non-professional terminology as given by Dr. Wendell Johnson. Dr. Johnson,[1] classifies defective speech in six different types:

1. Defective articulation
2. Defective voice
3. Retarded speech development
4. Stuttering
5. Speech defect associated with cleft palate and cerebral palsy.
6. Speech defects associated with impaired hearing.

These causes may be divided into two groups as related to cause of the defect. These causes may be organic or they may be inorganic.

Organic Causes,--may be associated with defective articulation, defective voice, cleft palate, and cerebral palsy, and defects associated with impaired hearing.

"organic speech defects or speech disorders are caused by abnormalities or malformations in the structure of the speech mechanism, such as dental irregularities,

---

1. Wendell Johnson, et al., Speech Handicapped School Children, p. 4.

cleft palates, irregularities in the size and shape of the tongue, or scar tissue."[2]

Why some children fail to develop good speech at the same age as their playmates is not always easy to explain.

Of the 1,509,000 school children in the state of Texas, between 15,000 and 18,000 have speech defects sufficiently serious as to need remedial speech training. So far, this problem has scarcely been touched, for there are only a few speech therapists in the public schools of Texas who have met the requirements for approval. Thus the burden still lies in the hands of the classroom teacher.

Speech may be considered defective when it attracts unfavorable attention or is not understood or understandable. It is not enough to know that certain sounds are defective; the teacher must discover why. She should study the symptoms of the speech disorder in order to attempt to trace back to the cause, and if possible, remove the cause. Speech disorder may be functional or it may be structional. The former are causes by the misuse of speech organs, such as in baby talk, imitation, and stuttering. Organic speech dis-

---

2. Texas State Department of Education, Special Education For Exceptional Children. p. 85.

orders are caused by abnormalities or malformations in the structure of the speech mechanism, such as dental irregularities, cleft palates, irregularities in the size and the shape of the tongue or scar tissues. When the disorder is organic, remedial work by a surgeon should precede special training. When the disorder is inorganic, the speech correctionist is the answer to the adjustment.

Whatever the cause or causes be, it is very much necessary that these causes be remedied and corrected in order that the child may successfully adjust itself to a normal speech and live a successful normal life. In some cases the causes are complex and varied. In others they are so obscure that one cannot always be sure as to exactly which functional factors have produced the disorder.

The youngster who has difficulty in articulation does not form and produce all of the speech sounds in the usual accepted manner. Hence, his speech tends to call attention to itself and many even in severe cases be quite difficult to understand.

"The speech error or misarticulation may take one or more of several forms. Usually, however, all of these errors may be conveniently grouped under one of the following three classifications: (1) substitutions, (2) omissions, and (3) distortions."[3]

3. Ollie L. Backus, Speech In Education. p. 128.

James F. Curtis,[4] explains the three disorders as follows:

> Substitution errors are very common in the speech of small children. The small boy who says, "I thwew a wock at the wabbit," illustrates a common error of substitution. He is substituting the w sound for r. Dacky can't catch me" for Jacky can't catch me and many other errors that could be mentioned are used among the small children.
>
> Like substitutions, omission errors occur most among small children. And as is the case with substitution errors, the child is not necessarily consistent in the omitting of certain sounds. Many times whole syllables are omitted.
>
> Distortion errors tend to be somewhat more regular and consistent among the older children and the adults. The s, and the z sounds are more often distorted than others.

"The most important known causes of poor articulation may be divided into three classes: (1) constitutional factors, (2) faulty learning, and (3) emotional maladjustment."[5]

Among the less severe constitutional factors are such dental abnormalities as badly spaced teeth. Another dental abnormality is poor occlusion between the upper and lower dental arches. Any of the abnormalities may cause considerable difficulty in articulation. Although perhaps more common than any other, dental irregularities are not the only defects in the structure

---

4. James F. Curtis, "Speech Handicapped School Children.
5. Ibid., pp. 96-97.

or functioning of the speech mechanism which can contribute to articulation difficulties. The room of the mouth, or hard palate, is also important in this connection. The tongue must establish contact with it in particular ways to form certain of the speech sounds in the normal manner. If the hard palate is badly formed, especially if it is unusually high and very narrow, the tongue may have difficulty in making these required contacts in the normal way, and certain speech sounds may be distorted as a consequence.

The tongue is perhaps the most important of all the articulatory structures. It is quite obvious, therefore that defects of structure or function which interfere with its movements may result in misarticulations. In very rare instances an individual's tongue may be so large in relation to the dental arches that it cannot make the rapid, precise movements required for good articulation. This is sometimes, the case and in a few cases there may be poor muscular coordination. The poor muscular coordination is sometimes, but not always, the result of slight paralysis. In such cases the tongue cannot make the necessary movements to the teeth, the gum ridge, and the hard and soft palates which are essential to normal articulation. The individual may have difficulty in grooving the

tongue so as to direct the air stream properly for the s, sh, and similar consonants. The condition known as "tongue-tie" is probably as common as was once thought, but it does occur occasionally. In this condition the little web of tissue lying underneath the front part of the tongue, which attaches the front of the tongue to the floor of the mouth, is either too short or inserted in the tongue too close to the tip. As a consequence, the movements of the front part of the tongue may be too restricted for purposes of good articulation.

These are the most common, though not all, of the types of mouth structure which may interfere with good articulation that are less severe. Mouth injuries have been known to cause difficulty. In general, almost any very marked departure from the normal structure and function of the oral mechanism may cause difficulty in speech, although it will not necessarily do so.

Some of the more severe organic conditions which result in speech disorders, are cleft palate, cerebral palsy and impaired hearing. Any of these anatomical abnormalities or defects may cause poor articulation of speech. "The palate[6] is the roof of the mouth, separating the oral and nasal cavities." Cleft palate

---

6. Ibid., p. 97.

is an anatomical abnormality of the mouth that defects the normal conditions of this region. The frequency with which these defects occur is put at various figures by different authorities. Apparently there is variation in this respect between different parts of the country. "For an overall average it is estimated that 1 child out of every 1800 is borne with a cleft palate or cleft lip or both."[7] Spencer F. Brown says:

> Cleft palate occurs as a result of disturbance in development during early fetal life. No one knows why the disturbance occurs, and there is no way of predicting before the baby is born whether or not he will have a cleft palate. There is certainly no adequate proof that the mother's diet or health during pregnancy, or any physical or emotional shock she may receive, has any slightest relation to the occurance of cleft palate. But for what ever as yet unknown reasons, a disturbance in growth occurs.
>
> When the human embryo begins its development in the uterus, the various parts of the body are not recognizable. In the early weeks of embryonic life the parts rapidly assume a form not too unlike the appearance they will have at birth, though much growth and changes continue throughout pregnancy. At first the mouth and nose are one cavity, and there is no upper lip. Over a period of several weeks the lips are formed by two structures growing in from each side and meeting at the midline. In much the same way the roof of the mouth is formed. It consists of the bony hard palate in the front part of the mouth and the soft palate, which is mainly muscles, behind it. The first evidence of the various parts of the upper lip and the hard and soft palate appear

---

7. Spencer F. Brown, Speech Handicapped School Children, pp. 282-3.

> about the sixth week of fetal life, and by the end of the thirteenth week the nose cavity is separated from the mouth cavity by completely formed hard and soft palates. Whatever may operate to produce the disturbance in growth of the mouth structures, it must function before the end of the third month of pregnancy- the time when the fetal palate normally is complete.

Oliver L. Backus,[8] further explains that:

> Cleft Palate and cleft lip, known as hare lip results from a failure of embryological development. Normally, the tissue of the palate grow from the side to the center and meet there, forming a ridge. If the tissue stops growing before they reach the center or middle, there will be a hole, or cleft in the palate. The tissues which form the upper lip likewise, grow toward the center and form in the same like manner. When they fail to meet you have an abnormality in the lip. There is a possibility of having a double cleft. This is when both sides fail to grow.

"When one says that cleft palate is a cause of development he merely describes its nature. When one asks what causes the failure of development, the answer at present is that no one knows."[9] There are a number of theories about causations, but none have been proven conclusively. It is important, however, to dispell certain misconceptions which are prevalent among laymen and which inflicted much suffering upon patients and their families. One is that cleft palate results from intermarriage among cousins, another, that it is evidence of

---

8. Oliver L. Bacus, Speech In Education. p. 129.
9. Frances P. Ganes and others, "What To Do For Cleft Palate," Parent's Magazine, March, 1942, p. 68.

bad blood, and as they say, referring to inherited veneral infections; still another that it is associated with mental retardation, or as in general a disgrace to the family. Such tales are untrue. Joseph M. Wepman,[10] Director of the Speech Clinics at Children's Memorial Hospital, Chicago, Illinois, says:

> Such tales are untrue. Cleft palate babies are apt to be born in families with no previous history of the deformity as they are in families with such previous history; in families who have a wealthy or intelligent hereditary background, as well as those who are not so healthy and intelligent. Its presence is no disgrace, even though it may be lamentable. While some research studies have indicated that about twenty per cent of the causes may have a hereditary background, there is no evidence that it is generally so. Parents of cleft palate children or a parent of a cleft palate child need have no fear to have more children, nor do cleft palate patients themselves need to abstain from marriage and parenthood on that account.

One should know, especially the classroom teacher that there are several types of cleft palates. The lip alone may be affected. The lip and dental ridge may have a defect. The lip, dental ridge, and palate may all have a defect, or may have failed to join or just the roof of the mouth, both in front where it is hard and immovable, called the hard palate, may have the defect. Or either of these alone may have suffered and be cleft. The purpose of the hard palate is to

---

10. Joseph M. Wepman, "What To Do For Cleft Palate," Parent's Magazine, March 17, 1942. p. 28.

separate nose and mouth cavaties. It is fixed and stable, made of bone, covered by a thin layer of tissue. The soft palate is attached to the back edge of the hard palate. It is made of muscles tissue. Its purpose is to rise upward and backward to close off the nasal passage from the throat so that the air stream used for speech will come out of the mouth rather than out of the nose.

One can readily see that the above abnormality in any child would have serious or ill affect upon the speech of the child. Even if one had never seen or heard a person with a cleft palate, it would not be hard to predict that the speech of such an individual would be different from what is considered or referred to as normal speech. The knowledge that the open cleft prevents any closing off of the nose from the mouth leads one to expect that the voice quality would be quite nasal, as indeed it almost always is. The quality rarely has the penetrating nasal "twang" which some hillbilly singers like to affect. Rather, it has little penetrating quality and usually does not carry at all well, but there is a good deal of nasality on almost every word. In non-technical language this quality might be characterized as "snorting."

What makes the cleft palate speaker difficult to understand is not primarily his voice quality, poor as

it may be, but rather the numerous defects in articulations produced by the cleft.

If the speech of the cleft palate child is to be improved, some method for closing the opening between the nose and the mouth must be found. It is true that there are some persons with cleft palates who, with no special treatment, have attained practically normal speech. They are to be congratulated and admired, but they are so rare that it is almost useless to mention them in this study. In almost every case, in order to eliminate the extreme nasality, and in order to permit normal articulation of the sound, the defect in the palate must be closed. There are two ways or methods of doing this.

The surgical repair is a method that almost always makes possible to reduce the size of the anatomical defect by bringing in tissues from the two sides of the cleft to fill in the gap. Often the surgeon can not only close the cleft completely but produce a soft palate which can move almost as well as a normal one.

If there is a cleft lip, it is generally best to repair it as soon as possible, and the surgeon will usually wish to operate on it during the first few weeks of the baby's life. An early operation permits

the upper lip and jaw to grow in a more nearly normal way. The time at which the child should be operated on for cleft palate varies with the surgeon. Some think it best at one and others think it is best to wait until from two to four years of age. Even the most skillful oral surgeon cannot give every case a normal functioning palate. No operation can make the palate exactly like a "normal" palate. Normally there is a bone between the nasal cavity and the oral cavity in the hard palate. If the cleft extended through the hard palate, the operation will not create bone where it was missing, however, it is often possible to repair the palate in such a way that the made one serves its function quite as well as the normal palate does.

In many cases surgical closures of the defect in the palate is not possible. After examination, the surgeon may advise against operation. In this case, Prosthetic appliances are used. In all these cases or such cases as mentioned above, a special device known as an abturator may be used to help fill in the opening in the palate. Many experienced dentists cannot do this job. Dentists generally refer their patients to an experienced prosthodontist.

After the correction has been made by the surgeon the next step is to allow the child to be instructed by

a speech correctionist. A special case of cleft palate has been studied by the writer and will be found in another chapter.

It is a familiar statement that "one of the most dangerous things a person can do is to be born." One can ignore the philosophical implications of this statement. However, in the sense of the degree of exposure to various hazards, it is tragically true. Among the conditions caused, in parts at least, by birth injuries is cerebral palsy.

Spencer F. Brown, [11] states:

> One of the chief causes of cerebral palsy is some sort of injury to the brain at birth. If the mother's labor is difficult and prolonged, there may be a great deal of pressure on the baby's head. This pressure may cause some of the blood vessels in the brain to burst, and the hemorrhage which results may do much damage. Damage is even more likely to occur when labor is very short and the child is bory rapidly. The sudden changes of pressure on the baby's head may burst blood vessels. Premature babies often have very fragile blood vessels which may be broken easily.
>
> Not all birth injuries result in cerebral palsy, and by no means all cerebral palsy is caused by birth injuries. In some cases the brain does not develop properly - some part is missing or stunted before the baby is borne. Sometimes the child is normal until he has a severe illness which affects part of the brain. Thus a number of causes can produce cerebral palsy.

One of the two largest groups of cerebral palsied

---

11. Spencer F. Brown, Speech Handicapped School Children. pp. 294-6.

children is the spastic. These children make jerk movements of their arms or legs, or both, when attempting to walk, eat, or write. Some of their muscles are abnormally tense, and any movement which uses these muscles is inaccurate, sudden jerk, and unsteady. In some cases only one arm or leg is involved, and the child may have comparatively little handicap. In others all four extremities are spastic, and the neck, trunk and other muscles may also be affected, so that the child is unable to walk, talk, sit up, eat or perform any other function for himself.

The swallowing muscles may be affected as they often are, the child drools. Since the swallowing muscles are also important in speech, it is easy to see why speech is often difficult, slow and indistinct. Moreover, the tongue may be affected, and the frequent involvment of the chest muscles used in breathing also makes the speech labored and jerky.

The other of the two largest groups of cerebral palsied children is the athetotic group. This group makes almost continual involuntary writhing movements. When the child tries to write or to use his arms or lege or speech organs, the writhing or continuous uncontrolled movements of those parts are increased.

"It should be emphasized that all children with

cerebral palsy experience much greater difficulty when they are excited, fearful, embarrassed, or self-conscious. They function with less trouble when they are happy, confident, secure, and unhurried."[12]

The treatment for the speech defect of cerebral palsy should be started with the medical treatment. The treatment of cerebral palsy is primarily a medical problem, and a complex one. For the most effective treatment, the cooperation of a number of persons is needed.

"The classroom teacher should bear in mind two things, First, the child who has cerebral palsy often needs to have things made easy for him physically. Second, relaxation is one of the child's main problems. Help him as much as possible to become comfortable and relaxed at his desk."[13]

Speech defects associated with impaired hearing are revealed chiefly in certain distortions of articulation and voice. The hard of hearing child cannot hear the speech, particularly with respect to the articulation of certain sounds. Harvey Fletcher[14] points out:

> The hard of hearing child cannot always hear his own voice sufficiently well enough to know that he is making particular errors or that he is not controlling his vocal inflections normally. The degree to which speech is affected

12. Ibid., p. 196.
13. Mildred F. Berry, The Defective Speech. p. 400
14. Harvey Fletcher, Speech And Hearing. p. 200.

> depends generally upon the degree to which hearing is impaired. Approximately 3 per cent of school children have educationally significant hearing losses, and another 3 per cent at least have losses that call for proper medical attention and that may affect speech in some cases.

Hearing aids are very benificial to the hard of hearing child. After using hearing aids many children have shown much improvement in their speech and others have become normal in their speech. However, some have improved slowly and others have improved very fast.

The tongue-tie defect may be corrected by a surgical operation. This correction should be done as early as possible. A speech correctionist is necessary to bring the child up to a normal speech.

The abnormalities of the teeth may be adjusted by the dentist, however, much time should be given to the child by the speech therapist.

Inorganic Causes,--of ten speech defects are associated with defective articulation, stuttering, retarded speech development, and defective voice. "Most articulatory deviations seem to be traceable to no other cause than a simple failure to learn the correct pattern of speech."[15]

Most articulatory defects in school children are not due to organic causes. They may be thought of as

---

15. Mildred F. Berry and Jon Eisenson, "The Defective Speech. p. 14.

having resulted from faulty training or faulty learning. It is to be emphasized that the great majority of these cases cannot be helped sufficiently, if at all, by referring them to the dentists or the physicians or by giving them tongue exercises. Every child should have adequate dental and medical care, of course, but that is a consideration quite apart from the main specific need of the children under discussion, so far as their speech is concerned. They need speech correction experience in the schools, there is fairly general agreement that 2 to 3 per cent of school children have serious articulatory defects, another 2 to three percent of school children have less serious articulatory defects which definitely require special attention, and still 3 to 5 per cent would profit considerably mild or inconsequential for most ordinary purposes.

Wendell Johnson,[16] states that:

> From 5 to 10 per cent of school children have articulatory defects. This does not mean that from 90 to 95 per cent have perfect speech from an articulatory point of view. Almost no one articulates absolutely perfectly; there is room for improvement in the speech of any child or adult. It is simply that 5 to 10 per cent of school children have speech that is defective in a decidedly important sense, in view of current speech standards in school and society, in the professions and industry.

Defective voice in most cases are inorganic. De-

---

16. Wendell Johnson, Speech Handicapped School Children. p. 159.

fects of voice are mainly classified in terms of the primary attributes of voice. These are pitch, loudness, and quality. Pitch can be too high, too low or monotonous. The voice may be too loud, too weak, or monotonous with respect to loudness. The chief quality defects are nasility, hoarseness, and breathiness. The so-called change of voice occasions some difficulty, of course at roughly the junior high school level and beyond. Many of the voice difficulties in children are associated with the common cold, laryngitis, or enlarged adenoids.

Some voice problems, like some articulatory problems, are the results of poor habits. Bad voice habits are probably most often due to imitation of poor speech models. With respect to voice, as well as articulation, one "play by ear", and one usually plays the tunes that he has heard over and over. The child whose parents, or parent, speak with extremely nasal voice quality is apt to develop the same fault through imitation. The girl whose mother's voice is typically high-pitched and shrill may follow suit, and so on. Every teacher should duly consider that her voice is also sometimes a model.

Among the most prolific of the causes of voice disorders are psychological disturbances or maladjust-

ments. Psychological maladjustments may cover the range from deep-rooted emotional disturbances to shyness and timidity that seems to be a characteristic of a considerable number of children. It is a rather common belief that vocal characteristics reveal personality traits. This belief is substantiated by a rather large accumulation of clinical observation and some systematic research investigation.

Unsuitable pitch level and poor breathing habits also cause disorders of voice. Much can be done to correct defective voice due to inorganic causes but the first step is to convince the individual that he has a defect.

Among the more common factors which tend to make for delayed speech development are (1) mental subnormality; (2) illness and physical impairment, such as paralyzing conditions; (3) lack of sufficient speech stimulation, as in homes in which no one coos or babbles or chatters to the baby, or in which the members of the family talk very little among themselves; (4) oversolicitous parents who wait upon the baby's every coo and gesture, so that he simply experiences no need of speech; (5) other strict and repressive parents who insist upon speech standards that are beyond the child's capacity, or who punish the child for the things he says, or for the way he says them - or for

other reasons - to such an extent that the child finds it almost impossible to gain any satisfaction from speech; (6) intense shock, fright or shame, experience over a sustained period or on one or more crucial occasions. "By reasonable standards, roughly five out of every thousand school children in the early grades show retarded speech development as speech correctionists use the term."[17]

If a child is brought up in such a way that he has little contact with other children and with adults, he may not progress beyond the babbling stage of speech development. He has little chance to try to communicate anything to anyone else because he is alone. This is called isolation of the child.

Parental rejection is another cause of failure of speech development. Consciously or not, one or both parents may dislike the child. Possibly they did not want a child, or this particular child may be one more than they wished to have. In any case and for whatever reason or reasons the parents have a deep-seated disapproval of the child. This may express itself often by ignoring the child's needs and requirements. As the child begins to learn to talk his efforts receive no attention at all. Instead of the excessive attention

17. Ibid., p. 264.

that the overprotected child receives, the rejected child may get only cold disapproval, or even sneers or cruel punishment of at least or best indifference.

Stuttering is most commonly defined, in dictionaries and in textbooks, as a disorder in the rhythm or fluency of speech, manifested in reqeated sounds, or phrases, or in prolonged sounds, pauses, blockages, or other has instancies. Stuttering is definitely an inorganic speech defect which sometimes run in families. It is also, a psychological maladjustment that occurs with the male sex more than among the female being.[18]

A. Herbert Kanter,[19] says:

> Stuttering is a hesitative, repetitive manner of talking, characterized by either clonic or tonic spasms: that is, by alternating convulsive and relaxing, or rigid, unrelaxing spasms. In the true sense of the word it is not a disorder of speech; rather a psychological maladjustment or addustration of obsessions and attending inhibitions. There are no organic impairment of the brain or speech mechanism.

> Eugene Hahn explains that: the objective treatments for stuttering are (1) to realize the emotional difficulties, (2) to readjust the stutterer to his environment and (3) to realize the symptoms called stuttering.

---

18. Eugene F. Hahn, Stuttering Significant Theories and Therapies. p. 14.
19. Herbert Kanter, And The Stutterer Talks. p. 5.

CHAPTER III

ANALYSIS OF DATA AND INTERPRETATION OF RESULTS

After gathering the material used in this study, and while analyzing the data collected, the writer could appreciate G. W. Gray, when he compares walking and speech. Gray says:

> Walking, then is a general human activity that varies only within circumscribed limits as we press from individual to individual. Its variability is voluntary and purposeless. Speech is a human activity that varies without assignable limits as we pass from social group to social group, because it is a purely historical heritage of the group. It varies as all creative efforts varies, not as consciously, perhaps, but none the less as truly as do the religion, the beliefs, the customs and the arts of different peoples. Walking is organic, and instinctive function (not of course, itself an instinct); Speech is a non-instinctive, acquired, cultural function.[1]

The writer can also appreciate the statement made by C. Van Riper where he says:

> There is probably no human behavior so intricately and beautifully coordinated as speech. One learns his speech skills early in life; we have never watched them in action; we use them constantly and habitually as communication tools rather than artistic skills.[2]

---

1. G. W. Gray, Speech Foundation, p. 86.
2. C. Van Riper, "The Symptomatic Treatment of Stuttering", Proc. Amer. Speech Correction Ass., 1936, 110-121.

The data used in this study were derived from (1) special cases studied as found in the Kirbyville Elementary School classroom in which the writer works, (2) Special survey sheets filled out by elementary teachers of Jasper County, and (3) through other schools from contacts made with the supervisor of Jasper County.

Permission was secured from the County Superintendent of Jasper County and the superintendents of the Independent Districts of the county to contact the principals of the Elementary schools for Negroes in Jasper County, and mailed survey sheets to the principals for the study, to be given out to the Elementary teachers, asking them to fill the sheets out and return them to the writer of this study. The respondence received from the survey sheets was collected and placed in the table shown below:

TABLE I

DATA COLLECTED FROM SURVEY SHEETS[a]

Survey Sheets	Number	Cases of Defective Speech Found	Number
Sent out	45	Stuttering	15
		Impaired hearing	5
Returned	31	Cleft palate	5
		Baby Talk	20
Total Ele.		Tongue-tie	10
children		Imitation	22
studied	700	Voice	5
		Total	82

a. The data that could not be put in arabic numerals were written out in this chapter.

After the survey sheets had been collected, the writer and the County Supervisor made personal visits to all schools that survey sheets had been sent out to, studying the speech defects of the elementary school children. These personal visits were made for two reasons: (1) to make a closer study of speech defects, (2) to compare the survey sheet method with the personal survey method.

The study revealed that the survey sheet in some cases gave more information than could be gathered by those short personal visits. However, the personal survey method on an average gave more information. When both methods had been completed it was revealed by the combination of the two that the elementary teacher lacked interest in defective speech, and she did not understand the causes of defective speech, nor did she have much knowledge on the subject. It was also noticed that some teachers seemed to have observed more defective speech in the students, in their classes, than they reported on the survey sheets. Other teachers seem to have noticed only the severe cases of organic defects.

The personal survey also revealed that the most outstanding speech defects among the elementary children of Jasper County was defective articulation. The defective articulation was due to the many causes that could affect speech. Among the many causes were,

defective articulation due to imitation, tongue tie, heavy or thick tongue, cleft palate, baby talk, stuttering, and defects associated with impaired hearing. However, imitation seems to be the outstanding cause of the articulation defects among the children over the county.

. The study revealed that many cases of defective articulation was found to have derived from imitation of parents, relatives or some person that the child liked very much. Five cases showed that the tongue, teeth and all other organs used to deliver normal and at the same time the child had imitated some other person with a heavy tongue or a real heavy lip or some other abnormality of the speech organs.

The cases of heavy and thick tongues that caused defective speech are located in special families. These families were located in special sections of the county.

Out of the five cases of cleft palate in the county, only one case was hare lip. The hare-lip case had been given surgical treatment but all other cases had been totally neglected.

Baby talk was found in many instances in special families. The teachers that filled out the survey sheets revealed the fact, that the defective speech due to baby talk was found in families, that talked

baby talk to their infants at the time they began talking, and followed this practice as the child grew older, when petting it.

The fifteen cases of stuttering were found all in the male children except one female case. Six of the stuttering males were found to be bashful, four were handicapped with some psychological case of fear that had come upon them in their early childhood and the other cases were unaccounted for. Only two cases of defective speech due to stuttering had been taken care of by parents. These two cases had been studied by the writer as an elementary teacher. One of these cases will be discussed as a special case later on in this study.

There were ten cases of tongue-tie found among the elementary children of Jasper County. However, there was only one case that had been given surgical attention.

The study revealed that there were five children that possessed speech defects associated with impaired hearing. Three out of the five were very badly defected because of impaired hearing. One of the five that were subject to defective speech due to impaired hearing had been given hearing aid and medical attention by his parents. All other cases of defective speech associated with impaired hearing had been totally neglected.

The defective speech associated with impaired hearing in some cases were voice defects, however, others were articulation. There were seventeen cases of defective voice that were not associated with impaired hearing. It was reported by some of the elementary teachers that many cases of voice defects had been corrected by the home room teacher.

Special Cases Studied

The writer made a special study of seven cases among the elementary children and estimated them as outstanding.

Case (a) was a case of left complete hare-lip and cleft palate. The writer taught this pupil when she first entered school and continued to encourage the parent to provide surgical attention for the child. The elementary teacher solicited the cooperation of the family doctor and County Nurse in talking to the parents of the child. Quite a while passed, but before the child became sixteen years of age the parents gave the family doctor permission to ask the University of Texas Medical Branch, The John Sealy Hospital at Galveston, Texas to admit the child as a patient, for surgical attention. "She was admitted to the John Sealy Hospital on October 3rd, 1939 at which time she was 16

years of age. The diagnosis was given as left complete hare-lip and cleft-palate."[3]

On October 12, 1939, the hare-lip was repaired, and on October 26, 1939 the anterior half of the palate was repaired. She was dismissed from the hospital on November 13, 1939, improved.

"She was again re-admitted to the hospital on February 13, 1940, at which time the posterior half of the palate was repaired February 29, 1940. At the same time, a keloid-like scar which had developed in the line of the hare-lip was repaired and corrected by plastic surgery or closure."[4]

The student was taken back into the elementary school and given instruction by the elementary teacher. However, she was supplied with a direction that had been issued to the parents from the University of Texas Medical Branch, on her care. This was an assistance to the teacher. The teacher proceeded to help the child correct her speech. This patient learned to speak better but she probably would have even excelled more so if she had had the assistance of a speech correctionist. However, it was amazing to see the bashfulness that had been eradicated from the child and the improvement that she made in her speech.

---

3. See Appendix A.
4. Ibid., Appendix A.

Special case (b) was a male that stuttered very badly. A special study of this boy's early childhood showed that there were several male children in his family history that were subject to stuttering. His family history further showed that at the time he started uttering words, his father and mother separated. However, the boy seemed to be very fond of his father. When he would attempt to speak of his father after their separation, the grand parents would scold the child and not allow him to speak about his father.

When the child started to school the children laughed at him when he tried to get words out. The children were reprimanded by the teacher for their failure to understand conditions. The handicapped child was complimented whenever he showed improvement and was given a chance to recite often. The child at the last report of this study showed much improvement.

Case (c) Was a female child that was tongue-tied at birth. However, the parents were encouraged by the family doctor to give the child surgical attention. The parents gave the family doctor permission to clip the place underneath the tongue. This child seemed to have started talking late and her speech was very much defective. She did not have speech correction at home. When she entered school at the age of six years, the teacher

noticed the defective speech and started giving the child, along with other children with defective articulation, tongue and other exercises of the speech organs. It was amazing to see the improvement in the child's speech. However, she was at the time of this report, far from what is considered normal speech. Yet she was uttering speech well enough to be very well understood.

Case (e)[5] was a very rare case of voice defect. This case of defective voice was caused by glottic air-way obstruction. Case "e" had suffered with this trouble earlier than three years of age. When the child was first noticed by its mother to have a voice defect, she thought it was a hoarseness due to a cold. The mother carried him to the family doctor. The doctor treated the child and noticed that it was more than a common cold. He treated the child for a time and suggested to his parents to carry him to a specialist. The parents accepted the suggestion and made preparation to get him ready to go for an examination. Through the assistance of the family doctor, the child entered the John Sealy Hospital on August 18, 1946, at the age of three. Upon entering the hospital his parents gave the hospital the family history. In reporting the history of the child's case to the hospital, by both parents and family physician, attention was called

5. See Appendix B.

to a respiratory embarrassment, which had caused the patient's voice to become gradually weaker.

When first sent to the hospital he could hardly breathe. The child's voice had become very weak, the doctors performed a tracheotomy which was done by inserting a metal tube into his larynx or voice box, which had become closed by tumors. These particular tumors are papillomata and tend to recur rapidly, usually until the stage of puberty.

This little fellow became six years of age and entered school. Much interest was given to this case and a search was made about the historical background of the family. However, the family background did not shed any light upon the case. The family history revealed that there was no voice defects of any kind very noticeable in the family, nor was there a case of any kind similar to this special case.

It is interesting to note that the boy is very smart and likes to do things that the stout and healthy boys do. He pays but little, if any, attention to his handicap.

CHAPTER IV

SOME POSSIBLE SOLUTIONS TO THE PROBLEM

The concept of free public education for all children who are capable of profiting from it makes no provisions for exceptions, for, theoretically at least, there are none. Free public education means education suited to the needs of the individual, otherwise the term is a misnomer. One does not try to educate the blind by giving him ordinary books to read. Neither does one expect a seriously-retarded or slow-learning child to grasp things as quickly as a child with higher aptitude. There is still a long way to go, but it is very well accepted that free public education is education for every individual child according to his needs and capacities. The problem of educating the handicapped child because of its complexities means a rigid adherence to this philosophy.

The schools in America are responsible, for not only the physical and mental healthy, but also those who need additional assistance to enable them to become capable citizens. It is the task of the parent, physician, dentist, school administrator, social worker and all professional workers that work with human beings to afford the oppor-

tunities necessary to the limits of their potentialities. This is the right of all children and the right of society, since whatever profits children now, ultimately works to the advantage of society as they grow into adulthood.

The problem of the elementary children in the Negro schools of Jasper County with defective speech is a very essential one. This study reveals that there are speech handicapped children in the Negro Elementary schools of Jasper County whose defects are sufficiently serious to require remedial speech training. The possible approach to the solution of this problem may be worked out in "Public School Speech Correction Program." Since the Negro Elementary schools in Jasper County have no speech correctionist, and the possibility of securing the service of a speech correctionist seems remote unless interest is aroused among parents, it is suggested that a public school speech correction program be launched immediately.

In order to get the program set up, careful organization must be taken into consideration. This organization might well start with the elementary school, because of the fact that all children studied were enrolled in the elementary school. A program studied within a school system is easier corrected when the correction program is done according to procedures and arrangements which the school system requires or make possible. The per-

mission should be secured from the County Superintendent, district superintendent and all other administrators concerned in order to set up the program in the county.

When the county administrators place their seal of approval upon the possible movement, the next step will be the organization of a steering committee. Wherever possible, the supervisor of instruction might serve as general chairman in such a committee.

Along with the help of a few key principals, and the investigator, the supervisor might contact each of the following organizations, asking for a representative to serve on the steering committee for "The Public School Speech Correction Program." The organizations to be contacted: The Welfare Club, The Women's Civic Club, The Parent Teacher's Association, The County Health Unit, The Missionary Society, Doctors and Dentists Organizations.

The work of the steering committee would be that of laying the frame work for a strong county-wide speech correction program. Each member of the committee would be expected to sell the idea to the group of which he serves as representative.

With the assistance of an increasing number of interested persons, the work of educating the parents as the importance of the program and how it functions, should be given most careful attention as a final procedure. This may

be done by appearance before the Parent Teacher's Association and clubs of all races.

Since, "The Division of Speech Education in Texas includes a State Supervisor of Speech Therapy who is available at all times to any one requesting help in setting up speech correction classes, in diagnosing cases, and in demonstrating therapy,"[1] it is possible to ask her to give a demonstration in a Parent Teacher's Association meeting or other club meetings demonstrating speech therapy. The writer further suggests that the establishment of a speech correction program be preceded by letters to parents and newspaper publicity. The "Kirbyville Banner" and "The Jasper News Boy" are newspapers of the county that are interested in publishing anything that will build citizenship, therefore, these papers will help very readily.

It is further suggested that a speech therapist be employed in Jasper County to serve in the Negro Elementary schools. Since there is a speech correction program in Texas, and "the aim of the speech therapy program in Texas is to find the speech defective children, to diagnose their problems, and to provide training that will assist them in acquiring good speech,"[2] the writer feels

---

1. Texas State Department of Education, Special Education For Exceptional Children, 1948. p. 85.

2. Ibid., p. 85.

that it is highly possible in the future to obtain the service of a special speech correctionist in Jasper County. However, H. E. Robinson says:

> Of the 1,509,000 school children in Texas, between 15,000 and 18,000 have speech defects sufficiently serious as to need remedial speech training. So far, this problem has been scarcely touched, for there are only five speech therapists in the public schools of Texas who have met the requirements for final approval. Thus the burden still lies in the hands of the classroom teacher.[3]

This task seems to be too great for the classroom teacher, and it must not be left entirely to the classroom teacher to solve such a problem alone. The classroom teacher should include in her in-service training courses a course in defective speech in order that she may help the students as much as possible until the program is under way. No, she must not cease helping with the speech handicapped children when a speech correctionist has been employed. Successful speech therapy depends on the cooperation of several people. In complex cases medical advice is needed. The therapist needs information from the parents, and the parents need to be helped in understanding completely the problem of the child. The regular classroom teacher can either reinforce or tear down all the speech correctionist can do.

---

3. Loc., Cit.

If cooperation from others is expected, it must be borne in mind that neither the doctor nor parents will reveal facts of a confidential nature unless the speech correctionist demonstrates that she can keep confidences.

Crabtree suggests the following in regard to planning for speech correction in the public schools of Texas:

> The speech teacher will need conferences with the parents from time to time. If personal visits are possible, telephone calls help. Although every effort should be made to show that the therapists is interested, she should make it clear to the parents that the child's welfare is primarily their responsibility. They are particularly at times responsible for carrying out the remedial programs, particularly regarding the child's physical needs. Many times speech projects require further practice at home. Emotional adjustments require the close cooperation of the family. Since the right attitude of the parents is so important, care should be taken how the parent is approached.[4]

It must be clearly understood that this problem is one in which cooperation is an essential element that must be considered in order to make the program effective. It is also true that the child has more speaking practice in the regular classroom than he can possibly have during speech lessons. Just as the speech therapist should not take parent's responsibility away from them, neither should she take the classroom teacher's responsibility from her. If the child is afraid of

---

4. Ibid., p. 86.

his teacher his speech progress will be hampered. The cooperative classroom teacher will observe a child's speech needs and continue working along a plan suggested by the therapist. Regular conferences should be arranged with the teacher. Along with this regular training programs for the parents may be arranged to aid them in making home adjustments and to instruct them in carrying out a home training program.

The first essential step in developing a speech correction program is finding students with speech problems. Three methods are used: (1) the class visitation method, (2) the referral method, and (3) the survey method.

The class visitation method is, as the name implies, the procedure used by speech correctionists who prefer to listen in upon the oral activities of an entire class, and thus, locate those individuals who have speech problems.

The referral method is, when the clinician relies upon the reports of classroom teachers, parents, the school nurse and others to inform them of students with speech problems. The survey method screens out or its aim is to screen out quickly those students who have difficulties.

The speech correction program, in order to function at its highest level of effectiveness, requires the enlightenment and cooperation of all those in it. The

clinician helps to bring about those conditions by reporting findings, activities and recommendations, when the need arises, to administrators, teachers, parents and others interested in the program.

A schedule must be prepared for the correction program. When the classroom teacher makes a schedule for her own pupils the problem is simple, but when the special teacher has a schedule for students in different classrooms there are several things to be considered. The number of details to be considered may be grouped roughly as follows: (1) administrative arrangements, (2) classroom conditions, (3) student needs.

Records should be kept. Records are essential to the success of a continuing program of speech correction. Records are necessary because of (1) the profusion of information that should be assembled for each individual who has a serious speech problem, (2) the rapid turn over of teachers, (3) a somewhat mobile school population, (4) the fact that many speech difficulties require a long period of training, and (5) the need to prepare periodic reports for those concerned with administration and supervision.

Both the speech correctionist and the classroom teacher must necessarily work in close relationship or

cooperation with the home. This cooperation is extremely desirable for three reasons: (1) The teacher needs to inform the parents about the program; (2) the teacher needs to obtain information concerning the child; and (3) in most cases the teacher needs the parent's help in carrying out remedial procedures.

The correctionist, through publicity of conferences, must see to it that parents are informed concerning the following points:

1. The prevalence of speech defects.
2. Their efforts upon the child's progress and personality development.
3. The fact that many defects are not outgrown.
4. The possibility of correcting most types of defects.
5. The need for rehabilitation at an early age.
6. The idea that the presence of speech defects is no disgrace and that it is not casually related to mental retardation.[5]

This suggested program is by no means an immediate solution to the problem, but it is highly possible that it will lead to a general solution to the problem if the

5. Ollie Bacus, Speech in Education, p. 96.

teacher, dentist, social worker's, psychologist's, parent and speech correctionist should work cooperatively along with the administrators of the educational institutions, each playing his part in the program as his talent enables him. It could not be otherwise; the efforts and objectives of one are the labors and aims of all. Each is dedicated to the task of teaching American youth and each is determined that in the program for education for all, the handicapped children must not be neither ignored nor neglected. When the handicapped child is neglected, each knows that he has failed, first, in his duty to see that every child is attuned as happily as possible to the way of life as lived in this time, and second, in his opportunity to increase the creative productive capacity of individuals who can make a significant contribution to the society in which they live.

CHAPTER V

SUMMARY AND CONCLUSION

Summary

1. Defective speech may be found as defective articulation, defective voice, retarded speech development, stuttering, speech defects associated with cleft-palate, cerebral palsy, and speech defects associated with impaired hearing.

2. This study revealed cases of all types mentioned in the above statement were existing among the Negro students in the Elementary Schools of Jasper County. However, the largest number of cases of defective speech were found to be defective articulation and retarded speech development.

3. The Negro children of the Elementary Schools of Jasper County suffered from imitation and psychological causes of speech defects more than any other organic causes.

4. Fourteen out of every fifteen cases of stuttering were found to be male children rather than females.

5. With the numerous cases of speech defects due to organic causes, three received surgical attention.

6. Speech correction among the Negro Elementary Children of Jasper County has been neglected.

7. The Elementary Teachers do the speech correction in the Elementary Schools of Jasper County and they have not made any special study or preparation in speech correction.

8. The special cases studied were one case of defective voice due to organic causes, one case of cleft palate, one case of stuttering and one case of tongue-tie. The case of defective voice had surgical attention and is yet improving. The case of cleft palate has had surgical attention and has been followed up by some training in articulation which shows very much improvement but yet, far from what is considered good speech. The case of tongue-tie has had surgical attention and the elementary teacher is attempting to give help in correcting the speech. The attempt shows to be affective. The case of stuttering has improved very much through the help of the Elementary teacher and his parents.

9. This study reveals that fifty per cent of the Elementary Teachers of Jasper County havn't any interest in correcting the defective speech among the Negro Elementary children in the schools of Jasper County.

Conclusion

Defective speech does exist among the Elementary

Negro Children in Jasper County. Three per cent of the Negro Children that attend the elementary schools of Jasper County are affected seriously by speech defects, and ten per cent of the children have speech that is defective in a decidedly important sense, in view of current speech standards in school and society, and in the professions and industry.

The Elementary Teachers have not made forward strides toward being prepared to assist in speech correction among the children of the Elementary Schools. Defective speech among the Elementary students of The Negro schools of Jasper County is due to both organic and inorganic causes, however, the inorganic causes outstrip the organic causes.

The employment of a speech correctionist would be an asset to the improvement of the speech among the Negro children of Jasper County. Such a person might provide aid for the child, but furnish needed information for both parents and teachers.

B I B L I O G R A P H Y

BIBLIOGRAPHY

Books

Adams, Fay, Educating America's Children. New York: The Ronald Press Company, 1946. pp. 490.

Bacus, Ollie L., Speech In Education. New York: Longmans Green and Company, 1943. pp. 358.

Berry, Mildred F. and Jon Eisenson, The Defective in Speech. New York: F. S. Crofts and Company, 1942. pp. 462.

Borden, R. C. and A. C. Busse, Speech Correction. New York: F. S. Crofts and Company, 1925. pp. 295.

Case, Ida Mae and Sarah T. Barrows, Speech Drills for Children in Form of Play. Boston: Expression Company, 1929. pp. 84.

Fletcher, Harvey, Speech and Hearing. New York: D. Van Nestrand Company, 1929. pp. 219.

Gardner, Allen H. The Theory of Speech and Language. New York: Oxford at the Clarendon Press, 1932.

Gray, G. W., Speech Foundations. New York: Harper and Brothers, 1931. pp. 362.

Hahn, Eugene F., Stuttering, Significant Theories and Therapies. Staford University, California: Stafford University Press, 1943. pp. 177.

Johnson, Brown, Curtis, Edney and Keaster, Speech Handicapped School Children, New York: Harper Brothers, 1948. pp. 462.

Kanter, Herbert A. And The Stutterer Talks. Boston: Bruse Humphries Inc., Pub., 1938.

Parker, H. F., Defects of Speech in School Children. Mebourn, Australia: Mebourne University Press, 1932. pp. 96.

Robinson, H. E., Special Education For Exceptional Children. Texas: State Department Of Education, 1948. pp. 162.

BIBLIOGRAPHY.--Continued

Van Riper, C., Speech Correction. New York: Prentice-Hall, Inc., 1944. pp. 460.

Encyclopedia

Miller, Walter, Editor-In-Chief, Standard American Encyclopedia. Consolidated Book Publishing Inc., Chicago: Vol. 12. pp. 384.

Quarrie, W. F., The World Book Encyclopedia. Chicago: The Quarrie Corporation, Vol. 15, pp. 6992.

Magazines

Coble, Arthur W. "Dy-nomic Factors in The Motor-kenesthetic Methods of Speech Correction", The Quarterly Journal Of Speech, Vol. XXXI pp. 350-8. (October 1945).

Hayes, Will, "Education And The Exceptional Child", Administration And Supervision. Vol. XXV (November 1949) pp. 401-12.

Van Riper, C., "The Symptomatic Treatment Of Stuttering", Proc. American Speech Correction Asso., 1936, June pp. 101-21.

Wepman, Joseph M. and Francis Gaines, "What To Do For Cleft Palate", Parents' Magazine, Vol LXVII (March 1942) pp. 17-28.

Unpublished Materials

Cunningham, Irene Dixon, "Remedial Measures in Three Cases of Speech Improvements," unpublished Investigative paper for Bachelor of Science Degree, Prairie View College, 1937.

Hawk, Elizabeth Ash, "A Survey and Critical Analysis of Speech Needs in The Elementary Schools of an Ohio City of Fifteen Thousand Population With a Suggested Remedial Program in Speech," Unpublished Doctor's Dissertation, Ohio State University, Columbus, Ohio, 1945, pp. 226.

BIBLIOGRAPHY.--Continued.

Unpublished Materials

Henry, Ira C., "A Study of Speech Defects In The Weldon High School." Unpublished Master's thesis, Prairie View A.& M.College, Prairie View, Texas, 1947, pp. 34.

Kavenaugh, James P., "Speech Re-Education in the Binghampton New York Schools," Unpublished Thesis for Master's Degree, New York University, 1938.

Singleton, Ora L., "Speech Defects in the First Grade of Washington High School, Wichita Falls, Texas," Unpublished Thesis, A. B. Prairie View State College, 1937.

A P P E N D I X

Appendix A

THE UNIVERSITY OF TEXAS — MEDICAL BRANCH

GALVESTON

9 March 1950

THE SCHOOL OF MEDICINE
THE SCHOOL OF NURSING
THE TECHNICAL CURRICULA
THE POST-GRADUATE PROGRAM

THE JOHN SEALY HOSPITAL
THE CHILDREN'S HOSPITAL
THE PSYCHOPATHIC HOSPITAL
THE STEWART CONVALESCENT HOME

Plastic Surgery Division

Mrs. I. M. Forward
Box 393
Kirbyville, Texas.

Re: May Joe Porter

Dear Mrs. Forward:

The above-named patient was first admitted to the John Sealy Hospital on 10-3-39, at which time she was 16 years of age. The diagnosis was given as left complete harelip and cleft palate.

On 10-12-39, the harelip was repaired, and on 10-26-39, the anterior half of the palate was repaired. She was dismissed from the hospital on 11-13-39, improved.

She was again readmitted to the hospital on 2-13-40 at which time the posterior half of the palate was repaired (2-29-40). At the same time, a keloid- like scar which had developed in the line of the harelip repair was excised and corrected by plastic closure. On 19 February, a consultation was requested with the Obstetrics Department due to enlargement of the uterus. It was found to be enlarged to twice the normal size, and the impression was "pregnancy, normal."

She was dismissed from the hospital on 3-20-40, improved, having had repair of the cleft lip and cleft palate. Our records do not show that this patient has been seen in Galveston since that time.

Hoping this is the information which you desire, I am,

Sincerely yours,

T. G. Blocker, Jr., M. D.
Professor of Plastic
and
Maxillo-facial Surgery.

[redacted]

By: J. H. Hendrix, Jr., M. D.
Chief Resident, Dept Plastic
Surgery.

JHH:br

Appendix B

THE UNIVERSITY OF TEXAS — MEDICAL BRANCH
GALVESTON

THE SCHOOL OF MEDICINE
THE SCHOOL OF NURSING
THE TECHNICAL CURRICULA
THE POST-GRADUATE PROGRAM

THE JOHN SEALY HOSPITAL
THE CHILDREN'S HOSPITAL
THE PSYCHOPATHIC HOSPITAL
THE STEWART CONVALESCENT HOME

March 18, 1950

Mrs. Ida M. Forward
Box 394
Kirbyville, Texas

Re: John D. Norsworthy, Col.
#90300

Dear Mrs. Forward:

Little John first came under our care several years ago because of trouble in breathing and his hoarse voice. When first seen he could hardly catch his breath and his voice had become very weak. We knew then that John probably had tumors inside his voice box which would have to be removed at frequent intervals.

At first we performed a tracheotomy which was to insert the metal tube into his throat. This allows him to breathe even though his larynx or voice box becomes closed up by the tumors. These particular tumors are papillomata and tend to recur rapidly usually until the age of puberty.

His parents have been instructed as to his condition and have learned when it is necessary to bring him back.

As you probably know John is a smart boy and will do well under your instructions. As you have learned, he can use his voice satisfactorily by placing his finger over his tracheotomy tube; but it is probable that he not use his voice except when you deem it necessary. His tracheotomy tube should be kept clean at all times.

Sincerely yours,

[redacted]

H. N. Cooley, M.D.
Resident in Otolaryngology

HNC:ds

Appendix C

UNIVERSITY OF TEXAS MEDICAL BRANCH

DEPARTMENT OF SURGERY

Instruction to parents of children who have been operated upon for cleft palate.

After the cleft has been surgically closed, the child should be given certain exercises to try and develop the proper speech, Phonation is never normal in cleft palate patients.

For perfect speech, it is necessary that the individual have the power of closing off the nose from the mouth by the muscles of the pharynx. In spite of the best surgical repair, there is usually some lack of proper or perfect closure of the noso-pharynx. The child must be taught to talk, and the exercises of great value are as follows:

FIRST:

Practice should be had of oral expiration, which means an effort to direct the breath stream out of the mouth instead of through the nose.

SECOND:

Feather exercises, Take two pieces of light cardboard about the weight of a visiting card, place a feather on each. Put one of the cards under the nostril and the other under the lower lip. Tell, patient to blow the lower feather and not the upper one. This should be practiced until he is able to keep the upper feather, which is the one in front of his nose, still, and at the same time, the lower feather is moved by the current of the air.

Third:

Also puffing out the cheeks and keeping them puffed and not allowing the air to escape through the nose should be practiced. The blowing of soap bubbles; the blowing of a paa shooter; the blowing out of the flame of a candle and practicing whistling are good exercises to train the patient to allow the air to come out of his mouth instead of his nose.

VOCAL EXERCISES ARE ALSO, IMPORTANT:

When the hare-lip has been repaired, there is difficulty with the letters S,N,M,T,D,F, and V because these requires the raising of the upper lip. Even though there has been no hare-lip, and the defect has been the palate, there is some spastacity of the lips due to the lack of using them. Protruding the lips in puckered fashion; raising the right corner of the upper lip; raising the left corner of the upper lip are all good exercises for the individual to practice.

Phonetic education should be synthetic. The child should be taught to practice.

FIRST:	SECOND	THIRD
The labials P and B,	The dentals, T and D.	THE PALATALS, K, G, and C.

Also combinations of letters should be practiced as AH, AY, EE, AW, OH, and CO. After these sounds have been mastered, the sounds S, Z, L, R, F, and V. should be taught in asimilar manner.

I would urge you to read these instructions carefully and spend a great deal of time with your child to try to develop better speech.

A. O Singleton, M. D.,
Professor of Surgery

Box 394
Kirbyville, Texas
December 1949

Dear Sir:

I am making a study of "Speech Defects" as found among Negro Elementary School Children in Jasper County. I have secured the permission of your Superintendent to make this study in your school.

Please fill out the enclosed questionaire and return to me as early as possible.

Yours truly,

[redacted]

Primary teacher in the
Kirbyville Colored School

QUESTIONNAIR SHEET

Name of School_____

Location_____

Name of Teacher_____

Grade or Grades Taught_____

Number of students enrolled in school term 1949-50_____

Number of students suffering with the following:

Stammering_____

Stuttering_____

Baby talk_____

Tongue-tie_____

Cleft palate_____

Voice disorder_____

Others_____

Do you have the regular visit of a doctor?_____ nurse_____
(yes)(no) (yes)(no)

Have you received aids for your handicapped students?_____
(yes)(no)

If answer is no state reasons why_____

If answer is yes, list aids_____

Number of parents giving co-operation_____

Number of parents not giving co-operation_____

Do you have a certified teacher in your school on "Special Education?_____
(yes)(no)

Would you be interested in helping to secure a trained teacher for"Exceptional Children" for Jasper County?_____
(yes)(no)

Give in brief, your interest and attitude toward this program: