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The Early Years of Language, Speech, and Hearing Services in U.S. Schools

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Professional literature on the history of speech therapy services in the public schools of the United States is hard to find. There are a few historical studies on this subject, but they tend to be dated (e.g., Black, 1966) or quite sketchy (e.g., Osgood, 2000). This article aims to redress this void and provide information about the origin of speech services in the public schools. It identifies the first speech specialists and the location of their programs. It also traces significant milestones that were associated with diagnostic and therapy practices during the formative years of public school speech therapy services in the United States. In addition, the article reports on the results of population surveys of speech disorders done at the time, the nature of specialty training in the field, some of the therapy practices employed, and the approaches used to deliver these early services. The article aims not only to provide information about the past, but also to engender interest in the history of public school practices and illustrate the fruitfulness of learning about one's professional history.

ABSTRACT: **Purpose:** This article focuses on various aspects of the beginnings of speech therapy offerings in America's public schools. It traces the pioneering professionals and significant milestones associated with diagnostic and therapy practices during the late 19th and early 20th century. The aim is to uncover the neglected history of public school speech therapy practices and to show how the practices of yesterday compare with those of today.
Method: Historical documents were analyzed to discover the key contributors and locations of the first public school speech-pathology programs. The analysis also traces the populations that were served and the professional training of the early practitioners, as well as their therapy and service delivery practices.
Conclusions: Between 1895 and 1921, most of the major cities in the United States had hired their first speech clinicians. Between 1921 and 1930, many cities expanded their programs and were hiring supervisors to coordinate these services. These early clinicians carved out some now-familiar practices. Comparing what they did and when and how they did it with today's practices can offer school clinicians of today a sense of their own history and identity. Such an understanding can also provide insights about some of today's taken-for-granted practices.

KEY WORDS: elementary schools, retrospective research, caseload

The methods used here were designed to discover when and under what conditions speech therapy took place in public schools. The primary historical sources were books and articles written by individuals who worked to develop the first public school services and the newspaper accounts describing those services. Secondary sources include historical accounts of speech services in the schools that were written by professionals in those early years.

The First Speech Correction Classes

The period from the 1870s to 1920s in America has been called the progressive era (McGerr, 2003). It was a time for all types of reform throughout the country, including educational reform in the public schools. Free and compulsory schooling in New York began in 1874, and by 1918, each of the 48 states had passed compulsory education laws that entitled all American children, including those with communication disabilities, to a good education.

Special education for children with sensory and intellectual disabilities was already in place by this time. Several asylums or residential schools for educating the deaf were in existence, following the 1817 example of Thomas Gallaudet and Laurent Clerc, who created The Connecticut Asylum for the Education of Deaf and Dumb Persons (later renamed the American School for the Deaf; Schwartz, 1956). Education for blind children also was being provided in residential schools such as Boston's Perkins School for the Blind, which was established in 1829 by Samuel Gridley Howe. In 1849, Howe was also instrumental in creating the Massachusetts School for Idiotic Children and Youth in Boston. Over the next decade, Howe and two of his associates established five more schools for children with severe intellectual disabilities in

Connecticut, Kentucky, New York, Ohio, and Pennsylvania (Schwartz, 1956).

School systems in cities throughout the country were also responding to progressive and compulsory schooling movements by conducting experiments in special education and hiring specialized personnel. Medical doctors, nurses, dentists, and visiting teachers were all working in schools by this time. In 1896, shortly after school psychology began as a discipline, Lightner Witmer at the University of Pennsylvania established a psychological clinic dedicated to assessing children who were having difficulties in school (Witmer, 1907). It marked the beginning of the field of clinical psychology and the origin of psychoeducational clinics.

In 1900, the Chicago Public Schools created its own classroom for the blind. These were termed "day classes" because the children lived at home rather than in residential asylums. Also by 1900, the first special classes in schools for children who were then called "backward" or "feeble minded" were established. These were smaller classes with a curriculum that focused on functional skills and vocational training. Elizabeth Farrell, the creator and teacher of one of the first special education day classes, described her class as being

> made up of the odds and ends of a large school. There were over-age children, so-called naughty children, and the dull and stupid children. They were taken from any and every school grade. The ages ranged from eight to sixteen years. They were the children who could not get along in school. … While some…had been in trouble with the police, as a class they could not be characterized as criminal. (Farrell, 1908, pp. 91–92)

The first speech correction classes began around this time as well. Dr. Edward Hartwell, director of the public school physical training program in Boston began a special speech class as early as 1895. Hartwell, in concert with the local teacher training institution, Boston Normal School, created an experimental class for "a few stutterers and stammerers" (Osgood, 2000, p. 161). The speech class was supervised by four faculty members from the "normal" school and served as a training clinic for students from the college. Hartwell's program was an experimental one and was not intended to be permanent. It lasted only a few years. It was not until 1912 that Boston again began to train and hire personnel to serve children with speech problems.

In 1908, Dr. John F. Reigart, principal of Public School #2 in New York City, NY, organized a speech class for children in his school who "stammered" (Kester, 1950). The classroom was not sustained because Reigart changed schools. In 1911, Reigart, then principal of School #166, again created a position for a speech teacher. He hired Mary C. Crahen, a grade school teacher, to work with children who used "baby talk" (*New York Times,* 1911).

There were similar happenings in the public schools of the Midwest. In Chicago in 1910, the school superintendent, Ella Flagg Young, hired 10 teachers who were recent graduates of the Department of Expression at Chicago Teachers' College. In that same year in Detroit, MI, Clara B. Stoddard and Lillian Morley opened two speech centers in the public schools (Kester, 1950). Their training was with Etta Sellik Reed, who provided the teaching program as a gift to the schools in memory of her husband. Frank Reed, who had stuttered earlier in his life, had established the Reed School for the Correction of Stammering in Detroit, where he and Etta used a stuttering method that grew from Frank's self-therapy experience (Clark, 1964).

Other schools and school systems in larger cities throughout the country were quick to follow the example of Boston, New York, Chicago, and Detroit. In 1912, new speech programs were begun in Boston (the first program had been discontinued); Cincinnati, OH; Milwaukee, WI; Minneapolis, MN; and Pittsburgh, PA. Theresa Dacey, for example, was hired by the Boston Public Schools in 1912 to teach a special class "for the instruction of dumb children" (Osgood, 2000, p. 162). Ms. Dacey had taken a summer school course at Columbia University to learn various techniques of speech improvement from Edward Wheeler Scripture, an accomplished speech scientist. Scripture, along with his wife May Kirk Scripture, had created a speech clinic at the Columbia University Medical Center in 1906. Other programs were established throughout the country, including Rochester, NY, and St. Paul, MN, in 1913; San Francisco, CA, in 1916; Cleveland, OH, in 1918; and Los Angeles, CA, in 1921.

Expansion of the Programs

After these initial steps, city school systems began expanding their speech programs and, in cities where several schools offered speech classes or services, supervisors were hired to oversee and coordinate their operation.

New York City Schools hired several speech supervisors over the course of a 20-year period. Frederick Martin, the first of these supervisors, was assisted by Agnes Birmingham, the co-author of a popular early text for speech therapists in schools, called *First Lessons in Speech Improvement* (Birmingham & Krapp, 1922). Martin served in this highly visible supervisory role from 1911 to 1928 and was succeeded by the equally popular Letitia Raubicheck. By 1939, under Raubicheck's direction, the speech correction program in New York City had grown to 38 specialists who provided services in 250 centers for 27,000 pupils (*New York Times,* 1939).

In Boston, there were significant increases after the first permanent service was begun in 1912. Therapists conducted small therapy groups in speech improvement "centers" that students from different schools attended. Between 1916 and 1930, the number of classes grew from 28 to 124, the number of centers increased from 4 to 26, and the number of students served increased from 374 to 2,361 (Osgood, 2000).

The Los Angeles Schools speech program also grew from a small beginning in 1921 to a staff of 14 teachers in 1926, servicing 51 elementary schools, 17 junior high schools, and 7 senior high schools. The speech enrollment for the entire system in Los Angeles in 1927 was 1,530 (Chapin, 1927).

Population Surveys

In the early years of service delivery, there was a widespread effort throughout the country to determine the need for speech therapy and thereby justify the hiring of personnel with expertise in speech therapy. School systems sponsored surveys to determine how many and which children could benefit from speech therapy services. For example, in 1919, Pauline Camp assigned two members of her staff to survey 9,000 children in the Grand Rapids, MI, Public Schools, finding 12% who had speech defects (Camp, 1919). This was a much higher percentage than the 2% to 5% found in other commonly cited school surveys of the period (Blanton, 1916a; Conradi, 1912; Wallin, 1917). Camp explained the discrepancy

by saying that Conradi and Wallin used questionnaires, whereas her study was done by speech specialists who employed more subtle criteria for identifying children with speech problems. She also explained that her incidence findings were higher than Blanton's because she had counted "incipient stutterers" in her survey (Camp, 1919, p. 732).

Populations Served

Smiley Blanton, in his 1916 survey of speech problems of school children of Madison, WI, classified children's speech problems into the following categories:

- *Stuttering and stammering.* The most obvious signs are continuous or interrupted spasms of the organs of respiration, phonation, or articulation.
- *Lisping and lalling.* Where the pupils give the wrong sound for s, z, t, th, l, and r. Foreign accent is not included in this grouping.
- *Thick speech.* Where children have poorly developed tongues, caused often by rickets or lack of thyroid secretion resulting in cretinism, or are unable to make the fine co-ordinations necessary for correct speech. The feeble minded have chiefly this kind of speech defect.
- *Motor aphasia.* The inability to use spoken language when there is no injury or destruction of peripheral nerves that govern the speech mechanism.
- *Mutism.* A defect where the child, because of inhibitions or mental conflicts, refuses to speak with strangers or is unable to speak with them but is able to talk normally with certain persons, usually members of his own family.
- *Nasality.* All cases grouped under nasality had cleft palates, either the hard or soft palate, or both. (Blanton, 1916a, pp. 581–582).

In 1917, Theresa Dacey identified the following problems found in the children who attended speech classes in the Boston Public Schools: mutism, apparent mutism; stuttering; cluttering; negligent speech; chronic serious hesitation; slovenliness; falsetto voice; excessive slowness; excessive rapidity; monotony; chronic hoarseness; weak voice; and backwardness in all oral work, but especially in reading and spelling (Dacey, 1917).

Throughout this early period, the person who concentrated most on creating diagnostic subcategories of speech disorders was Sara Stinchfield Hawk (e.g., Duchan, 2008a; Stinchfield 1920, 1928; Stinchfield & Robbins, 1931). In her earliest work (Stinchfield, 1920), Stinchfield offered an extensive taxonomy of speech problems, including the following three main groups: defective control of breath (including spasms of the glottis and larynx and breathy tones), defective articulation (including mispronunciations, sluggishness, and stuttering), and defective vocalization (including nasality, hoarseness, and throatiness).

As shown by the variety of descriptive terms used by Blanton (1916a, 1916b), Dacey (1917), and Stinchfield (1920, 1928), the descriptive or diagnostic categories used to classify speech problems during this early period had not yet become stable. Considerable effort was made by these early professionals to standardize and promote a common acceptance of classification schemas (Stinchfield & Robbins, 1931; Travis, 1931).

Training Speech Specialists

The move toward providing speech services in schools predated the move to train speech specialists. So it was a dilemma for the early school administrators to find or train staff with the needed expertise to carry out these first speech programs. It was also difficult to decide what knowledge and skills teachers needed to have in order to provide the services.

Walter Babcock Swift was among the first to address this problem of teacher training. In his book, *Speech Defects in School Children and How to Treat Them* (Swift, 1918), Swift offered suggestions for what speech teachers needed to know. He assumed that future speech teachers would be drawn from the existing staff—people who were, for the most part, trained in normal schools devoted to teacher education. Swift suggested that to become a speech specialist in schools, one should

- spend time in regular grade work (a year or more),
- receive specialty training in elocution and psychology through attendance in summer schools or short courses,
- have musical knowledge and skill,
- study and practice phonetics,
- have special training in the correction of stuttering, and
- have experience in working in "classes for mental defectives from the idiot and the imbecile to the moron and the specialized defect." (Swift, 1918, p. 75)

Swift left it up to individual teachers to find ways to obtain their knowledge and skills. He suggested to them that specialized training in speech therapy was available from two or three medical schools, one or two universities, several private individuals, and a number of speech experts abroad. He advised the teachers to obtain training gradually and from a variety of sources:

> The fact that schools, like individuals, have specialties, makes it advisable to attend several institutions in order to complete one's equipment. One should never feel that any single master, even the greatest, can teach all that there is to know about so complex a subject. One should have as many masters as possible. (Swift, 1918, pp. 76–77)

Swift himself had many masters. He was a graduate of the Emerson College of Oratory in Boston; received his medical degree from Harvard, specializing in laryngology; and had attained specialized training in neurology in Germany. He was well acquainted with public school practices from his roles as a medical supervisor and a director of a kindergarten speech clinic in the public school system of Fall River, MA.

There were a number of individuals at this time offering training for people wanting to enter this new area of specialty. Some had established private agencies of their own. For example, Etta Sellik Reed, who ran the Reed School for the Correction of Stammering, trained the first speech teachers in Detroit (Clark, 1964). Walter Swift also offered courses at his two Boston speech clinics. Others involved in teacher training were faculty members in local "normal schools" who focused on speech therapy methods as well as other aspects of their field. Still others, like Smiley Blanton and Margaret Blanton in Wisconsin, and Edward Wheeler Scripture and May Kirk Scripture in New York City, were speech researchers who also had an interest in speech therapy methods.

Most teacher–trainers offered their courses outside their regular duties as faculty members. One common practice was to teach

their courses in the summer months so that schoolteachers who taught their regular classes during the school year could attend. An exception was in Madison, beginning in 1914 when Smiley Blanton taught two courses on speech correction during the school year at the University of Wisconsin. The courses were clinical in focus and were carried out in conjunction with the university speech clinic that was established by Blanton and his wife Margaret. Smiley Blanton commented on the need for therapy in the schools:

> The most important work of the clinic, however, is not treating adults with vocal or speech disorders, but consists of training teachers for correct speech work, who may go out into the schools of the state. People with speech disorders should receive training for their trouble when they are young. (Blanton, 1916b, p. 258)

During that year, Blanton trained four teachers in the new specialty and 12 more in summer courses offered at the University of Wisconsin (Blanton, 1916b).

Theories and Therapy Practices

The selection and creation of therapy methods in the early 20th century were often related to what was assumed to be the cause of the children's problems. This was particularly true for stuttering theories and therapies. At the time, stuttering was considered by many to be an emotional disorder, and therapies were designed to help children obtain a healthier or more stable emotional life. For example, efforts were made to develop the self-confidence of the child and to "reeducate emotions." Edna Cotrel, director of the Speech Correction Department of the Public Schools of San Francisco, described her stuttering theories and therapies as follows:

> We try to reeducate the emotions, because we know that the speech defect is but a sign of an unadjusted personality. We start with relaxation exercises, explaining to the children why this helps to drive out the fear feelings that lie at the bottom of their disorder. We make use of Watson and his studies of the beginning of fear. Then come the "stillness exercises," and the children learn how they have the power to be calm at will. Suggestion is used too, and the picture of themselves as they want to be, held until it becomes a part of the unconscious mind. Low, slow speaking is, of course, helpful, vowel reading strengthens the thought that there is nothing wrong with the speech mechanism, and helps to restore the broken rhythm, and the constant visualization of themselves in some difficult situation, acting with control, calmness and receiving the praise and applause of their classmates, builds up new mental patterns in their subconscious minds. (Fletcher, 1928, p. 224)

Another theory about the cause of stuttering was a problem with imagery. Following the teachings of Walter Swift, some therapists attributed stuttering to a weakness in visual imagery and designed their therapies accordingly (Swift, 1918). Swift offered some specific suggestions for carrying out visualization therapy in the public schools:

> I try to secure in the minds of my patients as clear and fine a picture of builders (images) as possible, and I let this stand as the example and ideal for visualization process…. Next I turn to a sentence: Under the spreading chestnut-tree the village smithy stands; the smith, a mighty man is he, with large and sinewy hands…
>
> I train the patient to see the tree in his mind's eye before he begins to pronounce the word "tree," to hold that tree in mind while he is saying the word, and, when he comes to the description of the blacksmith, to replace the picture of the tree by a picture of the smith standing at his forge under the tree. (Swift, 1918, pp. 23–24)

Auditory imagery problems were also believed to cause speech difficulties, especially stuttering. Charles Sydney Bluemel proposed that stuttering resulted from "transitory auditory amnesia" in which the person who stutters is unable to recall the auditory image of a vowel following a consonant (Bluemel, 1913). Bluemel theorized that this auditory difficulty originated in the auditory speech center of the brain (Bluemel, 1913). Mabel Gifford used Bluemel's theory to motivate her therapies with children who stuttered as well as those who had articulation problems. She described her approach as follows:

> First the auditory imagery is performed in the exact vowel sounds; secondly the kinesthetic imagery for the memory of the exact position of the muscular mechanism. Single consonant positions with vowels, consonant combinations with vowels, words and sentences containing the defective elements, and exercises designed to establish automatic auditory and kinesthetic recall of perfect articulation are given as the general method of procedure. (Gifford, 1919, p. 170)

Some methods were used broadly, regardless of the type of speech difficulty. For example, there was a strong focus at the time on physical exercise of the speech musculature. Exercise therapies included practice in breath control, speech gymnastics (systematic and repeated movement of articulators), relaxation therapies, practicing slow articulation, and working with speech rhythms. (See Guttmann, 1893, and Makuen, 1899, for early versions of these therapies and Nemoy and Davis, 1937, and Schoolfield, 1937, for versions in exercise books available to these first public school clinicians.)

Another general emphasis in therapy was on what Pauline Camp referred to as "drill in corrective phonetics" (1917, p. 308). The importance of such drills to speech teachers of this period is evidenced by their frequent inclusion in books on therapy practice. For example, the book by Agnes Birmingham and George Krapp consisted primarily of materials to be used by children to practice individual sounds. The book is divided into separate sections for different consonants and vowels, and samples of words and sentences containing those sounds are provided for children to practice (Birmingham & Krapp, 1922). Similarly, May Kirk Scripture and Eugene Jackson (Scripture & Jackson, 1919) published an exercise book that included phonetic drills. When providing a rationale for this method, Scripture and Jackson commented:

> Let it be borne in mind, however, that lispers and all other sufferers from speech disorders need drill not only on the particular consonants which give them trouble, but on all sounds, especially the vowels. They will be benefited, therefore, as much as the stutterers, by going over every exercise in the book. (Scripture & Jackson, 1919, p. 15)

Service Delivery

In 1915, Robert McDonald, professor of education at Bates College in Lewiston, ME, reported on three different service delivery models for speech therapy that were being tried out at the time. One was a *boarding school* that operated outside of the public school system. Children left home to attend private institutions such as the Bogue Institute for Stammerers in Indianapolis, IN, or the Northwestern School for Stammerers in Milwaukee, to cure their speech problem—in these cases, stuttering.

A second service delivery approach mentioned by McDonald was what he called the special teacher plan and what was later to be called *itinerant therapy.* In McDonald's words:

> Unassigned teachers and cadets are employed to give special instruction to these defectives for the purpose of helping them to gain control of their speech organs. To each special teacher there is allotted a given number of schools so grouped that about forty pupils come under her charge. The teacher visits each of her schools two or three times a week, according to the number and seriousness of the cases. Special instruction is given in a separate room, the aim being to meet the pupils' individual needs. (McDonald, 1915, p. 87)

The itinerant approach was used in Chicago in 1910 when Edna Flagg Young, the school superintendent, hired 10 speech teachers to create Chicago's first speech services (McDonald, 1915).

The itinerant therapists in New York City used what is recognized today as a pullout model. Agnes Birmingham, a supervisor in the New York City schools, described the approach as follows:

> The special teacher examines the speech of every child each September and after these children are classified according to age and defect, they are taken out in small groups (not more than ten when possible) and given special drills and exercises in half hour periods. The number of periods varies according to the number of cases in a school and the number of schools the special teacher has in charge. It is desirable to see these children at least twice a week, more often if possible. These handicapped children continue in their regular classes as usual. The special teacher consults with the class teacher regarding individual cases, advising the course to pursue regarding oral recitations. (cited in Fletcher, 1928, p. 253)

A third service delivery model described by McDonald was to provide speech services in "speech centers." These were *self-contained classes* in which students from the home school or nearby schools were enrolled. By 1915, there were six such centers in New York City and, according to McDonald, "the method is proving quite effective, even with the most stubborn cases" (McDonald, 1915, p. 88).

Walter Swift also promoted self-contained classes, each to be taught by a different speech specialist. Swift was the consultant for many school systems, including those of Washington, DC; Omaha, NB; Cleveland; and Fall River. He recommended that the school systems place their children in one of three types of classes depending on their problem. The first was a class of children with phonetic defects (termed speech sound disorders today), the second was made up of children who stuttered, and the third was a conglomerate of children with different kinds of speech problems (Swift, 1916).

CONCLUSION

About a century ago, conditions were right for recognizing the need and developing the ways to create a new specialty in the schools, one that would serve children who had speech disorders. These conditions led public school administrators such as Dr. John F. Reigart to hire and train speech teachers who would work with children with speech problems in classes, small pullout groups, or individually.

Public school speech services developed in stages, beginning with pilot programs in a couple of cities around the turn of the 20th century. During the next decade, those services became stable, with one or two speech teachers in each of a few cities. In the following decades, the programs expanded into citywide and statewide coordinated services. It was a steady growth but a slow one (see milestones in Table 1).

There were a number of people who were the main contributors during this period, including the following:

- school principals and superintendents, such as Edward Hartwell, John Reigart, and Ella Flagg Young;
- the first school clinicians, such as Alice Chapin, Theresa Dacey, Lillian Morley, and Clara Stoddard;
- the first city and state supervisors, such as Pauline Camp, Frederick Martin, and Mabel Gifford;
- those who taught those first in-service courses, such as Smiley Blanton, Margaret Blanton, Edward Wheeler Scripture, May Kirk Scripture, and Walter Babcock Swift; and
- those who wrote the first articles and books offering public school speech teachers practice materials and information about speech disorders and their therapies, such as Agnes Birmingham, Edward Wheeler Scripture, Sara Stinchfield Hawk, and Walter Babcock Swift.

The Appendix provides a list of some of these key pioneers, their affiliations, and their contributions to public school therapy, as well as some key sources for finding out more about their lives and work.

Public school clinicians practicing today will recognize the clinical philosophies and methods used by these ancestors, who developed them more than 100 years ago. Most today take for granted the tenets of the progressive era that promoted the ethical notion that all children are entitled to a good education. Today, speech-language pathologists (SLPs) presume that schools are responsible for providing services to children with disabilities—an idea that was the creation of their founding parents early in the 20th century, but a concept that is not in place in all countries of the world.

The service delivery models used by the first speech therapists in the schools are familiar to today's clinicians, especially the itinerant model, where clinicians travel from school to school to deliver services. SLPs will also find familiar the pullout method of providing individual and small-group therapy in small rooms outside of a classroom setting. The "push in" method of service delivery had yet to be developed; it was a product of the social movement promoting inclusionary practices that developed at the end of the 20th century.

The diagnostic categories used at that time, such as motor aphasia and mutism, are also recognizable to today's public school therapists. There are some categories that are recognizable but are referred to differently today. We now substitute stuttering for the term stammering and refer to lisping and lalling as speech sound disorders. Thick speech is not in use as a descriptive category. Other categories used to classify students or their disabilities are offensive to today's ears, such as "feeble minded" or "stupid," which were used to describe those with cognitive impairments, and "dumb," which was used then to describe the lack of verbal speech associated with being deaf. Terms change as old ways of talking about people become stigmatizing (Scheerenberger, 1983).

Finally, there are many categories in common use today that were not used in these early taxonomies. Most notable are categories having to do with children's language learning, language processing, and autism—diagnoses that came into the fore much later in the century.

Some of the early 19th-century therapies used by public school clinicians have gone out of fashion. These include stuttering therapy methods to "educate the emotions" and methods involving visual and auditory imagery. Other methods, such as those involving exercises and drills, are still in common use. Exercise therapies then and now include practice in breath control, exercising the speech articulators (called speech gymnastics by our ancestors), relaxation therapies, practicing slow articulation, and working with speech rhythms (Nemoy & Davis, 1937; Schoolfield, 1937).

Table 1. Milestones in the development of speech services in U.S. public schools.

Year	*Milestone*
1895	Boston Public Schools began an experimental class for public schoolchildren who stammered.
1900	New York City Public Schools opened a self-contained class for children who were disruptive in regular classes.
1908	New York City Public Schools started an experimental class in the school for those who stuttered and stammered.
1910	Chicago Public Schools hired 10 speech teachers to provide itinerant services.
	Detroit Public Schools hired two speech specialists.
1911	New York City Schools trained a group of public school English teachers to serve children with speech problems, creating a cadre of speech therapy specialists.
1912	Five additional school systems hired their first speech specialists, more than doubling the number nationwide. These were Boston, MA; Cincinnati, OH; Milwaukee, WI; Minneapolis, MN; and Pittsburgh, PA.
1913	New York City Schools opened a "psycho-educational clinic" designed to evaluate children to find factors that might be contributing to their maladjustment. The clinic had staff from four disciplines: psychology, social services, medicine, and education.
	Rochester, NY, and St Paul, MN, began speech programs.
1916	New York City hired its first director of speech.
	San Francisco, CA, began a speech correction program.
1917	Boston, MA, set up four speech centers in selected parts of the city that drew from the neighboring school districts. All were within walking distance of the home school.
1918	Cleveland, OH, began a speech program.
	Public school education became required in all states in the United States. Walter Babcock Swift published his book, *Speech Defects in School Children and How to Treat Them.*
1921	Los Angeles City Schools began a speech program under the direction of Alice Chapin.
1923	Pauline Camp was appointed a state supervisor of speech correction for the state of Wisconsin.
1927	The Los Angeles Schools speech department grew to 14 members.
1939	Buffalo Schools had 10 speech teachers.
1959	Thirty-nine states provided speech therapy in their public schools.
1966	All states in the United States had mandated speech services in their elementary schools.

Today, the oral–motor therapies designed to exercise the speech musculature (e.g., Rosenfeld-Johnson, 2001) have come under scrutiny. That is, they have been criticized because they are not passing the historically new standards arising from evidence-based research (e.g., Lass & Pannbacker, 2008). Rather than making therapy choices based on research, these early school therapists were creating and choosing their approaches using their clinical logic and intuition.

Perhaps the greatest difference between these first speech clinicians in public schools and those of today are that those first therapists had to figure everything out on their own. They had to determine what expertise they would need to do their jobs; find ways to gain that expertise; create their own service delivery models; identify which children needed their services; and develop ways to classify, identify, and work with the children with speech problems. Today's public school clinicians, on the other hand, have fewer choices. They are required to receive their training in programs credentialed by the American Speech-Language-Hearing Association. Their basic training provides them with the essential knowledge and skills they need. They are therefore spared the effort that their predecessors went through of having to search it out. The service models and child identification methods that clinicians use today are likely to be dictated by the school system and state education system—they need not worry about inventing the policies and procedures that they use.

The aim of this article was to show that a history of past services can provide today's clinicians with a context within which to understand and appreciate their practice. This historical perspective affords public school therapists with a way to step back and think about their ordinary taken-for-granted services and practices. Just as with family histories, the more clinicians come to know about their professional ancestors and history, the better they can appreciate where they have come from and why they do what they do.

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APPENDIX (P. 1 OF 2)**. INFLUENTIAL LEADERS IN THE EARLY YEARS OF THE PUBLIC SCHOOL SPEECH THERAPY MOVEMENT, THEIR AFFILIATIONS, CONTRIBUTIONS, AND KEY SOURCES ON THEIR LIVES AND WORK**

Name	*Affiliation*	*Contribution*	*Key sources*
Agnes Birmingham	New York City Public Schools	A supervisor in the Speech Correction Department of New York City Schools. Wrote a popular book with Krapp called *First Lessons in Speech Improvement,* that was one of the first geared to public school speech specialists.	Birmingham & Krapp, 1922
Margaret Blanton	University of Wisconsin	A teacher-trainer of public school clinicians. Wrote several books used by early therapists. Conducted a survey of incidence of speech disorders in Madison. Her clinical and academic emphasis was on the emotional health of children who stuttered.	Blanton, 1916a Blanton & Blanton, 1919 Duchan, 2008g
Smiley Blanton	University of Wisconsin	The first director of the University of Wisconsin Speech Clinic. He offered training to many of the early speech teachers in Madison, and he and his wife conducted an oft-cited survey of speech problems in the schools of Madison. Blanton wrote a text and a number of articles that were used by faculty throughout the country to train speech specialists for their work in the public schools.	Blanton, 1916a Blanton & Blanton, 1919 Duchan, 2008c
Pauline Camp	Grand Rapids, MI Schools and Wisconsin State Department of Education	The director of the public school program in speech correction in Grand Rapids and supervisor of an oral school for the deaf there. She later became director of the Wisconsin State Program in Speech Correction.	Camp, 1917, 1919, 1921 Duchan, 2008e
Alice Chapin	Los Angeles Public Schools	Supervisor of the 14-member Department of Speech Correction in Los Angeles in 1927.	Chapin, 1927
Mary C. Crahen	New York City Public Schools	A grade school teacher who began a self-contained classroom for children who used baby talk in 1911.	*New York Times,* 1911
Theresa Dacey	Boston Public Schools	Established speech improvement classes in two separate school districts in Boston in 1912.	Dacey, 1917 Osgood, 2000
Elizabeth Farrell	New York City Public Schools	An innovator in special education. Founded the Council on Exceptional Children in 1922.	Farrell, 1908 Kode, 2002
Mabel Farrington Gifford	California State Department of Education	The first director of the California State Public School Program.	Gifford, 1919, 1926 Duchan, 2008b
Edward Hartwell	Boston Public Schools	The principal who created the first public school speech class in the United States, in 1895.	Osgood, 2000
Frederick Martin	New York City Public Schools	The first director of speech teachers in the New York City Public Schools; served in that capacity from 1911 to 1921.	Martin, 1919,1920, 1921
Lillian Morley	Detroit Public Schools	One of the two people first appointed by the superintendent in Detroit to open a speech center in the Detroit Public Schools in 1910.	Kester, 1950
Letitia Raubicheck	New York City Public Schools	Chair of the elocution department at the prestigious Julia Richman High School in New York City. In 1928, she became the director of speech improvement in the New York City School System and served in that capacity for many years.	Raubicheck, Davis, & Carll 1931 Raubicheck, 1935, 1937 *New York Times,* 1939
John F. Reigart	New York City Public Schools	Principal of Public School #2 in Manhattan, where he set up an experimental speech class in 1908. He later moved to School #166, where he hired Mary Crahan, a former grade school teacher, to begin a pullout program for children with speech problems.	Reigart, 1914
Edward W. Scripture	Vanderbilt Speech Clinic, Columbia Medical School	The founder and director of the Vanderbilt Speech Clinic at Columbia Medical School. In that capacity, he conducted summer courses to train teachers to become speech specialists. He was also renowned for his work in speech science.	Duchan, 2008d
May Kirk Scripture	Vanderbilt Speech Clinic, Columbia Medical School	Taught summer school courses for public schoolteachers in methods and correction of speech defects and ran demonstration schools in conjunction with her courses. She taught at Tulane University and UCLA in the summer of 1923. She, along with Eugene Jackson, published an exercise book providing practice material for use in public schools.	Anonymous, 1924 Scripture & Jackson, 1919 Duchan, 2008f

APPENDIX (P. 2 OF 2)**. INFLUENTIAL LEADERS IN THE EARLY YEARS OF THE PUBLIC SCHOOL SPEECH THERAPY MOVEMENT, THEIR AFFILIATIONS, CONTRIBUTIONS, AND KEY SOURCES ON THEIR LIVES AND WORK**

Name	*Affiliation*	*Contribution*	*Key sources*
Sara Stinchfield Hawk	Mount Holyoke College	Taught summer courses to public schoolteachers in the field of speech correction. For example, she was a visiting professor at Pennsylvania State University in 1923. Her scholarly emphasis during this early period was on the creation of diagnostic taxonomies.	Stinchfield, 1920, 1928 Stinchfield & Robbins, 1931 Duchan, 2008f
Clara B. Stoddard	Detroit Public Schools	The first speech teacher hired in the Detroit Public Schools.	Kester, 1950
Walter Babcock Swift	Fall River, MA Public Schools	A key figure in the early days of public school therapy. He trained teachers, wrote a key text and articles on various aspects of public school speech services, and began and headed an organization of East Coast public school clinicians. He also served as a consultant to many school systems, advising them on how to start up and organize their speech programs.	Swift, 1916, 1918
Ella Flagg Young	Chicago Public Schools	The superintendent of schools in Chicago when, in 1910, she hired its first cadre of 10 speech teachers.	Webb & Webb, 1915